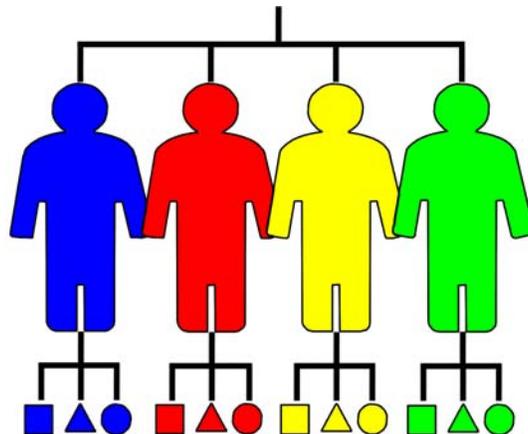




PHICS

Volume I: A Guide for the Management of Emergencies or Other Unusual Incidents within Public Health Agencies



PUBLIC HEALTH INCIDENT COMMAND SYSTEM



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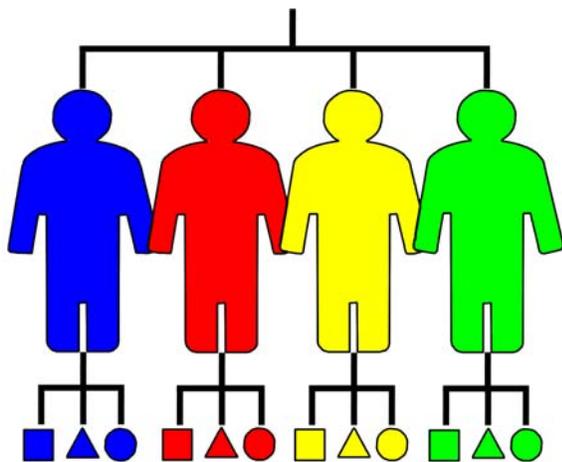
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1. EXECUTIVE SUMMARY

Public health is essential to the emergency response capability of any community, and as such it must have the ability to cooperate and collaborate with other responding agencies during emergencies. The United States has adopted a system for achieving unified inter-agency management during emergency response operations. This system is referred to as National Incident Management System (NIMS). It is important that all public health agencies become familiar with NIMS, and structure their emergency response plans according to the frameworks of NIMS and the Incident Command System (ICS). As of September 30, 2006, for all state, local and tribal agencies, federal funding for disaster preparedness activities will be contingent upon compliance with NIMS. The purpose of NIMS is to assure a comprehensive national framework that will support efficient incident management for all domestic incidents, regardless of size, nature or complexity.



The Incident Command System (ICS) is one part of NIMS and is a management system used to achieve command and control within an organization and seamless inter-agency coordination during any type of emergency event. The NIMS stresses that ICS should be user friendly and applicable across a wide spectrum of incidents. Key features of ICS include the use of: a clearly defined chain of command; common nomenclature for key management positions; defined management sections; modular organization; management by objectives; and use of specifically described emergency response functional roles. ICS is efficient, since only those resources in the plan that are needed are used at any given time. It is important to note that ICS is NOT a plan, but rather a common framework upon which specific agency plans are developed. Use of a common framework and titles enhances communication across agencies, standardizes role expectations and ensures that each agency addresses the key aspects of any emergency response: command & control, strict coordination and attention to communication and information, responder safety, inter-agency liaison, planning/intelligence, operations, logistics and finance/administration. While the specifics for each agency will be different, ICS ensures that where indicated, these basic functions are addressed.

This guide provides an overview of how the standardized ICS system is applied within the context of public health. During disaster events,

public health has a dual responsibility to respond not only to specific public health threats but to also ensure that essential public health services are maintained for the affected community. Under this system, regardless of the mission of the agency, command and control is attained through the use of Command Staff positions (Incident Commander, Public Information Officer, Safety Officer and Liaison Officer) and defined sections that are led by Section Chiefs (Planning/Intelligence, Operations, Logistics and Finance/Administration). If necessary, each Command Staff officer or Section Chief may

have assistants or deputies. Therefore, under ICS, the person in charge of the agency's emergency response is always referred to as the Incident Commander; the person in charge of insuring the safety of the response staff is always called the Safety Officer; and so forth.

Almost any disruption to a community has some sort of public health consequence. Therefore, it is essential that public health has the ability to be a collaborating partner with other agencies as they work together to achieve effective community response.

2. INTRODUCTION

Almost any emergency or disaster event has the potential to adversely affect the health of the public, and in fact, public health is now defined as an emergency response agency.¹ As such, it is one of the many agencies that respond to an event that disrupts the community. When there is a disruptive event, the role of public health may be one of quiet surveillance to assure that the event does not pose or become a threat to public's health, or it may be to implement specific measures to prevent or control a specific threat to the public's health. For example, after major flooding most visible activity will be taken by rescue teams, police, traffic agencies or public utilities, while public health agencies heighten surveillance for water-borne diseases from contamination of drinking water. Other public health actions could include providing public information about preventive measures to be taken, such as issuance of a boil-water advisory.

There are many emergencies in which the public health agency plays a central role in defining the scope of risk, such as the deliberate release of an infectious agent into the community (such as anthrax), or the natural occurrence of a virulent, highly infectious disease, such as SARS. In this case, the public health agency would serve as one of the key leaders in the community

response, working closely with other agencies, to design protective actions, instruct health professionals about preventive or treatment interventions or even using legal authority to restrict movement by exposed or infected persons.

At regional and national levels, jurisdictions in the United States have adopted a system for achieving unified inter-agency management during emergency response operations. This system is referred to as National Incident Management System (NIMS). The purpose of NIMS is to assure that there is a comprehensive national framework that will support efficient incident management for all domestic incidents, regardless of size, nature or complexity. The framework of NIMS provides for seamless inter-agency (and in some cases inter-state or state-federal) interface and standardization of emergency response organizational structures, emergency plan training, emergency response equipment, inter-agency communication equipment and other technology. The Incident Command System (ICS) is one part of NIMS.

ICS is a management system that is used to achieve optimal command and control within an organization as well as seamless inter-agency coordination during any type of emergency event. It uses a clearly defined chain of command, a common nomenclature for key management positions, defined management sections and specifically described emergency response functional roles. Under the ICS, only

¹ For example, see: Department of Homeland Security. National Response Plan, [Electronic PDF file] December 2004:http://www.dhs.gov/dhspublic/interapp/editorial/editorial_0566.xml. Accessed March 9, 2005. See also the Public Health Security and Bioterrorism Preparedness and Response Act of 2002. <http://thomas.loc.gov/cgi-bin/query/D?c107:5:./temp/~c107IUZQAf::> Accessed March 2, 2005.

those management sections and emergency response functional role positions that are needed to respond to the emergency are activated, and during any event different sections and/or roles may be opened or closed as needed. This ability to scale up or scale down agency activities during the response is referred to as “expandability” and “contractibility” of the emergency response operation. Thus ICS has been deemed to be efficient, as only those resources in the plan that are needed are used at any given time. Under ICS, common titles are used for key management roles across all jurisdictions in order to enhance inter-agency communication.

ICS was originally developed in California as a way to improve multi-agency fire-fighting efforts, and has been adopted and adapted by the Federal Emergency Management Agency (FEMA), state and local offices of emergency management, police and fire departments, utility works and others as the model for achieving efficient, coordinated emergency response. ICS has been adopted by the United States

government as the management model to be used for any sort of response that includes federal assets. Therefore, for public health to be an effective player in any sort of inter-agency response, it must be able to function under the ICS so that it can easily integrate itself within any multi-agency response operation. Knowledge and use of the ICS by public health will allow it to be a more effective player at the emergency response table. Those who lead public health agencies must have a thorough understanding of this system so that the agency they lead can function in sync with other agencies on the local, state and national levels. In this document we have mapped the ICS to the usual emergency response procedures that are used by public health during any sort of event that can affect the health of the public. We are referring to this mapping as Public Health ICS, or PHICS (“pikes”). ***PHICS is not different from or an alternative to ICS, but rather, illustrates how public health can use the incident command system as a framework for agency emergency response plans.***

WHY PHICS?

Unlike many of the uniformed services (i.e., fire, police, EMS) that have historically utilized ICS, public health does not generally operate in a strict command and control structure on a day-to-day basis. Because many public health agencies are small, communication within the agency is relatively easy; each member of the agency performs multiple tasks relative to the emergency response; and the issue of command and control and use of defined titles is usually not an issue. In fact, many of the terms used in the ICS initially may not seem to be applicable to public health, even during an emergency operation. However, with the increased threat of global terrorism, emerging infectious diseases such as SARS & Avian influenza, and frequency of natural disasters, the need for all public health agencies to be able to operate within large multi-jurisdictional response operations is essential. Therefore, it is critical that public health workers have the ability to understand, work and communicate within the ICS and the overall NIMS framework.

While inter-agency ICS training is important, it does not fully address the internal management

of an individual agency during an emergency. The specifics of applying ICS within any one public health agency will vary depending on community expectations, available resources, existing responsibilities and the services normally provided by the agency. For many emergency situations the public health agency must make crucial decisions regarding balancing ongoing responsibilities for every day essential services with the emergency response activities. Failure to do so can result in a communicable disease outbreak or environmental disaster not related to the emergency event. This guide has been developed by representatives of public health agencies and their associations, faculty from academic programs that train public health workers in emergency preparedness, and experts in emergency response generally. It is intended to assist leaders, staff and trainers in public health organizations so that they can understand the ICS and use it as a framework for their agency's emergency response plan. This will help assure that every public health agency in the United States can be an effective partner during inter-agency and cross-jurisdictional emergency response.

BASICS ICS PRINCIPLES

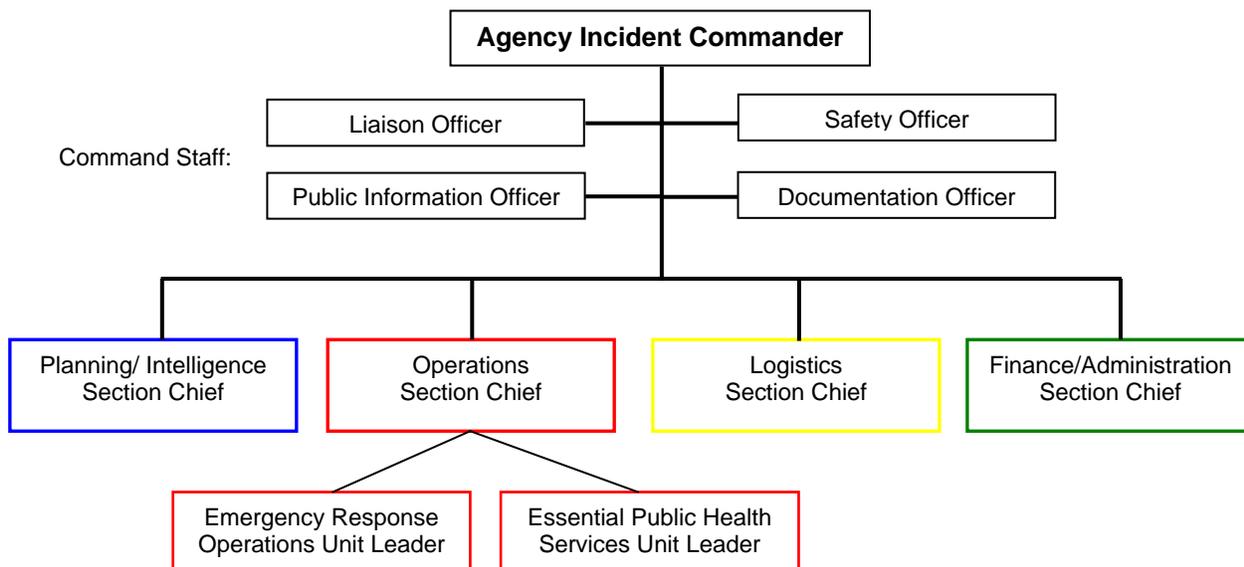
The Incident Command System is built around basic principles that govern both the table of organization and the management of decisions, resources and personnel during an emergency. To provide a clearer picture for the reader, next to each concept we have included an example of how public health would utilize that portion of ICS during a DOH-limited emergency response (two cases of measles in a day care center) as well as a larger inter-agency emergency response operation (major weather event which results in a loss of electrical power, disruption of the transportation infrastructure and a large displaced population.)

DEFINED ORGANIZATIONAL STRUCTURE

ICS uses a clearly defined chain of command. The reporting channels are simple and clearly delineated, so that all participants know to whom they will report, and to whom they must convey received information (Figure 1). Under ICS, the emergency response plan is generally broken down into five key areas, including Command (with the Command Staff positions), and four key functional management sections: Planning/Intelligence, Operations, Logistics and Finance/Administration. Each of these areas will

be explained below. It should be noted that, regardless of the size of the public health agency, several individuals need to be capable of fulfilling the roles of the Agency Incident Commander, other Command Staff positions, Section Chiefs, Unit Leaders and unit workers. Emergencies may require 24-hour activation of the department of health, requiring relief shifts, and no one individual can always be available to fulfill a particular emergency response functional role.

Figure 1: Organizational Structure & Chain of Command



COMMAND POSITIONS

Under ICS there is one Agency Incident Commander (AIC) and 3 Command Staff positions: Liaison Officer, Safety Officer, and Public Information Officer. Each of these positions and the AIC may have an assistant or deputy.

Incident Commander (IC)

This person is in charge of the incident. The IC has ultimate responsibility for development of an Incident Action Plan, allocation of resources and assuring that the necessary sections are activated (or deactivated). Because there may be an Incident Commander at the inter-agency level, within PHICS the lead individual is called the Agency Incident Commander, or AIC. The AIC is provided with information (and advice and counsel) from his/her Command Staff and the Section Chiefs (for those sections that have been activated). The AIC oversees the development of the incident mission and key goals, and from this comes the development of an Incident Action Plan. The AIC is responsible for ensuring that the public health agency incident mission and goals are synchronous with

those of the other responding agencies and jurisdictions. The AIC does not necessarily have to be the public health agency's chief health official. The chief health official may delegate this responsibility to another capable public health employee, especially if he/she will be required to be away from the agency for long periods (e.g., the chief health official may be called to office of the local or state elected official – mayor, county executive or governor). If this is the case and the chief health official designates someone else to serve as the AIC, the chief health official would surely be kept informed of all major activities. However, it is essential that whoever is designated as the AIC be given the authority to make decisions and execute the plan.

Liaison Officer

This position interfaces with and coordinates all activities with external agencies. The Liaison Officer assures that external agencies that are working with the department of health are provided with the resources that are required, as well as assure that agency policies, procedures and sovereignty are respected. The Liaison Officer may serve as a triage officer for

information or inquiries from collaborating agencies by connecting the collaborating agency to the appropriate personnel within the department of health. The Liaison Officer needs to be knowledgeable enough to know what needs to be referred to the AIC, and what can be referred directly to a section or unit.

Safety Officer

This very important position is responsible for assuring the safety of the public health responders (both paid and volunteer). The Safety Officer assures for scene safety, availability and appropriate use of personal protective equipment, and basic human needs of the staff (including rest, nutrition and hydration). The person appointed to serve as the Safety Officer for a specific emergency or event should have a high level of knowledge about the hazards of the event (or know where to rapidly

obtain appropriate consultation). For instance, in the event of a biological incident, the Safety Officer should have expertise in infectious diseases, while for a chemical event; the Safety Officer should have expertise in hazardous material incidents. In some public health agencies, one individual may possess expertise across several areas, while in others different individuals will serve as the Safety Officer, depending upon the nature of the event.

Public Information Officer

This individual is responsible for assuring that appropriate information is provided to the public, governmental officials and collaborating agencies. The Public Information Officer also assures that the required information is provided to the public health agency staff, so that the message of the agency is consistent, and in synchrony with other agencies. This information must be accurate, timely, and consistent with

that of other agencies. The Public Information Officer frequently serves as the official spokesperson for the public health agency, or may brief or assist the chief health official or AIC with preparing for a press conference or other major information session. During an emergency, all information that is provided to the public is first cleared through the Public Information Officer.

Documentation Officer

During complex emergencies the AIC may decide that a Documentation Officer is required. The purpose of this role is to maintain (or oversee) a record of all activity that occurs in the agency Emergency Operations Center (EOC) as the Command Staff and Section Chiefs meet to report information or make decisions.

Responsibilities may include: assuring arrangements for Command Staff meetings, recording and maintaining meeting minutes, filing of correspondence, logging telephone calls, and updating the situation status monitoring board.

SECTIONS

Each section in ICS provides a key management function for the emergency response. It should be remembered that only those sections required for the emergency response are activated. Sections can be activated and deactivated multiple times during an incident. The person who makes this decision regarding opening or closing sections is the AIC. Frequently, agencies use color-coding for sections to serve as visual aids for staff involved in the operation. Staff involved in the emergency response may wear a vest that is the color that corresponds to the traditional section color and is labeled with their emergency

response functional role title. This allows all other personnel to immediately identify which section the worker is assigned to. The colors are:

Command Staff: *White*

Planning/Intelligence Section: **Blue**

Operations Section: **Red**

Logistics Section: **Yellow**

Finance/Administration Section: **Green**

While not all agencies do this, it does assist with easy recognition of personnel within each section.

Planning / Intelligence

The purpose of this section is to organize data, make projections and forecasts about the event and report the information to the AIC. Where required, this section may engage in intelligence activities – which for public health may be gathering, analyzing and sharing incident information (some of which may be sensitive) with other agencies. Examples of intelligence activities may include analysis and projections regarding epidemiological data about a bioterrorist event, risk assessments based upon information reported by law enforcement, or determination of toxic contamination levels in an environmental incident. Under NIMS, the ICS intelligence function can also be assigned to another functional management area within the ICS such as within the Command Staff or as a

separate section entirely. This decision will be made by the AIC and based upon the nature and complexity of the event and the need for public health intelligence activities, or the needs of the jurisdiction-wide Incident Commander.

The Planning/Intelligence Section Chief assists the AIC with establishment of an Incident Action Plan (IAP), and the information from Planning enables the AIC to make decisions about ramping up or contracting services. For example: during an influenza vaccination clinic, the Planning/Intelligence Section may monitor the number of citizens vaccinated each day and compare this to the targeted daily number of vaccinations. If the number exceeded the daily goal, this would be reported to the AIC, and the

plan may be revised to operate the clinic for fewer days, or conversely, if the number of vaccines was less than the goal, the number of public health vaccinators may be increased, the marketing or outreach strategy may be revised or the vaccination site relocated to increase

accessibility. Therefore, the information and projections provided by the Planning/Intelligence Section is essential for development of the Incident Action Plan (IAP), monitoring the status of the event and making adjustments where needed.

Operations

The Operations Section carries out the specific tasks and objectives that the public health agency needs to do, in order to accomplish the goals of the incident. In this section, the Incident Action Plan is actually executed. Examples of Operations activities include distribution of vaccines, water or soil sampling, delivery of risk communication messages to the public, or case investigation, to name a few. In general, it can be said that the Logistics and Finance/Administration Sections support the Operations Section, and the Planning/Intelligence Section

supports the Command Staff. For a public health agency there are also essential day-to-day operations that will continue. The public health agency will need to determine which of its day-to-day services are essential and which can be either reduced or temporarily suspended. It is important that someone not directly involved in managing emergency response operations be made responsible for these ongoing essential services. This person will be assigned to a separate unit that will operate within the Operations Section.

Logistics

The Logistics Section provides the support to all other sections that have been activated in the public health agency so that the work can be accomplished. For public health, Logistics is usually responsible for acquiring space, supplies and equipment. For instance, Logistics may arrange for rental of space for a vaccination clinic, the delivery of supplies of vaccines and

syringes to the vaccination clinic, or bottled water for the responders and blankets for shelters. Logistics may also provide drivers for case investigators or make arrangements for vehicle rental. Logistics acquires and sets up the things that are needed for Operations to get the job done.

Finance/Administration

The Finance/Administration Section has several key responsibilities. These include: assuring that a contractual and financial process is in place for emergency procurement of supplies, equipment, space and personnel; interpretation of human resource policies; tracking of resources that are expended during the response (so that costs can be recovered by the agency during the recovery phase of the event)

BRANCHES AND UNITS

While each section has a broad purpose, depending upon the nature of the event, each ICS section may open one or more subsections that are referred to as units. Each of these units will serve a specific function. When a situation occurs where there are many units, or many disciplines are involved in performing one function, groups of units within the ICS section may be placed within a branch. In general, branches are established when the number or complexity of units in the ICS section is larger than what a Section Chief can control. However, it is not necessary to always utilize branches; and for smaller health departments or less complex events, only units will be established within each section. Within each section, the managers are referred to as Branch Directors and Unit Leaders. Each of these managers assumes responsibility for the staff and the branch or unit's performance. Figure 1 (page 9) provides an illustration of an ICS tree that may be used by a small department of health or any size agency for a less complex incident; while

and in some cases, assurance of availability of resources to address the physiological and psychological needs of the agency personnel who are engaged in the response (paid and volunteers). Diligent work done by the Finance / Administration Section during an emergency can serve to prevent a financial or human resource disaster after the event.

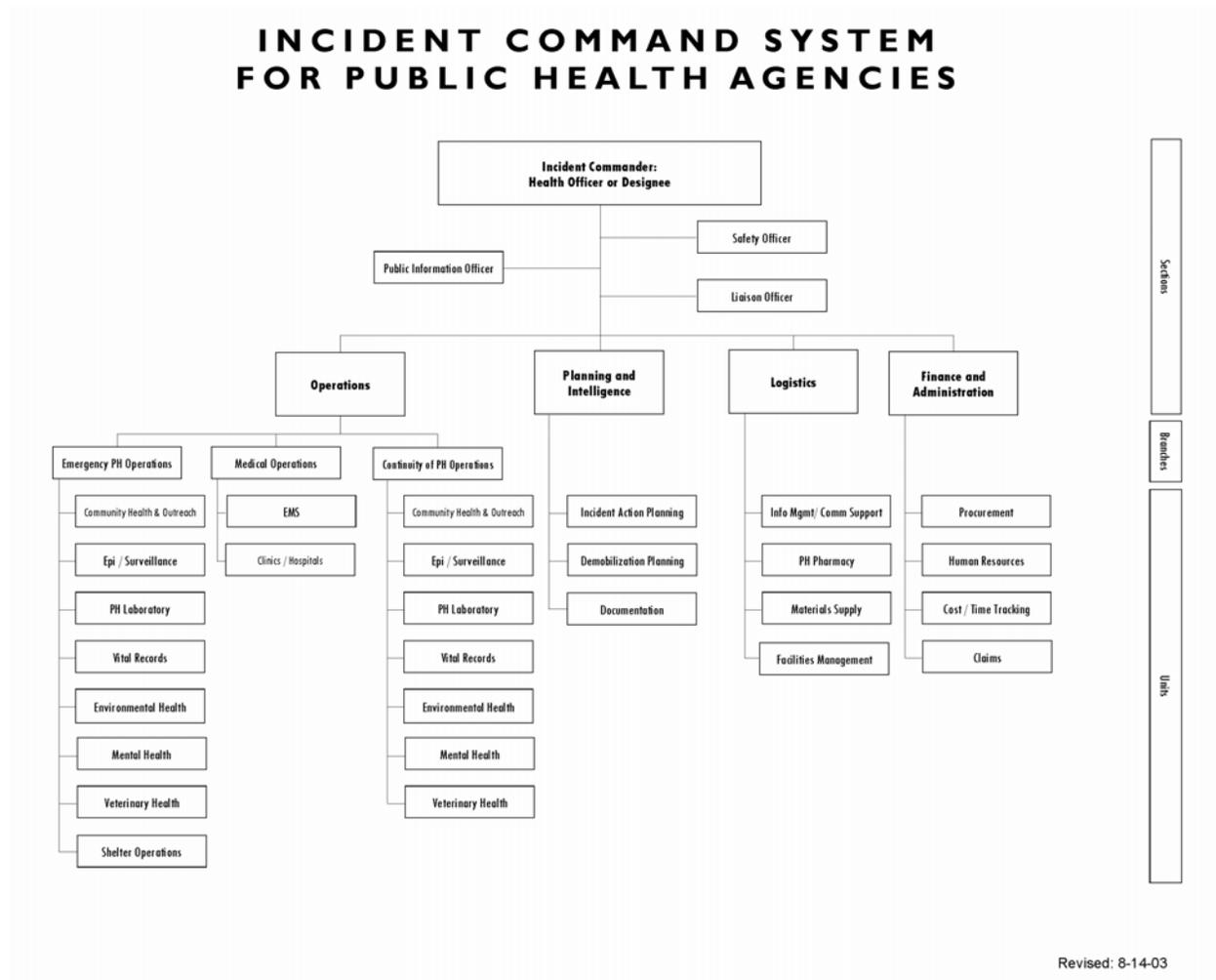
Figures 2 and 3 provide illustrations of ICS trees that might be used by larger departments with many assigned responsibilities that utilize branches as well as units to organize the response during a complex event (see pages 15 and 16). It is important to note that the number of sections opened, and units activated and/or branches formed is entirely based upon the needs of the agency, available resources, and up to the Agency Incident Commander (AIC).

Examples

In a measles outbreak the Operations Section may have three units: hospital surveillance, contact tracing, and vaccination administration, and there may be one or more personnel assigned to each of these units.

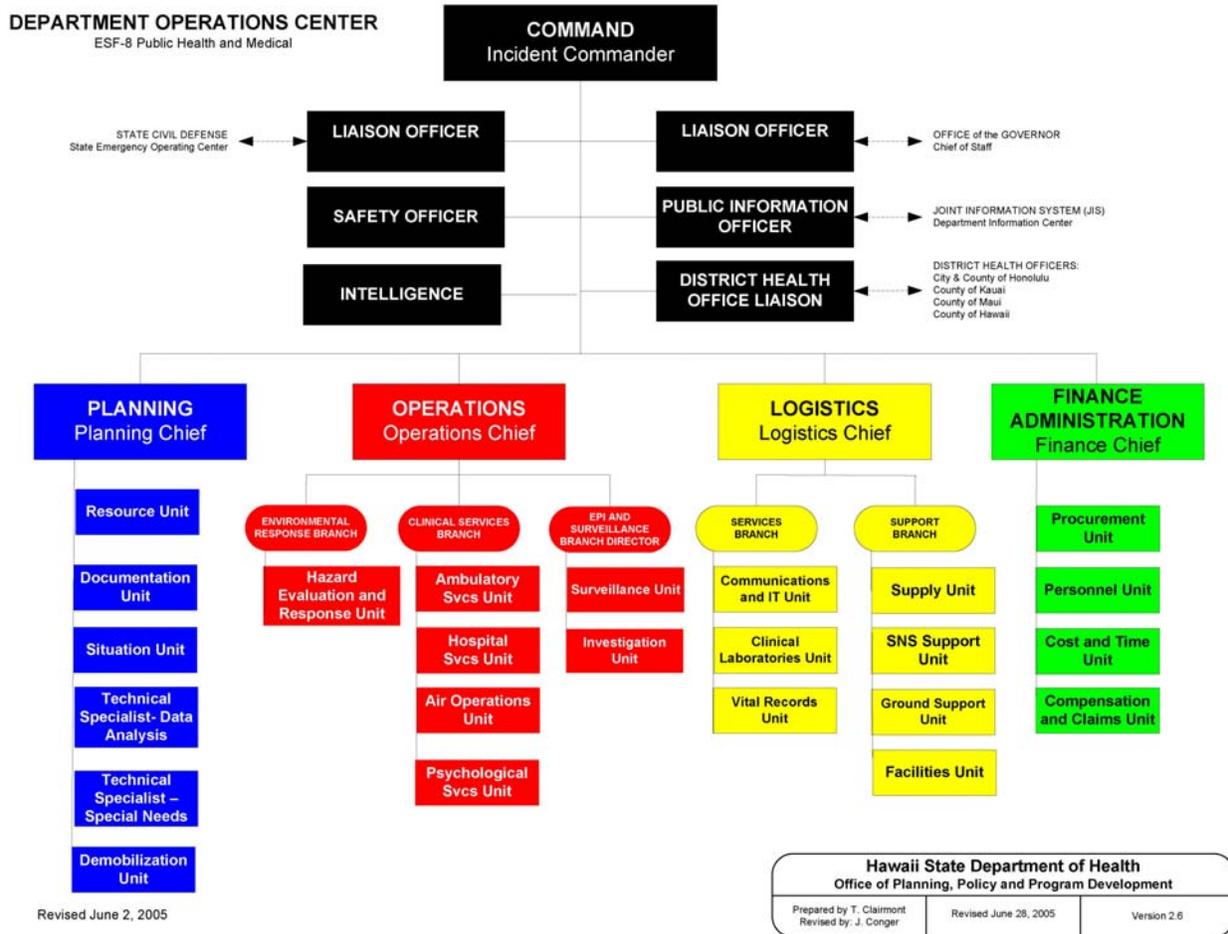
For a more complex weather event, the Operations Section may have many more units, such as environmental health, food protection, water safety and shelter operation units. In this case, the food protection and water safety units may be placed under a branch called: "food and water safety".

Figure 2: Large Agency Incident Command System, Example 1²



² Source: Rottman S, Shoaf K, Dorian A. Writing a Disaster Plan: A Guide for Health Departments. July 2005; First edition. UCLA Center for Public Health and Disasters. Accessed at <http://www.cphd.ucla.edu> on August 30, 2005.

Figure 3: Large Agency Incident Command System, Example 2



COMMON NOMENCLATURE

ICS uses a common nomenclature for describing key Command Staff and Section Chief positions, so that individuals from various participating organizations can work together without confusion about responsibilities or expectations. For example, the person in charge of the emergency response for the agency is always called the Agency Incident Commander, regardless of the agency. Therefore, when someone from an external agency needs to communicate with the person in charge, they only need to know to ask for the Agency Incident Commander. Likewise, within the public health agency itself, all staff will know that the person in charge is the Agency Incident Commander, regardless of which individual is filling that role in the DOH that day. Likewise, the person in

charge of communication is always referred to as the Public Information Officer, and the person in charge of responder safety has the title of Safety Officer. This greatly facilitates inter-agency communication because on a day-to-day basis agencies frequently use different titles for similar functions. Another advantage for use of common nomenclature is the fact that these “plain English” titles serve as a reminder for responding agencies that these particular functional roles may need to be filled. Before adoption of ICS many departments of health did not routinely assign a specific individual to serve as a Safety Officer during an emergency response. With the use of common titles, the need for each of these roles is considered by the AIC during each event.

EXPANDABILITY AND CONTRACTIBILITY

When using ICS only those Command Staff positions and sections that are required for the response are activated. And the only position that must always be activated is that of the AIC. This allows the public health agency to conserve resources, and use only what is needed. Since each public health agency must also maintain its essential services during any type of emergency response, this is particularly important. During an emergency, the numbers and types of ICS sections and Command Staff positions that are activated may expand, contract and then even expand again, based upon the course of the event.

Examples

During a measles outbreak a DOH may activate only portions of the ICS tree such as the Agency Incident Commander, the Public Information Officer, and the Operations and Finance/Administration Sections.

However, during a major weather event with significant disruption to the community it is likely that the DOH would activate all Command Staff positions and every section of its ICS tree as it worked with multiple agencies to protect the health of the public.

MANAGEMENT BY OBJECTIVES

Within the ICS framework, all incidents are managed by the establishment of objectives which are clearly communicated to all involved parties. These objectives should be directly related to the established goal for the response, and should be measurable and clearly communicated to all Command Staff and section personnel, as well as collaborating agencies. There should also be periodic evaluation with regards to progress towards meeting the objectives.

Examples

During a measles outbreak, the main goal may be to prevent an epidemic. To achieve this, the following objectives may be established:

- *Case investigation and contact tracing for all known cases*
- *Verification of immunization status for all school age children*
- *Immediate immunization of all susceptible children*
- *Institution of a surveillance program*

During a large scale weather event, one of the goals for public health may be to assure the health and safety of the general public. To achieve this, the following objectives may be established:

- *Monitor the health of the shelter population*
- *Assure food safety in areas that experience power outages*
- *Develop and deliver risk communication and safety messages for the public relative to the event*

SPAN OF CONTROL

Within ICS, the concept of span of control refers to the notion that an individual manager can not effectively manage if the group of subordinates is too large. To date there have been no specific studies that have established the optimal span of control for public health. (Studies done by the U. S. military suggest spans of control in the range of 3-7 persons supervised per manager.) However, it is essential that the Agency Incident Commander and Section Chiefs consider span of control when establishing assignments for managers. Factors to consider include: nature of the incident and tasks to be performed, existing or potential hazards, safety factors, and distances between personnel and resources.

Examples

During a measles outbreak 25 personnel may be required to evaluate vaccination records. This number of personnel exceeds a manageable span of control for one supervisor. Therefore, the personnel assigned to this task need to be grouped into smaller units to assure adequate supervision.

During a weather event that precipitated contamination of the water supply the DOH may dispatch 30 environmental staff (many of whom may have come from regional or state offices) to collect water samples. These 30 individuals should not report to a single Unit Leader, but rather should be divided into smaller units with designated leaders.

PRE-DESIGNATED INCIDENT LOCATIONS AND FACILITIES

It is important that as much preplanning as possible is done before an incident occurs. Pre-designation of a variety of operational locations and support facilities can enhance response logistics when an incident occurs. Departments of health should have pre-designated places for scenarios such as operation of points of distribution, operation of the department of health itself in the event the facility is disabled, the location of the emergency operations center, etc.

Examples

During a measles outbreak a designated location, such as an existing clinic, that is easily accessible to public transportation and has ample parking, should be identified beforehand for distribution of emergency vaccinations.

To prepare for serious weather events that may precipitate building closures that affect department of health facilities, backup contingency sites for operation of the department of health must be identified.

INTEGRATED COMMUNICATIONS

It has been frequently noted that the most common (and often serious) challenge in any incident response is establishing and maintaining an effective system for communication within an agency, across agencies and with the public. The ICS chain of command provides a framework for the orderly flow of communication within the agency. It is also essential that inter-agency communication is assured. This can be achieved by the development and implementation of policies and procedures, and the use of technology. Each public health agency must be able to communicate with other local and state agencies. The development of a common communications plan and use of interoperable communications processes and technology is an essential step in assuring adequate communication. In nearly every incident that affects the community, the local public health

agency will be either involved directly or consulted. Therefore, it is essential that a clearly delineated communication plan be established before the incident occurs.

Examples

During a measles outbreak the risk communication message to the public must be coordinated through the department of health. During an emergency, the DOH can use the media to its advantage for distribution of accurate information and instructions to the public. Internally, all risk communication that is issued by the DOH should go through the Public Information Officer.

During a weather event the DOH needs to be sure that its emergency communications equipment interfaces with other key agencies, including: hospitals, police, fire, EMS, utilities and public official offices.

UNIFIED COMMAND SYSTEM

For some emergencies, multiple agencies need to collaborate in order to respond to the event to protect the public. When doing so under the ICS, all responding agencies work together to develop a common goal for responding to the event (this is called the Incident Action Plan, or IAP) as well as deciding how to allocate scarce resources and provide assistance to each other. When agencies work together in this way it is referred to as working under unified command. Unified command does **not** mean losing or giving up agency authority, responsibility, or accountability. The concept of unified command means that all involved agencies contribute to the command process by using:

- Common terminology
- Modular organization
- Integrated communications
- Unity of command
- Unified command structure
- Consolidated Incident Action Plans (IAPs)
- Manageable span of control
- Designated incident facilities
- Comprehensive resource management
- Common set of incident objectives and strategies
- Determining overall objectives
- Joint planning of operational activities while conducting integrated operations
- Maximized use of all assigned resources

Examples

During a measles outbreak, the DOH may work with the community's department of education. Both agencies would develop an agreed upon goal: prevent a measles epidemic. While the day care center may review vaccination records of students, the DOH may initiate an emergency vaccination clinic.

At the beginning of a severe weather event all of the involved agencies may decide that the most important goal is to safely evacuate the affected community. The DOH may be involved with working with hospital and nursing homes to ensure patient safety during evacuation, coordinating shelter operations with the American Red Cross, and addressing general public health food and water safety issues, while the transportation and police departments may ensure that the roads are clear.

INCIDENT ACTION PLAN (IAP) & SECTION ACTION PLAN (SAP)

There may be two levels of IAPs: Interagency and DOH-specific. When multiple agencies respond to an event, they work together to develop an overall inter-agency IAP for the incident. Each agency in turn develops its own agency-specific IAP that sets the goals and objectives for its response activities. It is important to keep in mind that for some public health events the DOH is the sole responder to the event and only has to develop an IAP for its own response. An IAP is made for a defined period of time, which depends upon the nature and volatility of the incident. For some incidents the IAP may be for a 4-hour period, while for others it may be for a 12- or 24-hour period (this is referred to as the planning cycle). After the DOH establishes the goals of its IAP, each of the sections that have been activated will establish a Section Action Plan (SAP). This is a specific plan for the section which identifies what needs to be achieved and how it will be accomplished. The SAP always supports the mission of the DOH's IAP, (and if the DOH is involved in an inter-agency response, then the DOH IAP always supports the overall mission of the inter-agency IAP.) Use of IAPs and SAPs puts all responders on the intra-agency as well as inter-agency levels on the same page and all working towards the same objective.

Examples

In the event of a measles outbreak, the chief health official might appoint an individual from the disease control division to serve as the Agency Incident Commander (AIC). The AIC would decide which Command Staff positions and sections of the ICS would be needed. Once all of the Command Staff and Section Chiefs were appointed, these staff would meet and agree upon an Incident Action Plan (IAP). Theoretically, the main goal for the DOH may be to prevent a measles epidemic. Objectives to achieve this goal may be surveillance to identify new cases, and case investigation to identify unvaccinated children. The goal and objectives constitute the IAP. Then, each of the sections develops an SAP. The SAP for the Operations Section may be to complete contact investigation and immunization histories for all children of the day care center, while the Finance/Administration Section may track personnel hours and overtime used for all activities.

In a weather event, the IAP may be evacuation of the population for the community. In this scenario, each agency would have a key responsibility that would support the evacuation of the community. While public health may focus on safe relocation of hospital and nursing home patients, the department of transportation may focus on mass transit and traffic control, while the utility company may focus on providing utility service to shelters. Each agency's work may be different, but it is directed towards achieving a common goal.

EMERGENCY RESPONSE FUNCTIONAL ROLES

Emergency response functional roles are clearly delineated specific descriptions of what the responder (paid or volunteer) is responsible for doing with regard to the event. These roles may be ones that are used in the agency on a day-to-day basis, but they may also be roles that are used only during an emergency event. Various staff in the agency may be cross-trained to perform a range of emergency response functional roles, so that surge capacity needs can be rapidly filled during an event. When performing an emergency response functional role, the public health employee may not necessarily be reporting to their usual supervisor, and in some instances may be working under the direction of another agency. For clarity, anticipated functional roles should be identified in advance, and for each a Job Action Sheet (JAS) should be developed. A Job Action Sheet is a document that describes a specific

emergency response functional role, and is described in detail in a later section of this document (page 31).

Example

During a measles outbreak, a public health nurse who is usually assigned to work in a school health program may be assigned to perform contact tracing and immunization history evaluation activities, while another school health nurse may be assigned to perform emergency department surveillance. Each of these individuals may be reporting to an Operations Section Chief who is not from their usual school health program in the DOH. However, within the ICS these public health nurses are expected to perform emergency response functional roles (which are different from what they usually do every day) and will take directions from and report information to the Operations Section Chief or a Unit Leader within the Operations Section.

BASIC PUBLIC HEALTH APPROACHES

As mentioned earlier, public health is an emergency response agency. Emergency readiness is a core function of public health and part of its basic mission to promote physical and mental health and prevent disease, injury and disability³. During emergency response, public health has a particular challenge. It must not only respond to the event, but must also maintain essential services to the community. The DOH must be able to (in some instances

quickly) decide what services can be interrupted and which must be maintained, even during the event. Always remember that personnel need to be assigned to the emergency response, but some personnel will usually need to be assigned to maintain essential public health services.

Example

In the event of a weather emergency where the population is being evacuated, school health nurses may be able to be diverted to shelter duty, while surveillance activities would need to continue (and probably increase in scope and intensity.)

³ Public Health Functions Steering Committee. Public Health in America. <http://www.health.gov/phfunctions/public.htm>. Accessed March 8, 2005.

PUBLIC HEALTH SYSTEM CAPACITY/PUBLIC HEALTH WORKER COMPETENCY

In order for public health to be prepared to respond to the variety of emergency events that may befall our nation (including natural, technological and human-caused), it needs a system to assure that the core functions of public health (assessment, policy development and assurance) continue. For public health, during an emergency response the core functions are assured through the availability of the following core system capacities:

- Information
- Communication
- Epidemiology / surveillance
- Laboratory
- Policy and evaluation
- Preparedness and response
- Workforce that is competent to perform usual and emergency response roles

Because not every department of health has the resources for extensive capacity in each of

these areas on a day-to-day basis, many may rely on regional or state capacity for assistance during an emergency event. For effective emergency planning and response, each department of health must have a plan and mechanism in place to be able to readily secure each of the system capacities that may be needed during an emergency. These plans and agreements for aid should be made in advance.

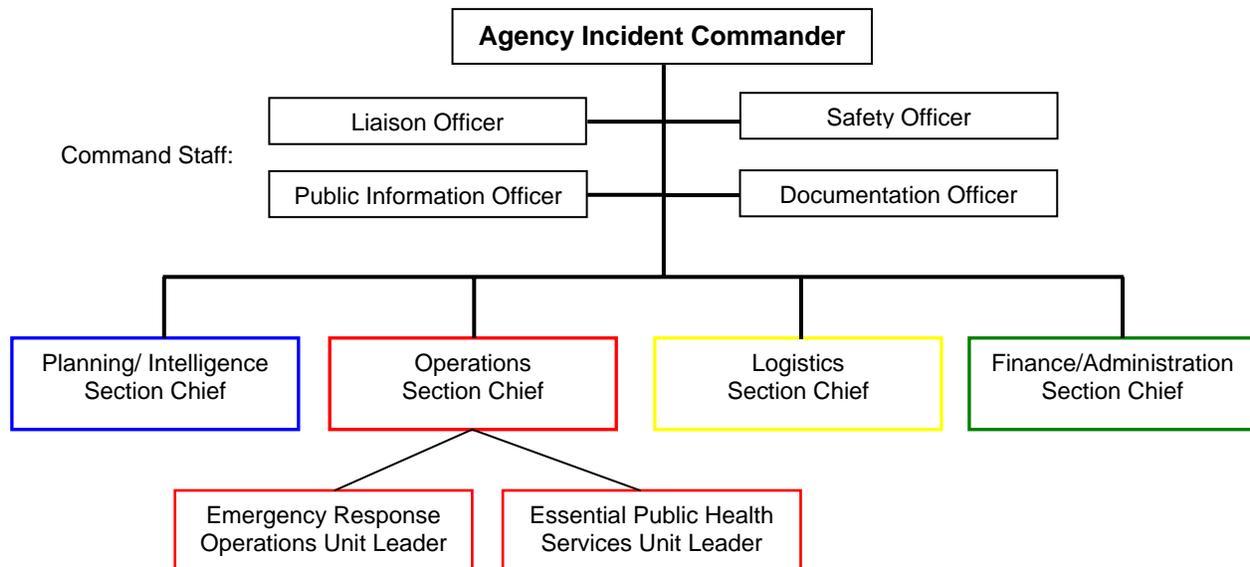
Examples

During a measles outbreak, a small department of health may use a regional or state level laboratory for measles titer testing.

During a large scale weather event, a department of health without environmental health staff may call on their state or regional office to supervise temporary food service activities, and follow up with all food establishments following the emergency to assure that items not maintained at appropriate temperatures are discarded.

3. PHICS CHAIN OF COMMAND

Figure 4: Organizational Structure & Chain of Command



The chain of command within a public health agency mirrors the jurisdiction-wide chain of command. (The color-coding also mirrors that which is routinely used in a range of emergency preparedness documents, facilitating cross-agency and cross-jurisdictional coordination.) For large scale emergencies, this approach increases the assurance that those managing the incident within the public health agency are familiar with and are effective partners in inter-agency response activities. ICS can also be activated solely within the public health agency for events that do not require jurisdiction-wide response, but do require unusual deployment of

resources within the public health agency in order to respond to a public health event. This might be the case in a large food-borne or water-borne outbreak for which extensive environmental and case investigations are needed, or for an outbreak requiring large scale treatment or prophylaxis of some sort.

This chain of command structure also recognizes the need to keep some essential public health programs running even while responding to the emergency. In figure 4, this is reflected in the two units within Operations that are illustrated: a Unit Leader for the *Disaster*

Response Unit, and a Unit Leader for the *Essential Services Unit*. The relative size of these two units will vary depending on the scope and nature of the emergency. They may also vary over time within a single emergency response, as it is likely to be the same pool of staff drawn on for both units. During a public health emergency, it is essential that an individual be appointed to evaluate which of the day-to-day services need to continue and which can be temporarily suspended.

The number and type of units that are opened will be determined by the nature and the extent of the event.

Example

During a measles outbreak, school health nurses would most likely be kept in place in the schools so as to continue ongoing school surveillance, while the DOH may decrease restaurant inspections and direct that staff to case investigation duties.

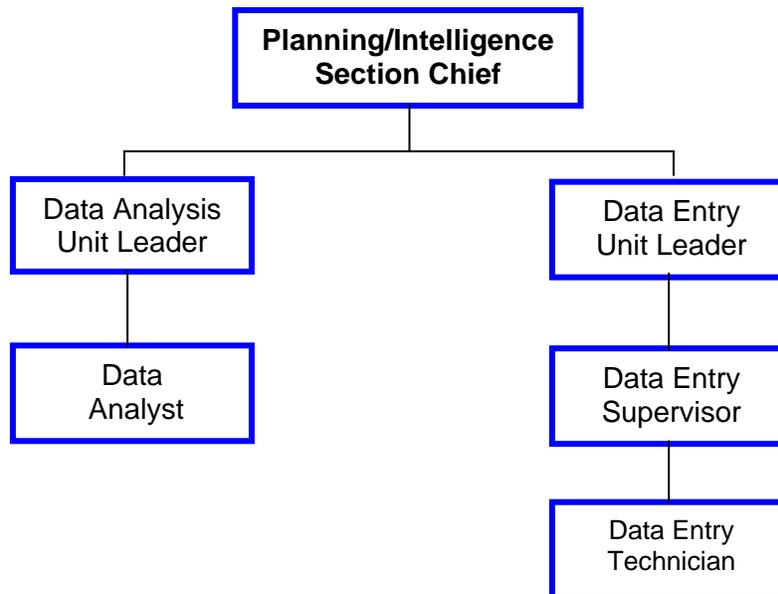
PLANNING / INTELLIGENCE SECTION

Section color: **BLUE**

The primary responsibility of the Planning/Intelligence Section is to collect, evaluate and disseminate incident and status information to the Agency Incident Commander, Command Staff, Section Chiefs and other key personnel, as well as direct the analysis and sharing of information (which may be sensitive) with collaborating agencies. Specific functions of this section include: preparation of situation status reports relative to the incident and

attainment of goals; conducting risk assessments; projections of resources required compared to availability of resources; collection and dissemination of information regarding medical intelligence information; and planning for demobilization (closure of response operations). A very large department of health may utilize separate units to handle information relative to resources, situation status, medical intelligence, and demobilization.

Figure 5: Sample Planning/Intelligence Section Organization Tree



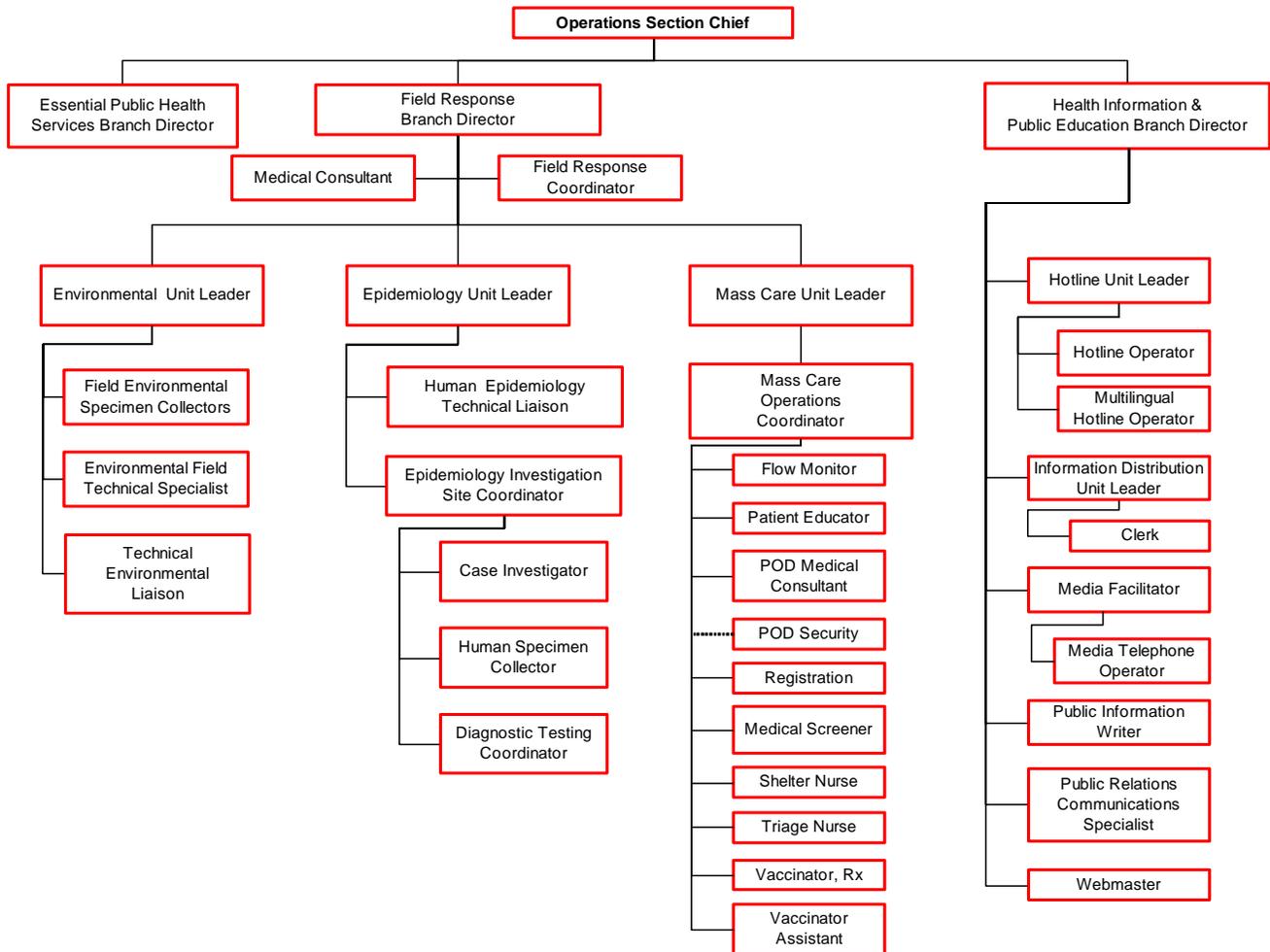
OPERATIONS SECTION

Section color: **RED**

The Operations Section is the one most likely to vary across agencies, as it depends on the size and scope of the agency, and the range of staff expertise. For example, a small public health agency that is dependent upon a state field environmental health staff for inspections and investigations would not have a field

environmental unit. It might, however, have the functional role of collecting environmental specimens if the state staff were some distance away and the agency decided that public health nurses or others might make the first round of specimen collection to save time.

Figure 6: Examples of some functional roles that may be utilized in the Operations Section



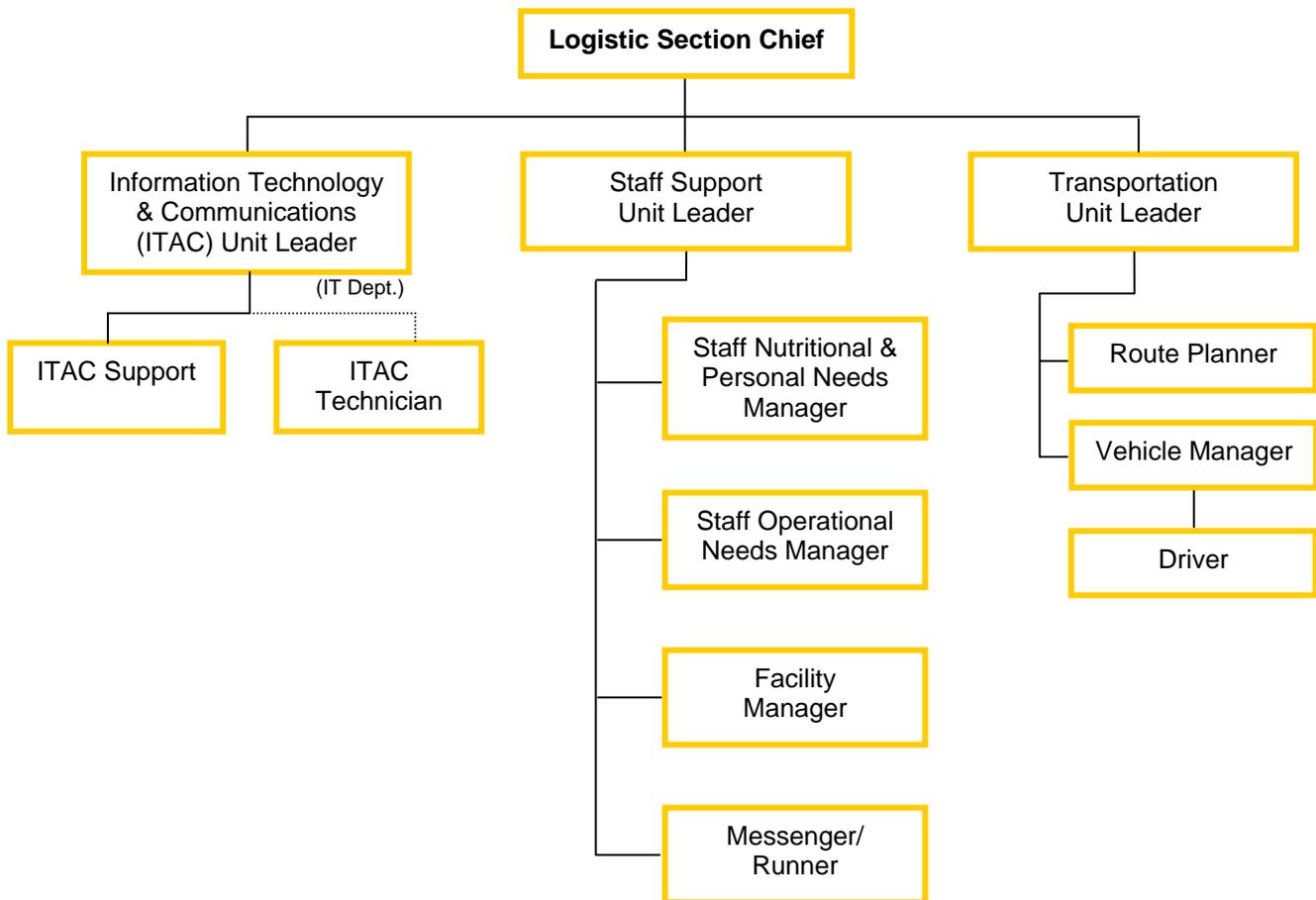
LOGISTICS SECTION

Section color: **YELLOW**

The Logistics Section provides the backup support to the other sections, in terms of space, equipment, supplies, facilities, transportation, fuel, food, communications and information

technology support and other services. Logistics exists to provide the platform from which the rest of the organization can perform the response work.

Figure 7: Sample Logistics Section Organization Tree



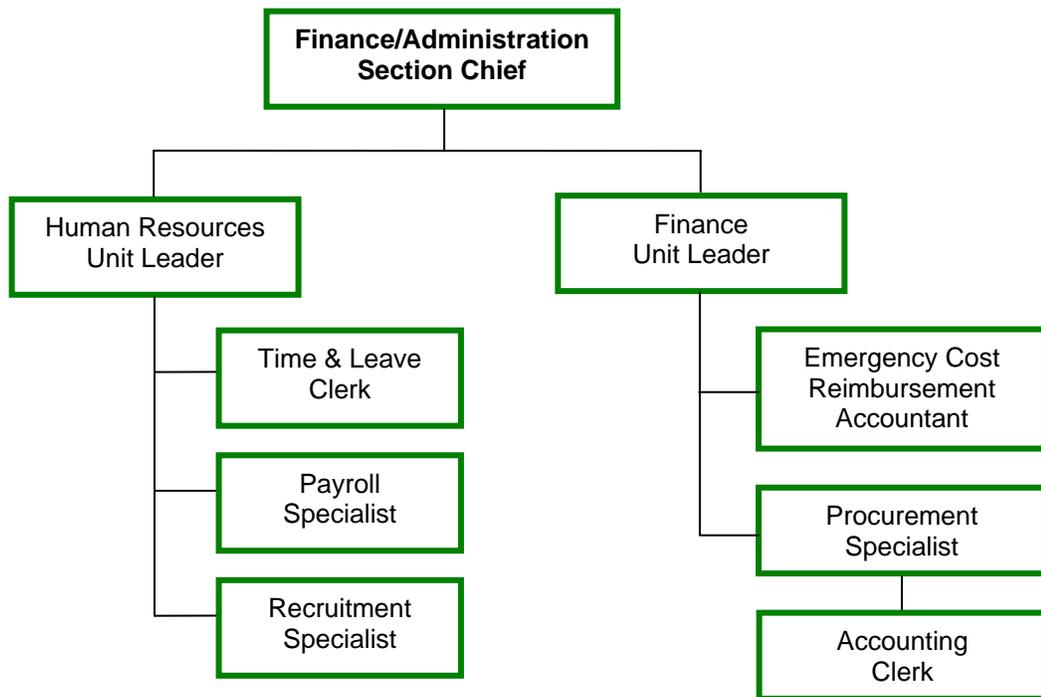
FINANCE/ADMINISTRATION SECTION

Section color: **GREEN**

This is the section responsible for assuring that administrative functions are appropriately carried out and documented during the emergency. Key areas that this section addresses are human resources (for both paid and volunteer

workers) and finance. Tracking of resources expended is essential for recovery of costs after the event. In addition, it is essential that personnel payroll functions be maintained to assure continuity of operations in the agency.

Figure 8: Sample Finance/Administration Section Organization Tree



4. JOB ACTION SHEETS

A Job Action Sheet, or JAS, is a tool for defining and performing a specific emergency response functional role. Remember, the tasks on the Job Action Sheet can be amended to fit the situation by adding or deleting tasks. **The Unit Leader or Section Chief who is issuing the Job Action Sheet should review for applicability and add in writing any incident-specific instructions or changes.**

The key elements are:

Position Title
The name of the emergency response functional role.
Note that these generally are not the same as everyday, non-emergency job titles.

Reports to: The supervisor that has direct authority over the worker.

Mission: The purpose of the role, and a brief guiding principle for the responder to keep in mind.

Immediate:

- Tasks that must be completed first upon assuming the role or coming on duty.

Intermediate:

- Tasks to be completed after the immediate tasks are addressed.

Extended:

- Tasks to be completed later or on an ongoing basis during the work shift.

WHY USE JAS?

PLANNING PURPOSES

Developing good Job Action Sheets that are appropriate for a specific agency's personnel and emergency response role can take a lot of time, effort, and collaboration. But it lets planners and potential responders (the people

who are actually going to perform roles) clarify responsibilities and identify gaps or overlaps. They can also serve as guides during the development of a training curriculum.

WHEN THE TIME COMES

Unlike other traditional emergency responders, like fire, police, and EMS, most public health workers do not normally operate in emergency response mode. While regular planning, training, exercises, and evaluation are

necessary to ensure that public health workers are competent to perform their emergency response roles, having a JAS can help ensure that each responder understands and performs assigned duties according to plan.

SAMPLE JAS

On the following pages you will find the Job Action Sheets for the top level Command Staff that were developed by public health staff at the Westchester County Department of Health in New York State:

- [Agency] Incident Commander (AIC)
- Liaison Officer
- Safety Officer
- Public Information Officer (PIO)
- Documentation Officer

These roles serve critical functions with which everyone should be familiar. They also provide a good illustration of the division of labor that occurs in the other sections. The Command

Staff function as a single unit, and one single person might be *competent* to carry out all of the associated tasks, but in a large emergency no one person could carry out all these tasks *simultaneously*.

Note that on each JAS there are some blank lines with boxes (□). This is where incident-specific tasks can be quickly added if necessary. Additionally, any tasks on the JAS that are not needed during the event can be crossed out by the person issuing the JAS to a responder.

See also Volume II: Appendices, for many more sample JAS.

**Public Health
Incident Command System (ICS)
Emergency Response
Job Action Sheet**

Command Staff

[Agency] Incident Commander

Reports to: County Executive and/or chief health official

Mission: *Organize and direct health department's Emergency Operations Center (EOC). Give overall direction for emergency response and operation.*

Immediate:

- Read this entire Job Action Sheet.
- Obtain a full briefing of the incident.
- Appoint all Command Staff and Section Chiefs that are required for this response and establish assistants; distribute the section packets which contain: Job Action Sheets for each position and any forms pertinent to section and positions.
- Assign someone as Documentation Officer.
- Appoint person to be responsible for maintaining essential day-to-day services.
- Activate the agency Emergency Operations Center (EOC).
- Confer with Command Staff, section chiefs and consultants and develop an Incident Action Plan (IAP) for a defined period of time, establishing priorities (Section Chiefs will communicate IAP to each section and pertinent consultants).
- Confer with Section Chiefs to identify and consider necessary health department services.
- Consider and assign communication responsibilities to agency staff, external agencies and public and media.
- Assure that contact has been established and resource information shared with relevant external agencies.
-

Intermediate:

- Authorize resources as needed or requested by Section Chiefs, through the Finance/Administration Section Chief.
- Designate routine briefings schedule with Section Chiefs to receive status reports and update the action plan regarding the continuance and/or termination of the action plan.
- Maintain contact with relevant agencies.
- Approve media releases submitted by the Public Information Officer (PIO).
-

Extended:

- Observe all staff for status and signs of stress.
- Provide for rest periods for staff.
- Prepare end of shift report and update with incident tracking board and present to chief health official, County Executive and oncoming Agency Incident Commander.
- Plan for the possibility of extended deployment.
-

**Public Health
Incident Command System (ICS)
Emergency Response
Job Action Sheet**

Command Staff

Liaison Officer

Reports to: Agency Incident Commander

Mission: *Function as incident contact person for representatives from other agencies.*

Immediate:

- Receive appointment from Agency Incident Commander.
- Read this entire Job Action Sheet and review organizational chart.
- Obtain briefing from Agency Incident Commander and participate in planning meetings to formulate and evaluate the Incident Action Plan (IAP).
- Establish contact with liaison counterparts of each assisting and cooperating agency.
- Keep the chief health official and other agencies and organizations updated on changes in response to incident.
-

Intermediate:

- Respond to requests and complaints from incident personnel regarding inter-agency issues.
- Relay any special information obtained to appropriate personnel in the receiving facility (e.g., information regarding toxic decontamination or any special emergency conditions).
- Keep agencies supporting the incident aware of the incident status.
- Monitor the incident to identify current or potential inter-organizational problems.
-

Extended:

- Maintain a list of all assisting agencies including their resource availability.
- Observe all staff for signs of stress. Report issues to the Safety Officer.
- Provide rest periods and relief for staff.
- Prepare end of shift report and present to oncoming Liaison Officer.
- Plan for the possibility of extended deployment.
-

**Public Health
Incident Command System (ICS)
Emergency Response
Job Action Sheet**

Command Staff

Safety Officer

Reports to: Agency Incident Commander

Mission: *Develop and recommend measures for assuring health department personnel safety (including psychological and physical), and to assess and/or anticipate hazardous and unsafe situations.*

Immediate:

- Receive appointment from Agency Incident Commander.
- Read this entire Job Action Sheet and review organizational chart.
- Obtain a briefing from Agency Incident Commander.
- Establish Safety Command Post in proximity to the agency Emergency Operations Center (EOC).
- Review the Incident Action Plan (IAP) for safety implications.
-

Intermediate:

- Exercise emergency authority to stop and prevent unsafe acts.
- Keep all staff alert to the need to identify and report all hazards and unsafe conditions and ensure that all accidents involving personnel are investigated and actions and observations documented.
- Arrange with Logistics to secure areas all areas as needed to limit unauthorized access.
- Advise the Agency Incident Commander and Section Chiefs immediately of any unsafe, hazardous situation (review Hazardous Materials Plan).
- Establish routine briefings with Agency Incident Commander.
- Establish routine briefings with Finance/Administration Section Chief.
-

Extended:

- Observe all staff, for signs of stress. Report issues to Agency Incident Commander. Provide rest periods and relief for staff.
- Prepare end of shift report and present to oncoming Safety Officer.
-

**Public Health
Incident Command System (ICS)
Emergency Response
Job Action Sheet**

Command Staff

Public Information Officer (PIO)

Reports to: Agency Incident Commander

Mission: *The department spokesperson and person responsible for releasing information regarding the incident to the media or other agencies and the public. Only one PIO is appointed per incident although assistants may be appointed as necessary.*

Immediate:

- Receive appointment from Agency Incident Commander (AIC).
- Read this entire Job Action Sheet and review organizational chart.
- Identify restrictions in contents of news release information from Agency Incident Commander.
- Establish a Public Information area away from Incident Command Post and other activity areas.
- Obtain a full briefing from the AIC regarding the incident and participate in planning meetings to formulate and evaluate the Incident Action Plan (IAP).
-

Intermediate:

- Ensure that all news releases have the approval of the Agency Incident Commander (AIC) and/or chief health official or County PIO.
- Issue an initial incident information report to the news media.
- Inform on-site media of the accessible areas which they may have access to, and those which are restricted.
- Coordinate with Safety Officer.
- Contact other on-scene agencies to coordinate release of information with respective PIOs. Inform Liaison Officer of action.
- Arrange for interviews, teleconferences, video conferences, satellite broadcasts, web site revisions, broadcast faxes, etc., upon approval by AIC or chief health official or County PIO.
- Monitor incident as to the need to modify or change public alerts or risk communications.
- Approve initial and updated scripts for interviews, hotlines and web sites.
- Direct ongoing evaluation of message contents.
-

Extended:

- Review progress reports from Section Chiefs as appropriate.
- Notify media about incident status.
- Observe all staff for signs of stress. Report issues to Safety Officer. Provide rest periods and relief for staff.
- Prepare end of shift report and present to oncoming PIO.
- Plan for the possibility of extended deployment.
-

**Public Health
Incident Command System (ICS)
Emergency Response
Job Action Sheet**

Command Staff

Documentation Officer

Reports to: Agency Incident Commander

Mission: *Responsible for the maintenance of accurate up-to-date documentation relative to the incident. Incident files will be stored for legal, analytical and historical purposes.*

Immediate:

- Receive appointment from Agency Incident Commander.
- Read this entire Job Action Sheet and review organizational chart activated for this event.
- Review Incident Action Plan (IAP).
- Establish a work area within the agency Emergency Operations Center (EOC).
- Arrange for equipment (e.g., LCD projector, laptop) through Logistics Section Chief.
- Arrange for support staff if required.
- Identify important phone numbers from master contact list and give to health education personnel for internal and external distribution.
-

Intermediate:

- Review entries/records for accuracy and completeness.
- Provide for ongoing incident documentation and maintenance of the incident mission board and log.
- Track deadlines for IAP.
-

Extended:

- Store files for post-incident use.
- Review Section Action Plans (SAPs) from Section Chiefs as appropriate.
- Prepare end of shift report and present to oncoming Documentation Officer.
- Plan for the possibility of extended deployment.
-

**Public Health
Incident Command System (ICS)
Emergency Response
Job Action Sheet**

Planning/Intelligence

Planning/Intelligence Section Chief

Reports to: Agency Incident Commander

Mission: *Identify and establish data elements and data sources, and implement data collection and analysis procedures so that trends and forecasts can be identified related to the incident. Organize and direct all aspects of Planning/Intelligence Section operations. Ensure the distribution of critical information/data. Compile scenario/resource projections from all section chiefs and perform long range planning. Document and distribute Incident Action Plan and measure/evaluate progress.*

Immediate:

- Receive appointment from Agency Incident Commander. Obtain packet containing Section's Job Action Sheets.
- Read this entire Job Action Sheet.
- Obtain briefing from Agency Incident Commander.
- Activate the Planning/Intelligence Section leaders and distribute Job Action Sheets.
- Brief unit leaders after meeting with Agency Incident Commander.
- Determine data elements required by the Incident Action Plan (IAP) and Section Action Plan (SAP).
- Identify and establish access to data sources as needed.
- Communicate all technical support and supply needs to Logistics Section Chief.
- Establish Planning/ Data Collection Center and other data entry sites as needed.
- Ensure standardization of data collection.
- Collect, interpret, and synthesize data regarding status and response of incident and provide reports to Agency Incident Commander.
-

Intermediate:

- Assemble information in support of the IAP and or projections relative to the project.
-

Extended:

- Continue to receive projected activity reports from section chiefs and Planning/Intelligence Section at appropriate intervals.
- Maintain documentations of all actions and decisions on a continual basis –forwards completed unit activity log to Agency Incident Commander.
- Assure all requests for data or plan information/status are routed/documented through the Public Information Officer (PIO).
- Observe staff for signs of stress. Report issues to Safety Officer. Provide rest periods and relief for staff.
- Prepare end of shift report and present to oncoming Planning/Intelligence Section Chief.
- Plan for the possibility of extended deployment.
-

**Public Health
Incident Command System (ICS)
Emergency Response
Job Action Sheet**

Operations

Operations Section Chief

Reports to: Agency Incident Commander

Mission: *Activates and coordinates any units that may be required to achieve the goals of the Incident Action Plan (IAP). Directs the preparation of specific unit operational plans and requests and identifies and dispatches resources as necessary.*

Immediate:

- Receive appointment from Agency Incident Commander. Obtain packet containing section's Job Action Sheets.
- Read this entire Job Action Sheet and review organizational chart.
- Obtain briefing from Agency Incident Commander.
- Establish Operations Section Center in proximity to the Incident Command Post.
- Appoint Operations Section branch directors.
- Brief all Operations Section branch directors on current situation and develop the Section Action Plan (SAP).
- Add additional (or delete) tasks and distribute Job Action Sheets.
- Identify and report to Liaison Officer and/ or Finance/Administration Section Chief any tactical resources needed for the Incident Action Plan (IAP).
- Coordinate IT and data entry needs with Logistics and Planning/Intelligence Section Chiefs.
-

Intermediate:

- Brief the Agency Incident Commander routinely on the status of the Operations Section.
- Coordinate and monitor Operations Section and available resources needed to achieve mission and request resources as needed.
-

Extended:

- Maintain documentations of all actions and decisions on a continual basis –forwards completed unit activity log to Agency Incident Commander.
- Observe all staff for signs of stress. Report issues to Finance/Administration Section Chief.
- Provide rest periods and relief for staff.
- Prepare end of shift report and present to oncoming Operations Section Chief and Agency Incident Commander.
- Plan for the possibility of extended deployment.
-

**Public Health
Incident Command System (ICS)
Emergency Response
Job Action Sheet**

Logistics

Logistics Section Chief

Reports to: Agency Incident Commander

Mission: *Organize, direct and coordinate those operations associated with maintenance of the physical environment (facilities), security, personnel deployment (movement) and provide for adequate levels of shelter and supplies to support the mission's objectives.*

Immediate:

- Receive appointment from the Agency Incident Commander (AIC). Obtain packet containing Section's Job Action Sheets (JAS).
- Read this entire Job Action Sheet.
- Obtain briefing from, including Incident Action Plan (IAP).
- Confer with appointed Logistics Section Unit Leaders and ensure the formulation and documentation of an incident-specific Section Action Plan (SAP) as approved by the Command Staff.
- Add additional (or delete) tasks and distribute Job Action Sheets.
- Distribute the corresponding JAS with incident specific tasks.
- Establish Logistics Section Center in proximity to agency Emergency Operations Center (EOC).
- Advise AIC on current logistical service and support status.
-

Intermediate:

- Update Logistics Section staff of new developments and receive Section status reports.
- Secure areas as needed to limit unauthorized personnel access.
- Obtain information and updates regularly from unit leaders and officers; maintain current status of all areas.
- Review IAP and estimate section needs for next operational period or shift through Liaison Officer, initiate contact with jurisdiction's emergency services agency for EMS, fire and police assistance when necessary.
- Prepare to manage large numbers of potential volunteers.
- Confer with Public Information Officer (PIO) to establish areas for media personnel.
- Obtain supplies as requested by Planning/Intelligence or Operations Sections.
-

Extended:

- Maintain documentation of all actions and decisions on a continual basis. Forward completed unit activity log to Finance/Administration Section Chief.
- Participate in the development and execution of the demobilization and make recommendations to AIC as necessary.
- Observe all staff for signs of stress, report issues to Safety Officer.
- Provide rest periods and relief for staff.
- Prepare end of shift report and present to oncoming AIC and Logistics Section Chief.
- Plan for the possibility of extended deployment.
-

**Public Health
Incident Command System (ICS)
Emergency Response
Job Action Sheet**

Finance/Administration

Finance/Administration Section Chief

Reports to: Agency Incident Commander

Mission: *Monitor the utilization of financial assets and human resources. Ensure the documentation of expenditures relevant to the emergency incident. Authorize expenditures to carry out the Incident Action Plan (IAP) and ensure appropriate documentation.*

Immediate:

- Receive appointment from Agency Incident Commander. Obtain packet containing Section's Job Action Sheets.
- Read this entire Job Action Sheet and review organizational chart that has been activated.
- Obtain briefing from Agency Incident Commander (AIC).
- Appoint Human Resource and Finance Unit Leaders.
- Inform team leaders of incident name.
- Obtain unique finance code for incident from the agency finance officer.
- Confer with appointed Unit leaders and ensure the formulation and documentation of an incident-specific Section Action Plan (SAP) as approved by the Command Staff.
- Distribute the corresponding Job Action Sheets with incident-specific tasks.
- Establish a Finance/Administration Section Operations Center near the Logistics Center and ensure adequate documentation/recording personnel.
-

Intermediate:

- Approve a "cost-to-date" incident financial status in agreement with the AIC and summarize financial data as often as required by the nature of the incident, relative to personnel and hours worked, supplies and miscellaneous expenses including facilities and equipment.
- Obtain briefings and updates from Agency Incident Commander as appropriate.
- Relate into financial status reports.
- Schedule planning meetings with Unit Leaders to discuss updating the Section Action Plan and termination procedures.
- Authorize utilization or diversion of financial resources.
-

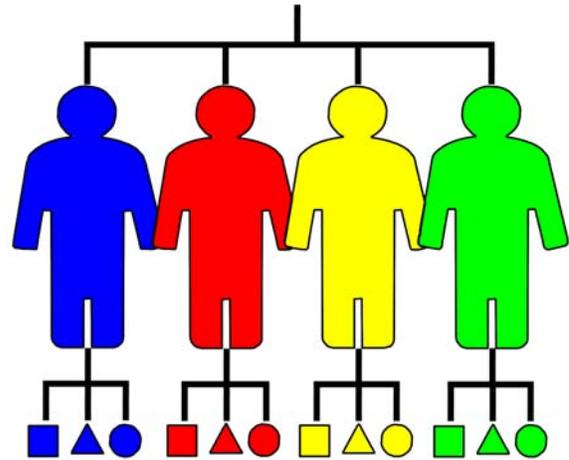
Extended:

- Observe all staff for signs of stress.
- Provide rest periods and relief for staff. Review issues with the Safety Officer.
- Coordinate response regarding staff work related issues, assignments and questions and work with Human Resources Director as appropriate.
- Coordinate injury or incident reporting procedures and protocol with Safety Officer.
- Create end of shift report for Agency Incident Commander and the oncoming Finance/Administration Section Chief.
- Plan for the possibility of extended deployment.
-

5. SUMMARY

The history of public health is a succession of responses to emergencies, many of them related to sudden, large scale outbreaks of communicable diseases: smallpox, cholera, salmonella, HIV. At other times, public health response has been required because of disruptions in community resources during or following a hurricane, flood, earthquake or blizzard. In many communities the public health agency is a well-established part of response to hazardous chemical spills or radiation exposures. Anyone working in public health for more than a year or two has probably participated in or observed response to some emergency event.

The increased attention to strong, effective, efficient community-wide response to emergencies, whether unintended or deliberate, caused by nature or a human being, has led to the expectation that public health agencies become fully integrated into comprehensive emergency planning. This requires meeting the national standard for emergency preparedness and response, NIMS, which applies at all levels of government, and across all response sectors.



It is essential that public health officials work collaboratively to assure that the public health portion of a multi-agency response is smoothly implemented. For that to occur, the public health agency must be familiar with and use the standard incident command organizational structure when fitting into the unified command at the city, county, state, or national level. A parallel command structure, using the same table of organization and position titles, is applied within the agency. PHICS provides public health leaders, emergency response coordinators and staff the practical guidance needed to smoothly apply ICS within public health.

RESOURCE DIRECTORY

Centers for Public Health Preparedness Resource Center

Maintained by the Association of Schools of Public Health, this database provides descriptions of and links to ICS and other preparedness training material produced specifically for public health agencies.
<http://www.asph.org/acphp/phprc.cfm>

Federal Emergency Management Agency (FEMA):

This portal is a starting point for access to Emergency Management Institute (EMI), independent study courses (IS), National Emergency Training Center's (NETC) Virtual Campus, and face-to-face courses.
<http://training.fema.gov/>

Hospital Emergency Incident Command System

<http://www.emsa.ca.gov/Dms2/heics3.htm>

National Association of County and City Health Officials (NACCHO)

Managing Public Health Activities Using the Incident Management System CD-ROM Training Course and Student Guide.

<http://www.naccho.org/pubs/detail.cfm?id=178>

National Incident Management System (NIMS)

See the core NIMS document, including:

Chapter II, Section A: Incident Command System (pages 7-26)

Appendix A "The Incident Command System" (pages 63-138)

Glossary of Key Terms (pages 127 – 138)

Acronyms (page 139)

<http://www.fema.gov/nims/>

National Wildfire Coordinating Group

An extensive collection of manuals and supporting materials for the 17 modules of the Incident Command System National Training Curriculum (1994):

<http://www.nwccg.gov/pms/forms/ics.htm>

Occupation Safety & Health Administration

Incident Command System eTool

<http://www.osha.gov/SLTC/etools/ics/>

FEEDBACK

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