



Emergency operations coordination is the ability to direct and support an event³⁸ or incident³⁹ with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System.⁴⁰

This capability consists of the ability to perform the following functions:

Function 1: Conduct preliminary assessment to determine need for public activation

Function 2: Activate public health emergency operations

Function 3: Develop incident response strategy

Function 4: Manage and sustain the public health response

Function 5: Demobilize⁴¹ and evaluate public health emergency operations

Function 1: Conduct preliminary assessment to determine need for public activation

Define the public health impact of an event or incident and gather subject matter experts to make recommendations on the need for, and scale of, incident command operations.

Tasks

This function consists of the ability to perform the following tasks:

Task 1: At the time of an incident and as applicable during an incident, work with jurisdictional officials (e.g., other agency representatives; elected or appointed leadership officials; epidemiology, laboratory, surveillance, medical, and chemical, biological, and radiological subject matter experts; and emergency operations leadership) to analyze data, assess emergency conditions and determine the activation levels based on the complexity of the event or incident. Activation levels should be consistent with jurisdictional standards and practices (e.g., jurisdictional Emergency Operations Plans and applicable annexes). *(For additional or supporting detail, see Capability 13: Public Health Surveillance and Epidemiological Investigation)*

Task 2: At the time of an incident and as applicable during an incident, determine whether public health has the lead role, a supporting role, or no role. These roles are defined as follows:

- Lead role: public health has primary responsibility to establish event or incident objectives and response strategies and to task other supporting agencies (e.g., outbreaks of meningitis, measles, seasonal influenza)
- Supporting role: public health may be tasked by lead agency (e.g., oil spills, earthquakes, wild fires, hurricanes)
- No role: there is no public health implication

Task 3: Define incident command and emergency management structure for the public health event or incident according to one of the Federal Emergency Management Agency (FEMA) types.⁴² FEMA incident type may have an impact on training and accreditation requirements and may help determine what level of resources are needed and how to request more resources using standardized language for emergency response.^{43,44}

Performance Measure(s)

At present there are no CDC-defined performance measures for this function.



CAPABILITY 3: Emergency Operations Coordination

Function 1: Conduct preliminary assessment to determine need for public activation

Resource Elements

Note: Jurisdictions must have or have access to the resource elements designated as **Priority**.

PLANNING (P)

- P1:** Written plans should include a matrix indicating public health involvement in potential incidents based on items identified in the jurisdictional risk assessment. Development of these plans should also include subject matter experts (e.g., epidemiology, laboratory, surveillance, medical, and chemical, biological, and radiological subject matter experts and emergency operations leadership) to help determine public health involvement in an incident that differs from those identified in the jurisdictional risk assessment.^{45,46} (For additional or supporting detail, see *Capability 1: Community Preparedness*)
- P2:** Written plans should include processes and protocols for acting upon information that indicates there may be an incident with public health implications that requires an agency-level response.

SKILLS AND TRAINING (S)

- S1:** At least one representative (either the Incident Commander or someone who can help to coordinate the public health response to the incident) trained at a minimum to the CDC definition of Responder Training level Tier 4 which includes completion of the following National Incident Management System courses:
 - Introduction to Incident Command System (IS-100.b)
 - Incident Command System for Single Resources and Initial Action Incidents (IS-200.b)
 - Intermediate Incident Command System (ICS-300)
 - Advanced Incident Command System (ICS-400)
 - National Incident Management System, An Introduction (IS-700a)
 - National Response Framework, An Introduction (IS-800.b)

EQUIPMENT AND TECHNOLOGY (E)

- E1:** Have or have access to communications equipment that includes a primary and a backup system which may consist of (but not limited to) any of the following: telephones, fax, dedicated telephone line, cellular telephones with chargers, radios (walkie talkies), television, high frequency radios, internet, and satellite communication.

Function 2: Activate public health emergency operations

In preparation for an event, or in response to an incident of public health significance, engage resources (e.g., human, technical, physical space, and physical assets) to address the incident or event in accordance with the National Incident Management System and consistent with jurisdictional standards and practices.

Tasks

This function consists of the ability to perform the following tasks:

- Task 1:** Prior to an event or incident, identify incident command and emergency management functions for which public health is responsible.
- Task 2:** Prior to an event or incident, identify a pool of staff who have the skills necessary to fulfill required incident command and emergency management roles deemed necessary for a response. The pool should include public health subject matter experts, Incident Commander, Section Chiefs, Command Staff, and support positions (e.g., Informational Technology Specialist).

Function 2: Activate public health emergency operations

Tasks *(continued)*

- Task 3:** Prior to an event or incident, identify staff to serve in the required incident command and emergency management roles for multiple operational periods to ensure continuous staffing during activation.
- Task 4:** Prior to an event or incident, identify primary and alternate physical locations or a virtual structure⁴⁷ (owned by public health or have access to through a memorandum of understanding or other written agreements) that will serve as the public health emergency operations center.
- Task 5:** At the time of an event or incident, notify designated incident command staff of public health response.
- Task 6:** In preparation for or at the time of an event or incident, assemble designated staff at the appropriate emergency operations center(s) (i.e., public health emergency operations center or jurisdictional emergency operations center).

Performance Measure(s)

This function is associated with the following CDC-defined performance measure:

- Measure 1:** Time for pre-identified staff covering activated public health agency incident management lead roles (or equivalent lead roles) to report for immediate duty. Performance Target: 60 minutes or less
- Start time: Date and time that a designated official began notifying staff to report for immediate duty to cover activated incident management lead roles
 - Stop time: Date and time that the last staff person notified to cover an activated incident management lead role reported for immediate duty

Resource Elements

*Note: Jurisdictions must have or have access to the resource elements designated as **Priority**.*

PLANNING (P)

- P1: (Priority)** Written plans should include standard operating procedures that provide guidance for the management, operation, and staffing of the public health emergency operations center or public health functions within another emergency operations center. The following should be considered for inclusion in the standard operating procedures:
- Activation procedures and levels, including who is authorized to activate the plan and under what circumstances
 - Notification procedures; procedures recalling and/or assembling required incident command/management personnel and for ensuring facilities are available and operationally ready for assembled staff
- Suggested resource
- Federal Emergency Management Agency Incident Command System Forms: http://training.fema.gov/EMIWeb/IS/ICSResource/ICSResCntr_Forms.htm
- P2:** Written plans should include job action sheets or equivalent documentation for incident command positions and others with roles in a public health emergency.
- For guidance on developing job action sheets, refer to the tool provided by the National Association of County and City Health Officials: <http://www.naccho.org/toolbox/tool.cfm?id=5>
- P3:** Written plans should include a list of staff that has been selected in advance of an incident that could fill the incident management roles adequate to a given response, including public health responses and cross-agency responses. Health departments must be prepared to staff multiple emergency operations centers at the agency, local, and state levels as necessary.
- P4:** Written plans should include a list that ensures personnel and equipment arriving at the incident can check in and check out at various incident locations.
- The use of Incident Command System Form 211 – “Check-In List” or equivalent documentation is recommended.

Function 2: Activate public health emergency operations

Resource Elements *(continued)*

PLANNING (P)

P5: Written plans should include mutual aid or other written agreements between public health agencies and response partners at the state, tribe, territorial and local levels to support Emergency Support Function #8 related activities across jurisdictions. These agreements facilitate the sharing of resources, facilities, services, and other potential support required during an incident:

- Procedures for coordinating investigation and response operations across agencies
- Procedures for requesting and providing assistance
- Procedures, authorities, and rules for payment, reimbursement, and allocation of cost
- Notification procedures for activation of memoranda of understanding and/or memoranda of agreements
- Mutual aid agreements with surrounding jurisdictions
- Workers compensation
- Treatment of liability and immunity
- Recognition of qualifications and certifications
- Sharing agreements as required

SKILLS AND TRAINING (S)

S1: (Priority) Staff involved in incident response should have competency in the incident command and emergency management responsibilities they may be called upon to fulfill in an emergency. A precursor to having competency is for staff to attain the applicable National Incident Management System (NIMS) Certification based on discipline, level and/or jurisdictional requirements. Additional information on NIMS is located at <http://www.fema.gov/emergency/nims/>.

A suggested approach to establish your NIMS training needs based on CDC guidelines is outlined below.

Tier One: Personnel who, in the event of a public health emergency, will not be working within the emergency operations center/multiagency coordination system or will not be sent out to the field as responders. Applicable training courses are

- National Incident Management System, An Introduction (IS-700a)
- National Response Framework, An Introduction (IS-800.b)

Tier Two: Personnel who, in a public health emergency, will be assigned to fill one of the functional seats in the emergency operations center during the response operation. Applicable training courses are listed below:

- Introduction to Incident Command System (IS-100.b)
- Incident Command System for Single Resources and Initial Action Incidents (IS-200.b)
- National Incident Management System: An Introduction (IS-700a)
- National Response Framework: An Introduction (IS-800.b)

Tier Three: Personnel who, in a public health emergency, have the potential to be deployed to the field to participate in the response, including personnel who are already assigned to a field location. Applicable training courses are listed below:

- Introduction to Incident Command System (IS-100.b)
- Incident Command System for Single Resources and Initial Action Incidents (IS-200.b)
- Intermediate Incident Command System (ICS-300)
- National Incident Management System, An Introduction (IS-700a)
- National Response Framework, An Introduction (IS-800.b)

Tier Four: Personnel who, in a public health emergency, are activated to Incident Management System leadership and liaison roles and are deployed to the field in leadership positions. Applicable training courses are listed below

- Introduction to Incident Command System (IS-100.b)
- Incident Command System for Single Resources and Initial Action Incidents (IS-200.b)
- Intermediate Incident Command System (ICS-300)
- Advanced Incident Command System (ICS-400)
- National Incident Management System, An Introduction (IS-700a)
- National Response Framework, An Introduction (IS-800.b)



CAPABILITY 3: Emergency Operations Coordination

Function 2: Activate public health emergency operations

Resource Elements *(continued)*

EQUIPMENT AND TECHNOLOGY (E)

- E1:** Have or have access to back up equipment (e.g., generators) in the event of system failure or power loss in the public health emergency operations center.
- E2:** Have or have access to communications equipment that allows information to be transmitted inside and outside the emergency operations center (e.g., telephones, fax, dedicated telephone line, cellular telephones with chargers, radios (walkie talkies), television, high frequency radios, internet, and satellite communication). *(For additional or supporting detail, see Capability 6: Information Sharing)*
- E3:** Have or have access to information technology equipment in quantities sufficient to meet event/incident objectives (e.g., projectors, computers, audio/video teleconferencing, WebEOC, or other resource tracking systems).

Function 3: Develop incident response strategy

Produce or provide input to an Incident Commander or Unified Command approved, written Incident Action Plan, as dictated by the incident, containing objectives reflecting the response strategy for managing Type 1, Type 2, and Type 3 events or incidents, as described in the National Incident Management System,⁴⁸ during one or more operational periods.

Tasks

This function consists of the ability to perform the following tasks:

- Task 1:** Produce or contribute to⁴⁹ an Incident Commander or Unified Command approved Incident Action Plan prior to the start of the second operational period.
- Task 2:** Disseminate the Incident Action Plan to public health response staff. *(For additional or supporting detail, see Capability 6: Information Sharing)*
- Task 3:** Revise and brief staff on the Incident Action Plan at least at the start of each new operational period. Incident Action Plans must include the following:
 - What was accomplished in the previous operational period
 - What is to happen in the next operational period

Performance Measure(s)

This function is associated with the following CDC-defined performance measure:

- Measure 1:** Production of the approved Incident Action Plan before the start of the second operational period

Resource Elements

*Note: Jurisdictions must have or have access to the resource elements designated as **Priority**.*

PLANNING (P)

- P1: (Priority)** Written plans should include a template for producing Incident Action Plans. The following should be considered for inclusion in Incident Action Plans as indicated by the scale of the incident:
 - Incident goals
 - Operational period objectives (major areas that must be addressed in the specified operational period to achieve the goals or control objectives)
 - Response strategies (priorities and the general approach to accomplish the objectives)
 - Response tactics (methods developed by Operations to achieve the objectives)
 - Organization list with Incident Command System chart showing primary roles and relationships
 - Assignment list with specific tasks

Function 3: Develop incident response strategy

Resource Elements *(continued)*

PLANNING (P)

- Critical situation updates and assessments
- Composite resource status updates
- Health and safety plan (to prevent responder injury or illness)
- Logistics plan (e.g., procedures to support Operations with equipment and supplies)
- Responder medical plan (providing direction for care to responders)
- Map of the incident or of ill/injured persons (e.g., map of incident scene)
- Additional component plans, as indicated by the incident

The use of the following Incident Command System forms or equivalent documentation is recommended: Form 202 – “Incident Objectives,” Form 203 – “Organization Assignment List,” and Form 204 – “Division/Group Assignment List.”

SKILLS AND TRAINING (S)

S1: Staff participating in the incident action plan should participate in National Incident Management System training:

- Introduction to Incident Command System (IS-100.b)
- Incident Command System for Single Resources and Initial Action Incidents (IS-200.b)
- Intermediate Incident Command System (ICS-300)
- National Incident Management System, An Introduction (IS-700a)
- National Response Framework, An Introduction (IS-800.b)

Function 4: Manage and sustain the public health response

Direct ongoing public health emergency operations to sustain the public health and medical response for the duration of the response, including multiple operational periods and multiple concurrent responses.

Tasks

This function consists of the ability to perform the following tasks:

Task 1: Coordinate public health and medical emergency management operations for the public health response (e.g., phone calls, meetings, and conference calls).

Task 2: Track and account for all public health resources during the public health response.

Task 3: Maintain situational awareness using information gathered from medical, public health, and other health stakeholders (e.g., fusion centers). *(For additional or supporting detail, see Capability 6: Information Sharing)*

Task 4: Conduct shift change briefings between outgoing and incoming public health staff to communicate priorities, status of tasks, and safety guidance.

Performance Measure(s)

At present there are no CDC-defined performance measures for this function.

Resource Elements

*Note: Jurisdictions must have or have access to the resource elements designated as **Priority**.*

PLANNING (P)

P1: (Priority) Written plans should include processes and protocols to ensure the continued performance of pre-identified essential functions during a public health incident and during an incident that renders the primary location where the functions are performed inoperable. This can be a stand-alone plan or annex but at a minimum the plan must include these elements:

- Definitions and identification of essential services needed to sustain agency mission and operations

Function 4: Manage and sustain the public health response

Resource Elements *(continued)*

PLANNING (P)

- Plans to sustain essential services regardless of the nature of the incident (e.g., all-hazards planning)
- Scalable workforce reduction
- Limited access to facilities (e.g., social distancing and staffing or security concerns)
- Broad-based implementation of social distancing policies if indicated
- Positions, skills, and personnel needed to continue essential services and functions (Human Capital Management)
- Identification of agency vital records (e.g., legal documents, payroll, and staff assignments) that support essential functions and/or that must be preserved in an incident
- Alternate worksites
- Devolution of uninterruptible services for scaled-down operations
- Reconstitution of uninterruptible services

For guidance on developing a Continuity of Operations Plan, refer to the resources provided by the Federal Emergency Management Agency: <http://www.fema.gov/government/coop/index.shtm>

P2: Written plans should include standard operating procedures for managing a response. The following should be considered for inclusion:

- Processes for accounting for staff time, equipment, and other items used during the public health response
- Procedures/templates for situation reports
- Procedures/templates for shift change briefings
- Staff rhythms to support the collection of information to support critical information requirements

P3: Written plans should include a protocol describing how to respond to an incident regardless of the nature of the incident (e.g., all-hazards planning). The following should be considered for inclusion in the plan:

- Public health roles in a response
- When these roles must be fulfilled (e.g., before, during, and immediately after a public health incident)
- Resources (e.g., equipment, necessary to fulfill public health roles)

SKILLS AND TRAINING (S)

S1: Public health staff participating in public health emergency operations should be trained on any jurisdictionally identified emergency operations center incident supporting software (e.g., WebEOC) prior to an incident.

S2: Staff likely to participate in a response should be trained on health department plans and procedures (e.g., Standard Operating Procedures, Continuity of Operation Plan, and Emergency Operations Plan) and understand their role(s), if any, during a public health response. Staff should be trained on any jurisdictionally defined training on continuity of operations and emergency operations. Recommended additional courses include the following:

- Continuity of Operations Awareness (IS-546)
- Introduction to Continuity of Operations (IS-547.a)

S3: Public health staff participating in public health emergency operations should be trained on National Incident Management System training including the following:

- Introduction to Incident Command System (IS-100.b)
- Incident Command System for Single Resources and Initial Action Incidents (IS-200.b)
- National Incident Management System, An Introduction (IS-700a)
- National Response Framework, An Introduction (IS-800.b)

Function 5: Demobilize and evaluate public health emergency operations

Release and return resources that are no longer required by the event or incident to their pre-ready state and conduct an assessment of the efforts, resources, actions, leadership, coordination, and communication utilized during the incident for the purpose of identifying and implementing continuous improvement activities.



CAPABILITY 3: Emergency Operations Coordination

Function 5: Demobilize and evaluate public health emergency operations

Tasks

This function consists of the ability to perform the following tasks:

- Task 1:** Return resources to a condition of “normal state of operation” as appropriate. This may include archiving records and restoring systems, supplies, and staffing to a pre-incident ready state.
- Task 2:** Conduct final incident closeout of public health operations including the turnover of documentation, an incident debriefing, and a “final closeout” with the responsible agency or jurisdiction executive/officials.
- Task 3:** Produce After Action Report for public health operations to identify improvement areas and promising practices.
- Task 4:** Implement Improvement Plan items (e.g., project work plans and evidence of improvement actions) that have been assigned to public health.
- Task 5:** Track the implementation progress of Improvement Plan items assigned to public health through a corrective action system.

Performance Measure(s)

This function is associated with the following CDC-defined performance measure:

- Measure 1:** Time to complete a draft of an After Action Report and Improvement Plan
 - Start time: Date exercise or public health emergency operation completed
 - Stop time: Date the draft After Action Report and Improvement Plan were submitted for clearance within the public health agency

Resource Elements

*Note: Jurisdictions must have or have access to the resource elements designated as **Priority**.*

PLANNING (P)

P1: (Priority) Written plans should include demobilization procedures for public health operations. The following should be considered for inclusion:

- General information about the demobilization process
- Responsibilities/agreements for reconditioning of equipment/resources
- Responsibilities for implementation of the Demobilization Plan
- General release priorities (i.e., resource type such as staff or equipment to be released) and detailed steps and processes for releasing those resources
- Directories (e.g., maps and telephone listings)

The use of Incident Command System Form 221 - “Demobilization Checkout” or equivalent documentation is recommended.

P2: Written plans should include an After Action Report/Improvement Plan template, which must include, at a minimum, the following elements:

- Executive Summary
- Event Overview
- Event Summary
- Analysis of Capabilities
- Conclusion
- Improvement Plan, which includes (at a minimum)
 - Capability Name
 - Observation
 - Title
 - Recommendation
 - Corrective Action Description



CAPABILITY 3: Emergency Operations Coordination

Function 5: Demobilize and evaluate public health emergency operations

Resource Elements *(continued)*

PLANNING (P)

- Capability Element
- Primary Responsible Agency
- Agency Point of Contact
- Start Date
- Completion Date

For guidance on developing an After Action Report, refer to the Homeland Security Exercise and Evaluation Program (https://hseep.dhs.gov/pages/1001_HSEEP7.aspx).

P3: Written plans should include an incident close out briefing template to include the following elements:

- Incident summary
- Major events that have lasting implications
- Documentation, including components that are not finalized
- Opportunity for discussion to bring up any concerns from agency officials
- Final evaluation of incident management by agency officials
- Team performance evaluation

SKILLS AND TRAINING (S)

S1: Public health staff that will participate in or lead exercises (at least one staff member) should have an understanding of Homeland Security Exercise and Evaluation Program policies, procedures, and terminology as well as experience in design, development, conduct, evaluation, and improvement planning for exercises. Recommended courses include the following:

- An Introduction to Exercises (IS.120.a)
- Exercise Evaluation and Improvement Planning (IS-130)
- Exercise Design (IS-139)

National Incident Management System training includes the following:

- Introduction to Incident Command System (IS-100.b)
- Incident Command System for Single Resources and Initial Action Incidents (IS-200.b)
- Intermediate Incident Command System (ICS-300)
- National Incident Management System, An Introduction (IS-700a)
- National Response Framework, An Introduction (IS-800.b)