Public Health Emergency Preparedness and Response Capabilities

National Standards for State, Local, Tribal, and Territorial Public Health

Capability 3: Emergency Operations Coordination

October 2018
Updated January 2019
Capability 3: Emergency Operations Coordination

**Definition:** Emergency operations coordination is the ability to coordinate with emergency management and to direct and support an incident or event with public health or health care implications by establishing a standardized, scalable system of oversight, organization, and supervision that is consistent with jurisdictional standards and practices and the National Incident Management System (NIMS).

**Functions:** This capability consists of the ability to perform the functions listed below.

- **Function 1:** Conduct preliminary assessment to determine the need for activation of public health emergency operations
- **Function 2:** Activate public health emergency operations
- **Function 3:** Develop and maintain an incident response strategy
- **Function 4:** Manage and sustain the public health response
- **Function 5:** Demobilize and evaluate public health emergency operations

**Summary of Changes:** The updates align content with new national standards, updated science, and current public health priorities and strategies. Listed below are specific changes made to this capability.

- Distinguishes the need to identify and clarify the jurisdictional Emergency Support Function (ESF) #8 response role based on incident type and characteristics
- Incorporates the National Health Security Strategy and Crisis Standards of Care for public health activation
- Emphasizes the importance of supporting development of mission ready packages (MRPs) for mutual aid and understanding the Emergency Management Assistance Compact (EMAC)

**For the purposes of Capability 3, partners and stakeholders may include the following:**

- communicable disease programs
- emergency management agencies
- infection control programs
- preparedness and response programs
- public health agencies
- public health laboratories
- tribes and native-serving organizations
- volunteer organizations

**Function 1: Conduct preliminary assessment to determine the need for activation of public health emergency operations**

**Function Definition:** Identify the public health risks of an incident or event and coordinate with subject matter experts to help determine the scale of incident management operations.

**Tasks**

**Task 1:** Determine the public health response role. Coordinate with emergency management officials to determine if public health will have a lead response role, a supporting role, or no role based on identified or potential public health consequences.
Task 2: **Determine response activation levels based on the complexity of the incident or event.**
Coordinate with emergency management officials in collecting and analyzing data to assess the situation and determine emergency response operations applicable to jurisdictional needs.

Task 3: **Develop the public health incident management structure.** Document a flexible and scalable public health incident management structure that is consistent with NIMS and is coordinated with the jurisdictional incident, unified, or area command structure.

**Preparedness Resource Elements**

**P1: (Priority)** Response procedures in place to detail how the agency manages and responds to situational awareness information that indicates when a jurisdictional incident with public health consequences requires an agency-level response.

 Identify incidents where public health will function as the lead agency in coordination with other agencies or where public health will not function as the lead agency, but the incident has significant public health implications including localized incidents and incidents of national significance, which include Presidential declared emergencies, major disasters, and catastrophes that pose a public health threat.

**P2: (Priority)** Maintain a roster of primary and backup individuals who will serve as incident commander or manager and other key roles within the jurisdictional incident management structure based on the incident public health agency lead or support role.

**P3:** Procedures in place for public health preparedness and response based on jurisdictional risk assessment (JRA) findings that are coordinated with the jurisdictional emergency management agency. Coordination with the jurisdictional emergency management agency may include

- Sharing identified public health risks, hazards, threats, and vulnerabilities to help identify public health incident management roles
- Communicating the availability of public health resources in relation to the projected impacts of identified jurisdictional public health risks, hazards, threats, and vulnerabilities
- Identifying the need to establish additional mutual aid agreements or other agreements with other public health organizations
- Consulting with subject matter experts including immunization, epidemiology, laboratory, surveillance, health care, chemical, biological, and radiological subject matter experts, and emergency management agency leadership to help inform the scope of public health involvement in an incident that may differ from those identified in the JRA

*See Capability 1: Community Preparedness and Capability 13: Public Health Surveillance and Epidemiological Investigation*

**P4:** Scenario-specific and all–hazards, response-based procedures in place that describe incident response strategies based on the nature and scope of the incident including pandemic influenza, anthrax, other emerging infectious disease, natural disasters, and intentional incidents. Recommended procedures include

- Definition of public health incident management roles as necessitated by the incident or event
- Guidelines for when public health incident management roles must be filled, such as to support prevention, protection, mitigation, response, and recovery activities
- Safety implications of the incident, such as any hazardous conditions that could arise for responders and how to protect them
- Resources including personnel and equipment necessary to fulfill public health incident management roles
Capability 3: Emergency Operations Coordination

**P5:** Special event plans developed in coordination with the jurisdictional emergency management agency and other Emergency Support Function (ESF) #8 partners. Plan data may be submitted by the State Homeland Security Office on behalf of all state ESFs to the United States Department of Homeland Security (DHS) for Special Event Assessment Rating (SEAR) evaluation.

**Skills and Training Resource Elements**

**S/T1:** Personnel trained in incident management, as applicable to their role. At a minimum, personnel should complete the following NIMS 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-700.a)
- National Response Framework, An Introduction (IS-800.b)

**Equipment and Technology Resource Elements**

**E/T1:** Primary and backup communications systems, which may include

- Cellular telephones with chargers
- Dual-band and P25 compliant radios (walkie-talkies)
- Fax machines
- Amateur (HAM) radio
- High-frequency radios
- Internet
- Non-technology dependent systems
- Satellite communication
- Telephones and dedicated telephone lines
- Television

**Function 2: Activate public health emergency operations**

**Function Definition:** Engage senior leadership and resources including technologies, physical space, and other assets to address an incident or event consistent with the NIMS and jurisdictional standards and practices.

**Tasks**

**Task 1:** Activate public health incident command and emergency management functions. Activate necessary public health functions and support mutual aid according to the public health incident management role and incident requirements.

**Task 2:** Identify personnel with the necessary skills to fulfill required incident command and public health incident management roles. Coordinate with emergency management agencies and other partners to develop staffing pools that include federal, regional, state, local, tribal, and territorial personnel with necessary public health expertise to serve as incident commander and other public health incident management roles.
Task 3: Designate personnel coverage for multiple operational periods. Develop continuous long-term staffing plans for required incident command and other public health incident management roles.

Task 4: Establish primary and alternate locations and virtual communication structures for the public health emergency operations center. Identify primary and backup physical space and secure necessary equipment, such as desks, lighting, power outlets, and internet access as well as virtual communication structures to support public health emergency operations.

Task 5: Assemble designated personnel at the appropriate emergency operations center(s). Notify personnel to report either physically or virtually to the public health emergency operations center (EOC) or jurisdictional EOC.

Preparedness Resource Elements

P1: (Priority) Procedures in place to manage, operate, and staff the public health EOC or public health functions within another EOC. Recommended procedures may include
- Statutes and authorities under which activities are carried out
- Differing activation levels, including who is authorized to activate the plan and under what circumstances
- Recall or assembly of required incident command and management personnel and verification that facilities are available and operationally ready for assembled personnel
- Development of communication plans and supporting technology systems
- Verification that virtual communication structures are available and operational
- Identification of functional roles and responsibilities anticipated for internal and external agencies, organizations, departments, and positions, such as strike teams, task forces, or other units
- Logistics support and other resources necessary to implement the emergency operations procedures

P2: (Priority) Mutual aid agreements or other agreements, such as local agreements, EMAC, and health care coalitions, as applicable, between public health agencies and response partners to support public health response related activities (ESF #8) across jurisdictions. Agreements may include
- Development of public health MRPs detailing public health resources for use during mutual aid deployments
- Agreements with external organizations to help support specific public health functions, such as the American Red Cross, community emergency response team (CERT), Voluntary Organizations Active in Disaster (VOAD), and Mobile Medical Response (MMR)
- 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 (MOUs) or other agreements
- Workers compensation
- Treatment of liability and immunity
- Recognition of qualifications and certifications
- Resource sharing agreements as necessary

(See Capability 15: Volunteer Management)
P3: (Priority) Job action sheets or equivalent documentation for incident command positions and other public health incident management roles during a public health emergency.

P4: Procedures in place to ensure personnel and equipment arriving at the incident or event can check in and check out at various incident locations. Recommended documentation includes the Incident Command System Form 211—Incident Check-In List or equivalent forms.

Skills and Training Resource Elements

S/T1: (Priority) Personnel trained in NIMS training, such as ICS 300 and ICS 400, as applicable based on discipline, level, and jurisdictional requirements.

S/T2: Personnel identified in advance of an incident or event who can adequately fill, lead, or support public health incident management roles, including arrangements to staff multiple emergency operations centers at the agency, local, and state levels, as necessary.

S/T3: Personnel participation in applicable jurisdictional emergency management training and certification courses.

Equipment and Technology Resource Elements

E/T1: Backup equipment and infrastructure, such as generators, facilities, and security systems in the event of system failure or power loss in the public health emergency operations center.

E/T2: Primary and backup communications equipment to transmit information inside and outside the emergency operations center, with contact numbers and radio frequencies stored with corresponding equipment. Communications equipment may include

- Cellular telephones with chargers
- Dual-band and P25 compliant radios (walkie-talkies)
- Fax machines
- High-frequency radios
- Internet
- Non-technology dependent systems
- Satellite communication
- Telephones and dedicated telephone lines
- Television

(See Capability 6: Information Sharing)

E/T3: Information technology equipment in quantities sufficient to meet incident or event objectives, such as projectors, computers, and audio/video teleconferencing equipment.

E/T4: Information technology systems in quantities sufficient to meet incident or event objectives. Recommended systems may include WebEOC, inventory tracking systems, such as the Inventory Management and Tracking System (IMATS), and the jurisdiction’s immunization information system.
**Function 3: Develop and maintain an incident response strategy**

**Function Definition:** Produce or provide input to incident action plans containing response strategies appropriate to the incident and as described in NIMS during one or more operational periods.

**Tasks**

**Task 1: Develop incident action plans.** Produce or contribute to (as appropriate for the public health incident management role) an incident action plan that receives approval prior to each operational period.

**Task 2: Update and share incident action plans.** Revise and brief personnel on the incident action plan by the start of each new operational period.

**Task 3: Disseminate incident action plans.** Make incident action plans available to relevant public health response personnel, volunteers, and partner agencies according to emergency operations protocols.

**Preparedness Resource Elements**

**P1:** *(Priority)* Capacity for producing incident action plans that document accomplishments from the previous operational period as well as goals, objectives, and priorities for the next operational period.

**P2:** Incident action plans, with dissemination and briefings, for all personnel at the start of each new operational period.

**Function 4: Manage and sustain the public health response**

**Function Definition:** Direct ongoing public health emergency operations to sustain the public health and health care response for multiple operational periods and concurrent responses.

**Tasks**

**Task 1: Coordinate public health and health care emergency management operations.** Ensure coordination among public health agencies, the health care system, and other relevant stakeholders according to incident requirements.

**Task 2: Track public health resources.** Ensure systems are in place to track and account for all public health resources during the public health response.

**Task 3: Maintain health situational awareness (HSA).** Compile information gathered from public health, health care, and other stakeholders, such as fusion centers to support a common operating picture.

**Task 4: Conduct shift change briefings.** During shift changes, formally share information between outgoing and incoming public health personnel to communicate priorities, status of tasks, and safety guidance.

**Task 5: Develop continuity of operations plan(s).** Identify response priorities to ensure the continuation and recovery of critical public health functions.
Preparedness Resource Elements

**P1:** Standard operating procedures in place to manage a response. Recommended procedures include

- Procedures to account for personnel, time, equipment, and other items used during the public health response
- Procedures for media engagement, such as managing media inquiries about the incident and using the media to disseminate critical information
- Procedures for situation reports and shift change briefings
- Procedures to collect critical or required information
- Supporting templates for key operations center activities, including situation reports, shift change briefings, call logs, and activity logs

**P2:** Procedures in place for information sharing with fusion centers or comparable state centers or agencies in order to provide and receive relevant intelligence information that may influence the response.

**P3:** Common operating picture that facilitates coordinated information sharing among public health, the health care system, and other relevant stakeholders. Establish key indicators, critical information requirements, and essential elements of information to assist with timing of notifications, alerts, and responses

**P4:** (Priority) Procedures in place to ensure the continued performance of pre-identified essential functions during a public health incident. Recommended procedures may include

- Identification and definition of essential services needed to sustain public health agency mission and operations
- Protocols to sustain essential services, regardless of the nature of the incident (all-hazards planning)
- Identification of alternate or COOP worksites
- Identification and definition of positions, skills, and personnel needed to continue essential services and functions (human capital management)
- Protocols to reduce workforce for scaled-down operations
- Protocols for devolution of uninterruptible services for scaled-down operations
- Protocols for reconstitution of uninterruptible services
- Contingencies to continue operations when personnel have limited access to facilities because of social distancing measures or other staffing or security concerns
- Protocols for broad-based implementation of social distancing policies to prevent the spread of infectious disease or for other reasons based on the incident
- Identification of agency vital records, such as legal documents, payroll, and personnel assignments that must be preserved in order to support essential functions or for other reasons

Skills and Training Resource Elements
S/T1: Personnel trained on any jurisdictionally identified software needed to support emergency operations centers, such as WebEOC prior to an incident.
S/T2: Personnel trained on public health agency procedures for emergency operations as documented in standard operating procedures, COOP plan, demobilization plan, and emergency operations plan with an understanding of their public health incident management role(s), if any, during a public health response.

Function 5: Demobilize and evaluate public health emergency operations

Function Definition: Release and return resources no longer required by the incident or event to their ready state and assess efforts, resources, actions, leadership, coordination, and communication to implement continuous improvement activities. Complete evaluation activities throughout response operations, and finalize response activities with after-action processes.

Tasks
Task 1: Return public health resources and staffing to their prior “ready state” of operations. Archive records and restore systems, supplies, and staffing to pre-incident readiness.
Task 2: Conduct final incident closeout of public health operations. Turn over documentation, conduct hot washes and incident debriefings, and identify final closeout requirements with responsible agencies and jurisdiction officials.
Task 3: Produce after-action report(s). Conduct after-action processes for public health operations in partnership with other emergency operations stakeholders to identify areas of success, promising practices, and opportunities for improvement.
Task 4: Develop improvement plan(s). Document priorities and identify corrective actions assigned to public health.
Task 5: Implement and track progress on improvement plan(s). Complete the corrective actions assigned to public health and establish a system to track completion and effectiveness of corrective actions.

Preparedness Resource Elements
P1: (Priority) Procedures in place for demobilization of public health operations. Recommended procedures may include
- Procedures to scale down operations, including transitioning workforce and services back to their normal levels, and returning or releasing equipment and other resources
- General information about the demobilization process
- Responsibilities or agreements for reconditioning equipment or resources
- Responsibilities for implementing the demobilization plan, the systematic approach for an orderly, safe, and efficient return of a resource to its original status (NIMS definition)
- General release priorities meaning resources, such as personnel, services, or equipment to be returned and detailed procedures for releasing those resources
- Directories, including maps and telephone listings
P2: Incident closeout briefing for the public. Briefings may include
• Incident summary
• Lasting implications of major events
• Continuing activities or corrective actions that will not be completed under response operations
• Opportunity for discussion to bring up any concerns from agency officials
• Final evaluation of incident management by agency officials
• Team performance evaluation

P3: After-action report and improvement plan. Recommended elements include
• Executive summary
• Event overview
• Event summary
• Observations (strengths or areas for improvement)
• Analysis of capabilities
• Conclusion
• IP, recommended to include (at a minimum)
  • Identification of the capability being assessed
  • Observation
  • Title
  • Recommendation
  • Corrective action description
  • Capability element
  • Primary responsible agency
  • Agency point of contact
  • Start date
  • Completion date

Skills and Training Resource Elements
S/T1: Public health personnel who will evaluate incident responses, including development of the AAR and IP or lead exercises have an understanding of Homeland Security Exercise and Evaluation Program (HSEEP) policies, procedures, and terminology. Personnel should have experience in administration, design, development, evaluation, and improvement planning for exercises. Recommended trainings may include
• FEMA Emergency Management Institute Training: An Introduction to Exercises (IS.120.A), Exercise Evaluation and Improvement Planning (IS-130), and Exercise Design (IS-139)
• HSEEP training
• Incident Command System Form 221-Demobilization Checkout

S/T2: Personnel trained in demobilization procedures as relevant to the public health incident management role.