

CENTRAL DISTRICT HEALTH DEPARTMENT

Emergency Operations Plan

2012



**CENTRAL
DISTRICT
HEALTH
DEPARTMENT**

707 N. ARMSTRONG PL., BOISE, IDAHO 83704

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PROMULGATION

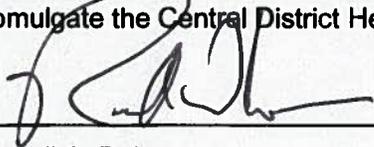
The Central District Health Department Emergency Operations Plan, its Annexes, and Appendices, have been authored and developed to provide a tool to guide this agency's involvement in local emergency management. From the national level, responders at all levels of government are encouraged to fully integrate the National Incident Management System into emergency planning, training, response, exercises, equipment, evaluation, corrective actions and other preparedness activities. Via Governor's Executive Order 2010-09, Idaho's governor has formally directed each agency to prepare for and respond to emergencies or disasters in a manner consistent with the National Incident Management System. This system provides a systematic, proactive approach that guides participants to work seamlessly to prevent, protect against, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity, in order reduce the loss of life and property and harm to the environment.

Consistent with this approach to Emergency Management, Central District Health Department will also adopt the National Incident Management System as it conducts its work to enhance the resilience of the communities that we serve. The Central District Health Department Mission Statement "To improve the health of our communities by identifying sustainable solutions to community health issues." reinforces this. In that spirit, our Emergency Operations Plan has been developed with the intent of full integration of federal and state policies and procedures. Direct support to the counties that we serve is our primary mission, and the partnerships that we maintain with local emergency management within each of those counties, is key to our continued growth and future success.

Our ability to meet the challenges of emerging threats to the public's health and to coordinate a response to any type of event that threatens the health of the public will depend greatly upon the collaborative efforts of all public health agencies and health care providers in Idaho. The structure of the Central District Health Department Emergency Operations Plan is the result of a collaborative effort between each of Idaho's seven independent Public Health Districts and the Idaho Department of Health and Welfare.

Pursuant to the authority contained in the Idaho Disaster Preparedness Act of 1975, amended by the Homeland Security Act of 2004 (Idaho Code §46-1000), Central District Health Department has developed this plan to detail support required by the Idaho Emergency Operations Plan and to extend local public health and medical services support to the Counties of Ada, Boise, Elmore, and Valley in the State of Idaho.

Therefore, in recognition of the emergency management responsibilities of Central District Health Department and with the authority vested in me as District Health Director, I hereby promulgate the Central District Health Department Emergency Operations Plan.



Russell A. Duke

Director

Central District Health Department

Date: 7/19/12

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SECURITY INSTRUCTIONS / RECORD OF INTERIM CHANGES / RECORD OF REVISION

I. The long title of this document is “Central District Health Department Emergency Operations Plan”. The short title is “CDHD EOP”.

II. The CDHD EOP consists of a Base Plan and Functional Annexes. The CDHD EOP contains “For Official Use Only” information and should not be reproduced and distributed to the public.

III. All changes should be posted to this plan as they are received and recorded below. Reference section VII of this Base Plan (Plan Management) for information on changes.

RECORD OF INTERIM CHANGES

<i>Change Number</i>	<i>Date of Change</i>	<i>Date Posted</i>	<i>Posted By</i>

IV. All revisions of this plan will be recorded below to document the date revised, by whom, and the version and date of the plan it replaces:

RECORD OF REVISION

<i>Date Revised:</i>	<i>Revised By:</i>	<i>Remarks:</i>
August 2009	CDC / PHP	Replaces Version dated August 2007
August 2010	CDC / PHP	Replaces Version dated August 2009
August 2011	CDC / PHP	Replaces Version dated August 2010
March 2012	Environmental Health and Preparedness Division	Replaces Version dated August 2011
August 2012	Environmental Health and Preparedness Division	Replaces Version dated March 2012

DISTRIBUTION

This Emergency Operations Plan is maintained electronically by the Public Health Preparedness staff and is made available to health department staff both electronically and in paper copy as desired. Hard copies are available in the Departmental Operations Center resource cabinet. Staff who are assigned specific roles with the Departmental Operations Center are encouraged but not required to maintain a hard copy.

The table below outlines distribution of the plan outside of the health department.

Organization	No. Copies
Ada City-County Emergency Management	2
Boise County Emergency Management	2
Elmore County Emergency Management	2
Valley County Emergency Management	2
Idaho Department of Health & Welfare (PHPP)	2
Idaho Department of Health & Welfare (State Comm)	1
Idaho Bureau of Homeland Security	1
Panhandle District Health (Dist. 1)	1
Public Health- Idaho North Central District (Dist. 2)	1
Southwest District Health (Dist. 3)	1
South Central Public Health District (Dist. 5)	1
Southeastern Idaho Public Health (Dist. 6)	1
Eastern Idaho Public Health District (Dist. 7)	1
Centers for Disease Control & Prevention (CDC) / Division of Strategic National Stockpile (SNS)	1
The Boise Centre	1
Boise Police Department	1
366 th Fighter Wing, Mountain Home AFB	1
366 th Medical Group, Mountain Home AFB	1

FOREWORD

Emergency Operations Plans address the ability to direct, control, coordinate and manage emergency operations. The Central District Health Department Emergency Operations Plan is based on the principle of “self-help” at each level of government. Central District Health Department, by virtue of its directing body, the Central District Board of Health, is responsible for providing support and leadership in the areas of Public Health and Medical Services to the Idaho Counties of Ada, Boise, Elmore, and Valley. Each level of government is responsible for the safety of its citizens, thus Central District Health Department works closely and in many cases, hand-in-hand with the local city, and county governments within our jurisdiction in day-to-day activities that protect the public’s health.

The Central District Health Department Emergency Operations Plan is designed to complement city and county Emergency Operations Plans. For example, Central District Health Department looks to these plans to ensure that the county’s Emergency Operations Center and the Central District Health Department Departmental Operations Center function in concert.

The Idaho Emergency Operations Plan is the foundation for the implementation and coordination of emergency response and recovery operations in the state. This plan provides the framework for response and recovery operations from emerging or potential threats and disasters.

The National Response Framework is a guide to how the nation conducts all-hazards incident response. It is built upon flexible, scalable and adaptable coordinating structures to align key roles and responsibilities across the nation. In addition to the National Response Framework, FEMA has published other resources including the National Preparedness Guidelines, the National Planning Scenarios, and the Target Capabilities Listing. All of these tools are designed to aid response agencies at all levels in their emergency planning, training, and implementation.

Central District Health Department is fully engaged with the National Association of County and City Health Officials in our efforts to institutionalize an emphasis on Public Health Preparedness. In 2005, in a collaborative effort, Central District Health Department along with each of Idaho’s seven independent Public Health Districts obtained recognition for our work in Public Health Preparedness via certification from Project Public Health Ready, a competency-based training and recognition program that assesses preparedness and assists local health departments working collaboratively to respond to emergencies.



Public Health
Prevent. Promote. Protect.

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INTRODUCTION

PURPOSE

The Central District Health Department (CDHD) Emergency Operations Plan (EOP) outlines the procedures and processes utilized to prevent, protect against, respond to, and recover from a public health emergency affecting Ada, Boise, Elmore and/or Valley Counties within the State of Idaho. When utilized, the goal of this plan is to maintain the public's health, safety, and welfare while taking *all hazards* into consideration. The Plan includes Annexes to support specific activities that CDHD could engage in to ensure the public health of our communities.

This information contained in this EOP is the result of a collaborative effort between CDHD and local Emergency Management (County Emergency Managers), hospital and Regional Healthcare Planning Group participants, Idaho Department of Health and Welfare (IDHW), and other interested planning partners.

While the health department's Public Health Preparedness (PHP) Program has primary responsibility for the development and maintenance of the EOP, internal subject matter experts have been recruited and provide significant input to the plan. The following table illustrates an example of that participation:

DEPARTMENTAL ROLE	EMERGENCY PLANNING INPUT
Environmental Health and Preparedness Division Director	Base Plan direction, review and guidance Annex K, Environmental Health
Public Information Officer	Annex B, Public Health Emergency Risk Communication
Network Analyst, Senior	Annex C, Tactical Communications
Community Health Division Director	Annex D, Laboratory Integrated Response Annex E, Infectious Disease Control & Containment
PHP Healthcare Liaison	Annex H, Healthcare Surge Capacity Annex J, Mass Fatality / Mortuary Support

The plan is updated and re-published on an annual basis. A summary of changes are published as a part of each publication in order to facilitate the identification of significant changes to the plan.

Preparedness staff participate in planning meetings with local and state partners including:

- Ada County Local Emergency Planning Committee (LEPC) – Quarterly
- Boise County LEPC – Quarterly
- Elmore County LEPC – Bi-monthly
- Valley County LEPC – Quarterly
- Regional Health Care Planning Group – Bi-Monthly
- IDHW – Quarterly
- Idaho Bureau of Homeland Security (BHS) via the State Agency Working Group – Quarterly

The Annexes are a coordinated approach to Plan development by each of Idaho's seven independent Public Health Districts and the Idaho Department of Health and Welfare. These are:

ANNEX A – EMERGENCY SUPPORT FUNCTIONS (ESF)

The ESF Annex provides greater detail regarding CDHD's role in supporting ESFs listed in the Idaho Emergency Operations Plan (IDEOP) and specifically ESF 8 (Public Health and Medical Services) actions and information as described in the IDEOP.

ANNEX B – PUBLIC HEALTH EMERGENCY RISK COMMUNICATIONS

The Risk Communication Annex details the actions and responsibilities for internal and external communication in the case of a public health emergency.

ANNEX C – TACTICAL COMMUNICATIONS SYSTEMS

The Tactical Communications Systems Annex details the modes and methods used by CDHD to ensure communication both internally and externally.

ANNEX D – LABORATORY INTEGRATED RESPONSE

The Laboratory Integrated Response Annex describes how laboratory specimens collected by CDHD are prepared and made ready for shipment to the State Laboratory. This Annex also provides information regarding potential alternative sources for specimen analysis in the event that the State Laboratory is not able to extend that support.

ANNEX E – INFECTIOUS DISEASE CONTROL AND CONTAINMENT

The Infectious Disease Control and Containment Annex details the methods used to prevent morbidity and mortality from infectious diseases.

ANNEX F – POINT OF DISPENSING (POD) OPERATIONS

The POD Operations Annex details the processes and procedures for opening dispensing clinics for oral medication (mass prophylaxis capability) or vaccination. This Annex includes appendices with POD clinic layouts, security considerations, and specific job functions. Response to the United States Postal Service (USPS) Biohazard Detection System (BDS) is also included in this Annex.

ANNEX G – STRATEGIC NATIONAL STOCKPILE (SNS)

The SNS Annex outlines the processes and procedures required for the receipt, staging, distribution, and management of the SNS for CDHD.

ANNEX H – REGIONAL HEALTHCARE SURGE CAPACITY

The Regional Healthcare Surge Capacity Annex for health and medical services in CDHD contains information pertaining to healthcare surge capacity resources among facilities located in Public Health District 4.

ANNEX I – INFLUENZA PANDEMIC RESPONSE

The Influenza Pandemic Response Annex outlines the processes and procedures required to prepare for and respond to a novel influenza virus with human-to-human transmission and little or no immunity in people.

ANNEX J – MASS FATALITY / MORTUARY SUPPORT

The Mass Fatality / Mortuary Support Annex provides an overview of how CDHD will provide support to our local jurisdictions during a catastrophic event resulting in mass fatalities.

ANNEX K – ENVIRONMENTAL HEALTH

The Environmental Health Annex outlines the typical environmental health services may be called upon during an emergency affecting the community.

ANNEX L – VOLUNTEER MANAGEMENT

The Volunteer Management Annex describes how CDHD manages and utilizes Medical Reserve Corps (MRC) volunteers in support of the various Public Health and Medical activities of the region.

SCOPE

This EOP establishes a framework for how CDHD will utilize employees, volunteers, and other community resources in an effort to neutralize threats to the public's health and well-being. It applies to all staff and agents of CDHD in their efforts to support the community during a time of public health emergency or disaster.

LEGAL AUTHORITY AND POLICY

The following Idaho statutes specifically address the issue of emergency management and acts of terrorism for which this plan may be utilized:

- The Idaho Disaster Preparedness Act of 1975, amended by the Idaho Homeland Security Act of 2004, Idaho Code §46-1001.
- The Post-Attack Resource Management Act, Idaho Code §67-5506.
- The Terrorist Control Act, Idaho Code §18-8101.
- The Emergency Relocation Act, Idaho Code §67-102.

The following Idaho statutes specifically address the authority of the local Board(s) of Health, and the local Health Department(s) in Idaho:

- Title 39, Health and Safety, Chapter 4 Public Health Districts; Establishment of Districts, Idaho Code §39-408.
- Title 39, Health and Safety, Chapter 4 Public Health Districts; Establishment of District Health Department Services, Idaho Code §39-409.
- Title 39, Health and Safety, Chapter 4 Public Health Districts; Establishment of District Board, Idaho Code §39-410.
- Title 39, Health and Safety, Chapter 4 Public Health Districts; Powers and Duties of District Board, Idaho Code §39-414.
- Title 46, Militia and Military Affairs, Chapter 10, State Disaster Preparedness Act; Local and Intergovernmental Disaster Agencies and Services, Idaho Code §46-1009.

The following Idaho Statute addresses the issue of liability for damages or injury while engaged in the response to any civil defense, disaster or emergency and the planning or preparation for the same, or disaster or emergency relief activities.

- Title 46, Militia and Military Affairs, Chapter 10, State Disaster Preparedness Act, Immunity, Idaho Code §46-1017

The following Idaho Statute addresses the issue of Procurement and Compensation for Use of Private Property.

- Title 46, Militia and Military Affairs, Chapter 10, State Disaster Preparedness Act, Compensation, Idaho Code §46-1012

The following Federal laws specifically address aspects of emergency management and acts of terrorism:

- The Homeland Security Act of 2002.
- Public Law 93-288, The Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act), as amended, as amended, and related authorities.
- Code of Federal Regulations (CFR) 44, Emergency Management and Assistance.
- The Post Katrina Emergency Management Reform Act (PKEMRA).
- Public Law 109-417, The Pandemic and All-Hazards Preparedness Act (PAHPA).
- The Public Readiness and Emergency Preparedness (PREP) Act.

HOMELAND SECURITY PRESIDENTIAL DIRECTIVES (HSPDs)

Homeland Security Presidential Directives are issued by the President on matters pertaining to Homeland Security.¹ HSPDs of particular interest in the development of this EOP include:

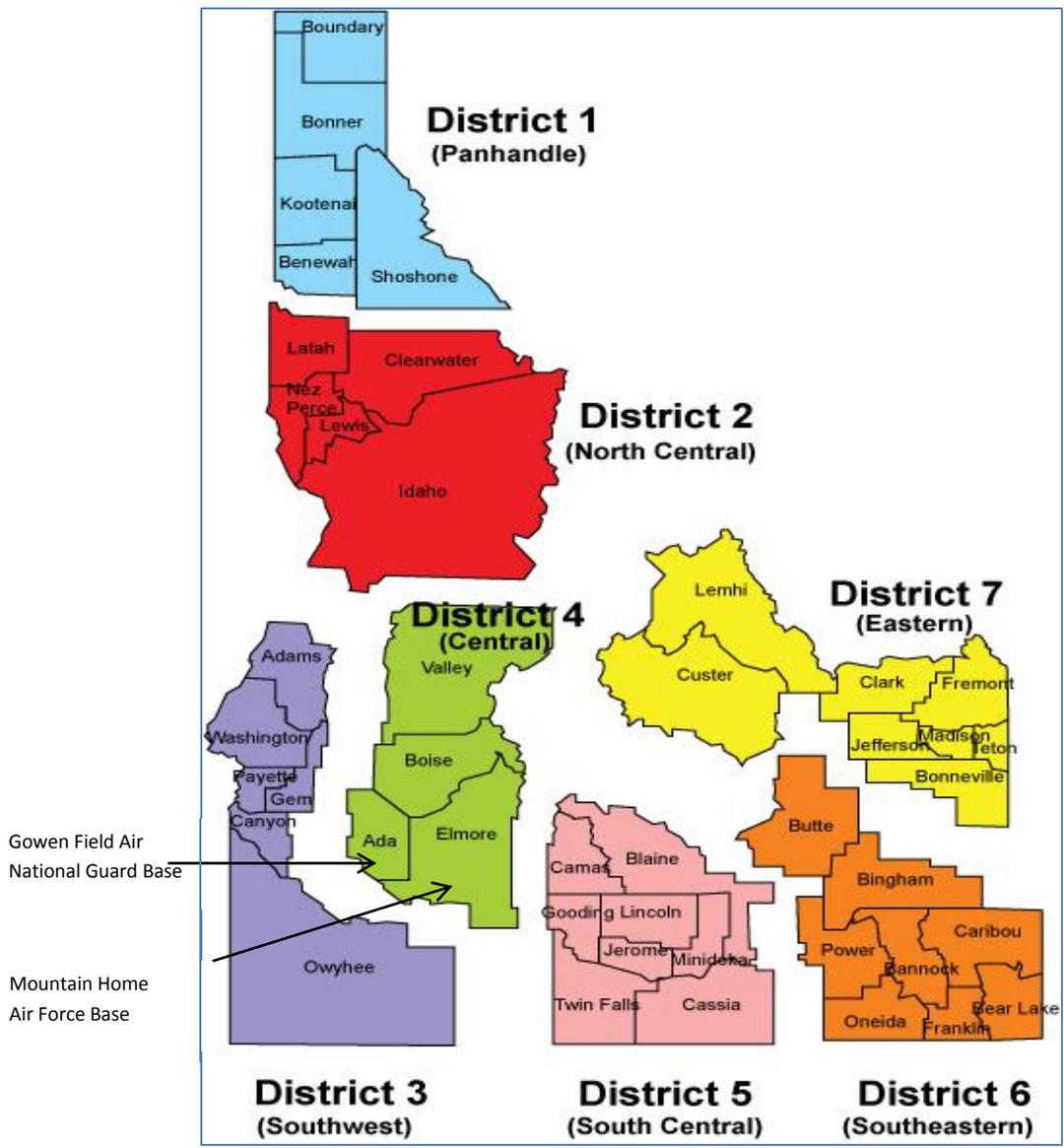
- HSPD – 8: National Preparedness; Identifies steps for improved coordination in response to incidents. This directive describes the way Federal departments and agencies will prepare for such a response, including prevention activities during the early stages of a terrorism incident.
- HSPD – 8 Annex 1: National Planning; Further enhances the preparedness of the United States by formally establishing a standard and comprehensive approach to national planning.
- HSPD – 10: Biodefense for the 21st Century; Provides a comprehensive framework for our nations Biodefense.
- HSPD – 18: Medical Countermeasures Against Weapons of Mass Destruction; Establishes policy guidelines to draw upon the considerable potential of the scientific community in the public and private sectors to address medical countermeasure requirements relating to CBRN threats.
- HSPD – 21: Public Health and Medical Preparedness; Establishes a national strategy that will enable a level of public health and medical preparedness sufficient to address a range of possible disasters.

¹ A list of HSPDs may be referenced at http://www.dhs.gov/xabout/laws/editorial_0607.shtm

SITUATION AND PLANNING ASSUMPTIONS

SITUATION OVERVIEW

Within the state of Idaho, the work of local public health is conducted by seven independent multi-county health districts. Each health district reports to its own Board of Health which is comprised of members appointed by the County Commissioners in each Health District's jurisdiction. CDHD is responsible for activities that address safeguarding the public's health in Ada, Boise, Elmore and Valley Counties. The map below shows the counties within each of the seven Health Districts.



COUNTY	POPULATION (AS OF 4/1/2010)	CENSUS (APRIL 1, 2000)	POPULATION ESTIMATES OF ACCESS & FUNCTIONAL NEEDS POPULATIONS (AS OF 2009)		
			PERSONS < 18 YEARS OLD	PERSONS 65 YEARS OLD AND OVER	PERSONS WITH A DISABILITY, AGE 5 +
Ada	392,365	300,904	101,623	40,002	40,870
Boise	7,028	6,670	1,433	906	1,196
Elmore	27,038	29,130	6,895	2,379	3,221
Valley	9,862	7,651	2,120	1,529	1,161
Total	436,293	344,355	112,071	44,816	46,448

The table above provides population estimates for each of the counties supported by CDHD. These counties currently have an estimated total population of 429,647², with Ada County being the most populous county in the state and Boise and Valley counties being among the most sparsely populated. The health district is diversely populated with citizens residing in urban, rural, and frontier areas.

ACCESS AND FUNCTIONAL NEEDS POPULATIONS

Certain portions of the population may not be able to comfortably or safely access public health or healthcare resources in an emergency or disaster situation. Additional considerations must be incorporated into public health planning to accommodate the needs of these groups. CDHD is responsible for ensuring that the same services are available for these groups as they are for the general public during emergency response operations. These services may include access to PODs, medication/vaccine distributed by the health department in an emergency and public information. Examples of how these services will be provided include ensuring that the agencies are recipients of Health Alert Networking (HAN) messages, establishing closed POD agreements, and providing assistance and expertise in creating agency emergency operations plans. A key planning component of this effort is referenced in Annex F: Point of Dispensing (POD) Operations in Appendix 9: Alternate Dispensing Modalities. CDHD works directly with the agencies who serve these populations on a day-to-day basis to ensure that the methods established to assist them in an emergency are effective and useful.

Groups such as children, elderly, non-English speaking, and homebound individuals are common across the state of Idaho. Other groups such as refugees, incarcerated and homeless individuals are more common in this jurisdiction as compared to many others in the state. The table on the following page illustrates the numbers of people within the access and functional needs groups for the region.

REFUGEES

The city of Boise is a major resettlement area in the state for incoming refugees. These individuals may arrive with limited English proficiency and limited knowledge of Western culture. Between the years of 2000-2007, approximately 4,000 refugees arrived in Idaho and some have settled in the Boise area. Four agencies assist with refugee resettlement: World Relief, Agency for New Americans, The International Rescue Committee, and The Idaho Office for Refugees.

² Source: Population Division, U.S. Census Bureau; Release Date: April 1, 2010

INCARCERATED

In addition to jail facilities within each county, five Idaho Department of Corrections facilities and one private prison, housing approximately 4,500 inmates, are located within Ada County.

HOMELESS

By some estimates, the number of chronically homeless individuals in this jurisdiction is around 100, with countless others who are transiently homeless. These individuals may receive assistance from local shelter/housing organizations. Among the primary organizations in this region are The Boise Rescue Mission, Corpus Christi House, The Women's and Children's Alliance, and El-Ada Community Action Partnership.

RANKING (BY TOTAL POPULATION NUMBER)	MEASURE	NUMBER	% OF POPULATION
1	Age related (Seniors 65+ and children)	171,026 ^{1,2}	39.2%
2	Speak English (not at all and not well combined)	89,036 ³	20.4%
3	Total population with some disability*	51,919 ⁴	11.9%
4	Rural population	43,928 ⁵	10.1%
5	Incarcerated	4,500	1.0%
6	Refugees	4,000	0.9%
7	Homeless (total)	543 ⁶	0.12%

*Includes difficulties with hearing, vision, cognitive, ambulatory, self-care, and independent living.

¹Population Estimates – Idaho. (2008). <http://www.census.gov/popest/states/asrh/SC-EST2008-01.html>.

²State and County QuickFacts – Idaho. (2010). <http://quickfacts.census.gov/qfd/states/16000.html>.

³Language Use in the United States: 2007. (2010). <http://www.census.gov/prod/2010pubs/acs-12.pdf>.

⁴U.S. Census Bureau: Disability Characteristics. (2010).

http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_1YR_S1810&prodType=table.

⁵Profile of Rural Idaho. (2005). <http://lmi.idaho.gov/Portals/13/PDF/population/Profile%20of%20Rural%20Idaho.pdf>.

⁶Idaho: Homeless Population Estimates by State. (2009).

<http://www.statehealthfacts.org/profileind.jsp?rep=81&cat=1&rqn=14>.

HAZARD ANALYSIS SUMMARY

A Hazard Analysis has been completed for each county within CDHD's jurisdiction under the auspice of local County Emergency Management. While day-to-day health risks are not identified in all-hazards mitigation planning for each of the four counties, health risks are identified in at least one county Hazard Mitigation Plan as a high impact, but low probability of occurrence. On the other hand, consistently (and consistent with the State Hazard Mitigation Plan), the natural hazards of flooding, wild land fire and earthquake are identified as the most significant hazards.

Other areas that were identified included mass poisoning which could occur wherever common feeding facilities are used or where populations are downwind of toxic materials which might be released into the atmosphere. Enforcement of food preparation standards, enforcement of toxic materials storage rules, development of new standards, and proper training of personnel should reduce the chance of mass contamination.

Very little of jurisdictional water systems are exposed above ground. Failure or defects in the systems will most likely be the result of electrical outage since it is pump pressurized or from breaks in major distribution lines. The systems can usually be segmented and defective areas isolated.

Auxiliary power sources could be used to operate individual pumps. While it may be inconvenient to obtain personal water for food preparation and drinking, there should be sufficient potable water from individual wells to meet local needs. The main threats would stem from inability to properly fight fires and the lack of water for sewage disposal and processing. As a last resort, above ground water could be boiled or treated for use.

With these considerations in mind, and an emphasis on the development of an All Hazards EOP, this plan is developed to address and respond to not only the hazards addressed in each state and local hazard vulnerability assessment, but is also flexible enough to be used to respond to undefined vulnerabilities as well.

CAPABILITY ASSESSMENT

CDHD utilizes the National Preparedness Guidelines³ and the Target Capabilities Listing (TCL)⁴ to plan, train and exercise to fulfill its role within the community during an event. The Guidelines establish priorities to meet the Nation's most urgent needs and adopt a Capabilities-Based Planning process to define and build the capabilities to achieve the Guidelines. CDHD has determined that these National Priorities assist our efforts to:

- Expand regional collaboration
- Implement the NIMS and the NRF
- Strengthen information sharing and collaboration capabilities
- Strengthen communications capabilities
- Strengthen CBRNE (Chemical, Biological, Radiological, Nuclear, and Explosive) detection, response, and decontamination capabilities
- Strengthen medical surge and mass prophylaxis capabilities, and
- Strengthen planning and citizen preparedness capabilities

Each of these priorities requires attention in our approach to both hazard mitigation and the associated Capabilities-Based Planning utilized to develop this EOP. The TCL is comprised of 37 capabilities, of which 31 have a direct application to Public Health within this jurisdiction. While it is impossible to accomplish every task associated with each capability, CDHD will strive to utilize the TCL to the fullest extent possible in developing our overall Emergency Operational Strategy.

³ Source: USDHS/FEMA, Internet release September 13, 2007

⁴ Source: USDHS/FEMA, Internet release September 13, 2007

MITIGATION OVERVIEW

CDHD actively partners with the local health community to track, investigate, and report infectious disease threats with the intent to prevent morbidity and mortality.

- Within the Division of Community Health the Office of Communicable Disease Control works within our communities, providing analysis, monitoring and reporting on the health of the community to limit the spread of communicable diseases. The Office of Health Promotion provides training materials and guidance to establish and maintain a healthy community with an emphasis on chronic disease prevention.
- Within the Division of Environmental Health and Preparedness, Land Based, and Facility Based Environmental Health Programs ensure the quality and safety of food and water consumed by citizens and patrons of the community through inspection and investigation of public food and water sources. The Public Health Preparedness Program coordinates activities to prepare for, and respond to health threats and large scale emergencies within the region.
- The Division of Preventive Health Services implements the use of federal resources for the Women, Infants, and Children (WIC) program to enhance the nutrition and health of expectant mothers and young families. Through our Reproductive Health and Immunization Clinic Services, we strive to protect children from contracting and contributing to the spread of vaccine preventable diseases, and minimize reproductive health disparities, particularly in women of childbearing age.

PLANNING ASSUMPTIONS

An emergency affecting the health, safety, and welfare of the citizens will have occurred requiring the activation of this plan. Typically an activation of this plan will involve a situation that is of a size or magnitude that is significantly beyond the norm of day-to-day business and/or operations of CDHD as assessed through the Circumstance Assessment Matrix, located at Appendix 8 to the Base Plan.

ASSUMPTIONS

- Federal, state, or local government, as well as private medical facilities, will provide support as coordinated and agreed upon by a memorandum of understanding (MOU), other agreement, or as directed by state or federal officials.
- The state or county (local) EOC may be activated and act as the focal point for information and support.
- When implemented, this plan will help sustain the health, safety, and welfare in a public health emergency.
- The ICS will be used during response, recovery, and mitigation operations for all activities undertaken by CDHD.
- CDHD will make an effort to have sufficient capability to operate for at least 72 hours without outside aid.
- This plan, in its entirety, has the functionality and design to be utilized immediately with little need for study or familiarity. Standard Operating Procedures (SOPs) are used to operationalize this plan.

CONCEPT OF OPERATIONS

In the case of a public health emergency, efficient and focused implementation of this plan is imperative. The NIMS and ICS are cornerstones of the public health response outlined in this plan and the plan Annexes.

Response to any type of public health emergency requires attention to all four phases of emergency management.

- *Prevention:* Actions and activities taken to eliminate or reduce the probability of a public health emergency. This includes long-term activities that will lessen the probability of a public health emergency as well as educational activities.
- *Preparedness:* Development of the response capabilities needed if a public health emergency should arise. Planning and training are both activities conducted during the preparedness phase of emergency management.
- *Response:* Actions taken during a public health emergency. Response includes actions taken to maintain the health, safety and welfare of the community.
- *Recovery:* Both short and long-term processes meant to restore the community to a normal state of affairs.

Utilizing the ICS during an event, CDHD will establish a Departmental Operations Center (DOC) that will support field operations directly through the Incident Commander / DOC Manager (Hereinafter referred to as IC) or provide support to a county EOC through a Liaison Officer. Utilizing the ICS affords CDHD the opportunity to scale our response to the event in a fashion that is appropriate for the type and quantity of resources required and the anticipated length of the overall response. The alert levels below define the three-tiered approach to increasing response actions in a public health emergency.

To better gauge the level of response required for CDHD, Appendices 7 (Emergency Events Sequence Chart) and 8 (Circumstance Assessment Matrix) will be addressed by DOC leadership to facilitate determination of the level of response to any hazard supported by the plan. The following general guidelines will be utilized:

- *Level 1 Primary Response:* The scope and degree of the event can be handled effectively within a single section or with a single resource response. An example of a Level 1 response would be the Communicable Disease Control staff conducting the investigation and contact tracing for a case of pertussis. Affected and/or interested government and private organizations will be notified. Activation of a formal ICS or of the CDHD DOC is not required.
- *Level 2 Limited Response:* The scope and degree of the event requires some support from other CDHD programs. A realistic scenario for Level 2 response would be a communicable disease (e.g., hepatitis A) requiring the activation of a POD for post-exposure prophylaxis. The county EOC may be activated and Mutual Aid Agreements (MAA) may be initiated. Affected government and private organizations will be notified. Some CDHD programs may be curtailed. At a minimum, an IC, and those ICS positions deemed necessary, will be activated. An initial Incident Action Plan (IAP) should be developed if the response is anticipated to last beyond an initial 12-24 hour operational period.
- *Level 3 Full Activation:* The scope and degree of the event require support from all or most CDHD programs and may require activation of MOAs/MOUs. Some health department services may be curtailed or suspended. For example, in the case of a Level 3 disease outbreak requiring mass vaccination (e.g., novel influenza), the response would likely require that most if not all ICS positions be activated throughout the event. The County

and/or State may also stand up their EOC to further support the local response. Assistance may also come from federal resources during a Level 3 event.

Any activation of the DOC that extends beyond a single operational period will necessitate the development of a written IAP. IAPs will be developed and prepared for IC approval under the guidance of the Planning Section Chief. The Planning Section Chief will consult and work with members of the Command and General Staff of the DOC to establish required IAP development meetings and ensure that appropriate persons are invited or scheduled to attend those meetings. Based on IAP development, the Planning Section Chief will make recommendations to the IC on the need to procure resources from outside of the organization to include requests for support via mutual aid from other health districts within Idaho. Mutual Aid or other agreements will be activated, by the CDHD Director, in accordance with instructions contained within the agreement. Resources requested and activated from outside of the organization will typically provide support for no more than two weeks at a time (if necessary) in order to allow for appropriate crew rest. Justification for use of resources will be captured as appropriate in the Tactics Meeting of the IAP development process.

ICS Forms 203 (Organization Assignment List), and 211 (Check-In List) are utilized to facilitate the management and tracking of personnel supporting a response. ICS Form 215 will be used by the Planning Section Chief to complete Assignment Lists, and the Logistics Section will use it for ordering resources for the incident. ICS Form 218 will be utilized for tracking Support Vehicles. (These and other ICS Forms used to support and document our response activities are described in Appendix 5 to this Plan).

This plan is also designed to work in tandem with the local emergency response plans, the IDHW Public Health Preparedness and Response Plan, the IDEOP, and the ESF 6 (Mass Care, Housing, and Human Services) and ESF 8 (Public Health and Medical Services) in the NRF.

ROLES AND RESPONSIBILITIES

The ultimate responsibility in leading a CDHD response to a public health emergency belongs to the Director through the Board of Health.

The IC is responsible for the overall management of the CDHD response to a public health emergency. The IC will make decisions in accordance with the policies and directives of the Director and Board of Health. During emergency operations, the IC ensures that all response actions are taken in a coordinated and efficient manner. In the event a Unified Command (UC) is established, the IC will manage actions for CDHD with direction from the CDHD UC representative.

The health and safety of CDHD staff and volunteers is a priority. The Safety Officer is responsible for identifying hazards and risks associated with any event as well as coordinating to identify the appropriate protocols for minimizing health hazards. Mitigation and protocol measures will be documented in the IAP for each operational period. Safety issues and actions will be briefed to all staff at the beginning of each shift.

Staff within CDHD have been assigned emergency response roles in addition to their day-to-day duties. All CDHD employees have signed a document upon hire acknowledging their role during a public health emergency. Each staff member, with the assistance of their supervisors and staff from PHP, participates in training and exercises to improve their knowledge and skills needed to perform in a public health emergency according to their individual emergency response role(s). Specific role responsibilities are identified in the Job Action Sheets (JASs) located in Appendix 4 of this EOP, the District Distribution Center (DDC) Field Operating Guide (FOG), the POD Manual, and Annex E. Using the ICS and this Plan, CDHD staff and MRC Volunteers will be

assimilated into appropriate sized response teams to support objectives established in the incident action plan. The Operations Section Chief will provide overall guidance and communicate objectives to these teams / personnel.

The CDHD Administrative Team is the group responsible for the day-to-day policies and management of CDHD programs. Staff assigned to specific positions within the CDHD ICS structure are responsible for determining the needs, plans, and management of a public health emergency. CDHD ICS roles are assigned based on qualifications, training, and experience in emergency response. Alert levels identified in the EOP Concept of Operations will be used as the initial trigger guidance for increased response actions. The CDHD Incident Command structure is located in Appendix 1 of the EOP. In a public health emergency, the Liaison Officer, working at the direction of the IC, will coordinate with local, state, and federal partners.

SAFETY OF PUBLIC HEALTH RESPONDERS

As required by CFR 29 1910.120 App B, Personal Protective Equipment (PPE) must be selected which will protect employees from the specific hazards which they are likely to encounter during their work on-site.

Selection of the appropriate PPE is a complex process which should take into consideration a variety of factors. Key factors involved in this process are identification of the hazards, or suspected hazards; their routes of potential hazards to employees (inhalation, skin absorption, ingestion, and eye or skin contact); and the performance of the PPE materials (and seams) in providing a barrier to these hazards. The amount of protection provided by PPE is material-hazard specific. That is, protective equipment materials will protect well against some hazardous substances and poorly, or not at all against others. In many instances, protective equipment materials cannot be found which will provide continuous protection from the particular hazardous substance. In these cases the breakthrough time of the protective material should exceed the work duration.

Other factors in the selection process to be considered are matching the PPE to the employee's work requirements and task-specific conditions. The durability PPE materials, such as tear strength and seam strength, should be considered in relation to the employee's tasks. The effects of PPE in relation to heat stress and task duration are a factor in selecting and using PPE. In some cases layers of PPE may be necessary to provide sufficient protection, or to protect PPE inner garments, suits or equipment.

Public Health Responders will employ standard precautions utilizing appropriate gloves, masks and gowns as dictated by the hazard when working with individual clients. When responding to a complex incident involving hazardous materials, Public Health Responders will take their guidance from the on-scene Incident Command regarding appropriate levels of PPE and may provide recommendations to the IC for the same.

Additional sources to identify appropriate PPE include:

INDUSTRIAL CHEMICAL HAZARD:	HTTP://WWW.CDC.GOV/NIOSH/NPG/NPGSYN-C.HTML
RADIOLOGICAL HAZARD:	HTTP://WWW.REMM.NLM.GOV/ONSITE.HTM
BIOLOGICAL HAZARD:	HTTP://WWW.CDC.GOV/NIOSH/DOCS/2009-132/
TERRORISM EVENT:	HTTP://WWW.CDC.GOV/NIOSH/DOCS/2008-132/PDFS/2008-132.PDF
WEAPONIZED CHEMICALS AND BIO-TOXINS:	HTTP://WWW.CDC.GOV/NIOSH/ERSHDB/AGENTLISTCATEGORY.HTML

CONDITIONS FOR IMPLEMENTATION

The CDHD EOP can be activated at the direction of the CDHD Director or his/her designee. The CDHD Board of Health and Idaho Code govern the Director’s authority. Actions by the Director will be taken with the health and safety of Health District 4 residents being the first priority and will be taken without regard to political or other undue influence.

ADMINISTRATION, FINANCE AND LOGISTICS

ADMINISTRATION

The PHP Program within CDHD has the responsibility for managing, maintaining and updating this EOP. The PHP Program will work with local emergency management partners including County Emergency Managers and other identified partners to review content and local support requirements that result from this plan.

FINANCIAL MANAGEMENT

Due to the nature of most emergency situations or disasters, financial operations will typically be conducted in compressed time frames that occasionally necessitate the Procurement Unit to use expedited procedures. This does not lessen the requirement for sound financial management and accountability of resources procured for response to an event.

Financial management of emergency and declared disaster related costs will typically be coordinated by the Idaho BHS. During a federally declared disaster, the Governor’s Authorized Representative (GAR) and Deputy GAR have the responsibility of financial management. The Governor has delegated the GAR responsibilities to the Adjutant General.

LOGISTICS

The Office of Public Health Preparedness will coordinate reproduction of this plan and the sharing of electronic and paper versions with local partners including County Emergency Managers, area hospitals, partner Health Districts, IDHW, and the Idaho BHS.

POST-IMPACT RECOVERY

This EOP is not a recovery operations plan. Planning for recovery operations will begin at the onset of incident management activities via the DOC and will be guided by the Planning Section Chief. Incident objectives are established and subsequent operational periods are planned for using the IAP. During the formulation of new IAPs, the situation will be re-evaluated and new situation objectives (response or recovery) will be established. When the response incident objectives are met, there will be a natural transition point between the work of response and recovery actions. The Operations Section Chief will likely be the member of the General Staff to make the recommendation for transition from response to recovery.

The health department expects to provide input in the recovery phase due to the health implications of most catastrophic or disaster events. Most natural hazards create public health risks including environmental threats. The use of Environmental Health Strike Teams (as described in Annex K, Environmental Health), will be one of many public health resource considerations in supporting both short and long term recovery efforts. CDHD, by virtue of its responsibility within the community will expect to be extensively involved with facilitating recovery activities within its jurisdiction. These will likely include:

- Organizing community-wide programs for delivery of healthcare and public health services, including special needs shelters.
- Providing community education to enhance public awareness (i.e. health concerns / threats, injury control), and how to handle those issues if individually affected.
- Assess health needs in the community.
- Partnering with other response agencies in development of needs assessments for community capacities and vulnerabilities including the physical environment (e.g., intact infrastructure, resources), and social conditions (e.g., existing support organizations, support networks).
- Other activities as identified and support is requested of CDHD.

These actions will be organized and supported by the DOC to the extent necessary and deemed appropriate by the Director and/or the Policy Group.

ONGOING PLAN MANAGEMENT AND MAINTENANCE

The CDHD EOP will be reviewed and updated annually or as otherwise directed. Interim changes to the Plan will be posted to office copies and distributed to partner agencies as they are published and become available. The PHP Program will, to the extent possible, coordinate with agencies supporting the implementation of this plan both prior to its publishing, and during the on-going review process.

TRAINING AND EXERCISES

Ongoing Training and Exercise activities to this plan are developed utilizing the Homeland Security Exercise and Evaluation Program (HSEEP) and are housed in the CDHD Training and Exercise Plan (TEP). Recommendations noted in exercise After Action Reports and/or Improvement Plans (AAR/IP) will be strongly considered in subsequent revisions to the EOP.

APPENDIX 1

CDHD DEPARTMENTAL OPERATIONS CENTER (DOC) ORGANIZATION AND ACTIVATION

CONCEPT OF OPERATIONS

CDHD subscribes to the NIMS in its planning and organizational structuring for response to an event utilizing the ICS.

The subsequent organizational structure is based on application of the ICS to CDHD's response organization, and a potential worst case scenario organizational structure for the health department. The organization (and by definition, ICS) is scalable to the needs and impact of the event necessitating its activation.

Response personnel assignment rosters including names of individuals with experience and training in their role, and their contact information are and will be maintained by the CDHD PHP Program. Emergency Call-down Rosters are established, maintained, and distributed to assigned staff on a quarterly basis per policy. Testing of these rosters is conducted in accordance with the CDHD TEP.

Staff call-downs will be implemented following the notification of a public health emergency event. Typically, the on-call pager carrier will initiate the call-down by contacting an assigned IC. The IC, District Director, and other subject matter experts (as needed) will determine the priority of the event and staff needed to respond. Staff will be contacted via the phone numbers listed on the recall rosters. Other agency partners, including Law Enforcement, may be contacted during a recall. Activation of law enforcement partners will be coordinated through the Security Unit Liaison, as well as the County EOCs and mutual aid agreements with those agencies. Healthcare and other emergency management partners would be part of the bridge conference call.

Depending on the event, staff may be contacted immediately following an initial conference call with the State Communications Center (State Comm) and other agency partners. Information regarding the situation, reporting location and time and other pertinent details will be disseminated to staff during the call-down process. Staff may be asked to stand-by on alert, report to the DOC (or other location) at a designated time, or report immediately. The timing for reporting to respond will be determined at the time of the event based on the response needs.

Upon activation of the DOC, and with the concurrence or request of the Health Department Director the IC, with assistance Command and General Staff, will lead an analysis of the situation. If the analysis of the situation indicates that the situation will extend beyond a single operational period, a written IAP will be published, and incident management activities (e.g., activation and assignment of Strike Teams, Groups, POD Activation) will be initiated to support that process.

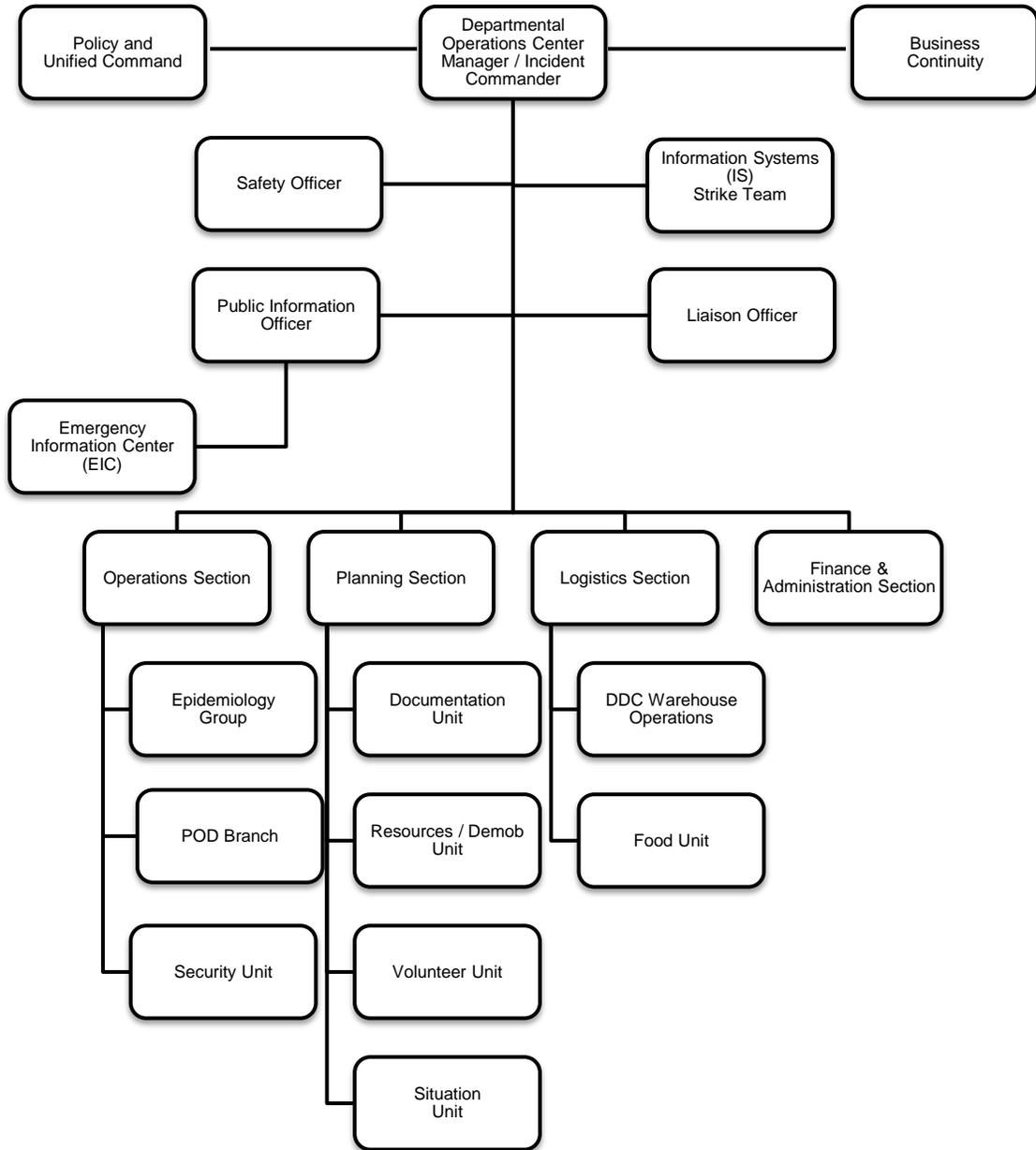


Figure 1: Organization of CDHD DOC

APPENDIX 2

GLOSSARY AND ACRONYMS

GLOSSARY

ACCESS AND FUNCTIONAL NEEDS POPULATION

A population whose members may have additional needs before, during, or after an incident in one or more of the following functional areas: maintaining independence, communication, transportation, supervision, and medical care. Individuals in need of additional response assistance may include those who have disabilities; live in institutionalized settings; are elderly; are children; are from diverse cultures, have limited proficiency in English or are non-English-speaking; or are transportation disadvantaged.

ACCESSIBLE

Having the legally required features and/or qualities that ensure entrance, participation, and usability of places, programs, services, and activities by individuals with a wide variety of disabilities.

AMERICAN RED CROSS

The ARC is a humanitarian organization, led by volunteers, that provides relief to victims of disasters and helps people prevent, prepare for, and respond to emergencies. It does this through services that are consistent with its Congressional Charter and the Principles of the International Red Cross Movement

ASSUMPTIONS (MANAGEMENT)

Statements of conditions accepted as true and that have influence over the development of a system. In emergency management, assumptions provide context, requirement, and situational realities that must be addressed in system planning and development and/or system operations. When these assumptions are extended to specific operations, they may require re-validation for the specific incident.

ASSUMPTIONS (PREPAREDNESS)

Operationally relevant parameters that are expected and used as a context, basis, or requirement for the development of response and recovery plans, processes, and procedures. For example, the unannounced arrival of patients to a healthcare facility occurs in many mass casualty incidents. This may be listed as a preparedness assumption in designing initial response procedures. Similarly, listing the assumption that funds will be available to train personnel on a new procedure may be important to note.

ASSUMPTIONS (RESPONSE)

Operationally relevant parameters for which, if not valid for a specific incident's circumstances, the EOP-provided guidance may not be adequate to assure response success. Alternative methods may be needed. For example, if a decontamination capability is based on the response assumption that the facility is not within the zone of release, this assumption must be verified at the beginning of the response.

ATTACK

A hostile action taken against the United States by foreign forces or terrorists, resulting in the destruction of or damage to military targets, injury or death to the civilian population, or damage to or destruction of public and private property.

CAPABILITIES-BASED PLANNING

Planning, under uncertainty, to provide capabilities suitable for a wide range of threats and hazards while working within an economic framework that necessitates prioritization and choice. Capabilities-based planning addresses uncertainty by analyzing a wide range of scenarios to identify required capabilities.

CHECKLIST

Written (or computerized) enumeration of actions to be taken by an individual or organization meant to aide memory rather than provide detailed instruction.

COMMUNITY

A political entity that has the authority to adopt and enforce laws and ordinances for the area under its jurisdiction. In most cases, the community is an incorporated town, city, township, village, or unincorporated area of a county. However, each State defines its own political subdivisions and forms of government.

CONTAMINATION

The undesirable deposition of a chemical, biological, or radiological material on the surface of structures, areas, objects, or people.

DAMAGE ASSESSMENT

The process used to appraise or determine the number of injuries and deaths, damage to public and private property, and status of key facilities and services (e.g., hospitals and other health care facilities, fire and police stations, communications networks, water and sanitation systems, utilities, and transportation networks) resulting from a man-made or natural disaster.

DECONTAMINATION

The reduction or removal of a chemical, biological, or radiological material from the surface of a structure, area, object, or person.

DEPARTMENTAL (EMERGENCY) OPERATIONS CENTER (DOC)

The physical location at which the coordination of information and resources to support incident management (on-scene operations) activities normally takes place. The DOC may be a temporary facility or may be located in a more central or permanently established facility, perhaps at a higher level of organization within a jurisdiction. CDHD utilizes a DOC that can function autonomously or support Emergency Operations Centers established at the county and state level of government.

DISASTER

An occurrence of a natural catastrophe, technological accident, or human-caused event that has resulted in severe property damage, deaths, and/or multiple injuries. As used in this plan, a "large-scale disaster" is one that exceeds the response capability of the Local jurisdiction and requires State, and potentially Federal, involvement. As used in the Stafford Act, a "major

disaster” is “any natural catastrophe [...] or, regardless of cause, any fire, flood, or explosion, in any part of the United States, which in the determination of the President causes damage of sufficient severity and magnitude to warrant major disaster assistance under [the] Act to supplement the efforts and available resources of States, local governments, and disaster relief organizations in alleviating the damage, loss, hardship, or suffering caused thereby” (Stafford Act, Sec. 102(2), 42 U.S.C. 5122(2)).

EMERGENCY

Any incident, whether natural or manmade, that requires responsive action to protect life or property. Under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, an emergency “means any occasion or instance for which, in the determination of the President, Federal assistance is needed to supplement State and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of the United States” (Stafford Act, Sec 102(1), 42 U.S.C. 5122(1)).

EMERGENCY INFORMATION CENTER

Communications capability established and maintained by CDHD in the event of a public health emergency for the purpose of providing a “Hotline” information resource to the communities of Ada, Boise, Elmore and Valley counties. Used to communicate Public Health messages and education materials via health department staff, volunteers and other agents of CDHD.

EMERGENCY MEDICAL SERVICES

Services, including personnel, facilities, and equipment required to ensure proper medical care for the sick and injured from the time of injury to the time of final disposition (which includes medical disposition within a hospital, temporary medical facility, or special care facility; release from the site; or being declared dead). Further EMS specifically includes those services immediately required to ensure proper medical care and specialized treatment for patients in a hospital and coordination of related hospital services.

EMERGENCY OPERATIONS CENTER

(See Department Operations Center) EOCs may be organized by major functional disciplines (e.g., fire, law enforcement, public health & medical services), by jurisdiction (e.g., Federal, State, regional, tribal, city, county), or by some combination thereof.

EMERGENCY OPERATIONS PLAN

The ongoing plan maintained by the Public Health Preparedness Program and/or by various jurisdictional levels for responding to a wide variety of potential hazards. It describes how people and property will be protected; details who is responsible for carrying out specific actions; identifies the personnel, equipment, facilities, supplies, and other resources available; and outlines how all actions will be coordinated.

EMERGENCY SUPPORT FUNCTION

Used by the Federal Government, the Idaho Bureau of Homeland Security, and many other state governments as the primary mechanism at the operational level to organize and provide assistance. ESFs align categories of resources and provide strategic objectives for their use. ESFs utilize standardized resource management concepts such as typing, inventorying, and tracking to facilitate the dispatch, deployment, and recovery of resources before, during, and after an incident.

EVACUATION

The organized, phased, and supervised withdrawal, dispersal, or removal of civilians from dangerous or potentially dangerous areas, and their reception and care in safe areas.

- Spontaneous Evacuation. Residents or citizens in the threatened areas observe an emergency event or receive unofficial word of an actual or perceived threat and, without receiving instructions to do so, elect to evacuate the area. Their movement, means, and direction of travel are unorganized and unsupervised.
- Voluntary Evacuation. This is a warning to persons within a designated area that a threat to life and property exists or is likely to exist in the immediate future. Individuals issued this type of warning or orders are NOT required to evacuate; however, it would be to their advantage to do so.
- Mandatory or Directed Evacuation. This is a warning to persons within the designated area that an imminent threat to life and property exists and individuals MUST evacuate in accordance with the instructions of local officials.

EVACUEES

All persons removed or moving from areas threatened or struck by a disaster.

GOVERNOR'S AUTHORIZED REPRESENTATIVE

An individual empowered by the Governor (in Idaho it's the Adjutant General (TAG) of the Idaho Military Division) to: (1) execute all necessary documents for disaster assistance on behalf of the State, including certification of applications for public assistance; (2) represent the Governor of the impacted State in the Unified Coordination Group, when required; (3) coordinate and supervise the State disaster assistance program to include serving as its grant administrator; and (4) identify, in coordination with the State Coordinating Officer, the State's critical information needs for incorporation into a list of Essential Elements of Information.

HAZARD MITIGATION

Any action taken to reduce or eliminate the long-term risk to human life and property from hazards. The term is sometimes used in a stricter sense to mean cost-effective measures to reduce the potential for damage to a facility or facilities from a disaster event.

HAZARDOUS MATERIAL

Any substance or material that, when involved in an accident and released in sufficient quantities, poses a risk to people's health, safety, and/or property. These substances and materials include explosives, radioactive materials, flammable liquids or solids, combustible liquids or solids, poisons, oxidizers, toxins, and corrosive materials.

INCIDENT COMMAND SYSTEM

A standardized on-scene emergency management construct specifically designed to provide an integrated organizational structure that reflects the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure and designed to aid in the management of resources during incidents. It is used for all kinds of emergencies and is applicable to small as well as large and complex incidents. ICS is used by various jurisdictions and functional agencies, both public and private, to organized field-level incident management operations.

JOINT INFORMATION CENTER (JIC)

A facility established to coordinate all incident-related public information activities. It is the central point of contact for all news media. Public Information officials from all participating agencies should co-locate at the JIC.

JOINT INFORMATION SYSTEM

A structure that integrates incident information and public affairs into a cohesive organization designed to provide consistent, coordinated, accurate, accessible, timely, and complete information during crisis or incident operations. The mission of the JIS is to provide a structure and system for developing and delivering coordinated interagency messages; developing, recommending, and executing public information plans and strategies on behalf of the Incident Commander (IC); advising the IC concerning public affairs issues that could affect a response effort; and controlling rumors and inaccurate information that could undermine public confidence in the emergency response effort.

JURISDICTION

Multiple definitions are used in Emergency Management. Each use depends on the context:

A range or sphere of authority. Public agencies have jurisdiction at an incident related to their legal responsibilities and authority. Jurisdictional authority at an incident can be political or geographical (e.g., City, County, Tribal, State, or Federal boundary lines) or functional (e.g., law enforcement, public health).

A political subdivision (Federal, State, County, Parish, Municipality) with the responsibility for ensuring public safety, health, and welfare within its legal authorities and geographic boundaries.

MASS CARE

The actions that are taken to protect **evacuees** and other disaster victims from the effects of the disaster. Activities include providing temporary shelter, safe food and water, medical care, clothing, and other essential life support needs to the people who have been displaced from their homes because of a disaster or threatened disaster.

MITIGATION

Activities providing a critical foundation in the effort to reduce the loss of life and property from natural and/or manmade disasters by avoiding or lessening the impact of a disaster and providing value to the public by creating safer communities. Mitigation seeks to fix the cycle of disaster damage, reconstruction, and repeated damage. These activities or actions, in most cases, will have a long-term sustained effect.

MULTIAGENCY COORDINATION SYSTEMS

A system that provides the architecture to support coordination for incident prioritization, critical resource allocation, communications systems integration, and information coordination. MACS assist agencies and organizations responding to an incident. The elements of a MACS include facilities, equipment, personnel, procedures, and communications. Two of the most commonly used elements are Emergency Operations Centers and MAC Groups.

NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS)

A set of principles that provides a systematic, proactive approach guiding government agencies at all levels, nongovernmental organizations, and the private sector to work seamlessly to prevent, protect against, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity, in order to reduce the loss of life or property and harm to the environment.

NATIONAL RESPONSE FRAMEWORK

A guide to how the nation conducts all-hazards response.

NONGOVERNMENTAL ORGANIZATION

An entity with an association that is based on the interests of its members, individuals, or institutions. It is not created by a government, but it may work cooperatively with government. Such organizations serve a public purpose and are not for private benefit. Examples of NGOs include faith-based charity organizations and the ARC.

RECOVERY

The development, coordination, and execution of service-and site restoration plans; the reconstitution of government operations and services; individual, private-sector, nongovernmental, and public assistance programs to provide housing and to promote restoration; long-term care and treatment of affected persons; additional measures for social, political, environmental, and economic restoration; evaluation of the incident to identify lessons learned; post-incident reporting; and development of initiatives to mitigate the effects of future incidents.

RESOURCE MANAGEMENT

A system for identifying available resources at all jurisdictional levels to enable timely, efficient, and unimpeded access to resources needed to prepare for, respond to, or recover from an incident. Resource management under the National Incident Management System includes mutual aid agreements and assistance agreements; the use of special Federal, State, tribal, and local teams; and resource mobilizations protocols.

SCENARIO-BASED PLANNING

Planning approach that uses a Hazard Vulnerability Assessment to assess the hazard's impact on an organization on the basis of various threats that the organization could encounter. These threats (e.g., hurricane, terrorist attack) become the basis of the scenario.

SERVICE ANIMAL

Any guide dog, signal dog, or other animal individually trained to assist an individual with a disability. Service animals' jobs include but are not limited to:

- Guiding individuals with impaired vision;
- Alerting individuals with impaired hearing (to intruders or sounds such as a baby's cry, the doorbell, and fire alarms);
- Pulling a wheelchair;
- Retrieving dropped items;
- Alerting people to impending seizures; and
- Assisting people with mobility disabilities with balance or stability.

STANDARD OPERATING PROCEDURE

A complete reference document or an operations manual that provides the purpose, authorities, duration, and details for the preferred method of performing a single function or a number of interrelated functions in a uniform manner.

TERRORISM

As defined in the Homeland Security Act of 2002, activity that involves an act that is dangerous to human life or potentially destructive of critical infrastructure or key resources; is a violation of the criminal laws of the United States or of any State or other subdivision of the United States; and appears to be intended to intimidate or coerce a civilian population, to influence the policy of a government by intimidation or coercion, or to affect the conduct of a government by mass destruction, assassination, or kidnapping.

LIST OF ACRONYMS

Acronyms are commonly used in emergency management planning and response. The following is a list of acronyms that may be noted throughout this EOP and its supporting Annexes:

AAR/IP	After Action Report (Review)/Improvement Plan
ARC	American Red Cross
ARES	Amateur Radio Emergency Service
BHS	Bureau of Homeland Security
BSL	Bio Safety Level
CAP	Corrective Action Program
CBRNE	Chemical, Biological, Radiological, and/or Nuclear Explosive
CDC	Centers for Disease Control and Prevention
CERT	Community Emergency Response Team
CIKR	Critical Infrastructure and Key Resources
CISM	Critical Incident Stress Management
COG	Continuity of Government
COOP	Continuity of Operations
CSR	Customer Service Representative
DDC	District Distribution Center
DEQ	Department of Environmental Quality
DHHS	Department of Health and Human Services
DHS	Department of Homeland Security
DMAT	Disaster Medical Assistance Team
DMORT	Disaster Mortuary Response Team
DOC	Department Operations Center
EIC	Emergency Information Center
EIPHD	Eastern Idaho Public Health District
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
EPA	Environmental Protection Agency
ESF	Emergency Support Function
FAA	Federal Aviation Administration
FAQ	Frequently Asked Questions
FBI	Federal Bureau of Investigation
FCC	Federal Coordinating Center
FEMA	Federal Emergency Management Agency
FOG	Field Operating Guide
GAR	Governor's Authorized Representative
GIS	Geographic Information System
HAN	Health Alert Network
HAZMAT	Hazardous Material
HSEEP	Homeland Security Exercise and Evaluation Program
HSPD	Homeland Security Policy Directive

IAP	Incident Action Plan
IC	Incident Commander
ICS	Incident Command System
IDEOC	Idaho Emergency Operations Center
IDEEP	Idaho Emergency Operations Plan
IDHW	Idaho Department of Health & Welfare
IDHWOC	Idaho Department of Health & Welfare Operations Center
ILI	Influenza-like illness
IS	Information Systems
JAS	Job Action Sheet
JIC	Joint Information Center
JIS	Joint Information System
MAA	Mutual Aid Agreement
MI	Managed Inventory
MSA	Metropolitan Statistical Area
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MRC	Medical Reserve Corps
NACCHO	National Association of City and County Health Officials
NBC	Nuclear, Biological, Chemical
NDMS	National Disaster Medical System
NRF	National Response Framework
OEFI	Office of Epidemiology, Food Protection, and Immunizations
PAHPA	Pandemic and All Hazards Preparedness Act
PIO	Public Information Officer
PHD	Panhandle Health District
PHP	Public Health Preparedness
POD	Point of Dispensing
PP	Push Package
PPHR	Project Public Health Ready
SCDH	South Central District Health (Department)
SDHD	Southeastern District Health Department
SME	Subject Matter Expert
SNS	Strategic National Stockpile
SOP	Standard Operating Procedure(s)
State Comm	IDHW State Communications Center
SWDH	Southwest District Health Department
TAR	Technical Assistance Review (State / Local)
TCL	Target Capabilities List
UC	Unified Command
UTL	Uniform Task List
VA	Vulnerability Assessment
VAERS	Vaccine Adverse Event Reporting System
WIC	Women, Infants, and Children

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APPENDIX 3

LISTING OF MEMORANDA OF AGREEMENT TO SUPPORT THE EOP

CONTRACTING AGENCY/COMPANY	PURPOSE	SIGNED	EXPIRES	TERM
STOR-IT Rental Storage (Unit P-62)	PHP Outside Storage Facility	12/1/2008	<i>Open</i>	<i>Monthly</i>
STOR-IT Rental Storage (Unit P-42)	PHP Outside Storage Facility	12/1/2008	<i>Open</i>	<i>Monthly</i>
ID Assoc Of Public Health District Directors	Mutual Aid Agreement	1/12/2011	<i>Open</i>	<i>Ongoing</i>
Family Practice Residency of Idaho	Licensed MDs for Mass Vacc	1/4/2003	<i>Open</i>	<i>Ongoing</i>
Idaho Center	SNS/District Distribution Center	2/11/2009	<i>Open</i>	<i>Ongoing</i>
IDHW	Smallpox Pharmacy Cache	7/20/2003	<i>Open</i>	<i>Ongoing</i>
IDHW	Mutual Aid/Facilities, Equip	1/12/2011	<i>Open</i>	<i>Ongoing</i>
American Red Cross	Mutual Aid/Response Roles	6/2/2011	6/2/2014	3 YR
St Alphonsus Regional Med Center	Facility for Critical Infrastructure POD	7/22/2010	7/22/2013	3 YR
Mtn Home AFB 336 Med Group	Closed POD	6/21/2011	6/21/2013	2 YR
Basin School Dist #72	EOP Support: POD Location	6/26/2012	6/26/2015	3 YR
Cascade School District #422	EOP Support: POD Location	6/25/2012	6/25/2015	3 YR
Garden Valley School District #71	EOP Support: POD Location	5/25/2006	7/13/2012	3 YR
Horseshoe Bend School District #73	EOP Support: POD Location	5/30/2006	8/6/2012	3 YR
Boise City School District #1	EOP Support: POD Location	5/30/2006	7/22/2012	3 YR
Kuna Joint School District #3	EOP Support: POD Location	6/7/2006	6/12/2012	3 YR
McCall-Donnelly Jnt Sch Dist #421	EOP Support: POD Location	7/1/2012	7/1/2015	3 YR
Meridian Joint School District #2	EOP Support: POD Location	6/11/2012	6/11/2015	3 YR
Mtn Hm School District #193	EOP Support: POD Location	5/19/2009	5/31/2012	3 YR
Glenns Ferry School District #192	EOP Support: POD Location	6/11/2009	6/11/2012	3 YR
Albertsons / SuperValu	SNS/District Distribution Center	7/30/2010	7/30/2013	Ongoing
St Alphonsus Regional Med Center	Closed POD	5/8/2009	5/31/2012	3 YR
VA Medical Center	Closed POD	5/8/2009	5/31/2012	3 YR
IDHW Base Station Terms & Conditions	Grant Ltr & T/C Agmt for Base Stn	3/3/2005	<i>Open</i>	<i>Ongoing</i>
Family Medicine Residency of Idaho	Closed POD	6/1/2009	6/1/2012	3 YR
McCall Memorial Hospital	Closed POD	5/28/2009	5/28/2012	3 YR
St Luke's Regional Medical Center	Closed POD	5/19/2009	5/19/2012	3 YR
Elmore Medical Center	Closed POD	5/15/2009	5/15/2012	3 YR

CONTRACTING AGENCY/COMPANY	PURPOSE	SIGNED	EXPIRES	TERM
Take Care Health	Closed POD	11/9/2009	11/9/2012	3 YR
Ada County Jail	Closed POD	6/21/2012	6/12/2015	3 YR
Correctional Medical Services	Closed POD	6/30/2009	6/30/2012	3 YR
Cascade Medical Center	Closed POD	12/18/2009	12/18/2012	3 YR
Idaho Elks Rehab Hospital	Closed POD	4/1/2010	4/1/2013	3 YR
JR Simplot Co	SNS Transportation Support	7/20/2010	7/20/2013	3 YR
Diamond Line	SNS Transportation Support	8/23/2010	8/23/2013	3 YR
Idaho National Guard	Closed POD	9/22/2010	9/22/2012	2 YR

APPENDIX 4

EMERGENCY OPERATIONS JASs AND JUST-IN-TRAINING (JITT)

This Appendix outlines the curricula for JITT on the CDHD EOP, including JASs for each DOC role, as well as the curricula for providing JITT for NIMS for all response roles. JASs provide the user with a review of general role duties, descriptions of responsibilities to be performed while activated for their role, and the baseline training and qualifications to assume that role. JASs for roles outside of the DOC staff are found in the following documents (based on the response function):

- DDC FOG
- POD Manual
- Annex E: Infectious Disease Control and Containment

It is assumed that staff assuming supervisory roles will have participated in formal training prior to working in their role. Refer to the CDHD Training and Exercise Plan for more information on training. For supervisory roles, the JITT curricula described here should be used as a refresher training opportunity.

CDHD EOP JITT Process:

- Review Base Plan Incident Management Actions
- Review Base Plan Roles and Responsibilities
- Review Base Plan Appendix 1: CDHD DOC Organization and Activation
- Review JAS (for specifically assigned role)

(Note: This process is only to provide training on the CDHD EOP as it adheres to NIMS principles. Training for actual response operations is found in the JITT guides that correspond to the documents listed above.)

Printable job aids related to ICS positions and activities and ICS Position Checklists (listing roles and responsibilities) are available through the FEMA Website at:

<http://training.fema.gov/EMIWeb/IS/ICSResource/index.htm>

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	INCIDENT COMMANDER
SITE LOCATION / SHIFT:	Department Operations Center (DOC)/TBD
REPORTS TO:	Policy and Unified Command
DIRECT REPORTS:	Operations Section Chief, Planning Section Chief, Logistics Section Chief, Finance/Administration Section Chief, Safety Officer, Public Information Officer, Liaison Officer (<i>Positions established for response are incident dependent.</i>)
EQUIPMENT NEEDED:	ID Badge; Position Vest; Computer; Telephone
TRAINING AND QUALIFICATIONS	
<ul style="list-style-type: none"> • Knowledgeable of the Incident Command System (ICS). <ul style="list-style-type: none"> ○ Required Training: Complete NIMS/ICS Training including IS 100; IS 200; IS 700; IS 800; ICS 300; and ICS 400. ○ Recommended Training: IS 701, NIMS Multiagency Coordination Systems; IS 702, NIMS Public Information Systems, IS 703, NIMS Resource Management; IS 775, EOC Management and Operations • Knowledgeable of the CDHD and State Public Health Emergency Operations Plan, County Emergency Operations Plans, and the Idaho Emergency Operations Plan. • Strong leadership traits and abilities; lead people and manage tasks. <ul style="list-style-type: none"> ○ Decisive; able to make decisions in stressful or crisis situation. ○ Highly motivated. ○ Highly effective communication skills. ○ Management abilities; organize numerous complex tasks simultaneously involving many different people. ○ Personnel management; fair, objective, with good "people skills". 	
JOB DUTIES	
<ul style="list-style-type: none"> • Establish and maintain knowledge of local and state Emergency Operations Plan. • Activate additional response personnel, as required for the incident. • Manage overall incident response actions to support the emergency or disaster, in coordination with other response personnel as assigned. • Ensure all applicable agencies' policies, contracts, and agreements are followed. • Establish chain of command and performance expectations. • Evaluate progress of incident response. • Maintain situational awareness of the total incident (without focusing on or performing tactical duties, as necessary). • Ensure the safety, welfare, and accountability of assigned personnel. 	
RESPONSIBILITIES	
<p>IMMEDIATE:</p> <ul style="list-style-type: none"> • After receiving notification of incident or event, assess situation to determine immediate needs and actions. • Establish an effective Incident Command System (ICS) organization based upon the incident and resource conditions. • In coordination with assigned Command and General Staff: <ul style="list-style-type: none"> ○ Gather, analyze, and validate information pertinent to the incident or event. ○ Determine incident objectives and strategy. ○ Establish the immediate priorities. • Communicate and assure understanding of work expectations within the chain of command and across functional areas. • Coordinate with the CDHD Policy and Unified Command, IDHW Department of Health Operations Center, and state and local EOCs to receive continuing information on the incident status. • Ensure communication and contact with other responding agencies. • Determine operational periods and work with Command and General Staff to provide staff coverage as needed. • Consider demobilization and/or transition early enough during the incident so that an adequate Demobilization/Transition Plan is in place prior to the actual need to release resources or escalate the incident. 	

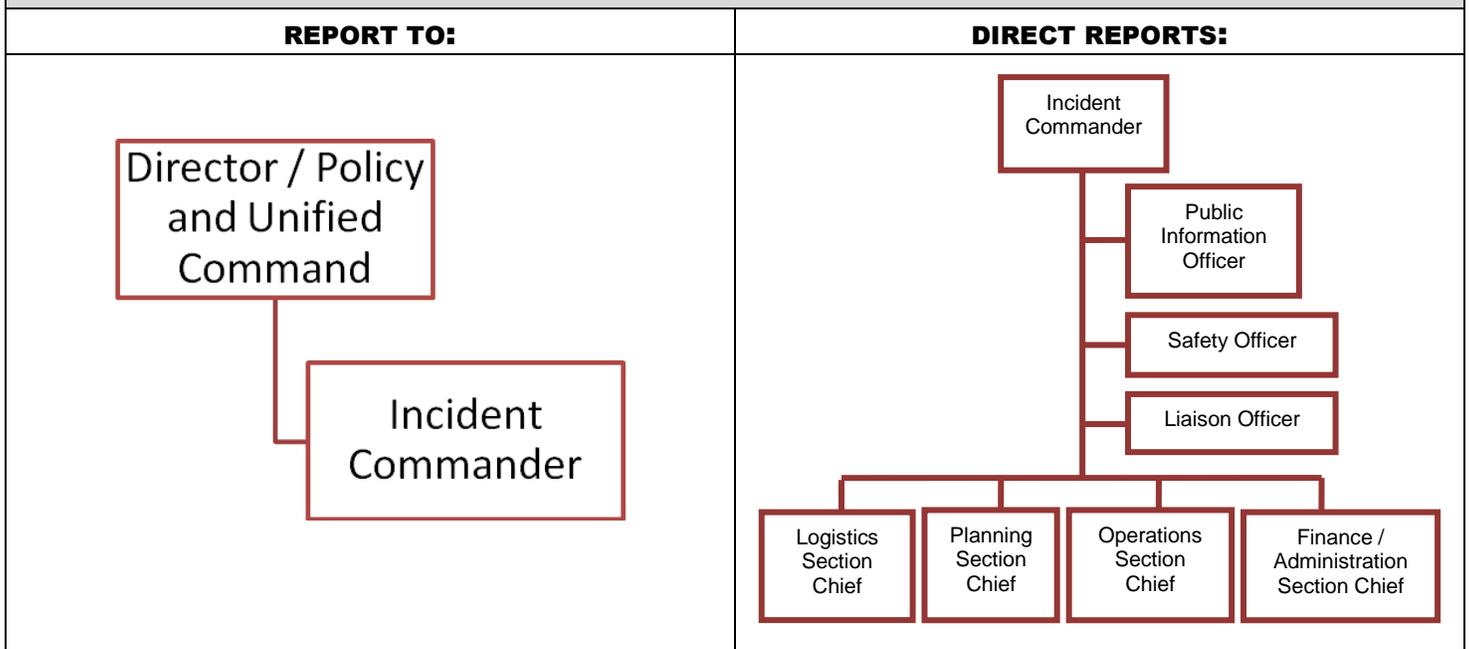
NORMAL SHIFT OPERATIONS:

- In coordination with assigned Command and General Staff and as needed,
 - Adjust incident strategy and tactics to meet changing conditions.
 - Validate and review incident objectives.
 - Review and approve Incident Action Plan (IAP).
 - Ensure consistency in information provided to staff and public.
 - Ensure coordination of public information with the Joint Information Center (JIC) and other emergency response agencies.
- Establish work assignments and performance expectations, monitor performance, and provide feedback.
- Assure execution of appropriate administrative requirements (to include documentation, ICS forms, etc.).
- Approve requests for additional resources or for the release of resources.
- Ensure Policy and Unified Command is informed of the emergency operations and incident status.
- Ensure command and planning meetings are conducted as needed.
- Administer and/or apply agency policy, contracts, and agreements, in accordance with the Liaison Officer and Policy and Unified Command.
- Ensure all relevant information is exchanged during check-in, briefings, and debriefings.
- Communicate transfer of command to assigned Command and General Staff, as needed.
- Ensure that everyone incorporates safety into their job responsibilities and activities.
- If necessary, transfer position duties as needed, while ensuring continuity of authority and knowledge and taking into account the increasing or decreasing incident complexity.

RECOVERY ACTIONS (AT CLOSE OF EVENT):

- Demobilize incident resources by predetermine priorities or as work progress dictates.
- Ensure all records and reports are given to the Planning Section Chief at event termination.
- Participate in after-action review to share findings and recommendations with appropriate personnel.

ICS STRUCTURE



JAS Created: 8/1/09; Last Modified: 3/12/10

	LIAISON OFFICER
SITE LOCATION / SHIFT:	Department Operations Center (DOC)/TBD
REPORTS TO:	DOC/Incident Commander (IC)
DIRECT REPORTS:	Liaison Assistant
EQUIPMENT NEEDED:	ID Badge; Position Vest; Computer; Telephone
TRAINING AND QUALIFICATIONS	
<ul style="list-style-type: none"> • Knowledgeable of the Incident Command System (ICS). <ul style="list-style-type: none"> ○ Required Training: Complete NIMS/ICS Training including IS 100; IS 200; IS 700; IS 800; ICS 300; and ICS 400. ○ Recommended Training: IS 701, NIMS Multiagency Coordination Systems; IS 702, NIMS Public Information Systems, IS 703, NIMS Resource Management; IS 775, EOC Management and Operations • Knowledgeable of the CDHD and State Public Health Emergency Operations Plan, County Emergency Operations Plans, and the Idaho Emergency Operations Plan. • Strong leadership traits and abilities; lead people and manage tasks. <ul style="list-style-type: none"> ○ Decisive; able to make decisions in stressful or crisis situation. ○ Highly motivated. ○ Highly effective communication skills. ○ Management abilities; organize numerous complex tasks simultaneously involving many different people. ○ Personnel management; fair, objective, with good “people skills”. 	
JOB DUTIES	
<ul style="list-style-type: none"> • Coordinate with response partners and agencies. • Provide assisting and cooperating agencies’ input to the planning process. • Represent CDHD and act as a point of contact with other agency representatives. • Keep agencies supporting the incident aware of incident status. • Assist in establishing and coordinating interagency contacts. • Administer and/or apply agency policy, contracts, and agreements as needed. • Ensure the safety, welfare, and accountability of assigned personnel. 	
RESPONSIBILITIES	
<p>IMMEDIATE:</p> <ul style="list-style-type: none"> • Review CDHD Emergency Operations Plan (EOP) and annexes. • In coordination with assigned Command and General Staff: <ul style="list-style-type: none"> ○ Gather, analyze, and validate information pertinent to the incident or event. ○ Collaborate in preparation and review of the Incident Action Plan (IAP). ○ Establish incident priorities. • Identify staff within section to be activated and the resources required to accomplish information exchange and other section operation. • Ensure staff is prepared and have necessary equipment to perform their assignments. • Establish organization structure, reporting procedures, and chain of command of assigned resources. • Ensure that priorities are communicated and understood with supporting personnel. • Assemble agency information for use in answering requests and resolving problems. • Inform cooperating and assisting agencies of immediate actions as needed and as relevant to them. • Communicate with agencies and gather information or personnel and equipment priorities as needed. 	

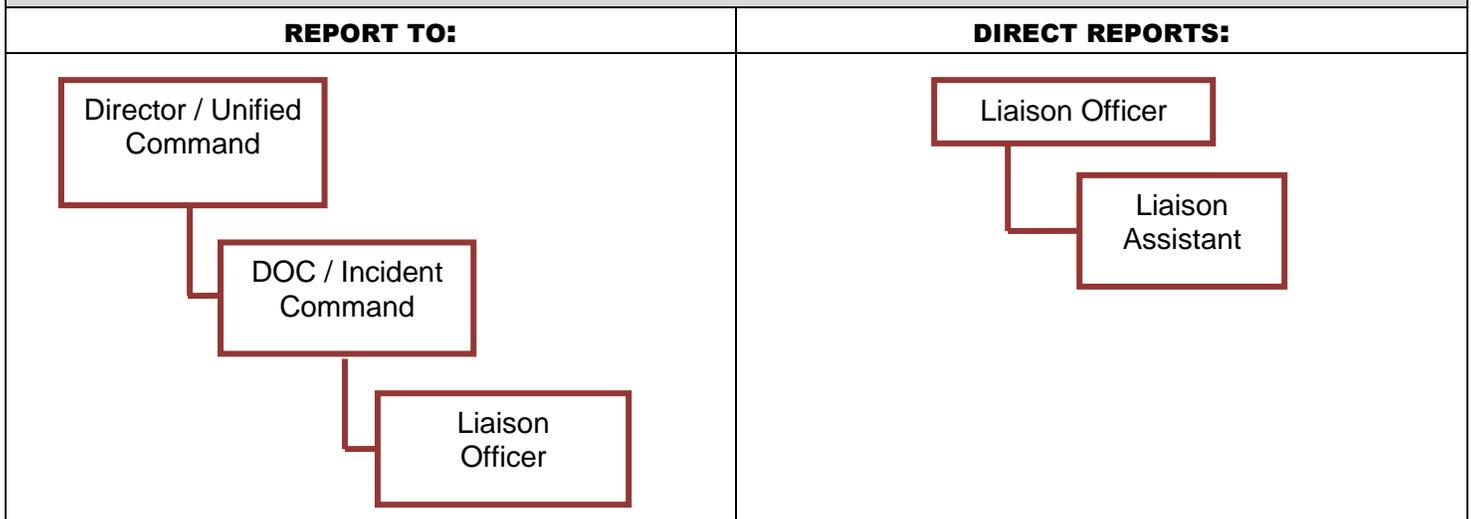
NORMAL SHIFT OPERATIONS:

- In coordination with assigned Command and General Staff:
 - Participate in the planning process for IAP development. Provide assisting and cooperating agency input as needed.
 - Advise the IC and assigned Command and General Staff of any political or stakeholder concerns related to multi-agency involvement.
 - Participate in planning meetings, providing current resource status, including limitations and capability of assisting agency resources.
 - Provide input on the use of agency resources as needed.
 - Update the IC and assigned Command and General Staff on the situation as information is received from other agencies.
- Conduct briefing with other agency representatives prior to each operational period or following any change in the Incident Action Plan (IAP) as needed.
- Fulfill request(s) for information concerning any cooperating or assisting agencies in a timely manner.
- Represent CDHD in local/state Emergency Operations Center (EOC), incident scene, or as directed by the IC.
- Initiate, facilitate, and document hospital bridge call process as needed.
- Monitor incident operations to identify current or potential inter-organization problems.
- Provide instructions to CDHD staging areas as needed.
- Complete ICS Form 214, Unit Log, for each operational period.
- Conduct Just-in-Time Training (JITT) with assigned staff as needed.
- Provide assisting and cooperating agencies' input to the demobilization process. Supply cooperating and assisting agencies with demobilization information at least one operational period prior to demobilization.
- If necessary, transfer position duties while ensuring continuity of authority and knowledge and taking into account the increasing or decreasing incident complexity.

RECOVERY ACTIONS (AT CLOSE OF EVENT):

- Ensure all records and reports are given to the Planning Section Chief at event termination.
- Participate in after-action review.

ICS STRUCTURE



JAS Created: 8/1/09; Last Modified: 3/15/10

	PUBLIC INFORMATION OFFICER
SITE LOCATION / SHIFT:	Department Operations Center (DOC)/TBD
REPORTS TO:	DOC/Incident Commander (IC)
DIRECT REPORTS:	Public Information Team; Emergency Information Center Supervisor <i>(Positions established for response are incident dependent.)</i>
EQUIPMENT NEEDED:	ID Badge; Position Vest; Computer; Telephone
TRAINING AND QUALIFICATIONS	
<ul style="list-style-type: none"> • Knowledgeable of the Incident Command System (ICS). <ul style="list-style-type: none"> ○ Required Training: Complete NIMS/ICS Training including IS 100; IS 200; IS 700; IS 800; ICS 300; and ICS 400. ○ Recommended Training: BHS (G290) Basic Public Information Officer; IS 701, NIMS Multiagency Coordination Systems; IS 702, NIMS Public Information Systems, IS 703, NIMS Resource Management; IS 775, EOC Management and Operations • Knowledgeable of the CDHD and State Public Health Emergency Operations Plan. • Strong leadership traits and abilities; lead people and manage tasks. <ul style="list-style-type: none"> ○ Decisive; able to make decisions in stressful or crisis situation. ○ Highly motivated. ○ Highly effective communication skills. ○ Management abilities; organize numerous complex tasks simultaneously involving many different people. ○ Personnel management; fair, objective, with good “people skills”. 	
JOB DUTIES	
<ul style="list-style-type: none"> • Develop event specific messages for staff, media, and the community using Subject Matter Experts (SMEs) as needed. • Serve as agency spokesperson for the incident or event. • Coordinate all agency information releases. • Serve as contact point for media with regards to the incident. • Manage all media and public communication in accordance with CDHD EOP Annex B. • Employ good listening/responding skills with co-workers, incident personnel, media, and the public. • Demonstrate respect for and sensitivity toward all culture in contacts with incident personnel, public, and media, as well as in all written materials. • Ensure the safety, welfare, and accountability of assigned personnel. 	
RESPONSIBILITIES	
IMMEDIATE: <ul style="list-style-type: none"> • Review CDHD Emergency Operations Plan (EOP) and annexes. • In coordination with assigned Command and General Staff: <ul style="list-style-type: none"> ○ Gather, analyze, and validate information pertinent to the incident or event. ○ Determine expectations of IC/DOC regarding gathering and disseminating information. • Determine immediate staffing and resource needs. • Establish organization structure, reporting procedures, and chain of command of assigned resources. • Establish work assignments and performance expectations, monitor performance, and provide feedback. • Establish system/schedule for obtaining incident information. • Initiate contact and respond to inquiries from media. • Develop appropriate information releases and conduct media interviews according to established protocol. • Inform media outlets of information center, phone numbers, location, and operating hours. 	

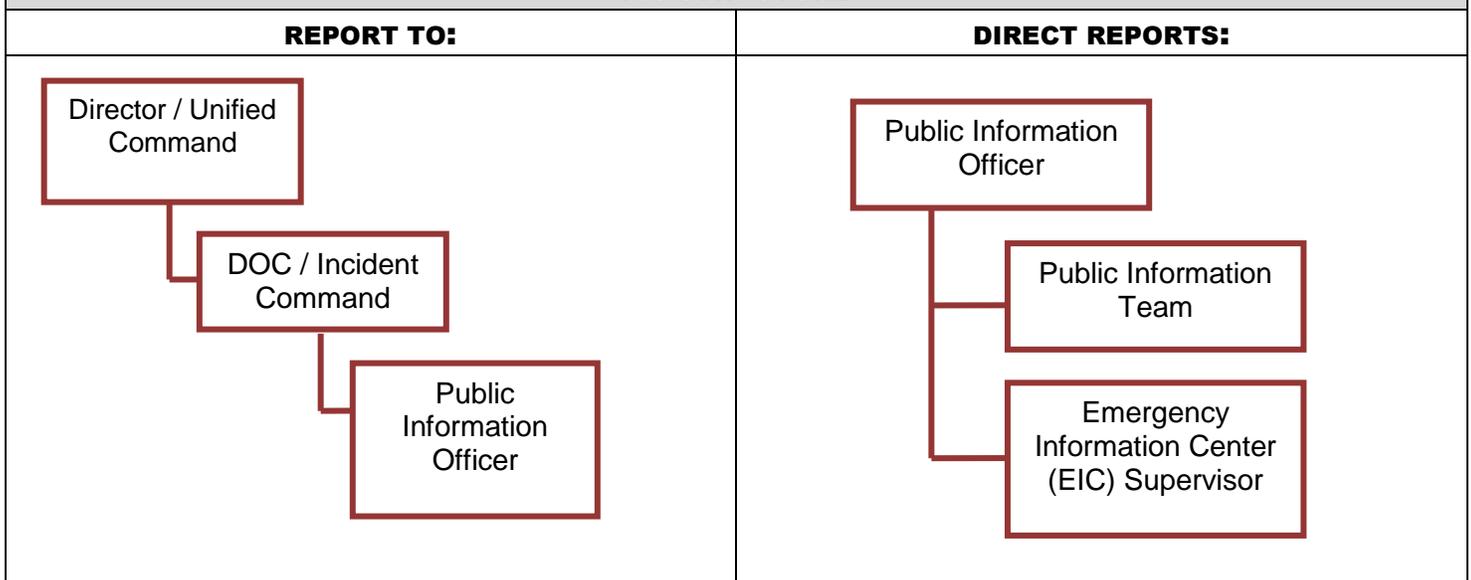
NORMAL SHIFT OPERATIONS:

- Brief personnel on media policy and procedures as needed.
- Develop information updates based on information received.
- Prepare and disseminate information internally to personnel on incident.
- Ensure all relevant information is exchanged during check-in, briefings, and debriefings.
- Develop material for use in media briefings.
- Prepare briefing materials for VIP visits and assist with planning, coordination, and logistics for visits.
- Determine when the IC and other personnel will be available for media interviews as needed.
- Conduct interviews and provide updates to media calling the information center.
- Arrange for tours and other interviews or briefings as needed.
- Coordinate messages with IDHW, SWDH, and other partners.
- Participate in Joint Information Center (JIC) meetings and briefings as necessary.
- Work with operations personnel as needed if conducting media activities outside of the DOC.
- Maintain and complete ICS Form 214, Unit Log.
- Maintain current information summaries and/or displays on the incident and provide information on status of incident to assigned personnel.
- Attend planning and command meetings.
- Ensure the IC approves all information releases.
- Coordinate messages with Subject Matter Experts (SMEs) and the Command and General Staff as needed.
- Assist with post-incident information strategy and procedure.
- If necessary, transfer position duties while ensuring continuity of authority and knowledge and taking into account the increasing or decreasing incident complexity.

RECOVERY ACTIONS (AT CLOSE OF EVENT):

- Ensure all records and reports are given to the Planning Section Chief.
- Participate in after-action review.

ICS STRUCTURE



JAS Created: 8/1/09; Last Modified: 3/15/10

	SAFETY OFFICER
SITE LOCATION / SHIFT:	Department Operations Center (DOC) / TBD
REPORTS TO:	DOC / Incident Commander
DIRECT REPORTS:	All ICS Organization Responders
EQUIPMENT NEEDED:	ID Badge; Position Vest; Computer; Telephone
TRAINING AND QUALIFICATIONS	
<ul style="list-style-type: none"> • Knowledgeable of the Incident Command System (ICS). <ul style="list-style-type: none"> ○ Required: Complete NIMS / ICS Training including IS 100; IS 200; IS 700; IS 800; ICS 300; and ICS 400 ○ Recommended: IS 701, NIMS Multiagency Coordination Systems; IS 702, NIMS Public Information Systems, IS 703, NIMS Resource Management; IS 775, EOC Management and Operations • Knowledgeable of the CDHD Emergency Operations Plan (EOP). • Strong leadership traits and abilities; lead people and manage tasks. <ul style="list-style-type: none"> ○ Decisive; able to make decisions in stressful or crisis situation. ○ Highly effective communication skills. ○ Management abilities; organize numerous complex tasks simultaneously involving many different people. ○ Personnel management; fair, objective, with good “people skills”. 	
JOB DUTIES	
<ul style="list-style-type: none"> • Develop and enforce a safety plan for emergency response personnel. • Provide safety support for emergency response personnel. • Exercise emergency authority to stop and prevent unsafe acts as needed. • Understand and comply with ICS concepts and principles. • Act as agent of the Incident Commander (IC). • Ensure the safety, welfare, and accountability of assigned personnel. 	
RESPONSIBILITIES	
<p>IMMEDIATE:</p> <ul style="list-style-type: none"> • Review the CDHD Emergency Operations Plan (EOP) and annexes. • In coordination with assigned Command and General Staff: <ul style="list-style-type: none"> ○ Gather, update, and apply situational information relevant to the incident or event and make recommendations for setting priorities. ○ Establish a point of arrival and briefing for incoming staff. ○ Develop and implement a safety action plan. ○ Plan for demobilization and ensure demobilization procedures are followed. • Prepare and present safety briefing for IC and Command and General Staff that includes: <ul style="list-style-type: none"> ○ Risk assessment for all operations. ○ Hazards present at the operations site. ○ Threats to safety or health of staff in relation to the incident. ○ Evacuation signals and routes. ○ Mitigation plan for identified hazards and risks. • Ensure response personnel are aware of the safety-related aspects of their jobs and undertake their job responsibilities in a safe manner based on expected duration, size, type of incident, potential values to be protected, and jurisdictional involvement. • Ensure availability, qualifications, and capabilities of resources to complete assignment. • If necessary, assign Assistant Safety Officers to monitor potentially high-hazard areas or operations that will be considered to be of high risk. 	

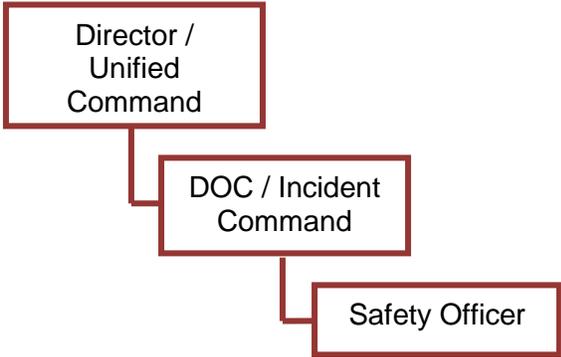
NORMAL SHIFT OPERATIONS:

- For each operational period, as needed:
 - Conduct initial and ongoing assessments to gather information and determine incident safety needs.
 - Conduct safety briefing for each operational period. Briefing should contain information to alert incident personnel of potential risk/hazard considered to be most critical.
 - Anticipate, recognize, and mitigate unsafe situations.
 - Identify and advise emergency response personnel on safety considerations and hazards.
- Maintain and complete ICS Form 214, Unit Log.
- Coordinate elements of the safety action plan to the IAP.
- Prepare safety messages for the incident.
- Develop ICS 215A, Incident Safety Analysis, planning matrix for each operational period. Discuss ICS 215A at operational briefings as appropriate.
- Ensure that accident investigation report(s) is/are complete and provided to the IC and local agency as needed.
- Ensure functionality of equipment used during emergency response.
- Ensure any changes in incident hazards and risks with relevant corrective actions are reflected in the safety action plan, safety messages, and/or safety briefings as appropriate.
- If necessary, transfer position duties while ensuring continuity of authority and knowledge and taking into account the increasing or decreasing incident complexity.

RECOVERY ACTIONS (AT CLOSE OF EVENT):

- Ensure all records and reports are given to the Planning Chief.
- Participate in agency debriefing or closeout as appropriate. If necessary, provide a debriefing to the Agency Administrator regarding incident safety history, including accidents, hazards, corrective actions, and commendations.
- Participate in after-action review.

ICS STRUCTURE

REPORT TO:	DIRECT REPORTS:
 <pre> graph TD A[Director / Unified Command] --- B[DOC / Incident Command] B --- C[Safety Officer] </pre>	<p>NA</p>

JAS Created: 8/1/09; Last Modified: 3/15/10

	OPERATIONS SECTION CHIEF
SITE LOCATION / SHIFT:	Department Operations Center (DOC)/TBD
REPORTS TO:	DOC/Incident Commander (IC)
DIRECT REPORTS:	POD Branch Directors; POD Managers
EQUIPMENT NEEDED:	ID Badge; Position Vest; Computer; Telephone
TRAINING AND QUALIFICATIONS	
<ul style="list-style-type: none"> • Knowledgeable of the Incident Command System (ICS). <ul style="list-style-type: none"> ○ Required: Complete NIMS/ICS Training including IS 100; IS 200; IS 700; IS 800; ICS 300; and ICS 400. ○ Recommended: IS 701, NIMS Multiagency Coordination Systems; IS 702, NIMS Public Information Systems, IS 703, NIMS Resource Management; IS 775, EOC Management and Operations • Complete FEMA IS 26 - Guide to Points of Distribution. • Knowledgeable of the CDHD Emergency Operations Plan (EOP) • Strong leadership traits and abilities; lead people and manage tasks. <ul style="list-style-type: none"> ○ Decisive; able to make decisions in stressful or crisis situation. ○ Highly effective communication skills. ○ Management abilities; organize numerous complex tasks simultaneously involving many different people. ○ Personnel management; fair, objective, with good "people skills". 	
JOB DUTIES	
<ul style="list-style-type: none"> • Manage operations as directed by Incident/Unified Command and in coordination with assigned Command and General Staff. • Supervise and adjust operations organization and tactics as needed, based on changes in incident situation and resource status. • Understand and comply with ICS concepts and principles. • Administer and/or apply agency policy, contracts, and agreements. • Ensure the safety, welfare, and accountability of assigned personnel. 	
RESPONSIBILITIES	
<p>IMMEDIATE:</p> <ul style="list-style-type: none"> • Review CDHD Emergency Operations Plan (EOP) and annexes. • In coordination with assigned Command and General Staff: <ul style="list-style-type: none"> ○ Gather information necessary to assess incident assignment and determine immediate needs and actions. ○ Establish incident priorities. ○ Participate in preparation of IAP or relevant plan. • Complete operational portion of IAP as part of ICS 215 (Operational Planning Worksheet). <ul style="list-style-type: none"> ○ Establish branches, divisions/groups, and staging areas based upon EOP directives. • Confirm activation of your direct staff and confirm their duties as they arrive. • Prepare a briefing statement to be given to staff members at scheduled briefings: <ul style="list-style-type: none"> ○ Operational overview. ○ Teams/functions overview. • Confirm equipment/supply status and projected needs with Planning and Logistics Section Chiefs. 	

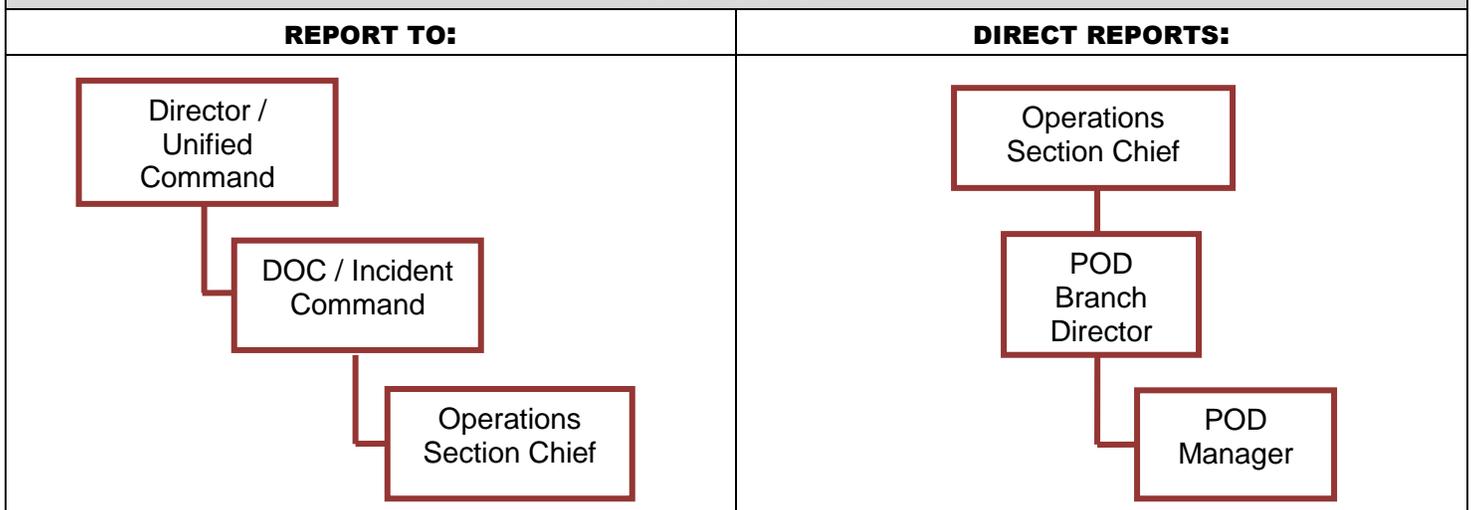
NORMAL SHIFT OPERATIONS:

- In coordination with IC and assigned Command and General Staff:
 - Participate in planning and command meetings.
 - Prepare for and participate in strategy meetings.
 - Ensure all relevant information is exchanged during check-in, briefings, and debriefings.
 - Periodically evaluate resource status and tactical needs to determine if resource assignments are appropriate.
 - Participate in the operational period briefing, particularly emphasizing tactical priorities and any special safety considerations and changes from the written IAP.
 - Assist in development and approval of Incident Demobilization Plan. Ensure demobilization procedures are followed within section.
- Provide daily or operational period briefings to section personnel.
 - Brief branch directors/unit leaders on current and anticipated activity.
 - Communicate and assure understanding of work expectations, monitor performance, and provide feedback.
 - Establish work assignments and performance expectations, monitor performance, and provide feedback.
 - Ensure interaction occurs among Operations units.
- Conduct Just-in-Time Training (JITT) with assigned staff as needed.
- Periodically evaluate resource status and tactical needs to determine if resource assignments are appropriate.
- Maintain and complete ICS Form 215, Unit Log.
- Update IC on current accomplishments and/or problems.
- Ensure staff has all equipment and supplies needed to carry out their functions.
- Ensure effective use and coordination of all assigned resources.
- Brief all direct staff on procedures for additional supplies, security, schedules, or what to do if problems occur.
- Ensure proper documentation is maintained for all activities.
- Coordinate operational needs for inclusion of the IAP.
- If necessary, transfer position duties while ensuring continuity of authority and knowledge and taking into account the increasing or decreasing incident complexity.

RECOVERY ACTIONS (AT CLOSE OF EVENT):

- Ensure all records and reports are given to the Planning Section Chief at event termination.
- Participate in after-action review.

ICS STRUCTURE



JAS Created: 8/1/09; Last Modified: 3/15/10

	PLANNING SECTION CHIEF
SITE LOCATION / SHIFT:	Department Operations Center (DOC) / TBD
REPORTS TO:	DOC / Incident Commander
DIRECT REPORTS:	Situation Unit Leader; Documentation Unit Leader; Resources Unit Leader; Demobilization Unit Leader (<i>Units established for response are incident dependent.</i>)
EQUIPMENT NEEDED:	ID Badge; Position Vest; Computer; Telephone
TRAINING AND QUALIFICATIONS	
<ul style="list-style-type: none"> • Knowledgeable of the Incident Command System (ICS). <ul style="list-style-type: none"> ○ Required Training: Complete NIMS / ICS Training including IS 100; IS 200; IS 700; IS 800; ICS 300; and ICS 400. ○ Recommended Training: Complete FEMA IS 701, Multi-Agency Coordination System; IS 702, NIMS Public Information Systems; IS 703, NIMS Resource Management; and IS 775, EOC Management. • Knowledgeable of the CDHD and State Public Health Emergency Operations Plan, County Emergency Operations Plans, and the Idaho Emergency Operations Plan. • Strong leadership traits and abilities; lead people and manage tasks. <ul style="list-style-type: none"> ○ Decisive; able to make decisions in stressful or crisis situation. ○ Highly motivated. ○ Highly effective communication skills. ○ Management abilities; organize numerous complex tasks simultaneously involving many different people. ○ Personnel management; fair, objective, with good “people skills”. 	
JOB DUTIES	
<ul style="list-style-type: none"> • Establish and maintain knowledge level of the local and state Emergency Operations Plan. • Maintains resource status. • Maintains and displays situation status. • Prepares the Incident Action Plan (IAP). • Monitors incident status and develops alternative strategies. • Advises Command and General Staff of significant changes in incident status that affect them, in a timely manner. • Provides documentation services. • Prepares the Demobilization Plan. • Provides a primary location for technical specialists assigned to an incident. • Manage staff and resources to meet mission requirements as established by local incident management directors. 	
RESPONSIBILITIES	

IMMEDIATE:

- Recognize potentially hazardous situations and inform DOC staff and Planning Section Unit Leaders of hazards.
- Control positions and functions of resources.
- Establish work assignments and performance expectations, monitor performance, and provide feedback.
- Administer and/or apply agency policy, contracts, and agreements.
- Gather, analyze, and validate information pertinent to the incident or event and make recommendations for setting priorities.
- Take appropriate action based on assessed risks.

NORMAL SHIFT OPERATIONS:

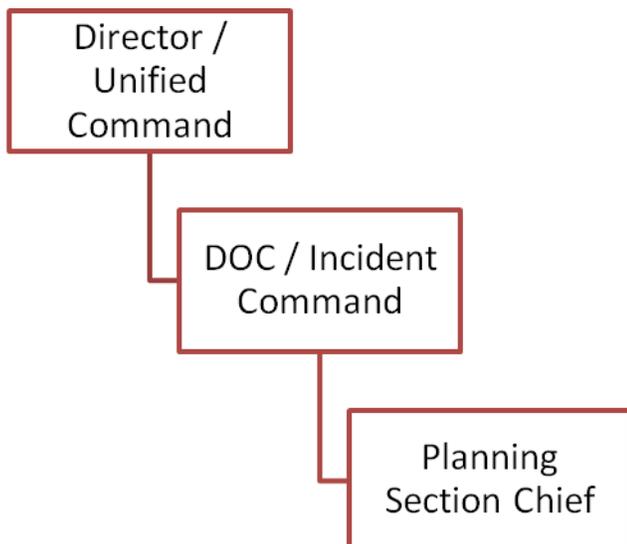
- Establish priorities and coordinate units within the section.
- Schedule and conduct planning meetings.
- Prepare IAPs and other documentation, as required by the incident response.
- Ensure that the Operations Section Chief identifies tactics, resources needed, and reporting/pickup locations and time by division/groups and that this information is properly displayed on ICS Form 215 or equivalent.
- Ensure that the Safety Officer identifies hazards and the mitigation of those hazards by division/group and that this information is properly displayed on an ICS 215A or equivalent.
- Ensure planning meetings are scheduled as required and all objectives of planning meeting are met in the acceptable time frame.

RECOVERY ACTIONS (AT CLOSE OF EVENT):

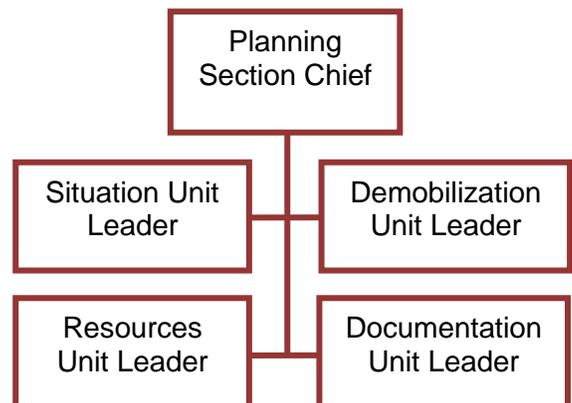
- Prepare for demobilization and/or transition early enough during the incident so that an adequate Demobilization/Transition Plan is in place prior to the actual need to release resources or escalate the incident.
- Implement approved demobilization plan and schedule.

ICS STRUCTURE

REPORT TO:



DIRECT REPORTS:



JAS Created: 8/1/09; Last Modified: 3/15/10

	LOGISTICS SECTION CHIEF
SITE LOCATION / SHIFT:	Department Operations Center (DOC)/TBD
REPORTS TO:	DOC/Incident Commander (IC)
DIRECT REPORTS:	District Distribution Center (DDC) Manager; Support Unit Leader; Supply Unit Leader
EQUIPMENT NEEDED:	ID Badge; Position Vest; Computer; Telephone
TRAINING AND QUALIFICATIONS	
<ul style="list-style-type: none"> • Knowledgeable of the Incident Command System (ICS). <ul style="list-style-type: none"> ○ Required: Complete NIMS / ICS Training including IS 100; IS 200; IS 700; IS 800; ICS 300; and ICS 400. ○ Recommended: CDC SNS Preparedness Course (or local facsimile if available); IS 701, NIMS Multiagency Coordination Systems; IS 702, NIMS Public Information Systems, IS 703, NIMS Resource Management; IS 775, EOC Management and Operations • Complete FEMA IS 26 - Guide to Points of Distribution. • Knowledgeable of the CDHD and State SNS Distribution Plan. • Strong leadership traits and abilities; lead people and manage tasks. <ul style="list-style-type: none"> ○ Decisive; able to make decisions in stressful or crisis situation. ○ Highly effective communication skills. ○ Management abilities; organize numerous complex tasks simultaneously involving many different people. ○ Personnel management; fair, objective, with good "people skills". 	
JOB DUTIES	
<ul style="list-style-type: none"> • Establish and maintain knowledge of CDHD Emergency Operations Plan (EOP). • Understand and comply with ICS concept and principles. • Coordinate, track, acquire, and maintain supplies, equipment, and staff to support the incident or event. • Administer and/or apply agency policy, contracts, and agreements as needed. • Ensure the safety, welfare, and accountability of assigned personnel. 	
RESPONSIBILITIES	
<p>IMMEDIATE:</p> <ul style="list-style-type: none"> • Review CDHD Emergency Operations Plan (EOP) and annexes. • In coordination with assigned Command and General Staff: <ul style="list-style-type: none"> ○ Gather, analyze, and validate information pertinent to the incident or event. ○ Collaborate in preparation and review of Incident Action Plan (IAP). ○ Establish incident priorities. • Identify units within the section to be activated and resources required for section operation. • Implement established organization structure, reporting procedures, and chain of command of assigned resources. • Brief unit leaders including summary of incident, current activity, and anticipated section activity for individual unit. • Provide initial operation instructions to section personnel, including safety and security concerns and expectations. • Determine Logistics Section capabilities and limitations. <ul style="list-style-type: none"> ○ Establish priorities and coordinate units within the section. ○ Ensure availability, qualifications, and capabilities of resources to complete assignment. ○ Determine if current logistics capabilities will meet incident objectives. ○ Anticipate and identify kind, type, and number of resources required to achieve objectives. • Coordinate with unit leaders and provide Planning Section Chief a list of excess personnel, equipment, crews, and other resources. • Coordinate communication and database set-up and protocols with the IS Strike Team Leader as needed. • Ensure shipment of equipment/supplies and arrange for transport to identified external locations. • In coordination with assigned Command and General Staff, plan for demobilization and ensure demobilization procedures are followed within section. 	

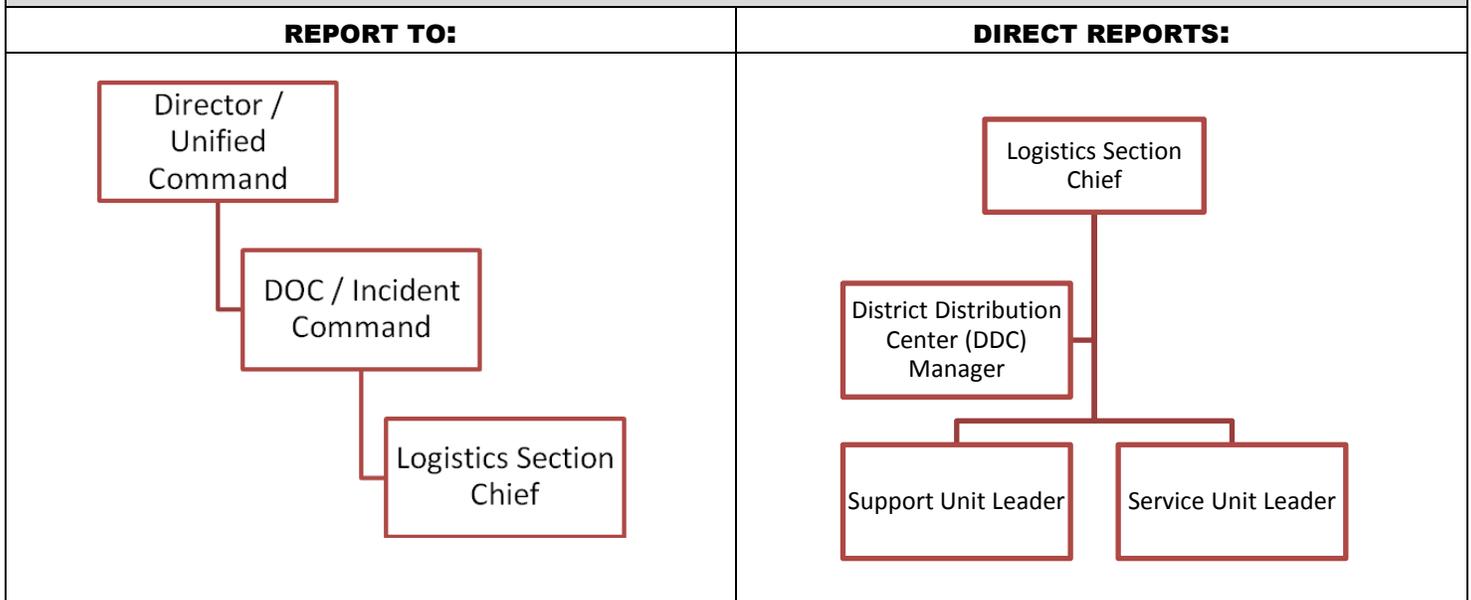
NORMAL SHIFT OPERATIONS:

- In coordination with assigned Command and General Staff:
 - Participate in the operational period briefing.
 - Identify logistics needs and objectives for inclusion of the IAP.
 - Work with Operation and Planning Section Chiefs to make sure that the ordering, inventory, and re-supply of the pharmaceutical cache meets requirements.
 - Ensure all relevant information is exchanged during check-in, briefings, and debriefings.
- For each operational period, as needed:
 - Conduct Logistics Section meeting and/or briefing.
 - Establish work assignments and performance expectations, monitor performance, and provide feedback.
 - Ensure all personnel equipment time records are complete and have been submitted to the Time Unit Leader at the end of each operational period.
 - Ensure interaction occurs among Logistics Section units.
 - Complete ICS Form 214, Unit Log.
- Conduct Just-in-Time Training (JITT) with assigned staff.
- Ensure that a resource accountability system (personnel and equipment) is established and maintained.
- Ensure all supply/equipment requests are coordinated through the Logistics Section.
- Arrange for procurement of additional equipment/supplies as needed and as authorized by the IC.
- Ensure adequate sustenance and relief supplies/equipment are available for CDHD response personnel.
- Arrange for transportation of staff members to and from the operations sites as needed.
- Provide logistical support, as needed, to each function and coordinate through the appropriate Section Chief or IC.
- If necessary, transfer position duties while ensuring continuity of authority and knowledge and taking into account the increasing or decreasing incident complexity.

RECOVERY ACTIONS (AT CLOSE OF EVENT):

- Arrange to have all equipment/supplies returned to place of origin and state of readiness.
- Ensure all records and reports are given to the Planning Chief event termination.
- Participate in after-action review.

ICS STRUCTURE



JAS Created: 8/1/09; Last Modified: 3/2/10

	FINANCE/ADMINISTRATION SECTION CHIEF
SITE LOCATION / SHIFT:	Department Operations Center (DOC)/TBD
REPORTS TO:	DOC/Incident Commander (IC)
DIRECT REPORTS:	Finance Section
EQUIPMENT NEEDED:	ID Badge; Position Vest; Computer; Telephone
TRAINING AND QUALIFICATIONS	
<ul style="list-style-type: none"> • Knowledgeable of the Incident Command System (ICS). <ul style="list-style-type: none"> ○ Required: Complete NIMS/ICS Training including IS 100; IS 200; IS 700; IS 800; ICS 300; and ICS 400. ○ Recommended: IS 701, NIMS Multiagency Coordination Systems; IS 702, NIMS Public Information Systems, IS 703, NIMS Resource Management; IS 775, EOC Management and Operations • Knowledgeable of the CDHD Emergency Operations Plan (EOP). • Strong leadership traits and abilities; lead people and manage tasks. <ul style="list-style-type: none"> ○ Decisive; able to make decisions in stressful or crisis situation. ○ Highly effective communication skills. ○ Management abilities; organize numerous complex tasks simultaneously involving many different people. ○ Personnel management; fair, objective, with good “people skills”. 	
JOB DUTIES	
<ul style="list-style-type: none"> • Establish and maintain knowledge of CDHD Emergency Operations Plan (EOP). • Understand and comply with ICS concepts and principles. • Coordinate, track, and/or approve all incident or event expenditures. • Ensure preparation of timely financial and administrative reports to enable the Incident Commander (IC) and assigned Command and General Staff to respond appropriately. • Provide financial summary information on incident operations. • Administer and/or apply agency policy, contracts, and agreements as needed. • Ensure the safety, welfare, and accountability of assigned personnel. 	
RESPONSIBILITIES	
<p>IMMEDIATE:</p> <ul style="list-style-type: none"> • Review CDHD Emergency Operations Plan (EOP) and annexes. • In coordination with assigned Command and General Staff: <ul style="list-style-type: none"> ○ Gather, analyze, and validate information pertinent to the incident or event. ○ Collaborate in preparation and review of Incident Action Plan (IAP). ○ Establish incident priorities. • Identify units within the section to be activated and resources required for section operation. • Establish organization structure, reporting procedures, and chain of command of assigned resources. • Brief unit leaders including summary of incident, current activity, and anticipated section activity for individual unit planning. • Provide initial operating instructions to section personnel, including safety and security concerns and expectations. • Determine process for expenditure declaration/approval and required documentation. • Coordinate with unit leaders and provide Planning Section Chief a list of excess personnel and other resources. 	

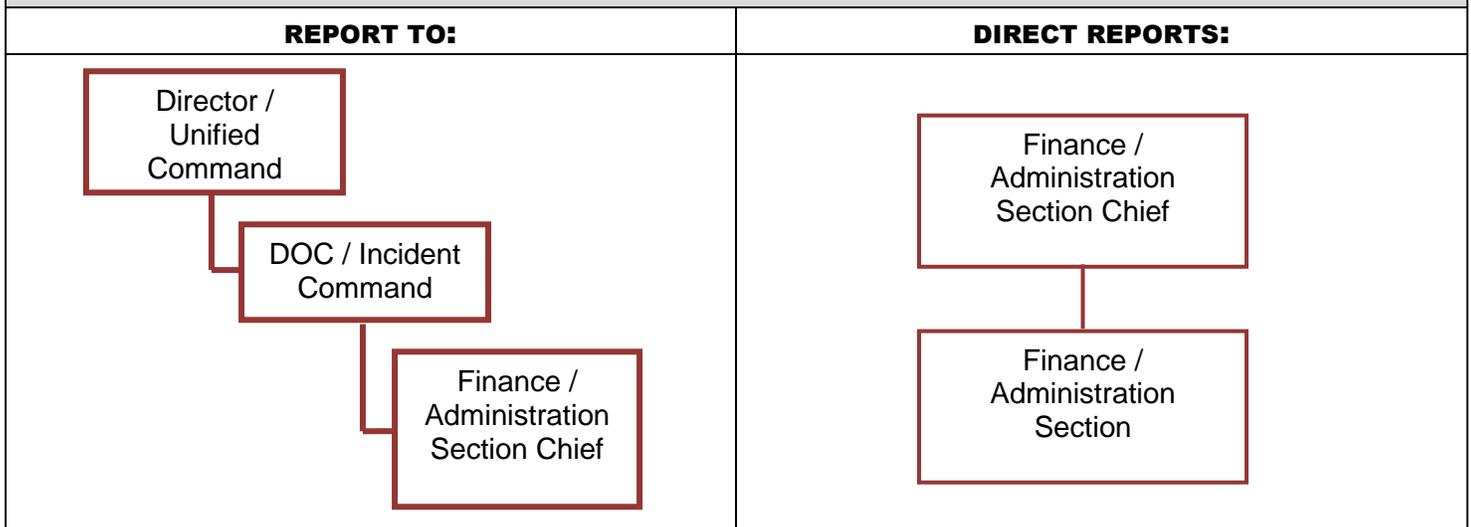
NORMAL SHIFT OPERATIONS:

- In coordination with assigned Command and General Staff:
 - Participate in the operational period briefing, emphasizing the needs of the Finance/Administration Section.
 - Ensure all relevant information is exchanged during check-in, briefings, and debriefings.
 - Gather, analyze, and validate information pertinent to the incident or event and make recommendations for setting priorities.
 - Review contracts, memoranda of understanding (MOUs), and cooperative agreements to ascertain their impact and application.
 - Participate in planning and command meetings.
 - Assist in development and approval of Incident Demobilization Plan. Ensure demobilization procedures are followed within section.
- Provide daily or operational period briefings to section personnel.
 - Brief unit leaders on current and anticipated activity.
 - Communicate and assure understanding of work expectations within the chain of command and across functional areas.
 - Establish work assignments and performance expectations, monitor performance, and provide feedback.
 - Ensure interaction occurs among Finance/Administration Units.
 - Conduct Just-in-Time Training (JITT) with assigned staff as needed.
- Ensure all financial documents are completed and submitted in a timely manner.
 - Maintain Unit Log, ICS 214.
 - Assure execution of appropriate administrative requirements (to include documentation, ICS forms, personnel and equipment time records, performance ratings).
- Review finance data to ensure spending within limits and contractual obligations are being met.
- Periodically evaluate section resource status and needs to determine if resource assignments are appropriate.
- Monitor section activities against the Incident Action Plan (IAP) and adjust priorities accordingly.
- If necessary, transfer position duties while ensuring continuity of authority and knowledge and taking into account the increasing or decreasing incident complexity.

RECOVERY ACTIONS (AT CLOSE OF EVENT):

- Ensure all records and reports are given to the Planning Section Chief at event termination.
- Participate in after-action review.

ICS STRUCTURE



JAS Created: 8/1/09; Last Modified: 3/15/10

	EMERGENCY INFORMATION CENTER (EIC) SUPERVISOR
SITE LOCATION / SHIFT:	Emergency Information Center / TBD
REPORTS TO:	Public Information Officer (PIO)
DIRECT REPORTS:	Emergency Information Center Team
EQUIPMENT NEEDED:	ID Badge; Position Vest; Computer; Telephone
TRAINING AND QUALIFICATIONS	
<ul style="list-style-type: none"> • Knowledgeable of the Incident Command System (ICS). <ul style="list-style-type: none"> ○ Required Training: Complete NIMS / ICS Training including IS 100; IS 200; IS 700; and IS 800. ○ Recommended Training: Complete BHS (G290) Basic Public Information Officer Course or other risk communication/public information training. • Knowledgeable of the CDHD Emergency Operations Plan. • Strong leadership traits and abilities; lead people and manage tasks. <ul style="list-style-type: none"> ○ Decisive; able to make decisions in stressful or crisis situation. ○ Highly effective communication skills. ○ Management abilities; organize numerous complex tasks simultaneously involving many different people. ○ Personnel management; fair, objective, with good “people skills”. 	
JOB DUTIES	
<ul style="list-style-type: none"> • Manage Emergency Information Center operations. • Train and coordinate staff and/or volunteers in the Emergency Information Center. • Provide EIC information and status updates to the Public Information Officer (PIO). • Obtain updated information from PIO and distribute to EIC staff. • Coordinate with PIO to create incident-related messages. • Coordinate with IS Strike Team on EIC operational equipment (phones, phone lines, etc.) 	
RESPONSIBILITIES	
<p>IMMEDIATE:</p> <ul style="list-style-type: none"> • Receive briefing from the Public Information Officer. • Review incident-related information. • Direct the set-up of the EIC, in accordance with the PIO. • Coordination with IS Strike Team of common telephone and computer lines. • Schedule staff/volunteers to operate the EIC. • Ensure staff is trained and have necessary information and equipment to perform their assignments at the start of each shift. • Collect information for web updates, telephone messages, and internal communication for CDHD personnel. • Monitor EIC calls and maintain FAQs list. 	
<p>NORMAL SHIFT OPERATIONS:</p> <ul style="list-style-type: none"> • Conduct staff briefings as necessary. • Manage EIC staffing changes and information updates. • Document and forward information / request received from the dedicated staff and physician phone lines. • Adjust operations as necessary. • Maintain daily incident log. 	
<p>RECOVERY ACTIONS (AT CLOSE OF EVENT):</p> <ul style="list-style-type: none"> • Work with IS Strike Team to return equipment to original status. • Ensure all records and reports are given to the PIO at event termination. • Identify issues for after-action review. 	

ICS STRUCTURE

REPORT TO:

DIRECT REPORTS:

DOC / Incident
Command

Public Information
Officer

Emergency
Information Center
(EIC) Supervisor

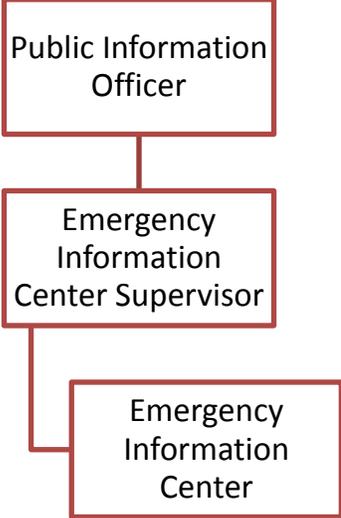
Emergency
Information Center
(EIC) Supervisor

Emergency
Information
Center
(EIC)

JAS Created: 8/1/09; Last Modified: 3/15/10

	EMERGENCY INFORMATION CENTER (EIC)
SITE LOCATION / SHIFT:	Emergency Information Center / TBD
REPORTS TO:	Emergency Information Center (EIC) Supervisor
DIRECT REPORTS:	N/A
EQUIPMENT NEEDED:	ID Badge; Position Vest; Computer; Telephone
TRAINING AND QUALIFICATIONS	
<ul style="list-style-type: none"> • Knowledgeable of the Incident Command System (ICS). <ul style="list-style-type: none"> ○ Required Training: Complete NIMS / ICS Training including IS 100 and IS 700. ○ Recommended Training: IS 702.a; NIMS Public Information Systems • Knowledgeable of the CDHD Emergency Operations Plan. • Strong leadership traits and abilities; lead people and manage tasks. <ul style="list-style-type: none"> ○ Decisive; able to make decisions in stressful or crisis situation. ○ Highly effective communication skills. ○ Management abilities; organize numerous complex tasks simultaneously involving many different people. ○ Personnel management; fair, objective, with good “people skills”. 	
JOB DUTIES	
<ul style="list-style-type: none"> • Receive, document, and provide information to the public, staff, and medical response agencies regarding the emergency event. 	
RESPONSIBILITIES	
<p>IMMEDIATE:</p> <ul style="list-style-type: none"> • Report to the Emergency Information Center or Staff / Volunteer Processing Center at the time directed. • Confirm your understanding of your role in emergency response. • Communicate any concerns or problems prohibiting mission accomplishment. • Obtain briefing from EIC Supervisor. • Familiarize self with current scripted information regarding the emergency. • Review education and information on specified disease. 	
<p>NORMAL SHIFT OPERATIONS:</p> <ul style="list-style-type: none"> • Ensure you have the most current scripted information. • Direct public to PODs, medical treatment centers, or other emergency information centers as applicable to the situation. • Maintain a log of frequently asked questions. • Refer unusual questions or situations to the EIC Supervisor. • Provide input to new scripts or information to update the information provided to the public through the internet, press releases, or other media. • Update CDHD databases as directed or as applicable to the emergency. 	
<p>RECOVERY ACTIONS (AT CLOSE OF EVENT):</p> <ul style="list-style-type: none"> • Plan for the possibility of extended deployment. • Discuss emergency situation with your family. 	

ICS STRUCTURE

REPORT TO:	DIRECT REPORTS:
 <pre> graph TD A[Public Information Officer] --- B[Emergency Information Center Supervisor] B --- C[Emergency Information Center] </pre>	<p style="text-align: center;">NA</p>

JAS Created: 8/1/09; Last Modified: 3/2/10

	INFORMATION SYSTEMS (IS) STRIKE TEAM LEADER
SITE LOCATION / SHIFT:	Department Operations Center (DOC) / TBD
REPORTS TO:	DOC / Incident Commander (IC)
DIRECT REPORTS:	Information Systems (IS) Strike Team
EQUIPMENT NEEDED:	ID Badge; Safety Shoes; Position Vest; Cell Phone; Radio
TRAINING AND QUALIFICATIONS	
<ul style="list-style-type: none"> • Knowledgeable of the Incident Command System (ICS). <ul style="list-style-type: none"> ○ Required: Complete NIMS / ICS Training including IS 100; IS 200; IS 700; IS 800; and ICS 300. ○ Recommended: Complete IS 26 – Guide to Points of Distribution. • Knowledgeable on the CDHD EOP. • Participated in a full-scale RSS exercise. • IS/Communications experience within all disciplines of Data Center management. <ul style="list-style-type: none"> ○ Knowledge of computer system set-up (hardware). ○ Experience with common computer software and databases. ○ Experience with troubleshooting technical problems. ○ Knowledge of communications systems equipment (telephone, two-way radio, and supplies). ○ Skilled at organizing work to accomplish tasks. • Understands EOC and POD operations. 	
JOB DUTIES	
<ul style="list-style-type: none"> • Coordinate, set-up, and ensure information technology maintains operational capability. • Organize, coordinate, troubleshoot, and repair internal and external communication systems and computer systems. • Organize and coordinate IS and communication support. • Provide computer hardware, software, and infrastructure support to EOC, DDC, and POD staff. Ensures emergency and business functions are maintained, restored, or augmented to meet designated objectives and provide limited interruptions to continuity of essential business operations. • Perform miscellaneous duties as assigned by direct supervisor. • Conduct “just in time” training as required. 	
RESPONSIBILITIES	
IMMEDIATE: <ul style="list-style-type: none"> • Receive briefing from Incident Commander. • Confirm your understanding of the incident and your role in meeting the incident needs. • Brief IS team members. • Inventory IS systems, hardware, and software; identify potential needs and work with Supply Unit Leader to obtain equipment and supplies. • Provide IS hardware, software, staff, and communication resources to DOC/DDC/POD locations. • Assign communications equipment and maintain log. • Establish an IS communication center in DOC/DDC/POD sites. • Provide technical assistance with setting up and conducting operational checks of computer and communications equipment. • Confirm off-site data backups are secure and ready for system restoration if needed. • Identify and communicate priorities for bringing critical systems in service. Initiate migration to secondary or replacement systems, if available. • Support, maintain, and troubleshoot problems with IS equipment. • Maintain documentation of event(s) using standard ICS forms. Provide copies to Documentation Unit Leader. • Coordinate databases or programs needs and connectivity. • Participate in briefings and meetings as requested. 	

NORMAL SHIFT OPERATIONS:

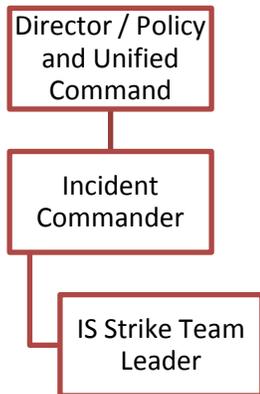
- Advise the DOC Staff of any operational issues that have not been resolved.
- Develop and submit information for the Incident Action Plan (IAP) action plan as needed.
- Deploy, maintain, and ensure operability of IS equipment.
- Deploy telephone and email messaging system.
- Arrange communication support equipment (back-up equipment) to allow for easy accessibility.
- Ensure the inventory tracking database remains online.
- Configure and maintain radio frequencies according to established equipment assignment.
- Work with the PIO to ensure the CDHD emergency web page is operational.
- Prepare end of shift status report for oncoming IT/IS Leader.
- Brief team members of any new developments and provide status reports to directed supervisor, as needed.
- Maintain daily incident log.

RECOVERY ACTIONS (AT CLOSE OF EVENT):

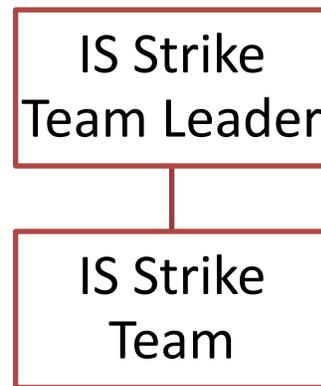
- Assemble IS equipment for redeployment to its primary location.
- As demobilized, return IS staff to their usual job assignments. Combine or deactivate positions in a phased manner, under direction of the Incident Commander.
- Implement returned equipment inventory control procedures.
- Identify and process equipment needing repair or replacement.
- Upon deactivation of your position, ensure all documentation required ICS forms are submitted as appropriate.
- Assist with demobilization, as directed by the Incident Commander.
- Debrief staff on lessons learned and procedural/equipment changes needed.
- Participate in after action review / hot wash, as needed.

ICS STRUCTURE

REPORT TO:



DIRECT REPORTS:



JAS Created: 3/2/10; Last Modified: 3/15/10

APPENDIX 5

EMERGENCY OPERATIONS FORMS

CDHD utilizes the standard ICS forms as described by the NIMS. The ICS forms most commonly utilized by CDHD include:

ICS 201	Incident Briefing
ICS 202	Incident Objectives
ICS 203	Organization Assignment List
ICS 204	Assignment List
ICS 205	Incident Radio Communications Plan
ICS 206	Medical Plan
ICS 207	Organizational Chart
ICS 209	Incident Status Summary
ICS 211	Check-In List
ICS 215	Operational Planning worksheet
ICS 215a	IAP Safety Analysis
ICS 218	Support Vehicle Inventory
ICS 221	Demobilization Plan

These forms are available through the ICS Resource Center on line at:

<http://training.fema.gov/EMIWeb/IS/ICSResource/index.htm> and are maintained on the CDHD electronic network at:

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APPENDIX 6

EMERGENCY OPERATIONS PLAN / RESPONSIBILITY ROLE

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CDHD Role / Responsibility Table

(P = Primary, S = Support)

Agency		Role / Responsibility																														
		Detect			Command & Control			Investigate			Communicate			Control / Prevent													Recovery					
		Surveillance	Intelligence	Sampling / Testing	Activate Plan	Activate EOC	Activate JIS	Case Investigation	Test Samples	Evidence Management	Alerts & Advisories	Media Relations	Infrastructure	Medical Care	Mental Health	Quarantine / Isolation	Facility Restrictions	Fatality Management	Animal Control	Environmental	Therapeutic Agents	Vaccine & Prophylaxis	Evacuation	Crowd / Traffic	Sheltering	Security	Tracking / Monitoring	Ad-hoc (Just in Time) Training	Decontamination	Disposal	Rehabilitation	
Public Health	Central District Health Department	P	S	P	P	S	P	P	S	S	P	P	P	S	S	P	P	S	S	P	S	P	S	S	S	S	P	P	S	S	S	
	Idaho Department of Health and Welfare	P	S	S	S		S	P	S	S	P	S	S	S	P	S	S		S	S	S	S					S		S	S		
	Health Care Sentinel Labs	P	S	P	S		S	P	S												S					S						
	Idaho Bureau of Labs	S	S	P	S		S	P	S												S					S						
Public Safety	County Emergency Mgmt. Agencies / LEPCs		S		S	P	S				S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S			S	S	P	
	ID Bureau of Homeland Security (State Military Div.)		P	S	S	P	S				S	S	S	S	S		S			S		S						S	S	S		
	Local Fire Departments	S	S	S	S	S	S		S		S								S		S	S						S	S			
	Emergency Medical Services	S	S	S	S	S	S	S		S	S	S	S		S					S	S	S				S						
	Local Police		P		S	S	S	S		P		S	S		S	S						S	P	P		P						
	Idaho State Police		P	S	S	S				P					S	S						S	S	S		S						
	Local FBI Office		P		S	S	S			P		S										S				S						
Local 911 / Emergency Communications	S	S		S	S																S											

CDHD Role / Responsibility Table (cont.)

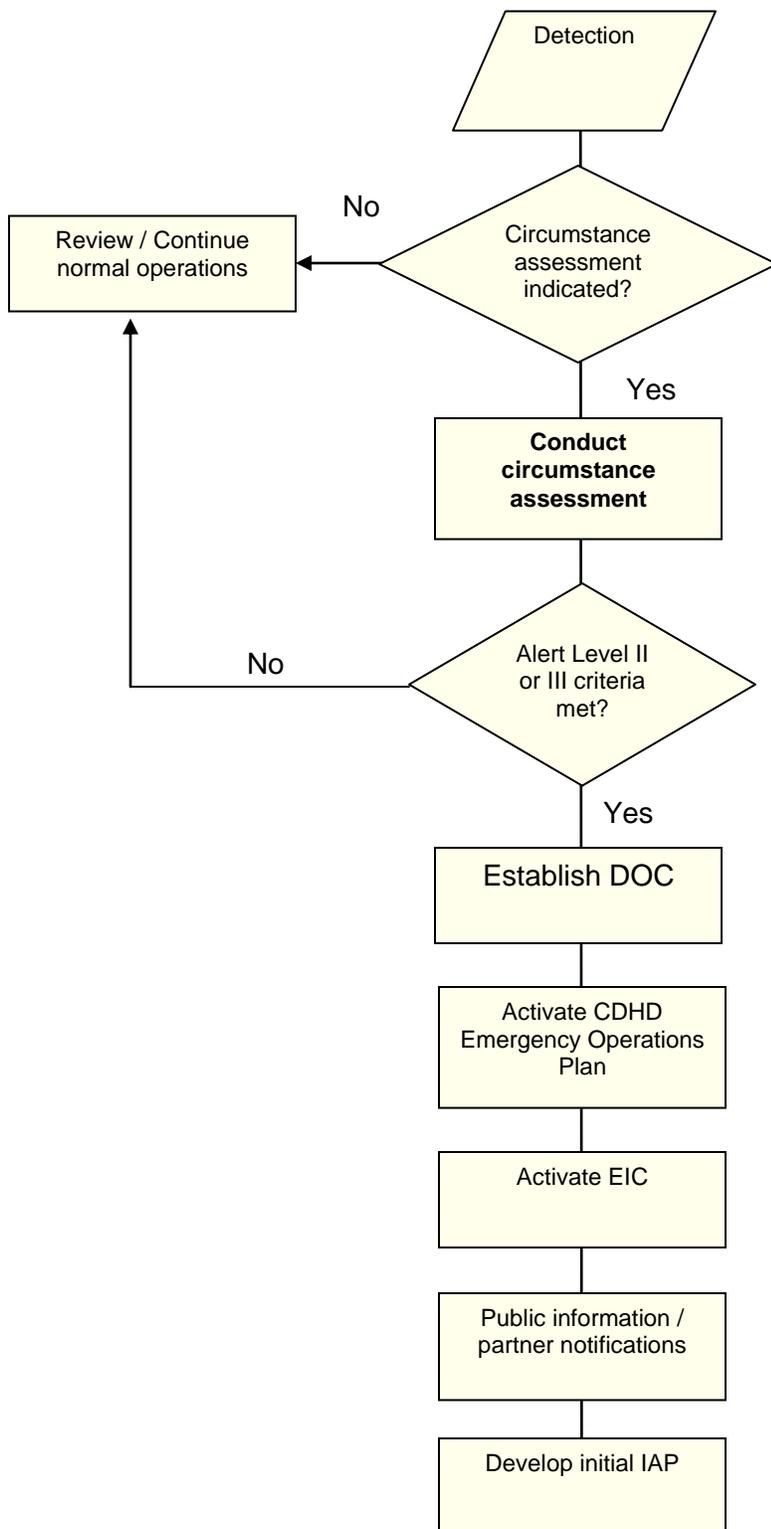
(P = Primary, S = Support)

Agency		Role / Responsibility																												
																											Detect			Command & Control
		Surveillance	Intelligence	Sampling / Testing	Activate Plan	Activate EOC	Activate JIS	Case Investigation	Test Samples	Evidence Management	Alerts & Advisories	Media Relations	Infrastructure	Medical Care	Mental Health	Quarantine / Isolation	Facility Restrictions	Fatality Management	Animal Control	Environmental	Therapeutic Agents	Vaccine & Prophylaxis	Evacuation	Crowd / Traffic	Sheltering	Security	Tracking / Monitoring	Ad-hoc (Just in Time) Training	Decontamination	Disposal
Other Agencies	Hospitals	P		S	S	S	S	S	S	S		S		P	S	S		S			P	S					S			
	Rocky Mountain Poison and Drug Center	S			S		S																							
	Local Mental Health Services / CISM Team				S									P							S									
	Veterinary and Animal Control	S		S														P												
	American Red Cross of Greater Idaho				S	S															S			P						
	County Coroners	S								S							P											S	S	
	Elected Officials				S	P						S	S		S	S	S				S									P
	Idaho Department of Environmental Quality			S																P								P	P	
	Public Works					S															S		S						S	
	Mountain Home AFB	P		S	S	S	S	S	S	S		S		P	S	S		S		P	S						S			

APPENDIX 7

EMERGENCY EVENTS SEQUENCE CHART

CDHD EMERGENCY EVENT SEQUENCE



Legend:

Response Level 2: can be managed by CDHD staff but could affect routine business operations

Response Level 3: requires support from all or most CDHD programs; routine business could be curtailed/suspended

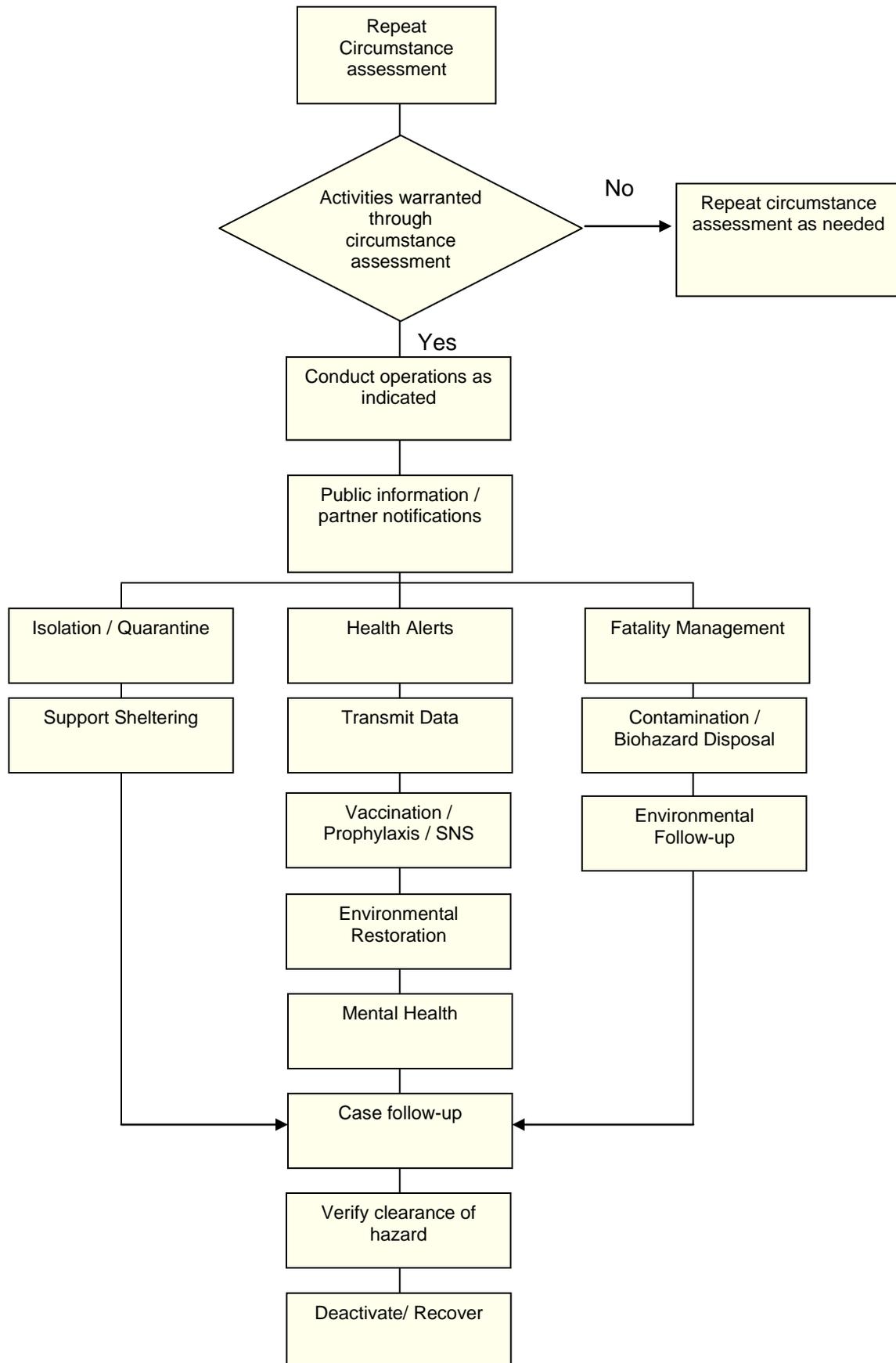
ICS: Incident Command System

DOC: Department Operations Center

EIC: Emergency Information Center

IAP: Incident Action Plan

SNS: Strategic National Stockpile



APPENDIX 8

CIRCUMSTANCE ASSESSMENT MATRIX

CIRCUMSTANCE	RESPONSE ACTIVITY											
	Emergency Investigation	Emergency Treatment	Emergency Prophylaxis or Vaccination	Emergency Restriction of Public Movement	Emergency Isolation or Quarantine	Emergency Environmental Control	Emergency Mental Health	Emergency Stockpile Request	Emergency MOU Activation	Emergency Public Information Activities	Emergency Health Alert	
Presumptive case of smallpox (local)	X	X	X		X				X	X	X	
1 case confirmed smallpox (local)	X	X	X	X	X		X	X	X	X	X	
1 case smallpox in U.S. (not local)	X	X	X				X		X	X	X	
Increases reports of Emergency Department visits in time period	X	X										
Cluster of brucellosis cases with no known risk factors	X	X	X							X	X	
Singular diagnosed or strongly suspected case of pneumonic tularemia	X	X	X			X				X	X	
Higher than expected number of presumptively diagnosed botulism cases with no known risk factors	X	X				X				X	X	
Occurrence of unusual epidemiologic features in a natural disease outbreak	X	X				X				X	X	
Increase in unexplained diseases or death	X	X									X	
Higher than expected Increase in diarrhea or vomiting	X	X									X	
Unusual age distribution in disease	X	X								X	X	
Unusual seasonality in disease outbreak	X	X								X	X	
Unusual disease presentation	X	X									X	
Sudden increase in atypical pneumonia	X	X								X	X	

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