Maine Center for Disease Control and Prevention

An Office of the Department of Health and Human Services

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

DHHS/Maine CDC All Hazards Emergency Operations Plan

June 2015

Maine CDC Public Health Emergency Preparedness

Approval and Implementation Document

State of Maine

Department of Health and Human Services

Maine Center for Disease Control and Prevention

All Hazards Emergency Operations Plan

This Plan is hereby approved for implementation.
This Plan supersedes any and all previous editions.

_____ ___6/3/15_____

Kenneth Albert, RN, Esq. Date
Director and COO
Maine Center for Disease Control and Prevention

DHHS/Maine CDC All Hazards Emergency Operations Plan
Record of Changes to Base Plan

Date of Revision	Recommended Change	Revision Number	Initials
6/11/15	Edits to the Base Plan received from Ken Albert Director Maine CDC; edits were primarily grammatical, punctuation, font or spelling out acronyms; substantive content changes include: several instances of clarification regarding the reporting relationship to the DHHS Commissioner on pp. 15, 18, 19, 20, 26, 58, 59; adding the new position of Chief Health Officer to the IRT p.14; noting that a listing of Maine CDC MOUs is also now available in the office of the Director of the Maine CDC.	1	JWC
6/11/15	Edits to the COOP received from Ken Albert, Director of Maine CDC; few basic editing issues; requested "Go Kit Checklist" as appendix (see page 6)(TBD); a recommended activation of the COOP by the IRT will be approved by the Director of the Maine CDC p.7; Division of Licensing and Regulatory Services added to the list of partners to be notified re: COOP activation and related continuity issues p. 9.	1	JWC

DHHS/Maine CDC All Hazards Emergency Operations Plan
Record of Distribution

To Whom: Person/Title/Agency	Method of Delivery	Date

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Section I Base Plan

Introduction

This plan describes the roles and responsibilities in responding to a public health emergency in Maine with a focus on the role of the Maine Center of Disease Control and Prevention (Maine CDC) in such an emergency. Further, this public health plan describes how key public health preparedness and response activities are coordinated with medical resources, healthcare services and other preparedness and response partners.

Purpose

The Maine CDC All Hazards Emergency Operations Plan establishes and describes the emergency response framework which will guide the Maine CDC as it activates to protect the health, safety and well-being of Maine residents in areas impacted by a natural or manmade health emergency or disaster. Functional Annexes describe how the basic emergency functions will be managed. Hazard Specific Annexes describe management functions that are unique to specific hazards.

Scope

The Plan describes how state public health assets and resources will be utilized to respond to statewide emergencies and disasters that cause severe illness, injury and/or fatalities sufficient to overwhelm local public health or healthcare capabilities. The Plan provides an overview of responsibilities and actions before, during and after emergencies of the Maine CDC and the office of Public Health Emergency Preparedness (PHEP) to protect and restore the health of residents of Maine, and is compatible with Federal and State emergency response plans.

The responsibility for public health preparedness, response and recovery resides with the Maine CDC. The Maine CDC public health preparedness planning is orchestrated by the office of Public Health Emergency Preparedness. The public health Functional Annexes, Hazard Specific Annexes and the Support Annexes are developed by the functional components of the Maine CDC, in collaboration with and input from external partners.

Roles and Responsibilities

1. The Maine CDC is the lead state agency responsible for preparing for and responding to public health emergencies resulting from natural disasters that impact the public's health, disease investigations and contact tracing for infectious disease outbreaks and laboratory testing of biological and chemical terrorism agents.

    A. <u>Public Health District Liaisons (includes Tribal Liaisons)</u>

    The District and Tribal Liaisons serve as the arm of the Maine CDC at the District and Tribal level. They participate in planning, response and recovery at the district

level, coordinating with the Regional Resources Centers (RRCs), county Emergency Management Agencies (EMA) and other local agencies. They facilitate communication between the state and local agencies.

B. Public Health Nursing

Public Health Nurses are responsible for helping to monitor the health status of residents in their regions, diagnosing and investigating health problems and health hazards, providing medical countermeasure dispensing at Strategic National Stockpile (SNS), Point of Dispensing (POD) sites.

C. Health and Environmental Testing Laboratory (HETL)

The Health and Environmental Testing Laboratory is responsible for rapidly identifying, tracking, and containing outbreaks through isolating, identifying, analyzing and monitoring any biological, chemical, or radiological hazards which are capable of causing harm.

D. Environmental Health

The Division of Environmental Health is responsible for ensuring the safety and security of public drinking water systems, responding to food-borne illnesses, ensuring the safety of radiological devices and materials, environmental toxicology response and monitoring occupational disease reporting.

E. Infectious Disease Epidemiology

The Infectious Disease Epidemiology Program is responsible for containing the spread of infectious diseases, conducting trace investigations and contact investigations, implementing non-pharmaceutical interventions such as isolation and quarantine and expert consultation to members of the public and health care practitioners.

F. Disaster Behavioral Health (DBH)

The Maine CDC Disaster Behavioral Health Response Team is responsible for providing direct mental and behavioral health support and services to victims and response personnel during and after a disaster or emergency. DBHRT also provides mental/behavioral health support to families impacted by a disaster or emergency through the activation of a Family Assistance Centers (FAC), which are managed jointly with the American Red Cross, Medical Examiners, religious leaders and others to help families during times of crisis.

2. Regional Resource Centers (RRCs)

Three Regional RRCs are responsible for coordinating and leading regional Health Care Coalitions (HCCs) in planning for, responding to and recovering from a regional healthcare disaster. The RRCs are the primary hub for facilitating regional HCC response and recovery operations as well as providing communications, medical surge support, coordinating regional medical equipment and supplies, providing healthcare situational awareness and information to the Maine CDC during a disaster or emergency.

3. Portland and Bangor City Health Departments

   The two city health departments are responsible for providing direct client services during an emergency.

4. County Emergency Management Agencies (CEMAs)

   Local emergency management activities are coordinated regionally by Emergency Management Agencies (EMAs) in each of our 16 Counties. County Directors provide support to 500 cities and towns in Maine as well as leadership in preparedness, response, recovery and mitigation to their local, business and volunteer partners.

5. Maine Emergency Management Agency (MEMA)

   MEMA is responsible for coordinating the mitigation (risk reduction) preparedness, response and recovery from emergencies and disasters such as floods, hurricanes, earthquakes or hazardous materials spills. MEMA also provides guidance and assistance to county and local governments, businesses and nonprofit organizations in their efforts to provide protection to citizen and property, and increase resiliency in the face of disaster. The Agency uses strategies such as planning, training, exercise and public education to carry out its mission.

6. Office of the Chief Medical Examiner (OCME)

   The Office of Chief Medical Examiner (OCME) is responsible for the investigation of sudden, unexpected and violent deaths resulting from mass fatality incidents and for implementing the state's mass fatality plan in accordance with Title 22, Chapter 711, MEDICAL EXAMINER ACT.

7. Maine Chapter of the American Red Cross (ARC)

   The ARC State Relations Disaster Liaison is responsible for the activation and management of all emergency disaster shelters within the state as well as mass care operations.

8. Hospitals

   Hospitals are responsible for providing definitive care to individuals resulting from a disaster or other medical emergency. Hospital emergency operation activities include

preparing for medical surge incidents as well as activating and staffing alternative care sites.

9. Federally Qualified Health Centers (FQHC)

   Local FQHCs provide outpatient medical surge support to regional healthcare facilities during disaster or emergencies.

10. Northern New England Poison Control Center (NNEPCC)

    The NNEPCC provides Maine CDC's after-hours-on-call service, which is a free 24-hour poison emergency and information help line that serves the general public and health care professionals. It is also responsible for helping to manage the state's Chempack Program and the Pharm Cache Program.

11. Maine Department of Transportation (MDOT)

    Maine DOT is responsible for providing transportation logistics for the Maine CDC Strategic National Stockpile program as well as other Maine CDC managed medical surge and mass care equipment and supply caches.

12. Department of Agriculture, Conservation and Forestry

    The Maine Department of Agriculture is responsible for information and management of animal disease outbreak and response affecting public health and safety.

13. Department of Education (DOE)

    The Maine Department of Education is responsible for working with Maine CDC to report school absenteeism rates as they relate to infectious diseases. DOE may also coordinate the administration of vaccines through the use of a school-located vaccine clinic model.

14. Office of Information Technology (OIT)

    The Maine Office of Information Technology is responsible for ensuring that state-managed disease surveillance systems are fully functional during a disaster or emergency; ensuring the security of Maine CDCs IT systems; maintaining helpdesk services for all networked devices and mitigating any potential loss of connectivity in the Public Health EOC.

15. Maine Army National Guard (MEANG)

    The Maine Army National Guard is responsible for coordinating security and transportation of SNS assets throughout the state as well as logistical support via the 11th

Civil Support Team (CST), medical caches, communications and Department of Defense (DOD) Mortuary Affairs assistance.

16. Maine State Police (MSP)

    The Maine State Police is responsible for providing security and transportation of SNS assets from the Maine border to designated RSS sites and/or POD sites throughout Maine.

17. Maine Emergency Medical Services (MEMS)

    Maine EMS is responsible for providing rules, data collection, and treatment protocols for the 273 transporting and non-transporting EMS agencies and the roughly 5,500 pre-hospital care providers. MEMS works closely with Maine CDC on pre-hospital treatment and transport, medical surge, and mass fatality response operations.

18. Maine Funeral Home Directors (MFHD)

    Funeral home directors are responsible for assisting the Chief Medical Examiner with fatality management operations.

19. Maine Intelligence and Analysis Center (MIAC)

    The MIAC is responsible for providing access to medical intelligence to Maine CDC personnel with approved DHS security clearances as well as non-classified information that will help protect the health and safety of Maine residents.

20. 211 Maine

    211 Maine is responsible for managing a public call center on behalf of Maine CDC whenever the number of calls exceeds Maine CDCs call center capabilities.

Situation Overview

Maine is a large rural state, almost as large as the other 5 New England States combined. Maine has a population of 1.27 million residents and a limited sub-state public health infrastructure. Within Maine's large geographic area and relatively low population are Maine's 39 hospitals (3 are trauma centers), and a broad array of healthcare providers including 151 FQHCs, other health centers and private practitioners. Emergency Medical Services (EMS) is regulated by the Maine Bureau of Emergency Medical Services (Maine EMS) which provides rules, data collection, and treatment protocols for the 273 transporting and non-transporting EMS agencies and the roughly 5,500 pre-hospital care providers.

Each and every day public health is responsible for preserving and protecting the health of Maine's population. Emergencies require public health to provide short and long-term health interventions (including providing emergency medical care and surveillance activities to halt the

spread of disease) along with the capacity to maintain essential public health services. Maine will continue to experience emergencies and Maine's public health system will continue to respond as needed.

In order to protect the health and well-being of the residents of the state of Maine, it is imperative to identify the potential hazards that pose the greatest risk to the health and well-being of Maine residents and to assess the current level of mitigation and preparedness for responding to and recovering from those hazards should they occur. Disasters may include direct and indirect impacts; for example a hurricane could cause flooding, contaminated food and water, and power outages. Indirect impacts are also referred to as secondary effects. The Hazards Vulnerability Analysis (HVA) is the method by which these potential hazards are identified. The hazards identified in the HVA as posing the current greatest risk to the health and well-being of the public will inform Maine CDC planning, mitigation, response and recovery activities.

The Maine CDC completed a statewide Public Health Hazards Vulnerability Analysis on May 2, 2012. Forty eight SMEs and stakeholders participated in the HVA. The participants included the Maine CDC and their planning partners including public health, EMA, and other state and local government and non-governmental agencies. The instrument used for the HVA was a modification of the Kaiser Permanente Hospital Hazards Vulnerability Assessment tool. The instrument was modified by Maine CDC Public Health Emergency Preparedness (PHEP) staff making it applicable to public health. The instrument categorizes the hazards into 4 basic categories: natural occurring events, technological events, human related events, and events involving hazardous materials.

The Definition of Risk is operationalized in the instrument as follows:

Relative Threat = Probability of the event x Severity of the event

Severity = Magnitude – Mitigation

The HVA scores do not measure how well prepared Maine is for each type of event, only the need for such preparation based on the likely probability, the expected severity of the event accounting for the projected magnitude, and the current level of mitigation.

The following results reflect the outcome of the PH HVA.

Natural Occurring Events

1.	Tornado	78%
2.	Flood	50%
3.	Earthquake	50%
4.	Pandemic	48%
5.	Hurricane	44%
6.	Drought	44%
7.	Extreme Heat	41%
8.	Severe Thunderstorm	39%
9.	Heavy Snow Storm	39%
10.	Ice Storm	33%
11.	Blizzard	26%
12.	Landslide	19%
13.	Tsunami	17%
14.	Wildfire	17%
15.	Dam Inundation	Not scored

Technological Events

1.	Cyber Attack	83%
2.	Medical Supply Disruption/Shortage	78%
3.	Major Communications Disruption	72%
4.	Information Systems Failure	56%
5.	Major Infrastructure Damage	44%
6.	Food Contamination	30%
7.	Major Power Outage	26%
8.	Fuel Shortage	20%
9.	Major Transportation Disruption	15%
10	Water Supply Contamination	13%

Human Related Events

1.	Mass Casualty Incident	67%
2.	Large Public Events	44%
3.	Mass Fatality Situation	30%
4.	Significant Bombing/Explosion	28%
5.	Significant Civil Disturbance	15%

Events Involving Hazardous Materials

1.	Major Hazmat Incident	56%
2.	Nuclear Detonation	33%
3.	Major Chemical Exposure/Terrorism	26%
4.	Biological Terrorism	26%
5.	Major Radiological Exposure/Terrorism	22%

The results of the HVA form the basis for, and will guide the development of the All Hazards EOP and will further guide future preparedness planning activities with specific focus on the hazardous events of 40% or above to which the residents of Maine are thought to be most vulnerable.

Public Health Emergency Preparedness (PHEP) Capabilities Assessment 2012

The 15 Public Health Emergency Preparedness Capabilities to which all public health departments are striving to be fully capable include the following:

Capability 1	Community Preparedness
Capability 2	Community Recovery
Capability 3	Emergency Operations Coordination
Capability 4	Emergency Public Information and Warning
Capability 5	Fatality Management
Capability 6	Information Sharing
Capability 7	Mass Care
Capability 8	Medical Countermeasure Dispensing
Capability 9	Medical Material Management and Distribution
Capability 10	Medical Surge
Capability 11	Non-Pharmaceutical Interventions
Capability 12	Public Health Laboratory Testing
Capability 13	Public Health Surveillance and Epidemiological Investigation
Capability 14	Responder Safety and Health
Capability 15	Volunteer Management

Maine CDC assesses its current status relative to the Public Health Emergency Preparedness Capabilities as reflected in the following table. The five levels of function are:

Full ability
Significant ability
Some ability
Limited ability
No ability

Public Health Emergency Preparedness Capabilities		Current Status
Capability 1	Community Preparedness	Significant ability
Capability 2	Community Recovery	Significant ability
Capability 3	Emergency Operations Coordination	Significant ability
Capability 4	Emergency Public Information and Warning	Full ability
Capability 5	Fatality Management	Some ability
Capability 6	Information Sharing	Significant ability
Capability 7	Mass Care	Some ability
Capability 8	Medical Countermeasures Dispensing	Significant ability
Capability 9	Medical Materiel Management/Distribution	Significant ability
Capability 10	Medical Surge	Some ability
Capability 11	Non-pharmaceutical Interventions	Significant ability
Capability 12	Public health Laboratory Testing	Significant ability
Capability 13	PH Surveillance and Epidemiologic Investigation	Significant ability
Capability 14	Responder Safety and Health	Significant ability
Capability 15	Volunteer Management	Significant ability

The Public Health Emergency Preparedness, Capabilities Planning Guide (CPG) includes a statement regarding the functional challenges or barriers that currently inhibit the realization of full ability to perform the Capabilities. See below:

Current Functional Challenges / Barriers

Rank Order	Challenges / Barriers	Frequency Distribution
1	Lack of plans / incomplete plans	27
2	Other – please explain; various	17
3	Corrective actions and/or exercising is required	13
4	Lack of supporting infrastructure	11
5	Lack of trained personnel	10
5	Legal barriers	10
6	Lack of personnel due to funding issues	8
6	Administrative barriers	8
7	Lack of equipment	7
8	Lack of personnel due to hiring issues	3
8	Lower priority function	3
9	Issues with procurement / contracting process	2
9	Lack of subject matter experts	2
10	Lack of IT Systems	0

Each of the Public Health Emergency Preparedness Capabilities will be addressed in the Functional, Hazard Specific, or Support Annexes of this Base Plan.

Mitigation Overview

Mitigation activities eliminate hazards and/or reduce the effects of hazards that do occur.

Following any actual emergency, disaster, or exercise, Maine CDC will prepare an After Action Report (AAR) documenting the details of the event or exercise, noting actions taken, resources expended, economic and human impact, and the lessons learned as a result of the disaster, specifically what went well, and areas in need of improvement. Information and feedback will be drawn from both within the Maine CDC as well as from preparedness and response partners.

As an outgrowth of the AAR, an Incident Improvement Plan will be created identifying the corrective actions to be undertaken to mitigate the impact should the hazard reoccur in the future. Emergency Preparedness, Response and Recovery Plans will be updated accordingly. Maine CDC staff and emergency preparedness and response partners will receive information regarding changes in the Plan. Training exercises will be planned and implemented with stakeholders to test the soundness of selected updated components of the updated Plan.

Planning Assumptions

Maine CDC will use the National Incident Management System (NIMS) as a basis for supporting, responding to, and managing Plan activities.

Emergencies and disasters affecting the public health will be managed at the lowest possible geographic, organizational, and jurisdictional level using the Incident Management System, and will be conducted at the lowest activation level to effectively and efficiently handle the situation.

Emergencies and disaster events may:

- Require significant communications and information sharing across jurisdictions and between the public and private sectors, as well as media management.
- Involve single or multiple geographic areas.
- Involve multiple varied hazards or threats on a local, regional, state, or national level.
- Involve widespread illness, casualties, fatalities, disruption of life sustaining systems, damage to essential health services and critical infrastructure and other impacts to the environment which will have an impact on statewide economic, physical and social infrastructures.
- Disrupt sanitation services and facilities, result in loss of power and require massing of people in shelters which can increase the potential for disease and injury.
- Produce urgent needs for mental health crisis counseling for victims and emergency responders.
- Overwhelm the capacity and capabilities of local and tribal governments or state agencies.
- Require short-notice asset coordination and response timelines.
- Require collaboration with non-traditional health partners.
- Require deployment of medical and lay volunteers.
- Require prolonged, sustained incident management operations and support activities.

- Require response operations for an extended period of time as the emergency or disaster situation dictates.

This Plan reflects the additional assumptions and considerations below:

- The highest priorities of any incident management system are always life/safety for staff, responders, and the public health and safety of the public.
- Maine CDC may need to reassign staff and resources to support time critical and priority public health services during an emergency. Staff will not be reassigned without appropriate training (including safety training).
- Maine CDC has planned, prepared for, and will respond to emergencies regionally using the nine public health districts in the state.
- Maine CDC District Liaisons will work with local responders, communicating the local health needs to the state, and providing coordination between the state and local response and recovery teams.
- Medical standards of care may be adjusted in a major incident or catastrophe where there are scarce resources, such as an influenza pandemic.
- Maine CDC may make recommendations regarding targeting and / or prioritizing populations for receiving prophylaxis, and will look to the federal government for guidance on such matters.
- Maine CDC will support and work in partnership with local, tribal, state, and federal response and recovery efforts.
- Maine CDC staff may be assigned to assist local government under the direction of a local incident management system, or may be assigned to various roles or tasks within a regional, state or federal level incident management system.
- If the resource requirements of a given emergency or disaster exceeds State capabilities, the Maine CDC will request federal assistance e.g., Disaster Mortuary Operations Response Team (DMORT), Disaster Medical Assistance Team (DMAT), federal medical station, SNS assets.

Not all emergencies or disasters will require full activation of this Plan. The degree of involvement of Maine CDC in a given emergency or disaster event will depend largely upon the impact on the public's health, the department's services or the applicability of Maine CDC authorities or its jurisdictions. The Plan is intended to be flexible to adapt and conform to the circumstances of a particular situation. Other factors that may also affect the degree of Maine CDC involvement include:

- Requests for assistance.
- The type or location of the incident or event.
- The severity and magnitude of the incident or event.
- The need to protect the public's health, as well as department staff and assets.

Achieving and maintaining effective individual and community preparedness reduces the immediate demands on the department. This level of preparedness requires regular public awareness and education.

Vulnerable Populations Access and Demographics

The Maine CDC emergency preparedness planning includes particular attention to ensuring the health, security and well-being of vulnerable populations in Maine.

NACCHO defines vulnerable populations as "a range of residents who may not be able to comfortably or safely access and use the standard resources offered in disaster preparedness, relief and recovery. They may include people with sensory impairment (blind, deaf, hard of hearing); cognitive disorders; mobility limitations; or limited English comprehension or non-English speaking. Other Groups may include, but are not limited to, the elderly; people who are geographically or culturally isolated; medically or chemically dependent; or homeless. These populations may require specific planning to address their specific situation." (NACCHO, 2010)

The Maine CDC will continue to work to assure that appropriate planning for and protection of vulnerable populations during a public health and medical emergency. Reasonable effort will be made to identify groups of persons with special needs related to the type of emergency and to effectively address those needs.

Maine CDC has devoted significant attention, in collaboration with stakeholders and community partners, in the development of a process and infrastructure to increase the likelihood that vulnerable populations receive pre-disaster, and disaster response and recovery messages to allow them to take actions to protect the health and safety of themselves and their family. Maine CDC and MEMA will collaborate and coordinate to prepare timely, accurate, clear, concise, consistent, and low literacy public health and emergency management messages. Public messages will be developed proactively pre-disaster for predictable events. Translations will be obtained proactively in selected languages for those messages developed proactively, pre-disaster for predictable events. When indicated, Maine CDC will push the bundled messages out via the Health Alert Network (HAN) to organizations, social service agencies and community partners who will employ their own established, population appropriate methods of communication to distribute the messages to their population served in a timely fashion. (See Vulnerable Populations Communications Plan Annex)

Maine CDC has significantly increased its ability to support the vulnerable with functional needs who arrive at regional shelters by increasing its cache of durable medical equipment and supplies. The deployment of these durable medical goods will be upon the request of MEMA and the ARC who establish and maintain the regional shelters. (See Mass Care Annex.)

Vulnerable populations are best identified and cared for at the local level with state level support. Maine CDC will work with the two Public Health Departments (Portland and Bangor), the nine public health District Liaisons and two tribal liaisons in collaboration with their local partners to attempt to identify vulnerable populations in their local jurisdiction and to work collaboratively to proactively develop plans for ensuring the health, safety and well-being of the most vulnerable in the event of an emergency or disaster. Appropriate partnerships and agreements will be established as part of this planning and preparedness work.

Concept of Operations

Management of State Public Health Emergency Response

At the State level, authority and responsibility for management of state public health emergencies resides with the Maine CDC. Management of the emergency management components of a disaster resides with the Maine Emergency Management Agency (MEMA). The Maine CDC and MEMA collaborate and coordinate their response and recovery activities as indicated by the emergent situation.

The Maine CDC, in the Department of Health and Human Services, serves as the executive body for enforcing laws that protect the health of the people of Maine. As the State's Public Health Agency, the Maine CDC addresses health concerns on a broad population basis and works in partnership with agencies and organizations at all levels to achieve public health goals.

Maine CDC will activate the assets of the Maine CDC, with PHEP leadership as well as other components of the local, regional and state public health infrastructure as required in response to an incident in cooperation and collaboration with other local, regional and state, public and private stakeholders.

Public Health Emergency Operations Center (PHEOC)

The PHEOC is the State public health coordination center for public health emergency situations, which require the utilization and commitment of State assets and/or services. This is the central point where decision-makers and response activity representatives are co-located in order to effectively respond to emergencies. This close coordination assures an effective response in a timely manner with minimal duplication of effort.

Phases of Emergency Management

1. Response: During the response phase of a public health emergency, Maine CDC will be responsible for ensuring the following activities/functions are carried out:

    - Activate the PHEOC, as necessary, to support emergency situations.
    - Activate all necessary PHEOC personnel.
    - Implement PHEOC procedures as required.
    - Coordinate all public health response operations through the PHEOC.
    - Provide food, essential supplies and equipment to support the PHEOC staff.

2. Recovery/Mitigation: During the Recovery and post event Mitigation phases, Maine CDC staff will ensure the following activities/functions are carried out:

    - Demobilize PHEOC operations as dictated by the situation.
    - Release unnecessary personnel.
    - Begin long and short term recovery activities.

- Coordinate with local, other state and federal partners to expedite the recovery process.
- Conduct a debriefing, complete an After Action Report.
- Develop and implement an Improvement Plan.

Activation and Initial Response

1. After Hours on Call

Maine CDC has an After Hours on Call (AHOC) system. The AHOC's purpose is to institute an on-call system that makes key Maine CDC staff available to respond to potential or actual public health emergencies, 24 hours a day, 7 days a week. The 24/7 disease reporting Hotline is: **1-800-821-5821**. This system of response enhances our ability to reduce morbidity and mortality, caused naturally or intentionally, any time, and under any circumstances. Moreover, it provides the residents of Maine with confidence that State Government is responsive to their emergent public health needs.

The AHOC system includes three main components: the Northern New England Poison Center (NNEPC), a technical or Subject Matter Expert (SME) On-Call staff, and an Administrator on Call (AOC) staff. The NNEPC will receive and triage after-hours calls, and if needed, forward them to an appropriate SME from within the Maine CDC. SMEs will address the bulk of the calls and will contact the AOC only when the nature or gravity of the incident requires higher authority or enhanced technical expertise. The AOC staff member will contact the Initial Response Team (IRT) if it is determined that a potentially serious situation is developing or has happened, and there is need for either further assessment and monitoring or the PHEOC needs to be activated.

2. Maine CDC Initial Response Team

The Maine CDC IRT is comprised of a core group of key decision makers. The IRT members are:

1. Maine CDC, Director
2. Maine CDC, Deputy Director
3. State Epidemiologist
4. Director, Division of Public Health Systems
5. Director, Division of Infectious Disease
6. Director, Division of Environmental Health
7. Director, Public Health Emergency Preparedness
8. Director, Division of Local Public Health
9. Director, Division of Population Health
10. Director, Office of Health Equity
11. Chief Health Officer

3. Initial Response Team Triggers for Activation

The Maine CDC Administrator on Call will activate the IRT when one or more of the following triggers are reported using the disease reporting line during normal business hours via the After Hours on Call SOP:

- Single case of a disease caused by a Category A agent(s) (i.e. anthrax, tularemia, smallpox, botulism, viral hemorrhagic fevers, or plague)
- Any specimen(s) or sample(s) (clinical or environmental) submitted to public health for analysis that tests positive for a potential bioterrorism-related organism
- Large number of cases with unusual clusters of disease and patients with similar symptoms, diseases, or deaths
- Novel virus strains that could spread through Human-to-Human Transmission
- Healthcare surge capacity exceeds the healthcare systems ability to provide medical care
- Inability of the healthcare system to obtain supplies or equipment for durations longer than 96 hours
- Resource requests that cannot be managed by a single division or program
- Resource requests that requires a department-wide response
- Resource requests for public health or medical resources from federal response agencies
- EMAC resource requests either to or from a neighboring state health department

4. Initial Response Team Activation Functions

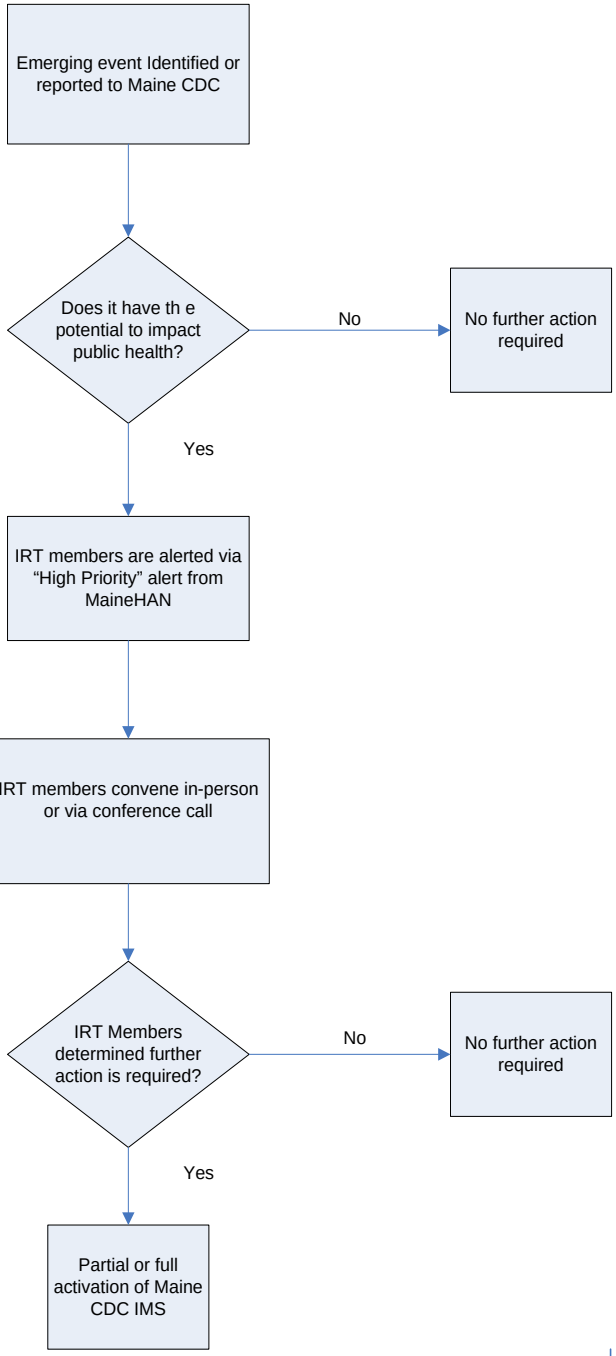
The IRT will convene in-person or virtually via conference call by dialing 1-877-455-0244 and entering the participant passcode 6681820529 whenever any of the above triggers are reported to Maine CDC via the Disease Reporting Line. Upon convening, the IRT will:

- Assess the nature of the incident or emergency (CBRNE, Natural Hazard, Infectious Disease, Environmental Health, etc.)
- Assess the location(s) of the incident or emergency
- Assess the size, scope, and severity of the incident or emergency
- Determine what types of resources, services, and personnel will be required to implement a public health emergency response
- Determine which public health ICS staff assignments will be activated
- Determine how and when various components of the Public Health Emergency Risk Communication Plan will be utilized
- Determine which response plans will be utilized in the response efforts
- Determine whether to partially activate or fully activate the Maine CDC Public Health Emergency Operations Center (PHEOC)
- Determine whether to partially activate or fully activate the Maine CDC Emergency Phone Bank
- Brief the Commissioner for Maine DHHS

5. The Maine CDC IRT, Notification and Assembly Protocol is included below:

Maine CDC Initial Response Team Notification & Assembly Protocol

Wednesday, November 27, 2013



6. Public Health Emergency Operation Center Activation

The Maine CDC utilizes three Levels of Activation for the Public Health Emergency Operations Center (PHEOC). The Level of Activation is scalable and dependent on the size, scope, and severity of the potential or actual threat (Note: although there is continual day-to-day monitoring, the PHEOC is not considered activated) unless an actual or potential threat triggers a full or partial activation. The purpose of activating the PHEOC is to centralize the flow of information, conduct situational assessments, develop response and recovery objectives and support response and recovery resource requests.

Maine CDC PHEOC Activation Levels are:

Level 3: Monitoring & Assessment	This level is a monitoring and assessment phase where a specific threat, unusual event, or developing situation is actively monitored. Notification will be made to those who will need to take action as part of their everyday responsibilities. The PHEOC is staffed only during regular working hours.
Level 2: Partial Activation	Partial activation is typically limited agency activation. Command Staff and Section Chiefs with a role in the incident response are activated and required to report to the PHEOC, which is located in room 16 on the 1st floor of the Maine CDC.
Level 1: Full Activation	All pre-identified PHEOC staff (Command, Section Chiefs, Unit Leaders) will be notified via the Maine HAN to physically report to the PHEOC within two hours of the initial notification.

At Level 3 the Monitoring and Assessment phase, the Maine CDC IRT comprised of a small group representing Maine CDC Administration and the Office of Public Health Emergency Preparedness meet to assess the current situation and determine if further action is required including escalating to Level 2 or Level 1.

7. Regional Resource Centers (RRC)

The three Regional Resource Centers (Southern, Central and Northern) are a key component in the PH response and recovery infrastructure. The RRCs oversee and facilitate the work of the regional Health Care Coalitions (HCC) whose members include but are not limited to hospitals, long term care facilities, FQHCs, dialysis centers, and other health care facilities. The RRC is the central hub and the lead for the work of the HCC ensuring a cooperative, coordinated regional healthcare response to a regional public health disaster.

In a disaster the RRC will serve the central communications and coordination center for emergency regional medical needs.

The RRCs serve as the regional health care communications centers. Information will flow from the state PHEOC to the RRC for distribution to the HCC members. Likewise, the HCC members will provide, upon request, crucial front line information by way of the RRCs up to the state PHEOC for a situational snapshot e.g., bed availability. The

RRCs keep both the HCC partners and the Maine CDC fully informed of any potential or actual emergency situation.

The RRCs will coordinate regional medical resources. As the RRC receives requests for assistance from a local health care facility in distress, the RRCs will attempt to locate local resources among the HCC to meet those needs based on a Mutual Aid Agreement (MOA) between the HCC members. If the request cannot be met locally, the RRCs will reach out to the state PHEOC for assistance. The PHEOC will then mobilize its resources to support the regional need. If the PHEOC cannot meet the request, it may turn to a neighboring state (under an Emergency Management Assistance Compact or EMAC) or to federal emergency response partners for assistance.

8. District Liaisons (DLs)

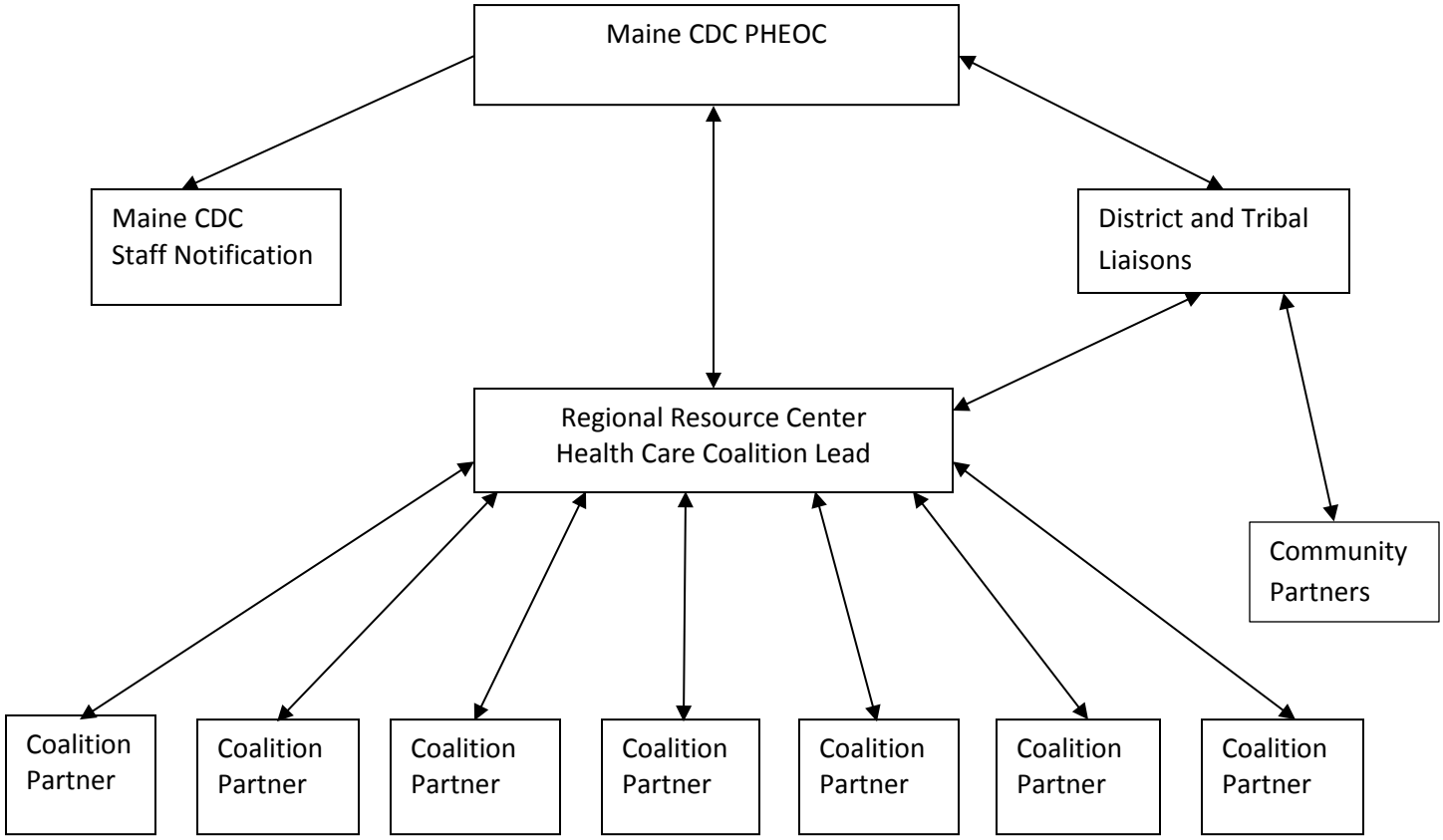
The eight District Liaisons and the two Tribal Liaisons provide a local extension of the Maine CDC to the eight Public Health Districts and the Tribal Nations. Their role in a disaster will vary depending on the disaster and the immediate needs in the region. They will maintain close communication with the PHEOC for receiving situational information from the state and for providing situational information from the field back to the state. The DLs coordinate with the state PHEOC, the RRCs, the county EMAs in their district, local Public Health if there is a Local Public Health Department in their District, LHOs, and other local community partners. The DLs may assist in:

- The PHEOC, as requested
- The RRC, to assist RRC staff with communications and management of regional medical resources
- The county EMA EOC
- A regional shelter
- An open POD (a POD that is open to the public)
- An Alternative Care Site
- Public health messaging, and in obtaining urgent translations for local populations
- Providing technical assistance to the Local Health Officers (LHOs)

9. Staff Notification

In the event of a disaster, the Maine CDC Director will authorize the notification of the DHHS Commissioner and all Maine CDC staff via email and phone to share situational awareness and instructions.

Maine CDC Communications Network



9. Demobilization

In any type of incident, there will come a point when the worst impact has been encountered and consideration should turn to demobilization. The time frame for this activity may vary by situation, but planning for demobilization should actually begin from the outset of the response. In the PHEOC, the Planning Section, in particular the Demobilization Unit Leader, is tasked with developing preliminary plans for when and how demobilization is to occur. The ultimate decision as to when to move from response mode to demobilization will be made by the Incident Commander in consultation with Maine DHHS Commissioner.

The criteria to implement demobilization will vary incident by incident, but fundamental considerations will be:

- The request for disaster support is declining to a manageable level using normal personnel and resources
- There is no secondary rise in demand for disaster support expected
- Other responders are beginning their demobilization process
- Other critical community infrastructure are returning to normal operations

The Incident Commander will not only consult with Command Staff, Section Chiefs, and the DHHS Commissioner but also with external decision-makers, such as other state responding agencies and the State EOC, before making a final decision to demobilize.

Depending on the situation, not all components of the Maine CDC may be able to begin demobilization at the same time. Thus, planning will need to address not only when the demobilization process is to begin but also how it will be implemented.

When the demobilization decision has been made, it will be communicated in a timely and effective manner to the Maine CDC staff and appropriate external agencies/ partners as well (RRCs, DLs, EMS, EMA, et al.) by the Liaison Officer.

The Public Information Officer (PIO), together with the Incident Commander, will determine the need to share information with the general public, particularly in situations where Maine CDC services have been curtailed and will now be resumed.

Demobilization plans are prepared to recover and/or relocate excess supplies, equipment and personnel and/or volunteers throughout an event as needed. Following an event, all supplies, equipment will be properly accounted for, recovered and/or reconstituted, and returned in preparation for a subsequent event or incident. When personnel are no longer needed, the Demobilization Unit Leader will ensure all staff are accounted for and checked off the log, and have adequate travel arrangements to return home.

Organization and Assignment of Responsibilities

National Incident Management System (NIMS) & Incident Command System (ICS)

Through Homeland Security Presidential Directive 5, states must be compliant with the National Incident Management System (NIMS) and the Incident Command System (ICS) when preparing for and responding to domestic incidents.

> "The National Incident Management System provides a consistent nationwide template to establish Federal, State, tribal and local governments and private sector and nongovernmental organizations to work together effectively and efficiently to prepare for, prevent, respond to and recover from domestic incidents, regardless of cause, size or complexity, including acts of catastrophic terrorism. NIMS benefits include a unified approach to incident management; standard command and management structures; and emphasis on preparedness, mutual aid and resource management."[1]

Maine CDC operates under the NIMS/ICS framework which facilitates multidisciplinary and intergovernmental incident management by establishing common processes, terminology, uniform personnel qualifications, and the equipment and communications standards necessary

[1] http://www.fema.gov/emergency/nims/nims_faq.shtm

for interoperability and compatibility. The Incident Command System is put forth by NIMS as the model for organizing and managing emergency personnel and resources during incident response. ICS utilizes a defined chain of command, a common language, common management sections, common functional response roles, and management by objectives. ICS provides the framework to create agency emergency plans and can be used regardless of the size of the incident.

Incident Command Staff Roles

The following is a brief explanation of the roles and general responsibilities of specific Maine CDC PHEOC Command and general staffing assignments. Job Action Sheets (JAS) have been developed for each PHEOC position. JASs contain succinct descriptions of the duties of each member of the response team. JASs describe clearly the primary responsibilities of the position, the chain of command and reporting authority. The Maine CDC PHEOC JASs are available in the Appendix of this Plan.

1. Incident Commander: Organize and direct the Maine CDCs Public Health Emergency Operation Center (PHEOC). Give overall direction for emergency and operation.

2. Liaison Officer: Coordinate with representatives from cooperating and assisting agencies

3. Public Information Officer: PIO will interface with press to deliver messages to the public and provide concise and pertinent (coordinated) information to the media; will act as information link between Command/Ops/Planning and Communications Team. If the Incident Commander or Director chooses to be the spokesperson, the PIO's responsibility is to ensure that the IC has all pertinent information while interacting with the news media. The PIO may establish a Joint Information Center (JIC), a central location to co-locate other partner agency Public Information Officers in order to coordinate the preparation and distribution of consistent information to the public in an emergency to avoid conflicting or contradictory messaging.

4. Safety Officer: Develop and recommend measures for assuring Maine CDC personnel safety (including psychological and physical), and to assess and/or anticipate hazardous and unsafe situations.

5. Operations Section Chief: Activate and coordinate any units that may be required to achieve the goals of the Incident Action Plan (IAP). Direct the preparation of specific unit operational plans and request, identify and dispatch resources as necessary.

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

7. Planning Section Chief: Identify and establish data elements and data sources. Implement data collection and analysis procedures so that trends and forecasts can be identified related to the incident. Organize and direct all aspects of Planning Section operations.

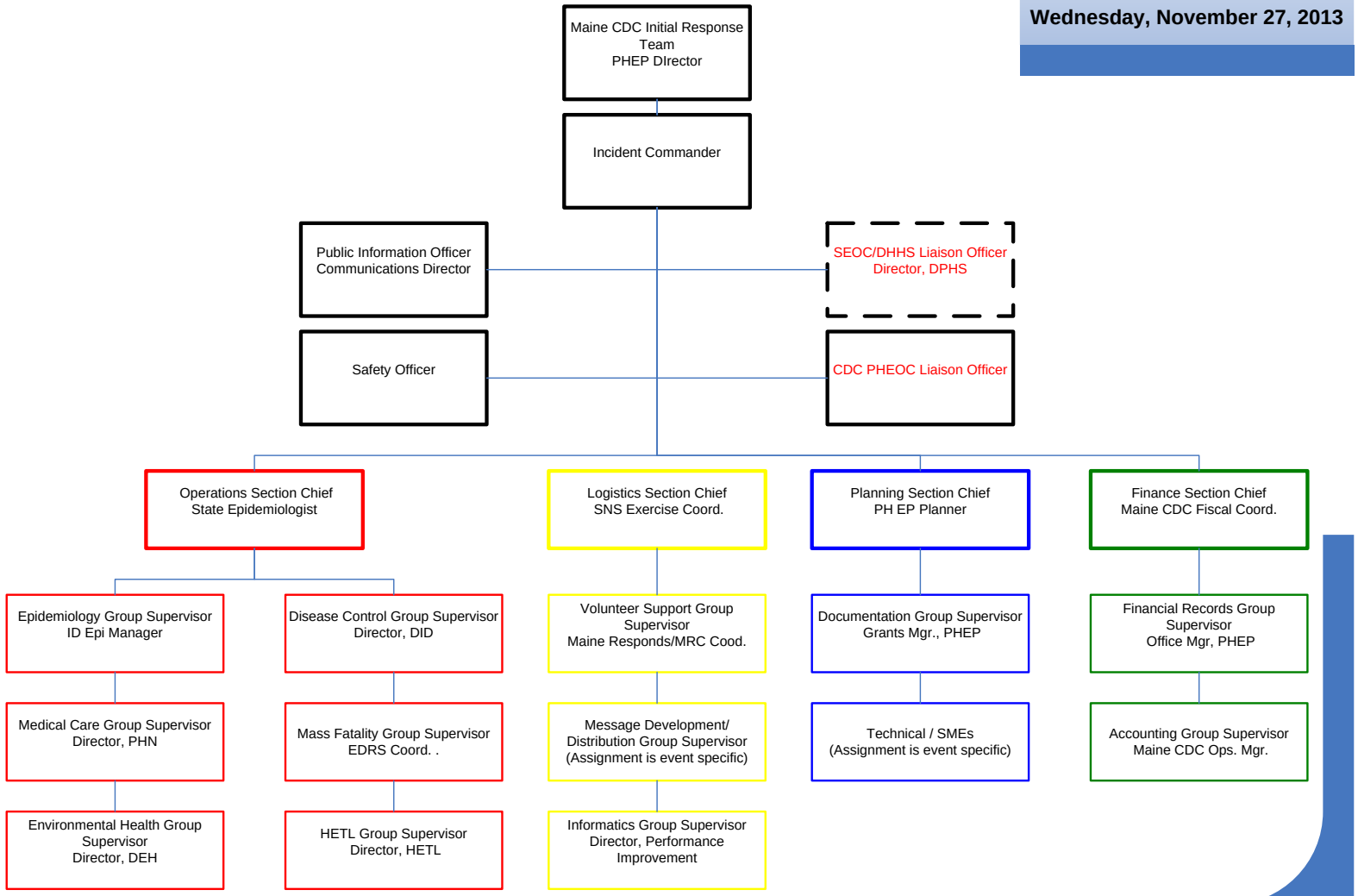
Ensure the distribution of critical information/data. Compile scenario/resource projections from all section chiefs and perform long-range planning. Document and distribute IAP and measure/evaluate progress.

8. Finance/Administration Section Chief: Monitor the utilization of financial assets and human resources. Ensure the documentation of expenditures relevant to the emergency incident. Authorize expenditures to carry out the IAP and ensure appropriate documentation.

The following is the PHEOC organizational structure.

Maine CDC All-Hazards Incident Command Structure

Wednesday, November 27, 2013



Roster

The PHEOC will be staffed by the Division Directors, the PHEP staff and others as designated or as available. All staff that may potentially function in the PHEOC have received a baseline of NIMS training and have a basic understanding of NIMS and ICS. A database has been established that provides an accounting of current Maine CDC staff regarding ICS training and other relevant training records.

Assimilation of Volunteers

If additional staff is required, the Maine CDC will activate the Continuity of Operations Plan (COOP). This Plan identifies essential functions at the Maine CDC that must be sustained. By default, those staff who do not provide essential functions will be deemed non-essential and will be reassigned to support: 1) the agency's essential functions and/ or 2) the disaster response functions. All staff that are reassigned, and other volunteers, will be given just-in-time job training, and safety training specific to the assigned job prior to performing those assigned functions.

Agency: Primary and Support Roles

Most hazardous events have the possibility of impacting the health of the public as a secondary impact of the hazard; in those cases, public health plays a supportive response role. Some hazards are primarily a public health hazard (e.g., an influenza pandemic, and public health will assume the lead response role).

Further, it is acknowledged that disasters occur locally and incidents are typically handled at the lowest jurisdictional level. Generally speaking, public health officials at the local level (including Local Health Officers, the PH Field Staff, the District Liaisons, and the Regional Resource Centers) play an active public health response role while the state public health agency plays a supportive role to the local response.

The following delineates the various roles that Public Health can play depending on the type of emergent situation as public health collaborates and coordinates with other response partners. The roles range from providing public health information and policy advice, to service delivery, to managing a public health emergency.

A Logic Table for Where Public Health Fits[2]

Step	If:	Then:	IF not:
1	Public health functions will be policy and resource coordination, not field provision at a specific site.	Staff the jurisdiction Emergency Operations Center	Go to step 2
2	Public health functions will be performed separately from the main incident response, or at a different site.	Appoint a liaison officer to work with the ICS Liaison Officer on the Command Staff.	Go to step 3
3	Public health functions will primarily support the actual response – for example, in protecting responders from environmental health threats.	Help staff the Medical Unit in the Logistics Section of the ICS, and consider Step 4.	Go to step 4
4	Public health functions will primarily be focused on delivery to threatened populations as part of response activities in various locations.	Attach Public Health Staff to specific Divisions in the Operations Section, and consider Step 5.	Go to step 5
5	Public health functions will be concentrated in one location providing services to the entire impact area.	Form a Public Health Group under the Operations Section.	Go to step 6
6	Public health advice may be needed, but not resources.	Serve as a Technical Specialist in the Plans Section.	Go to step 7
7	The incident is primarily a public health incident managed by Maine CDC resources.	Assume Incident Command	Reevaluate steps 1 through 6 and find some where safe to watch the event unfold

[2] Green, W. (2002). Incident Command Systems for Public Health Disaster Responders. Paper presented at the Public Health Task Group, Richmond Metropolitan Medical Response System.

Local first responders, using local resources, will manage fires, provide law enforcement and security, provide emergency medical services, manage local public health issues, provide social services, respond to animal control/animal welfare issues, and generally manage the local event situation.

Regional organizations, state agencies, federal agencies, government sponsored volunteer organizations will be activated to support local operations as needed.

Voluntary organizations including community and faith-based organizations and animal welfare organizations will assist with sheltering, feeding, providing services for persons with disabilities, providing animal response services, providing social services, and attending to health related needs.

Private sector organizations including business and industry will be approached to provide support including needed supplies and equipment.

Mutual Aid Agreements (MAAs) and Memoranda of Understanding (MOUs)

Both MAAs and MOUs are written agreements established between agencies, organizations and or jurisdictions that they will assist one another in a disaster upon request by furnishing personnel, supplies, equipment, and or expertise in a specified manner, according to specified parameters. MAAs and MOUs are used to solidify the planned, coordinated response among partners as noted above. All MAAs and MOUs should be entered into by duly authorized officials and should be formalized in writing. A full listing of Maine CDC MAAs and MOUs has been compiled and will be maintained in the office of PHEP and with the Director for Maine CDC.

Direction, Control, and Coordination

Direction and Control

In the event of a public health emergency, the Maine CDC in consultation with DHHS Commissioner will activate the PHEOC to the level required providing public health operational direction and control, will activate all required public health capabilities necessary to respond to and recover from the emergency situation, and will coordinate public health operations with MEMA other response and recovery partners.

In the event of a disaster with a secondary public health impact, Maine CDC will send designated staff to the MEMA EOC as liaisons in order to facilitate coordination of resources and services, and to expedite Maine CDC support and assistance by activating appropriate public health capabilities.

Coordination

In any emergency or disaster, local jurisdictions serve as the “first line of defense” and have the primary responsibility for addressing the immediate health and safety needs of the public. In the event of a multi-agency response to a major emergency or disaster, a local jurisdiction’s EOC is activated according to the local emergency operations planning protocol. State agencies support local jurisdictions when local resources are exhausted or nonexistent.

Maine CDC, by extension, has three RRCs, eight public health District Liaisons and two Tribal Liaisons who coordinate with local emergency operations centers while also maintaining contact and coordinating with the Maine CDC PHEOC. The Maine CDC PHEOC will coordinate closely with MEMA and other response and recovery partners, and stand ready to provide public health support and assistance as indicated.

Public Health Emergency Response Phases

The following outlines and generally describes the phases of Public Health Emergency Response:

A. Pre-event
   IRT will monitor the situation based on information coming in from the Districts

B. Acute Phase
   1. Immediate Response
      a. IRT will make decision to activate PHEOC and at what level of activation
         Will activate PHEOC and its resources if:
         - local/regional resources are depleted or overwhelmed
         - statewide public health threat
      b. IRT will authorize notification to mobilize EOC participants
         EOC Participants will meet at EOC within one-two hours
   2. Intermediate and Extended Response
      a. Set up EOC; it takes one hour to set up
      b. IC will obtain situational update from the field
         Assign ICS position roles
      c. IC will convene the initial and ongoing planning meetings:
         Planning: Provide a situational update
         Planning: Develop initial objectives for the first and subsequent operational periods
         Operations: Determine the strategy and resources needed for event response
         Logistics: Obtain needed resources for operational response, and arranges transport to destination
      d. IC will conduct initial and ongoing (periodic) conference calls with internal/external partners: RRCs, DLs, Field Staff, EMS, MEMA
         Obtain situational update from RRCs, DLs, Field Staff
         Obtain bed availability data and other data as indicated
         Share information from the local, state and Federal level (if involved)
      e. IC will provide initial and ongoing situational updates and coordinate with external partners
         Provide clinical guidance as indicated
         Provide responder safety and health information re PPE, and other safety precautions
      f. IC will provide initial and ongoing, public information via multiple methods; including activation of the VPCP

C. Extended Operations
   1. Obtain resources (supplies, equipment and personnel) from EMAC or Federal partners, as needed
   2. Activate MOUs as needed
   3. Obtain information from the field and federal partners;
      Share information with external partners
   4. Activate DBH team as indicated
      Locally and regionally as needed
      Public information on coping
      Responder stress and coping
      Provide on-site Psychological First Aid
   5. Deploy volunteers from Maine Responds and MRC
   6. Activate the SNS plan as needed

D. Demobilization
   1. Demobilize response activities as event needs decrease
   2. Inform response partners of demobilizations situation and status of resources availability
   3. Inform public of de-escalating event
      Provide information on situational update and resources available
   4. Deactivate PHEOC

E. Post Response
   1. Conduct a Hot Wash
   2. Identify Lessons Learned
   3. Prepare an After Action Report
   4. Prepare and implement an Improvement Plan
   5. Update Response Plans

F. Recovery Phase
   (See Maine CDC, Disaster Response Plan as the recovery response phase often overlaps with response phase)

Information Collection and Dissemination

This section succinctly 1) identifies the key informational elements to provide a common incident operating picture, which is required to effectively manage a public health emergency situation, 2) delineates the sources of that information, 3) identifies methods of information collection, 4) defines who needs to receive that information, 5) identifies how that information will be disseminated and 6) identifies suggested time frames.

See table below:

Type of Information Collected	Information Source	Method of Information Collection	Target Audiences	Method of Information Dissemination	Timeframes
Pre-incident					
Staff Status	Division Directors,	Email, phone,	IRT, RRCs, DLs,	Meeting,	As needed

	Administrators, RRCs, DLs	meeting, conference call		conference call, written report or email	
Facility Status	Division Directors, Administrators, RRCs	Email, phone, meeting, conference call	IRT, RRCs, DLs	Meeting, conference call, written report, or email	As needed
Programmatic Status	Division Directors, Administrators, RRCs, DLs	Email, phone, meeting, conference call	IRT, RRCs, DLs	Meeting, conference call, written report or email	As needed
Technology Status	Division Directors, Administrators, RRCs, DLs, OIT	Email, phone, meeting, conference call	IRT, RRCs, DLs	Meeting, conference call, written report or email	As needed
Situation Reports	Division Directors, Administrators, RRCs, DLs	Email, phone, meeting, conference call	IRT, RRCs, DLs, MEMA	Meeting, conference call, written report or email	As needed
During Incident					
Staff Status	Division Directors, Administrators; RRCs, DLs	WebEOC, email, phone, meeting, conference call	PHEOC, SMT, RRCs, DLs, MPCA, PPH, BPH, MEMA, EMS, ASPR Region I Rec, ASPR SOC, US CDC	Meeting, conference call, written report, email, WebEOC, conference call	As needed; daily or multiple times per day as requested by the IC or PSC
Facility Status	Division Directors, Administrators; RRCs	WebEOC, email, phone, meeting, conference call	PHEOC, SMT, RRCs, DLs, MPCA, PPH, BPH, MEMA, EMS, ASPR Region I Rec, ASPR SOC, US CDC	Meeting, conference call, written report, email, WebEOC, conference call	As needed; daily or multiple times per day as requested by the IC or PSC
Programmatic Status	Division Directors, Administrators, RRCS, DLs	WebEOC, email, phone, meeting, conference call	PHEOC, SMT, RRCs, DLs, MPCA, PPH, BPH, MEMA, EMS, ASPR Region I Rec, ASPR SOC, US CDC	Meeting, conference call, written report, email, WebEOC, conference call	As needed; daily or multiple times per day as requested by the IC or PSC
Technology Status	Division Directors, Administrators, RRCs, DLs, OIT	WebEOC, email, phone, meeting, conference call	PHEOC, SMT, RRCs, DLs, MPCA, PPH, BPH, MEMA, EMS, ASPR Region I Rec, ASPR SOC, US CDC	Meeting, conference call, written report, email, WebEOC, conference call	As needed; daily or multiple times per day as requested by the IC or PSC
PHEOC	Planning Section	WebEOC,	PHEOC, RRCs,	Meeting,	At the

Incident Action Plan	Chief	email, phone, meeting, conference call	DLs, MPCA, PPH, BPD, MEMA	conference call, written report, email, WebEOC	beginning of each operational period
Situation Reports	Division Directors, Administrators; RRCs, DLs, WebEOC	WebEOC, email, phone, meeting, conference call	PHEOC, SMT, RRCs, DLs, MPCA, PPH, BPH, MEMA, EMS, ASPR Region I Rec, ASPR SOC, US CDC	Meeting, conference call, written report, email, WebEOC	Daily or more frequently as needed
Available Beds	RRCs for Hospitals and LTC facilities	HAvBED	PHEOC, SMT, RRCs, DLs, MPCA, PPH, BPH, MEMA, EMS, ASPR Region I Rec, ASPR SOC, US CDC	Meeting, conference call, written report, email, WebEOC	As needed; daily or multiple times per day as requested by the IC or PSC
Resources Needed // Resources Available	RRCs, DLs, WebEOC, MEMA, Division Directors, Administrators // SNS, PHEP, US CDC, Region I	WebEOC, email, phone, meeting, conference call	PHEOC, SMT, RRCs, DLs, MPCA, PPH, BPH, MEMA, EMS, ASPR Region I Rec, ASPR SOC, US CDC	Meeting, conference call, written report, email, WebEOC	As needed; daily or multiple times per day requested by the IC or PSC
Volunteers Needed // Resources Available	RRCs, DLs, WebEOC, MEMA Division Directors, Administrators // Maine Responds, MRC, DBH	WebEOC, Maine Responds, email, phone, meeting, conference call	PHEOC, SMT, RRCs, DLs, MPCA, PPH, BPH, MEMA, EMS, ASPR Region I Rec, ASPR SOC, US CDC	Meeting, conference call, written report, email, WebEOC, Maine Responds	As needed; daily or multiple times per day as requested by the IC or PSC
Demobilization Plan; initial	Planning Section Chief	WebEOC, email, phone, meeting, conference call	PHEOC, SMT, RRCs, DLs, MPCA, PPH, BPH, MEMA, EMS, ASPR Region I Rec, ASPR SOC, US CDC	Meeting, conference call, written report, email, WebEOC	Develop early in the event
Post Incident					
Staffing Status	Division Directors, Administrators; RRCs	WebEOC, email, phone, meeting, conference call	PHEOC, SMT, RRCs, DLs, MPCA, PPH, BPH, MEMA, EMS, ASPR Region I Rec, ASPR SOC, US CDC	Meeting, conference call, written report, email, WebEOC	Within 24 hours of demobilization or deactivation
Facility Status	Division Directors, Administrators; RRCs	WebEOC, email, phone, meeting,	PHEOC, SMT, RRCs, DLs, MPCA, PPH, BPH,	Meeting, conference call, written report,	Within 24 hours of demobilization

		conference call	MEMA, EMS, ASPR Region I Rec, ASPR SOC, US CDC	email, WebEOC	or deactivation
Programmatic Status	Division Directors, Administrators, RRCs	WebEOC, email, phone, meeting, conference call	PHEOC, SMT, RRCs, DLs, MPCA, PPH, BPH, MEMA, EMS, ASPR Region I Rec, ASPR SOC, US CDC	Meeting, conference call, written report, email, WebEOC	Within 24 hours of demobilization or deactivation
Technology Status	OIT	WebEOC, email, phone, meeting, conference call	PHEOC, SMT, RRCs, DLs, MPCA, PPH, BPH, MEMA, EMS, ASPR Region I Rec, ASPR SOC, US CDC	Meeting, conference call, written report, email, WebEOC	Within 24 hours of demobilization or deactivation
Resources Needed // Available	WebEOC, DLs, MEMA, Division Directors, Administrators	WebEOC, email, phone, meeting, conference call	PHEOC, SMT, RRCs, DLs, MPCA, PPH, BPH, MEMA, EMS, ASPR Region I Rec, ASPR SOC, US CDC	Meeting, conference call, written report, email, WebEOC	Within 24 hours of demobilization or deactivation
Situation Status Report	Division Directors, Administrators, WebEOC	WebEOC, email, phone, meeting, conference call	PHEOC, SMT, RRCs, DLs, MPCA, PPH, BPH, MEMA, EMS, ASPR Region I Rec, ASPR SOC, US CDC	Meeting, conference call, written report, email, WebEOC	Within 24 hours of demobilization or deactivation
Demobilization Plan; Finalized	Planning Chief	WebEOC, email, phone, meeting, conference call	PHEOC, SMT, RRCs, DLs, MPCA, PPH, BPH, MEMA, EMS,	Meeting, conference call, written report, email, WebEOC	At the time Demobilization is initiated
Hot Wash Data	Response partners; internal and external	Meetings, emails, conference call	PHEOC, SMT, RRCs, DLs, MPCA, PPH, BPH, MEMA, EMS,	Meeting, conference call, written report, email	Reasonably soon after the incident is over
Lessons Learned/AAR	Exercise and Training Coordinator	Email, phone, meeting, conference call	PHEOC, SMT, RRCs, DLs, MPCA, PPH, BPH, MEMA, EMS, ASPR Region I Rec, ASPR SOC, US CDC	Meeting, conference call, written report, email	Within 60 days of the end of the incident

Communications

As the state's lead public health agency, with primary responsibility for policy development and technical expertise regarding public health issues, Maine CDC is responsible for developing, directing, and coordinating health-related communications both internally to the Maine CDC and externally to response and recovery partners, and to the general public during an emergency with public health implications.

When indicated, Maine CDC will be in close contact with its federal partners, the US CDC and Assistant Secretary for Preparedness and Response (ASPR). Maine CDC will provide situational information from the state to the US CDC and ASPR. In turn, Information received by the Maine CDC from the US CDC and ASPR will be communicated back to state, regional and local partners.

Maine CDC PIO will collaborate and coordinate the dissemination of information with other agency PIOs, and institute a Joint Information Center (JIC), if indicated.

The HAN will be used to distribute critical information out to Maine CDC employees, health care partners, and to vulnerable populations. Press releases, websites and social media will be used to inform the general public.

The Maine CDC has developed multiple redundant communications methods by which to communicate with response and recovery partners, and the public. For more detailed information on the Maine CDC communications function and capability see the Communications Functional Annex.

Administration, Finance, and Logistics

Administration

The PHEOC Planning Section Chief is responsible for collecting and compiling all event documentation including the Incident Action Plans and all completed ICS forms. These official records serve to document the response and recovery process of the Maine CDC and provide an historical record as well as form the basis for cost recovery, identification of insurance needs, and will guide mitigation strategies. (see Mitigation, p. 13)

Finance

Each Maine CDC department head will submit reports/ledgers to the Maine CDC PHEOC Finance Section Chief relating to their department's expenditures and obligations during the emergency situation as prescribed by the Department of Emergency Management and Homeland Security. All original documents will be forwarded to the Planning Section Chief for the official record. A financial report will be compiled, analyzed and submitted to DHHS for possible reimbursement following the event.

When local and state resources prove to be inadequate during emergency operations, requests should be made to obtain assistance from the Region I Emergency Coordinator and other agencies in accordance with existing or emergency negotiated mutual aid agreements (MAA) and understandings.

Logistics

Maine CDC has identified and acquired key resources in advance of a disaster; storing them in various locations throughout the state and stands ready to deploy them as necessary. During an actual disaster situation, the Maine CDC will receive requests for resources, will arrange distribution of needed resources to areas of need, and will attempt to obtain additional resources that are in short supply through other state or federal agencies or private partnerships. (See Functional Annexes: Medical Counter Measures; Distribution and Dispensing, and Mutual Aid and Resource Management) An MOU between MEMA, Maine CDC and a non –profit corporation is currently in place to provide durable medical goods and supplies to support medical operations in general population shelters with specific emphasis on the functional needs population in the event that federal and state resources are no longer available.

Plan Development and Maintenance

The Maine CDC PH All Hazards Base Plan is developed by the PHEP staff. The public health Functional Annexes, Hazard Specific Annexes and the Support Annexes are developed by the SMEs in the functional components of the Maine CDC, in collaboration with the Regional Resource Centers (RRCs), the District Liaisons (DLs), the two City Health Departments, the County Emergency Management Agencies (CEMAs), Maine Emergency Management Agency (MEMA), the office of the Medical Examiner (OME), the Maine Chapter of the American Red Cross (ARC), and other appropriate emergency preparedness and response partners.

The EOP will be reviewed by the Maine CDC Emergency Preparedness Committee. Suggested changes will be discussed and added to the Plan once an agreed upon version is reached. Once the DRAFT is finalized and approved, a copy of the EOP will be distributed to various emergency preparedness and response partners and stakeholders for review and comment. The Maine CDC Emergency Preparedness Committee will complete an internal annual review of the Plan. The PHEP staff will ensure that the Plan is reviewed by the stakeholders and appropriate SMEs every three to five years to review any changes to the Plan and to further revise as indicated. The Plan will also be updated to reflect Lessons Learned as they emerge from After Action Report/ Improvement Plans following real events or planned training exercises.

Authorities and References

Federal Authorities

Homeland Security Act, Department of Homeland Security Act, 2002

Homeland Security Presidential Directives (HSPD) # 5, Management of Domestic Incidents, Office of the President, 2003

Homeland Security Presidential Directives (HSPD) # 8, National Preparedness Goal, Office of the President, 2003

National Incident Management System, Department of Homeland Security, 2009

National Response Framework, Department of Homeland Security, 2009

State Authority

Legal Authority: Title 22 M.R.S.A. Chapter 250, Subchapter II-A, Extreme Public Health Emergencies

The Maine CDC is the lead state agency responsible for the protection of public health in the event of a public health emergency. Situated within the Maine CDC is the Emergency Public Health Preparedness unit, responsible for development and implementation of public health emergency planning and coordination of public health interventions in the State of Maine. The Maine CDC has broad statutory and regulatory authority, in the event of a public health emergency, to establish and implement procedures to identify persons exposed to communicable, environmental or occupational diseases, or toxic agents, and impose appropriate educational, counseling or treatment programs to prevent the transmission of communicable disease. The Center may designate facilities appropriate for the quarantine, isolation and treatment of persons exposed to or at significant risk of exposure to notifiable conditions, environmental hazards or toxic agents and to initiate court actions to secure involuntary disease control measures if necessary.

The Department may, with the approval of the Attorney General, issue administrative subpoenas to access health information relevant to any public health threat. If necessary to avoid a clear and immediate public health threat, the Department may obtain ex parte orders to place individuals into emergency temporary custody and seek court ordered public health measures to compel individuals to participate in medical examinations, health counseling, treatment, quarantine, isolation, and other public health measures. Quarantine, isolation and treatment of persons exposed or at significant risk of exposure to notifiable conditions, environmental hazards or toxic agents and to initiate court actions to secure involuntary disease control measures if necessary. In this regard, the Department may impose administrative emergency public health orders, exclude infected persons from school, and conduct investigations necessary to address any public health threat. The statutory procedures for the processing of public health measures are established in Title 22 M.R.S.A. Chapter 250, Subchapter II.

In the event the Governor declares an extreme public health emergency, the Department has enhanced powers necessary to collect additional health information from medical providers, pharmacists, and

veterinarians and place persons into prescribed care, including involuntary examination, vaccination, treatment, quarantine and isolation. In periods of extreme public health emergency, the Department may impose prescribed care upon individuals without court order if necessary to prevent disease transmission. The statutory procedures for the processing of control measures in periods of declared extreme public health emergency are established in Title 22, Chapter 250, Subchapter II-A.

The Maine Department of Health and Human Services has adopted rules, which establish public health control measures to address public health threats, public health emergencies and extreme public health emergencies. The rules establish procedures governing the Departments' investigation and intervention into potential public health threats. In the event persons are unable or unwilling to cooperate in the Department's disease control programs, the rules establish step-wise interventions depending upon the characteristics of the suspected disease entity and the risk of disease transmission. The interventions available to the Department include counseling, treatment, disease control measures, administrative orders and court ordered examination, treatment and confinement. The rules also establish departmental protocol governing the investigation and response to outbreaks of communicable disease, epidemic investigation and intervention. In the event the Governor has declared an extreme public health emergency, the Department may also impose additional control measures, including the management of persons, control of property, commandeering of private property to provide emergency health care, the seizure and destruction of contaminated property, and the disposal of human and animal remains.

The Governor may assume direct operational control over all or any part of the civil emergency preparedness or public safety functions of the State and directly, or through the Adjutant General, cooperate with federal agencies and the offices of other states and foreign governments and private agencies in all matters relating to the civil emergency preparedness of the State. Furthermore the Governor may declare a state of emergency and thereby activate a host of extraordinary powers, including the authority to suspend regulatory legislation, direct the evacuation of affected geographical regions, control traffic to and from affected areas, exercise control over private property, enlist the aid of emergency personnel and undertake all other measures necessary to mitigate or respond to the disaster emergency. The Governor's powers in this regard are complimentary to the powers of the Department of Health and Human Services in responding to a public health emergency. It is noteworthy, however, that among the enumerated powers of the Governor in a period of disaster emergency is the power to transfer the direction, personnel, or functions of state government for the purpose of performing or facilitating emergency services. Hence the Governor can effectively exercise all the authority of the Maine DHHS Commissioner in a period of public health emergency.

In order for the Department to exercise the extraordinary public health powers vested in it pursuant to Title 22, chapter. 250, subchapter II-A, the Governor must have declared an extreme public health emergency pursuant to his or her authority under Title 37-B, chapter 13, subchapter 11.

Volunteer Liability Protections

Maine law contains protections for individuals from liability for performance of certain emergency management activities. The applicable provisions of Maine law are:

1. **Title 37-B M.R.S.A. § 784-A**. This section of Maine law provides that MEMA and local emergency management organizations may employ any person considered "necessary to assist with emergency management activities". The statute states that a health care worker, licensed in Maine, who is designated by MEMA to perform emergency management or health activities in Maine in a declared disaster or civil emergency pursuant to Title 37-B M.R.S.A. §742 is deemed to be an employee of the state for purposes of immunity from liability and workers compensation. Title 37-B M.R.S.A. § 822, provides that any

person who is called out pursuant to Section 784-A and while engaged in emergency management activities is not liable for the death or injury to any person, or for damage to any property as a result of such activities. However, a disaster or civil emergency under Title 37-B M.R.S.A. § 742 and 742-A, requires a proclamation by the Governor that such an emergency exists.

2. **Title 22 M.R.S.A. § 816**. This section of Maine law provides immunity to private institutions, their employees and agents from civil liability to the extent provided by the Maine Tort Claims Act for engaging in any prescribed care as defined by the statue in support of the State's response to a declared extreme public health emergency. An extreme public health emergency is defined in Title 22 M.R.S.A. § 2-A and requires a proclamation by the Governor that such an emergency exists.

References

General References

- ASPR, Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness, January 2012
- CDC, Public Health Preparedness Capabilities: National Standards for State and Local Planning, March, 2011
- FEMA, Developing and Maintaining Emergency Operations Plans, Comprehensive Preparedness Guide (CPG) 101, November 2012
- NACCHO, 2010 PPHR Criteria for Local Health Departments, All Hazards Preparedness Planning, 2012

State Plans

- Connecticut Department of Public Health, Public Health Emergency Response Plan, September 2005
- Florida Emergency Operations Plan, v 2.2, March 2009
- Lane County Oregon, Public Health Services Emergency Operations Plan, Version 1, May, 2008
- Minnesota DOH All Hazards Response and Recovery Base Plan, v 2011
- Montana, Department of Public Health and Human Services, Emergency Operations Plan, December 2010
- Wyoming Department of Health, Emergency Operations Plan, revision #3, November, 2010

Maine CDC, Hazards Vulnerability Analysis Report, May 2, 2012

MEMA, Maine State Hazard Mitigation Plan, 2010

Articles

Green, W. (2002). Incident Command Systems for Public Health Disaster Responders. Paper presented at the Public Health Task Group, Richmond Metropolitan Medical Response System.

Section I Annexes: Record of Revision

Functional Annexes	**Origin**	**Date of Revision**	**Revision Number**
Communications Plan	PHEP	12/2014	
Communicable Disease Epidemiology	ID	3/2014	
Health and Environmental Testing Laboratory	HETL	1/2014	
Medical Countermeasures and Dispensing • See Maine Strategic National Stockpile Plan (SNS) • See Maine CDC Pandemic Influenza Operations Plan	MIP, SNS, PHN	2/2014 1/2013	
Medical Surge	RRCs/ HCC	9/2014	
Mass Care (Shelter Support)	PHEP/ MEMA	9/2014	
Environmental Health Response Plans:			
Food Safety/Health Inspection	DEH	12/2014	
Drinking Water Program	DEH	12/2014	
Environmental and Occupational Health Toxicology	DEH/RAD	In progress	
Responder Health and Safety	ID/HETL	In progress	
Disaster Behavioral Health	PHEP	9/2014	
Non-Pharmaceutical Interventions • See Maine CDC Pandemic Influenza Operations Plan	ID/HETL	1/2013	
Volunteer Management	PHEP	In progress	
Medical Materiel Management and Distribution • See Maine Strategic National Stockpile Plan (SNS)	SNS	2/2014	
Mass Fatality Management	PHEP	12/2014	
Hazard Specific Annexes	**Origin**	**Date of Revision**	**Revision Number**
Pandemic Influenza Operations Plan	PHEP, et al	1/8/13	1.3v
Ebola Response Plan	PHEP	Awaiting approval	
Extreme Heat Plan	DEH	3/2015	
Chemical, Biological, Radiological, Nuclear, Explosives Response Plan	DEH	In progress	

Support Annexes	Origin	Date of Revision	Revision Number
Maine CDC Continuity of Operations Plan (COOP)	PHEP, et al 1/5/15	6/11/15	1
Maine CDC Disaster Recovery Plan	PHEP	11/7/12	

Appendix

A. List of Acronyms

B. Hazards of Vulnerability, PH Effects, PH Roles and Responsibilities: State and Field, Capabilities Matrix

C. Job Action Sheets: Command Staff and Section Chiefs

D. ICS Forms (link)

A. List of Acronyms

AHOC	After Hours on Call
AOC	Administrator on Call
ARC	American Red Cross
ASPR Region I, REC	Assistant Secretary for Preparedness and Response, Region I, Regional Emergency Coordinator
ASPR SOC	Assistant Secretary for Preparedness and Response, Secretary's Operations Center
BPH	Bangor Public Health
CBRN	Chemical, Biological, Radiological, Nuclear Threat
CEMA	County Emergency Management Agency
COOP	Continuity of Operations Plan
CPG	Capabilities Planning Guide
DBH	Disaster Behavioral Health
DEH	Department of Environmental Health
DEP	Department of Environmental Protection
DHHS	Department of Health and Human Services
DMAT	Disaster Medical Assistance Team
DMORT	Disaster Mortuary Operational Response Team
DOA	Department of Agriculture
DOE	Department of Education
DOT	Department of Transportation
DLs	District Liaisons
EMS	Emergency Medical Service
EOC	Emergency Operations Center
EPI	Epidemiology
FQHC	Federally Qualified Health Center
HAN	Health Alert Network
HAvBED	Hospital Available Beds for Emergencies and Disasters (software)
HCC	Health Care Coalition
HETL	Health and Environmental Testing Laboratory
HVA	Hazard Vulnerability Analysis
IAP	Incident Action Plan
IC	Incident Commander
ID	Infectious Disease
ICS	Incident Command Structure
IRT	Initial Response Team
IZ	Immunizations
JAS	Job Action Sheet
JIC	Joint Information Center
MAA	Mutual Aid Agreement
Maine CDC	Maine Center for Disease Control and Prevention
MEMA	Maine Emergency Management Agency
MENG	Maine National Guard

MFDA	Maine Funeral Directors Association
MOU	Memoranda of Understanding
MPCA	Maine Primary Care Association
MRC	Medical Reserve Corps
NACCHO	National Association of County and City Health Officials
NIMS	National Incident Management System
NNEPCC	Northern New England Poison Control Center
NWS	National Weather Service
OIT	Office of Information Technology
OME	Office of the Medical Examiner
PIO	Public Information Officer
PHEP	Public Health Emergency Preparedness
PHEOC	Public Health Incident Command Center
PHN	Public Health Nursing
PPH	Portland Public Health
PSC	Planning Section Chief
RAD	Radiation Control
RRC	Regional Resource Center
SME	Subject Matter Expert
SMT	Senior Management Team
SNS	Strategic National Stockpile
SOP	Standard Operation Procedure
WebEOC	Web based incident management software
US CDC	United States Center for Disease Control and Prevention

B. Hazards of Vulnerability, PH Effects, PH Roles and Responsibilities: State and Field, Capabilities Matrix

Hazards of Vulnerability, Public Health Effects, PH Response Roles and Responsibilities: State and Field, Capabilities

Events	Public Health Effects (potential consequences)	PH Roles and Responsibilities: State / Capabilities	PH Roles and Responsibilities: Field / Capabilities
Natural events: Weather events including tornado, hurricane, extreme heat or drought, winter weather or ice storm, Earthquake Flooding Wildfire	Loss of power: food spoilage; unable to pump water if on well water-raising water and sanitation issues; loss of heat / air conditioning with danger of exposure; interruption of refrigeration for medication cold chain; interruption of home O2; interrupted access to public information, education, instructions; danger of CO poisonings, house fires, standing water; mold; Infectious disease (see Infectious Disease Event)	Provide public health information re: food spoilage; proper use of generators and risk of CO poisoning; danger from house fires, use of chain saws and other accidents; mold; etc… Recommend use of hand gel, when soap and water not available**;** Prepare pre-disaster messages and translations; Outbreak investigation including disease surveillance and laboratory testing; C1, C4, C6, C12, C13	Reinforce public health messages from the state; Identify and assist vulnerable persons; Prepare message translations; Provide information re: shelters, cooling centers, sources of food and water; Develop and activate MOUs; Assist and support shelters; Outbreak investigation, surveillance C1, C4, C6, C7, C12, C13
	Damage to infrastructure (roads, homes, businesses, public buildings): homes uninhabitable, businesses and medical facilities damaged with limited service or closed; loss of access to necessary services, supplies and equipment, including food and water, sanitation, medical supplies, and fuel; various methods of travel impaired/ interrupted; (resultant hunger, dehydration, exposure, deterioration of health status, illness, accidents, ...)	Provide public health information and instructions e.g., boil water, sanitation, etc; Prepare pre-disaster messages and translations; Coordinate with external partners to support shelters; Obtain and distribute needed medical supplies and equipment; Provide needed vaccines e.g., tetanus; Activate and deploy volunteers; Develop and activate MOUs; Advise and provide for responder safety and health C1, C4, C6, C7, C9,C14, C15	Reinforce public health messages from the state; Prepare message translations; Identify and assist vulnerable persons; Provide information re: shelter in place, transportation assistance, or open shelters; Assist and support shelters; Identify available medical services; Provide vaccines; Develop and activate MOUs; Provide for responder safety and health; Enlist currier services C1, C4, C6, C7, C14, C15

	Vulnerable populations: low socioeconomic status, race and ethnicity, age (children and elderly), gender, disability, and LEP. (CDC)	Provide public health messaging including the targeting of vulnerable populations; Prepare pre-disaster messages and translations; Activate Translation Policy; Provide translations as needed; C1, C4	Identify local vulnerable citizens and provide public health messaging; Prepare pre-disaster translations; Facilitate additional local translations as needed; Activate Translation Policy; C1, C4
	Public displacement: support mass evacuation; need to find and assist those who cannot transport themselves, need vehicles and drivers for transportation; establish and manage shelters; need volunteers; traffic control; health and safety issues; accommodations for pets	Provide public health information and instructions; Coordinate with external partners to support shelters; Obtain and distribute needed medical supplies; Activate volunteers; Monitor daily data from ARC re: displaced persons and their health status; Develop and activate MOUs; C1, C4, C6, C7, C9, C15	Reinforce public health messages from the state; Identify and assist vulnerable persons; Support activation of shelters; Support volunteers; Monitor health status of persons in shelters; Facilitate reunification of separated family members; Develop and activate MOUs; C1, C4, C6, C7, C 13, C15
	Distress: general emotional distress and coping issues; psychological and mental health problems exacerbated; interruption of psych medications	Proactively educate the public re: preparedness; Provide public health and incident status information and guidance; coordinate with external partners; Activate DBH teams for the public, and provide support for responders; Deploy trained volunteers; Advise and provide for responder safety and health including PFA C1, C4, C6, C14, C15	Proactively educate the public re: preparedness; Reinforce public health messages from the state; Collaborate with response partners to assist persons who are mentally and emotionally vulnerable; Refer/connect mentally distressed individuals to appropriate services; Support volunteers; Support responder safety and health including PFA C1, C4,C6, C14, C15
	Injuries and illness: need access to medical care (surge) including	Provide public health information and instructions;	Reinforce public health messages from the state;

	personnel, supplies and equipment, facility; need may exceed capacity; Infectious disease (see Infectious Disease Event)	Prepare pre-disaster messages and translations; Activate and deploy medical volunteers; Activate Medical Counter Measures dispensing; Obtain other needed supplies/ equipment as possible; Develop and activate MOUs; Advise and provide for responder safety and health; Outbreak investigation including disease surveillance and laboratory testing C1, C4, C6, C8, C9, C10, C12, C13, C14, C15	Provide local translations when needed; Activate Health Care Coalition Response Plan; Identify and assist vulnerable persons; Support activation of ACS; Facilitate the assignment of volunteers where needed; Coordinate Medical Counter Measures dispensing; Coordinate supplies distribution; Develop and activate MOUs; Support and provide for responder safety and health; Outbreak investigation, surveillance C1, C4, C6, C8, C9, C10, C12, C13, C14, C15
	<u>Deaths:</u> need to manage fatalities; deceased identification, storage, processing, final disposition; family care, emotional care; consideration for religious and cultural preferences/ requirements re: deceased; specialized personnel, supplies and equipment; responder support	Provide public health information and guidance; Activate and support the MFM plan; Compile death certificates; Activate trained volunteers; Advise and provide for responder safety and health including PFA C4, C5, C6, C14, C15	Provide public health information and guidance; Assist with and support family assistance center; Support volunteers; Support and provide for responder safety and health including PFA C4, C5, C6, C14, C15
	<u>Change in animal demographics</u>: (rodents, insects, snakes, other animal displacement/ migration; lack of habitat or food for animals): tick based diseases, mosquito based diseases; danger from aggressive, hungry animals seeking food;	Provide public health information and guidance; Communicate with response partners C4, C6	Provide public health information and guidance; Communicate with response partners C4, C6

Infectious disease event	Illness: need early detection and identification of early cases; need public information; need clinician guidance; may need to implement containment measures; expect medical surge; shortages of personnel, supplies and equipment, space/ facilities; may require implementation of crisis standards of care in the context of extreme need and scarce resources; health and safety of responders at risk	Activate PH EOC; Provide public health information and instructions; Prepare pre-disaster messages and translations; Perform disease surveillance; Provide laboratory sample testing; Provide situational awareness; Deploy medical volunteers; Request and activate Medical Counter Measures distribution; Obtain other needed supplies/ equipment as possible; Develop and activate MOUs; Communicate clinical guidelines; Activate non-pharmaceutical interventions; Activate crisis standards of care as needed; Advise and provide for responder safety and health C1, C3, C4, C6, C8, C9, C10, C11, C12, C13, C14, C15	Coordinate with state PHEOC; Reinforce public health messages from the state; Provide translations when needed; Epi field surveillance; Provide information to the state; Activate Health Care Coalition Response Plan; Identify and assist vulnerable persons; Assist and support activation of ACS; Coordinate supplies distribution; Develop and activate MOUs; Assist with mass prophylaxis; Implement non-pharmaceutical interventions; Support volunteers; Support responder safety and health C1, C3, C4, C6, C7, C8, C9, C10, C11, C13, C14, C15
	Distress: general emotional distress and coping issues; psychological and mental health problems exacerbated; interruption of psych medications	Proactively educate the public re: preparedness; Provide public health and incident status information and guidance; coordinate with external partners; Activate DBH teams for the public, and provide support for responders; Deploy trained volunteers; Advise and provide for responder safety and health including PFA	Proactively educate the public re: preparedness; Reinforce public health messages from the state; Collaborate with response partners to assist persons who are mentally and emotionally vulnerable; Refer/connect mentally distressed individuals to appropriate services; Support volunteers; Support responder safety and health including PFA

		C1, C4, C6, C14, C15	C1, C4, C6, C14, C15
	Deaths: potentially need to manage large numbers of fatalities; identification, storage, processing, final disposition, family care, emotional care; consideration for religious and cultural preferences/ requirements re: deceased; specialized personnel, supplies and equipment	Provide public health information and guidance; Coordinate with response partners; Activate and support the MFM plan; Compile death certificates; Activate trained volunteers; Advise and provide for responder safety and health including PFA C4, C5, C6, C14, C15	Provide public health information and guidance; Coordinate with response partners; Assist with and support family assistance center; Support volunteers; Support and provide for responder safety and health including PFA C4, C5, C6, C14, C15
	Animal disease: disease surveillance, containment, culling, destroying carcasses	Provide public health information and guidance; Communicate with emergency response partners C4, C6	Provide public health information and guidance; Communicate with EM partners C4, C6
Select Agents: Anthrax, etc	See above: Illness, Distress, and Deaths	Activate state PHEOC; Provide public health information and guidance; Outbreak investigation including disease surveillance and laboratory testing; Communicate with response partners C2, C4, C6, C12, C13	Coordinate with state PHEOC; Provide public health information and guidance; Outbreak investigation, surveillance; Communicate with response partners C2, C4, C6, C12, C13
Communications, Infrastructure disruption, and Supply shortages	Communications disruption: interrupted communications to the public, and among partner agencies;	Activate redundant methods of communications to inform and instruct the public on public health issues; Develop public health messages ahead of time when possible; Obtain needed translations of public health messages for special populations pre-disaster, and as	Activate redundant method of communications to inform and instruct the public on public health issues; Develop pre-disaster translations; Provide translated messages as needed Pre-position PH messages; Local PH Field Teams may need to go door to door to

		needed; activate Translation Policy; Communicate with response partners C1, C4, C6	inform segments of the public; LHOs and other partners will be enlisted to get PH messages out; Communicate with response partners C1, C4, C6
	Loss of power: food spoilage; unable to pump water if on well water-raising water and sanitation issues; loss of heat / air conditioning with danger of exposure; interruption of refrigeration for medication cold chain; interruption of home O2; interrupted access to public information, education, instructions; danger of CO poisonings, house fires; Infectious disease (See Infectious Disease Event)	Provide public health information re: food spoilage; proper use of generators and risk of CO poisoning; danger from house fires and use of chain saws and other accidents; mold; etc… Recommend use of hand gel, when soap and water not available; Prepare pre-disaster messages and translations; Outbreak investigation including disease surveillance and laboratory testing; C1, C4, C6, C12, C13	Reinforce public health messages from the state; Identify and assist vulnerable persons; Prepare message translations; Provide information re: shelters, cooling center, sources of food and water; Develop and activate MOUs; Assist and support shelters; Outbreak investigation, surveillance C1, C4; C6, C7, C12, C13
	Damage to infrastructure (roads, homes, businesses, public buildings): homes uninhabitable, businesses damaged with limited service or closed; loss of access to necessary services, supplies and equipment, including food and water, sanitation, medical supplies, and fuel; various methods of travel impaired;	Provide public health information and instructions e.g., boil water, sanitation, etc; Prepare pre-disaster messages and translations; Coordinate with external partners to support shelters; Obtain and distribute needed medical supplies and equipment; Provide needed vaccines e.g., tetanus; Activate and deploy volunteers; Develop and activate MOUs; Advise	Reinforce public health messages from the state; Prepare message translations; Identify and assist vulnerable persons; Provide information re: shelter in place, transportation assistance, or open shelters; Assist and support shelters; Identify available medical services; Provide vaccines; Develop and activate MOUs; Provide for

		and provide for responder safety and health C1, C4, C6, C7, C9,C14, C15	responder safety and health; Enlist currier services C1, C4, C6, C7, C14, C15
	Supplies disruption/shortages: need to provide medical supplies	Develop and activate MOUs; Coordinate with external partners; Obtain essential supplies to support the local response; Activate Medical Counter Measures plan for medical supplies acquisition and distribution; Develop and activate MOUs; C1, C6, C9	Develop and activate MOUs; Coordinate with local external partners; Obtain essential supplies from local vendors; Coordinate Medical Counter Measures distribution; C1, C6, C9
	Distress: general emotional distress and coping issues; psychological and mental health problems exacerbated; interruption of psych medications	Proactively educate the public re: preparedness; Provide public health and incident status information and guidance; coordinate with external partners; Activate DBH teams for the public, and provide support for responders; Deploy trained volunteers; Advise and provide for responder safety and health including PFA C1, C4, C6, C14, C15	Proactively educate the public re: preparedness; Reinforce public health messages from the state; Collaborate with response partners to assist persons who are mentally and emotionally vulnerable; Refer/connect mentally distressed individuals to appropriate services; Support volunteers; Support responder safety and health including PFA C1, C4,C6, C14, C15
Mass casualty (RRCs/ HCCs)	Injuries: need access to medical care (surge) including personnel, supplies and equipment, facility; medical need may exceed resources available;	Activate state PHEOC; Provide public health information and instructions; Develop and activate MOUs; Coordinate with response partners; Support local response; Obtain and distribute medical supplies; Deploy medical volunteers;	Coordinate with state PHEOC; Reinforce public health messages from the state; Develop and activate MOUs; Activate Health Care Coalition Response Plan; Identify and assist vulnerable persons; Support activation of

		Implement crisis standards of care; Support and provide for responder safety and health including PFA C1, C3, C4, C6, C9, C10, C14, C15	Alternative Care Sites; Facilitate the assignment of volunteers where needed; Coordinate medical supplies distribution; Support and provide for responder safety and health including PFA C1, C3, C4, C6, C9, C10, C14, C15
	<u>Distress:</u> general emotional distress and coping issues; psychological and mental health problems exacerbated; interruption of psych medications	Proactively educate the public re: preparedness; Provide public health and incident status information and guidance; coordinate with external partners; Activate DBH teams for the public, and provide support for responders; Deploy trained volunteers; Advise and provide for responder safety and health including PFA C1, C4, C6, C14, C15	Proactively educate the public re: preparedness; Reinforce public health messages from the state; Collaborate with response partners to assist persons who are mentally and emotionally vulnerable; Refer/connect mentally distressed individuals to appropriate services; Support volunteers; Support responder safety and health including PFA C1, C4, C6, C14, C15
Mass fatality management	<u>Deaths:</u> need to manage large numbers of fatalities/ more deaths than local resources can manage; identification, storage, processing, final disposition, family care, emotional care; consideration for religious and cultural preferences/ requirements re: deceased; specialized personnel, supplies and equipment; infectious disease	Activate state PHEOC; Provide public health information and guidance; Activate and support the MFM plan; Coordinate with MFM response partners; Compile death certificates; Activate trained volunteers; Provide MFM supplies as needed; Outbreak investigation including disease surveillance and laboratory testing; Advise and provide for responder safety	Coordinate with state PHEOC; Provide public health information and guidance; Coordinate with MFM response partners; Assist with and support family assistance center; Provide outbreak investigation, surveillance; Support volunteers; Support and provide for responder safety and health including PFA

		and health including PFA C3, C4, C5, C6, C9, C12, C13, C14, C15	C3, C4, C5,C6, C12, C13, C14, C15
	Distress: general emotional distress and coping issues; psychological and mental health problems exacerbated; interruption of psych medications	Proactively educate the public re: preparedness; Provide public health and incident status information and guidance; coordinate with external partners; Activate DBH teams for the public, and provide support for responders; Deploy trained volunteers; Advise and provide for responder safety and health including PFA C1, C4, C6, C14, C15	Proactively educate the public re: preparedness; Reinforce public health messages from the state; Collaborate with response partners to assist persons who are mentally and emotionally vulnerable; Refer/connect mentally distressed individuals to appropriate services; Support volunteers; Support responder safety and health including PFA C1, C4, C6, C14, C15
Civil disturbance, hostage situation	Distress: general emotional distress and coping issues; psychological and mental health problems exacerbated; interruption of psych medications	Proactively educate the public re: preparedness; Provide public health and incident status information and guidance; coordinate with external partners; Activate DBH teams for the public, and provide support for responders; Deploy trained volunteers; Advise and provide for responder safety and health including PFA C1, C4, C6, C14, C15	Proactively educate the public re: preparedness; Reinforce public health messages from the state; Collaborate with response partners to assist persons who are mentally and emotionally vulnerable; Refer/connect mentally distressed individuals to appropriate services; Support volunteers; Support responder safety and health including PFA C1, C4, C6, C14, C15
	Security	Provide public health information and guidance; C4	Provide public health information and guidance; C4

HAZMAT incident Mass chemical, radiological, nuclear exposure: accidental or terrorism **Select agent: biohazard** **NOTE: An EMP (electromagnetic pulse) may take out all forms of communications)**	<u>Injuries and illness:</u> need access to medical care (surge) including personnel, supplies and equipment, facility; persons may need decontamination; health and safety of responders at risk; water contamination; infectious disease (see Infectious Disease Event)	Activate state PHEOC; Provide public health information and instructions; Coordinate with external partners; Support local response; Deploy medical volunteers; Activate Medical Counter Measures distribution of antidote; Develop and activate MOUs; Advise and provide for responder safety and health; Provide long-term health care guidance; C1, C3, C4, C6, C8, C12, C13, C14, C15	Coordinate with state PHEOC; Provide public health information and guidance; Activate Health Care Coalition Response Plan; Activate HazMat local decontamination teams; Identify and assist vulnerable persons; Support activation of ACS; Develop and activate MOUs; Facilitate the assignment of volunteers where needed; LHOs will be enlisted; Coordinate Medical Counter Measures distribution; Support and provide for responder safety and health C1, C3, C4, C6, C10, C12, C13, C14, C15
	<u>Public displacement:</u> support mass evacuation, need to find and assist those who cannot transport themselves, need mechanism for transportation, vehicles and drivers, establish shelters, shelter management, volunteers, traffic control,	Provide public health information and instructions; Coordinate with external partners to support shelters; Obtain and distribute needed medical supplies; Activate volunteers; Monitor daily data from ARC re: displaced persons and their health status; Develop and activate MOUs; C1, C4, C6, C7, C9, C15	Reinforce public health messages from the state; Identify and assist vulnerable persons; Support activation of shelters; Support volunteers; Monitor health status of persons in shelters; Facilitate reunification of separated family members; Develop and activate MOUs; C1, C4, C6, C7, C 13, C15
	<u>Shelter in place</u>	Provide public health information and instructions; Coordinate with external	Provide public health information and guidance; Coordinate with external

		response partners C4, C6	response partners Identify and assist vulnerable persons and ensure they receive the support needed; C4, C6
	<u>Distress:</u> general emotional distress and coping issues; psychological and mental health problems exacerbated; interruption of psych medications	Proactively educate the public re: preparedness; Provide public health and incident status information and guidance; coordinate with external partners; Activate DBH teams for the public, and provide support for responders; Deploy trained volunteers; Advise and provide for responder safety and health including PFA C1, C4, C6, C14, C15	Proactively educate the public re: preparedness; Reinforce public health messages from the state; Collaborate with response partners to assist persons who are mentally and emotionally vulnerable; Refer/connect mentally distressed individuals to appropriate services; Support volunteers; Support responder safety and health including PFA C1, C4, C6, C14, C15

Notes:

- These situations may or may not require the activation of the PHEOC - C3.
- Most situations would require emergency public information and warning - C4, and information sharing between state, local and federal PH, and other eternal partners - C6
- There are two threads that weave through most of these situations: the need to support and assist vulnerable populations, and the need for behavioral health interventions with those having trouble coping and those who are mentally and emotionally vulnerable
- This matrix does not include public health disaster recovery measures at this time

Acronyms:

ACS	Alternative Care Site
ARC	American Red Cross
CO	Carbon Monoxide
DBH	Disaster Behavioral Health
LEP	Limited English Proficiency
LHO	Local Health Offices
PH	Public Health
PHEOC	Public Health Emergency Operations Center
MFM	Mass Fatality Management
MOU	Memorandum of Understanding

For Reference: PHEP Capabilities

Capability 1. Community Preparedness

Capability 2. Community Recovery

Capability 3. Emergency Operations Coordination

Capability 4. Emergency Public Information and Warning

Capability 5. Fatality Management

Capability 6. Information Sharing

Capability 7. Mass Care

Capability 8. Medical Countermeasure Dispensing

Capability 9. Medical Material Management and Distribution

Capability 10. Medical Surge

Capability 11. Non-Pharmaceutical Interventions

Capability 12. Public Health Laboratory Testing

Capability 13. Public Health Surveillance and Epidemiological Investigation

Capability 14. Responder Safety and Health

Capability 15. Volunteer Management

Categories of Effects

Environmental effects with public health consequences

- Loss of power
- Damage to infrastructure
- Communications disruption
- Supplies disruption/ shortages
- Security issues

Effects on animals that may affect humans

- Change in animal demographics
- Animal diseases
- Safety of pets

Effects on humans

- Shelter in place
- Public displacement
- Distress
- Injuries
- Illness
- Deaths
- Generally, a magnified effects on vulnerable populations

C. Job Action Sheets: Command Staff and Section Chiefs

Command Staff:

Incident Commander

Liaison Officer

Public Information Officer

Safety Officer

Section Chiefs:

Operations Section Chief

Logistics Section Chief

Planning Section Chief

Finance/Administration Section Chief

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Incident Command System (ICS)
Emergency Response
Job Action Sheet

Command Staff

Incident Commander

Reports to: Incident Commander
Emergency Operations Center Location: _____ Telephone: _____
Name of Event: _____ Date and Time ICS role instituted: _____

Mission: *Organize and direct the Maine CDCs Public Health Emergency Operation Center (PHEOC). Give overall direction for emergency and operation.*

Immediate:

- ❑ Sign-in to Staff Roster
- ❑ Read this entire Job Action Sheet and review organizational chart
- ❑ Obtain full briefing of the incident
- ❑ Designate as needed:
    - o Operations Section Chief
    - o Planning Section Chief
    - o Logistics
    - o Finance/Administration Section Chiefs
    - o Public Information Officer
    - o Safety Officer
    - o State EOC Liaison
    - o Legislative Liaison, if needed
- ❑ Determine if unified command with MEMA is needed and make necessary assignments
- ❑ Develop objectives for developing the initial Incident Action Plan (IAP) using the appropriate ICS forms
- ❑ Designate a person to provide direct support to the Incident Commander (i.e. scribe)
- ❑ Confer with Section Chiefs to identify & consider necessary Maine CDC services
- ❑ Consider and assign communication responsibilities to agency staff, external agencies and public and media
- ❑ Assure that contact has been established and resource information shared with relevant external agencies
- ❑ Determine operational location(s) of key personnel
- ❑ Ensure the Commissioner (DHHS), Governor & Senior Advisors are notified of the situation
- ❑ Ensure the Governor's Press Office is alerted
- ❑ Direct activation of the MaineHAN emergency notifications systems as appropriate
- ❑ Evaluate existing public health law and regulations, as needed

Intermediate:

- ❑ Authorize resources as needed or requested by Section Chiefs
- ❑ Designate routine briefings schedule with the DHHS Commissioner and Section Chiefs to receive status reports and update the action plan regarding the continuance and/or termination of the action plan
- ❑ Determine whether 24/7 operations and operational period; designate back-ups for all positions in case 24/7 operations are required
- ❑ Consult with Command Staff regarding elevation or delegation of the Incident Commander role, as appropriate to the situation, as the emergency unfolds
- ❑ Ensure Maine CDC staff are appraised of situation and expected actions
- ❑ Ensure updates are provided to the DHHS Commissioner, Governor & staff, PIO, and Section Chiefs
- ❑ Approve media releases submitted by PIO
- ❑ Have the PHEOC Liaison notify SEOC when command function is activated & operational
- ❑ Have the PHEOC Liaison provide SEOC with the name and contact info for the designated HEALTH Incident Commander
- ❑ Identify external resources needed to assist with response
- ❑ Make recommendations to the DHHS Commissioner to adjust departmental policies and procedures as necessary
- ❑ Ensure appropriate security actions are taken

Extended:

- ❑ Maintain logs, with dates and times, of all notifications
- ❑ Observe all staff for status and signs of stress. Consider need for Critical Incident Stress Management (CISM)
- ❑ Provide for rest periods for staff
- ❑ Prepare end of shift report and update with incident tracking board (when utilized) for oncoming Incident Commander
- ❑ Plan for the possibility of extended deployment
- ❑ Participate in the critique/hotwash after the incident
- ❑ Sign out and log hours worked during the response

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Command Staff

Liaison Officer

Reports to: Incident Commander
Emergency Operations Center Location: _____ Telephone: _____
Name of Event _____ Date and Time ICS role instituted:_____

Mission: *Coordinates with representatives from cooperating and assisting agencies*

Immediate:

- ❑ Sign-in to Staff Roster
- ❑ Receive appointment from Incident Commander
- ❑ Receive assignment from Incident Commander
- ❑ Read this entire Job Action sheet and review organizational chart
- ❑ Obtain a briefing from Incident Commander and participate in planning meetings to formulate and evaluate Incident Action Plan (IAP)
- ❑ Designate staff to assist, e.g. scribe, as needed
- ❑ Keep Incident Commander and other agencies and organizations updated on changes in response to incident
- ❑ Ensure Maine Emergency Management Agency has been alerted about the incident (207-xxx-xxxx)

Intermediate:

- ❑ Coordinate information provided to state government officials
- ❑ Coordinate with major organizations outside the community's medical and health response system
- ❑ Respond to requests and complaints from incident personnel regarding interagency issues
- ❑ Relay any special information obtained to appropriate personnel in the receiving facility (i.e., information regarding toxic decontamination or any special emergency conditions)
- ❑ Keep agencies supporting the incident aware of the incident status
- ❑ Monitor the incident to identify current or potential inter-organizational problems
- ❑ Coordinate with the Maine CDC Public Information Officer
- ❑ Regularly update the Incident Commander, through the Planning Section, on all activities

Extended:

- ❑ Document all activities and any known costs associated with the emergency response

operations and provide to the Finance/Administration chief as requested

- ❑ Observe all staff, for signs of stress
- ❑ Report any safety concerns or issues to Safety Officer.
- ❑ Provide rest periods and relief for staff
- ❑ Prepare end of shift report and present to Incident Commander
- ❑ Plan for the possibility of extended deployment
- ❑ Participate in post event critique/hotwash
- ❑ Sign out and log hours worked during response

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Command Staff

Public Information Officer (PIO)

Reports to: Incident Commander
Emergency Operations Center Location: _____ Telephone: _____
Name of Event: _____ Date and Time ICS role instituted:_____

Mission: If acting as spokesperson, the PIO will interface with press to deliver messages to the public and provide concise and pertinent (coordinated) information to the media. Act as information link between Command/Ops/Planning and Communications Team. If the Incident Commander or Director chooses to be the spokesperson, the PIO's responsibility is to ensure that the IC has all pertinent information while interacting with the news media. Only one PIO is appointed per incident although assistants may be appointed as necessary.

Immediate:

- ❑ Sign-in to Staff Roster
- ❑ Receive appointment from Incident Commander (IC)
- ❑ Read this entire Job Action sheet and review organizational chart
- ❑ Identify restrictions in contents of news release information from Incident Commander
- ❑ Establish a Public Information area away from Department Incident Command Post and other activity areas
- ❑ Obtain a full briefing from the IC regarding the incident and participate in planning meetings to formulate and evaluate the IAP
- ❑ Work with Communications Team to prepare Media Talking points and first news release
- ❑ Serve as lead media contact and lead contact with Governor's Media Office
- ❑ Contact US CDC and other Federal Risk Communications offices and maintain contact for updates
- ❑ Serve as lead media contact and lead contact with Governor's Media Office

Intermediate:

- ❑ Ensure that all news releases have the approval of the Incident Commander
- ❑ Issue an initial incident information report to the news media
- ❑ Inform on-site media of the accessible areas which they have access to, and those which are restricted
- ❑ Coordinate safety and access issues with Safety Officer
- ❑ Contact other at-scene agencies to coordinate released information with respective PIOs/JIC. Inform Liaison Officer of action

- Schedule teleconference with media
- Schedule initial news conference
- Hold first news conference.

- ❑ Arrange for interviews, teleconferences, video conferences, satellite broadcasts, Web site revisions, broadcast faxes etc., upon approval by IC or Governor
- ❑ Monitor incident as to the need to modify or change public alerts or risk communications
- ❑ Approve initial and updated scripts for interviews, hot lines and Web sites
- ❑ Direct ongoing evaluation of message contents
- ❑ Communicate frequently with the Communication Branch Director
- ❑ Fill out appropriate ICS forms to document activity
- ❑ Ensure that documentation unit records and files forms

Extended:

- ❑ Review progress reports from Section Chiefs as appropriate
- ❑ Complete all forms, reports, and other documents and give to your supervisor
- ❑ Notify media about incident status
- ❑ Observe all staff, for signs of stress. Report issues to Safety Officer. Provide rest periods and relief for staff
- ❑ Prepare end of shift report and present to oncoming PIO
- ❑ Plan for the possibility of extended deployment
- ❑ Participate in critique/hot wash
- ❑ Sign out and log hours worked during response

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Command Staff

Safety Officer

Reports to: Incident Commander
Emergency Operations Center Location: _____ **Telephone:** _____
Name of Event: _____ **Date and Time ICS role instituted:**_____

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

Immediate:

- ❑ Sign-in to Staff Roster
- ❑ Receive appointment from Incident Commander.
- ❑ Read this entire Job Action sheet and review organizational chart.
- ❑ Obtain a briefing from Incident Commander.
- ❑ Review the Incident Action Plan (IAP) for safety implications
- ❑ Consider safety needs of all Maine CDC staff responding to a potentially unsafe site.

Intermediate:

- ❑ Exercise emergency authority to stop and prevent unsafe acts
- ❑ Keep all staff alert to the need to identify and report all hazards and unsafe conditions and insure that all accidents involving personnel are investigated and actions and observations documented
- ❑ Arrange with Logistics to secure areas as needed to limit unauthorized access
- ❑ Advise the Incident Commander and Section Chiefs immediately of any unsafe, hazardous situation
- ❑ Establish routine briefings with Incident Commander
- ❑ Establish routine briefings with Finance/Administration Section Chief
- ❑ Have all staff sign in and out and record activities and known costs associated with the emergency response operations and provide to the Finance/Administration Chief as requested
- ❑ Coordinate with the safety staff from other agencies regarding health and safety issues, e.g. health and safety issues at shelters.

Extended:

- ❑ Observe all staff, for signs of stress and report issues to Incident Commander

- ❑ Provide rest periods and relief for staff.
- ❑ Consider need for CISM.
- ❑ Prepare end of shift report and present to oncoming Safety Officer and Incident Commander
- ❑ Plan for the possibility of extended deployment
- ❑ Participate in post event critique/hotwash
- ❑ Sign out and log hours worked during response

Maine Center for Disease Control and Prevention
Incident Command System (ICS)
Emergency Response
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Operations

Operations Section Chief

Reports to: Incident Commander
Emergency Operations Center Location: _____ **Telephone:** _____
Name of Event: _____ **Date and Time ICS role instituted:** _____

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

Immediate:

- ❑ Sign-in to Staff Roster
- ❑ Receive appointment from Incident Commander
- ❑ Put on picture ID badge and vest
- ❑ Read this entire Job Action sheet and review organizational chart
- ❑ Obtain a briefing from Incident Commander
- ❑ Review all relevant Emergency Operations Plans and all emergency response procedures
- ❑ Brief all Operations Group Supervisors on current situation and develop the Section's Incident Action Plan
- ❑ Add additional (or delete) tasks to the Incident Action Plan
- ❑ Identify and report to Liaison Officer and/ or Finance/Administration Section Chief any tactical resources needed to achieve the goals of the Incident Action Plan (IAP)
- ❑ Coordinate IT and data entry needs with Logistics and Planning Section Chiefs

Intermediate:

- ❑ Execute all emergency response operations described in appropriate plans
- ❑ Ensure appropriate security actions are taken
- ❑ Create and manage a system for organizing and coordinating all department response activities
- ❑ Provide operational guidance, tracking the status of assignments and activities
- ❑ Determine operational shortfalls and issues and find internal solutions to issues and/or raise issues to the Incident Commander
- ❑ Brief the Incident Commander routinely on the status of the Operations Section
- ❑ Coordinate all activities with the Incident Commander and Planning Section Chief
- ❑ Coordinate requests for other public health resources with the Logistics and Finance/Administration Section Chiefs
- ❑ Coordinate any requests for non-public health resources with the PHEOC Liaison Officer (requests will be sent to the State EOC for action)

- ❑ Provide input to the periodic IAPs
- ❑ Develop a system to receive and review all external communications products prior to dissemination
- ❑ Coordinate with GIS Subject Matter Export for GIS support to emergency operations
- ❑ Have all staff sign in and out and record activities and known costs associated with the emergency response operations and provide to the Finance/Administration Chief, as requested

Extended:

- ❑ Maintain documentation of all actions and decisions on a continual basis
- ❑ Maintains an activities log of all actions and communications
- ❑ Observe all staff for signs of stress. Report issues to Safety Officer. Provide rest periods and relief for staff, as needed.
- ❑ Plan for the possibility of extended deployment
- ❑ Participate in post-event critique/hotwash
- ❑ Sing-out and log hours worked during the response

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Logistics

Logistics Section Chief

Reports to: Incident Commander
Emergency Operations Center Location: _____ **Telephone:** _____
Name of Event:_____ **Date and Time ICS role instituted:**_____

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

Immediate:

- ☐ Sign-in Staff Roster
- ☐ Report to and receive assignment from your supervisor
- ☐ Put on picture ID badge and vest
- ☐ Read this entire Job Action sheet and review organizational chart
- ☐ Obtain a briefing from Incident Commander
- ☐ Assign Branch Directors, if applicable
- ☐ Establish Logistics Section Center in proximity to Incident Command Center, if needed
- ☐ Notify Incident Commander when section is activated & operational
- ☐ Poll departmental offices as to immediate requirements and needs
- ☐ Develop systems for emergency supply of critical items as identified
- ☐ Organize and assemble staff to maintain critical communications systems and facility utilities
- ☐ Anticipate logistical needs through information from the planning section

Intermediate:

- ☐ Coordinate security requirements for all health facilities. Secure areas as needed to limit unauthorized personnel access
- ☐ Coordinate with SEOC if communication equipment is required
- ❑ Update Section staff of new developments and receive Section status reports
- ❑ Obtain information and updates regularly from unit leaders and officers; maintain current status of all areas
- ❑ Review IAP and estimate section needs for next operational period or shift
- ❑ Initiate contact with MEMA, ARC, EMS, Fire and Police assistance when necessary
- ❑ Hold periodic section meetings and determine needs to changes goals and objectives
- ❑ Prepare to manage large numbers of potential volunteers. Coordinate activities with Volunteer Support Group Supervisor
- ❑ Confer with PIO to establish areas for media personnel
- ❑ Obtain supplies as requested by Planning or Operations

- ❑ Organize logistical and life support needs of the Department for 24/7 operation, including sleeping areas and food services
- ❑ Execute emergency childcare plans for Department employees as required
- ☐ Organize personnel relief measures, medication and equipment re-supply
- ☐ Coordinate resource acquisition, rapid transport of personnel and equipment, temporary and long-term storage of supplies, for ongoing maintenance of equipment as indicated
- ☐ Establish routine briefings with Incident Commander
- ☐ Organize food services as appropriate in accordance with purchasing rules and regulations.

Extended:

- ☐ Complete all required forms, reports, and other documentation and give to your supervisor
- ☐ Remain informed about requests for assistance from organizations within their area of responsibility
- ☐ Have all staff sign in and out and record activities and known costs associated with the emergency response operations and provide to the Finance/Administration Chief as requested
- ☐ Maintain documentation of all actions and decisions on a continual basis –forward completed unit activity log to Administrative Section Chief
- ☐ Participate in the development and execution of the demobilization and make recommendations to IC as necessary
- ☐ Observe all staff for signs of stress, report issues to Safety Officer. Consider need for CISM
- ☐ Provide rest periods and relief for staff
- ☐ Prepare end of shift report and present to oncoming Incident Commander and Logistics Section Chief
- ☐ Plan for the possibility of extended deployment
- ☐ Participate in post-event critique/hotwash
- ☐ Sign out and log hours worked during the response

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Incident Command System (ICS)
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Planning

Planning Section Chief

Reports to: Incident Commander
Emergency Operations Center Location: _____ Telephone: _____
Name of Event: _____Date and Time ICS role instituted:_____

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

Immediate:

- ❑ Sign-in to Staff Roster
- ❑ Put on picture ID badge and vest
- ❑ Receive appointment from Incident Commander and obtain packet containing Section's Job Action Sheets
- ❑ Read this entire Job Action sheet and review organizational chart
- ❑ Obtain a briefing from Incident Commander
- ❑ Brief Documentation Group Supervisor and Technical / SMEs
- ❑ Notify Incident Commander when Section is activated & operational. Provide telephone number of location
- ❑ Develop a daily Incident Action Plan (IAP), with input from the Operations Section Chief, appropriate to the situation and based on the objectives set by the Incident Commander
- ❑ Develop a means of collection, authentication, and analysis of data, and the synthesis and dissemination of information concerning local and regional health and medical issues

Intermediate:

- ❑ Review the following documents from the most recent operational period: Incident Status Summary (ICS 209), Incident Action Plan
- ❑ Establish information requirements and reporting schedule
- ❑ Ensure standardization of data collection
- ❑ Set operational periods (e.g. 8, 12, 24 hr)
- ❑ Develop a daily situation report appropriate to the situation
- ❑ Provide regular situation updates to the Incident Commander and the DBH PIO
- ❑ Conduct and facilitate planning meetings
- ❑ Ensure other public health and healthcare organizations are regularly updated on the

emergency situation

- ❑ Identify key data that needs to be tracked during the operation
- ❑ Develop a system to track key data and make it available to other offices
- ❑ Determine need for specialized resources to support incident
- ❑ Utilize GIS to support planning and operational functions
- ❑ Establish specialized collection systems, e.g. weather, surveillance information, etc.
- ❑ Develop a system for recording lessons learned and making immediate improvements
- ❑ Develop a system to receive copies of and track all external communications products
- ❑ Assemble and disassemble task forces and strike teams not assigned to Operations
- ❑ Complete ICS Form 214 throughout the day

Extended:

- ❑ Complete all required forms, reports, and other documents and give to your supervisor
- ❑ Document all activities and document any known costs associated with the emergency response operations and provide to the Finance/Administration Section Chief as requested
- ❑ Organize After Action meetings and compile an After Action Report
- ❑ Review progress reports from Section Chiefs as appropriate
- ❑ Notify media about incident status
- ❑ Observe all staff for signs of stress. Report issues to Safety Officer. Provide rest periods and relief for staff, as needed.
- ❑ Prepare end-of-shift report and present to oncoming Incidnet Commander and Planning Chief
- ❑ Plan for the possibility of extended deployment
- ❑ Participate in post-event critique/hotwash
- ❑ Sign out an dlog hours worked during the response

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Finance/Administration

Finance/ Administration Section Chief

Reports to: Incident Commander
Emergency Operations Center Location: _____ Telephone: _____
Name of Event:_____Date and Time ICS role instituted:_____

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

Immediate:

- ❑ Sign-in to Staff Roster
- ❑ Receive appointment from Incident Commander. Obtain packet containing Section's Job Action Sheets (also available on line)
- ❑ Read this entire Job Action Sheet and review organizational chart that has been activated
- ❑ Obtain briefing from Incident Commander
- ❑ Appoint Financial Records and Accounting Group Supervisors
- ❑ Obtain unique finance code for incident from the Finance Officer
- ❑ Confer with appointed Group Supervisors and insure the formulation and documentation of an incident-specific section action plan as approved by the Command Staff

Intermediate:

- ❑ Approve a "cost-to-date" incident financial status in agreement with the IC and summarize financial data as often as required by the nature of the incident, relative to personnel and hours worked, supplies and miscellaneous expenses including facilities and equipment
- ❑ Obtain briefings and updates from Incident Commander as appropriate.
- ❑ Relate into financial status reports
- ❑ Schedule planning meetings with Group Supervisors to discuss updating the section's incident action plan and termination procedures
- ❑ Authorize utilization or diversion of financial resources
- ❑ Record all activities and known costs associated with the emergency response operations on the Job Action Log

Extended:

- ❑ Complete all forms, reports, and other documents and give to your supervisor
- ❑ Observe all staff for signs of stress
- ❑ Coordinate injury or incident reporting procedures and protocol with Safety Officer
- ❑ Create end of shift report for Incident commander and the oncoming Finance/Administration Section Chief
- ❑ Plan for the possibility of extended deployment
- ❑ Participate in post event critique/hotwash
- ❑ Sign out and log the hours worked during the response

D. ICS Forms

Link to FEMA ICS Forms (fillable):

http://www.training.fema.gov/EMIWeb/IS/ICSResource/icsforms.htm

Section III. Annexes Listing

Functional Annexes
Communications Plan
Communicable Disease Epidemiology
Health and Environmental Testing Laboratory
Medical Countermeasure Dispensing
Medical Surge
Mass Care (Shelter Support)
Environmental Health Response:
• Food Safety and Health Inspection
• Drinking Water Program
• Environmental and Occupational Health Toxicology (In progress)
Responder Health and Safety (In progress)
Disaster Behavioral Health
Non-Pharmaceutical Interventions
Volunteer Management (In progress)
Medical Materiel Management and Distribution
Mass Fatality Management
Hazard Specific Annexes
Pandemic Influenza Operations Plan
Ebola Response Plan (Awaiting final approval)
Extreme Heat Plan
CBRNE Response Plan (In progress)
Support Annexes
Continuity of Operations Plan (COOP)
Disaster Recovery Plan