2024

Maine Center for Disease Control & Prevention - All Hazards Emergency Operations Plan

Maine Department of Health and Human Services

Maine CDC

Maine Center for Disease Control and Prevention

PROMULGATION STATEMENT

The primary role of the Maine Center for Disease Control and Prevention (Maine CDC) is to provide for the health and welfare of its citizens. The welfare and safety of citizens is never more threatened than during disasters and public health emergencies. The goal of Maine CDC is to ensure that planning, mitigation, preparedness, response, and recovery actions exist so that health and welfare is preserved.

The Maine Center for Disease Control and Prevention All Hazards Emergency Operations Base Plan provides a comprehensive framework for all jurisdictions of government and non-governmental healthcare partners within the State of Maine for Public Health Emergency Management. It addresses the roles and responsibilities of government organizations and provides a link to local, State, Federal, and private organizations and resources that may be activated to address Public Health Emergencies in the State of Maine.

The Maine Center for Disease Control and Prevention All Hazards Emergency Operations Base Plan ensures consistency with current policy guidance and describes the interrelationship with other levels of government and non-governmental entities. The plan will continue to evolve, responding to lessons learned from actual disaster and public health emergency experiences, ongoing planning efforts, training and exercise activities, and Federal guidance. Therefore, in recognition of Maine Center for Disease Control and Preventions responsibilities of Maine State government and with the authority vested in me as the Director of the Maine Center for Disease Control and Prevention hereby promulgate the Maine Center for Disease Control and Prevention All Hazards Emergency Operations Plan.

ACCEPTED, APPROVED, AND ADOPTED THIS 13th day of September 2024

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

Date: September 13, 2024

Director
Maine Center for Disease Control and Prevention

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.	2	JWC
9/27/22	Formatting and edits to conform with DHHS formatting standards	3	MDA
10/22-7/23	Multiple edits and reformatting	4	SPB
1/24-9/24	Multiple edits after review by Maine CDC Director & Maine CDC State Epidemiologist	5	SPB
9/13/24	Review and edits for formatting and alignment with style guide.	6	SLH
9/13/24	Final review and approval by Dr. Va, promulgation statement signed	7	PV

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SECTION I - BASE PLAN

1.1INTRODUCTION

This plan describes the roles and responsibilities of individuals and teams involved in responding to a public health emergency in Maine, with a focus on the role of the Maine Center for 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.

1.2 PURPOSE

The Maine CDC All Hazards Emergency Operations Base Plan establishes and describes the emergency response framework used to guide the Maine CDC when activated to protect the health, safety and well-being of Maine residents in areas impacted by a natural or manmade disaster or any public health emergency such as an infectious disease outbreak or epidemic. Functional Annexes describe how the basic emergency functions will be managed. Hazard Specific Annexes describe management functions that are unique to specific hazards or specific situations.

1.3 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 that overwhelm local public health or healthcare capabilities. The Plan provides an overview of responsibilities and actions to be carried out before, during, and after emergencies by 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 and maintained by the appropriate public health programs within the Maine CDC, in collaboration with PHEP and with input from external partners.

1.4 ROLES AND RESPONSIBILITIES

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

1.4.1 - Division of Public Health Systems

The Division of Public Health Systems (DPHS) includes the following public health programs:

- Public Health Emergency Preparedness (PHEP)
- Data, Research and Vital Statistics
- Rural Health & Primary Care
- District Public Health (including District and Tribal Liaisons)

The District and Tribal Liaisons serve as the connection between the Maine CDC and local public health partners at the District and Tribal level. These District and Tribal Liaisons participate in planning, response, and recovery at the district level, coordinating with regional Healthcare Coalitions (HCCs), county Emergency Management Agencies (EMAs) and other local agencies to facilitate efficient communication between the state and local agencies.

1.4.2 - 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, and assisting PHEP with medical countermeasure dispensing Point of Dispensing (POD) sites.

1.4.3 - Health and Environmental Testing Laboratory (HETL)

The Health and Environmental Testing Laboratory plays a critical role in the rapid identification, tracking, and containment of outbreaks through isolating, identifying, analyzing, and monitoring any biological, chemical, or radiological hazards which can cause harm. Within HETL, there are four laboratory programs:

- Microbiology
- Inorganic Chemistry
- Organic Chemistry
- Forensic Chemistry (including the Toxicology and Controlled Substances units)

1.4.4 - Division of Environmental and Community Health

The Division has responsibility for protecting public health through engineering provided services and oversight. The Director of the Division of Environmental and Community Health is the State Liaison to the U.S. Nuclear Regulatory Commission and the U.S. Consumer Product Safety Commission. The Division is organized as follows:

- Children's Licensing and Investigation Services (child care facility licensing)
- Drinking Water Program (regulates public drinking water supplies)
- Health Inspection Program (inspection/regulation of restaurants and lodging places)
  Radiation Control Program (inspection/regulation of radiation sources)

1.4.5 - Division of Disease Surveillance

The Division of Disease Surveillance (DDS) is responsible for coordinating efforts to contain the spread of infectious diseases. This work includes conducting case investigations and contact tracing, implementing non-pharmaceutical interventions such as isolation and quarantine, coordination of immunization efforts, and expert consultation to members of the public and health care practitioners. Public health programs within DDS include:

- Infectious Disease Prevention
- Infectious Disease Epidemiology
- Maine Immunization Program

1.4.6 - Division of Medical Epidemiology

The Division of Medical Epidemiology provides medical and epidemiological support to the Maine CDC Director and to Maine CDC's divisions and programs.

Public health programs within DME include:

- Healthcare Epidemiology Program (sometimes referred to as "HAI/AR" or "HAI/AR/AS")
- Medical Epidemiology Program
- Worker Safety and Health Program

The State Epidemiologist/Chief Medical Officer provides medical oversight of certain capacities for Maine CDC, such as standing orders and vaccine orders; provides healthcare guidance on public health matters, such as communicable disease control, healthcare infection control, and environmental and occupational exposures, to clinicians and healthcare systems across the State of Maine through health advisories, other communications, and consultations; provides medical epidemiology support to Maine CDC programs, such as the Infectious Disease Epidemiology program; maintains communications with healthcare associations such as Maine Hospital Association, Maine Healthcare Association, and Maine Primary Care Association; and communicates with counterparts at other state health departments.

1.4.7 - Division of Disease Prevention

The Division of Disease Prevention (DDP) helps to reduce the impact of emergencies through preventative measures such as reducing the use of tobacco and other substances, creating environments that support healthy eating and physical activity, providing information and tools for people to take control of their own health and helping people to understand how they can prevent injuries. Public health programs contained within DDP include:

- Maternal and Child Health
- Women, Infants & Children
- Chronic Disease Prevention
- Tobacco & Substance Use Prevention & Control
- Oral Health Program

1.4.8 - Disaster Behavioral Health (DBH)

The Maine CDC Disaster Behavioral Health Response Team (DBHRT), a public health unit within PHEP, 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.

1.4.9 - Healthcare Coalitions (HCCs)

Three regional HCCs – in Southern, Central and Northern Maine - are responsible for planning for, responding to and recovering from a regional healthcare disaster. The HCCs 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.

1.4.10 - Portland and Bangor City Health Departments

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

1.4.11 - County Emergency Management Agencies (CEMAs)

Local emergency management activities are coordinated regionally by Emergency Management Agencies (EMAs) in each of our 16 Counties. County EMA 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.

1.4.12 - 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.

1.4.13 - 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 Maine Revised Statutes (MRS) Title 22, Chapter 711, MEDICAL EXAMINER ACT.

1.4.14 - 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.

1.4.15 - 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.

1.4.16 - Federally Qualified Health Centers (FQHC)

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

1.4.17 - Northern New England Poison Control Center (NNEPCC)

The NNEPCC provides Maine CDC's after-hours-on-call service at (800) 222-1222, 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.

1.4.18 - 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.

1.4.19 - Department of Agriculture, Conservation and Forestry (DACF)

The Maine Department of Agriculture, Conservation and Forestry is responsible for information and management of animal disease outbreak and/or illnesses related to agricultural products and response affecting public health and safety.

1.4.20 - 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 using a school-located vaccine clinic model.

1.4.21 - 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.

1.4.22 - Maine Army National Guard (MEANG)

The Maine Army National Guard is responsible for coordinating 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. The Guard may also be called to assist with a variety of emergency response operations such as testing or vaccine clinics.

1.4.23 - Maine State Police (MSP)

The Maine State Police is responsible for providing security of SNS assets as well as transportation of SNS assets from the Maine border to designated Remote Storage Sites (RSSs) and/or POD sites throughout Maine. MSP also assists with conducting RSS security assessment.

1.4.24 - 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.

1.4.25 - Maine Funeral Home Directors (MFHD)

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

1.4.26 - 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.

1.4.27 - 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.

1.5 SITUATION OVERVIEW

Maine is a large rural state, almost as large as the other 5 New England States (New Hampshire, Vermont, Massachusetts, Rhode Island, and Connecticut) combined. However, Maine has a relatively low population density, with a population of approximately 1.372 million residents and a limited sub-state public health infrastructure.

Within Maine's large geographic area and relatively low population are 36 hospitals serving communities throughout Maine, including 33 non-profit general acute care hospitals (3 are trauma centers), two private psychiatric hospitals, and one acute rehabilitation hospital. Among these, there are several government-run hospitals in Maine, the Dorothea Dix Psychiatric Center in Bangor and Riverview Psychiatric Center in Augusta and, the Veterans Administration Medical Center at Togus. There are a broad array of healthcare providers including 144 Federally Qualified Health Centers (FQHCs), other health centers, and private practitioners. Emergency Medical Services (EMS) is regulated by the Maine Bureau of Emergency Medical Services (MEMS), which provides rules, data collection, and treatment protocols for the 272 transporting and non-transporting EMS agencies and the roughly 5,500 pre-hospital care providers throughout the state.

Every day, public health organizations in Maine are responsible for preserving and protecting the health of Maine residents and visitors. Emergencies require public health to provide short and long-term public health interventions (including testing and surveillance activities to halt the spread of disease) along with the capacity to maintain essential public health services. Maine, like any other state, 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 to prevent exposure to those hazards and preparedness for responding to and recovering from emergencies should they occur. Disasters may include direct and indirect impacts; for example, a hurricane could cause flooding and wind damage (direct impacts), as well as contaminated food and water, and power outages (indirect impacts). 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 (PH HVA) on February 25, 2020. The purpose of the Vulnerability Analysis was to determine areas of vulnerability relative to potential but likely hazards that threaten the public health of the citizens of the state of Maine. Emergency preparedness planners and responders used the Analysis results to focus on hazards to which citizens are most vulnerable. The HVA work group used a HVA Assessment Tool to evaluate the relative probability and severity of Naturally Occurring Events, Technological Events and Human Related Events in the State of Maine. The following results reflect the outcome of the PH HVA. Note: In accordance with five-year requirements our next HVA is scheduled for February of 2025.

Table 1.5.1 - Natural Occurring Events

HAZARD AND VULNERABILITY ASSESSMENT TOOL
NATURALLY OCCURRING EVENTS

EVENT	1. PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION) 2. HUMAN IMPACT	3. PROPERTY IMPACT	4. COMMUNITY IMPACT	5. STATE PREPARED-NESS	6. ME CDC/PH INTERNAL RESPONSE	7. EXTERNAL RESPONSE	RISK
	Likelihood this will occur	*Possibility of death or injury*	*Physical losses and damages*	*Interuption of services*	*Preplanning*	*Time, effectivness, resouces*	*Community/ Mutual Aid staff and supplies*	*Relative threat**
SCORE	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 - 100%*
Hurricane	1	2	3	2	1	1	1	19%
Tornado	1	1	3	2	3	3	3	28%
Severe Thunderstorm	3	1	1	1	1	1	1	33%
Heavy Snow, Blizzard	3	2	2	2	1	1	1	50%
Ice Storm	1	2	3	3	2	2	2	26%
Earthquake	2	1	1	1	3	3	3	44%
Tsumani	1	1	3	3	3	3	3	30%
Extreme Heat	2	2	1	2	2	1	2	37%
Drought	1	2	2	2	2	2	2	22%
Flood	2	1	3	2	1	1	1	33%
Wild Fire	1	1	3	3	2	2	2	24%
Landslide	1	1	2	1	3	3	3	24%
Dam Inundation	1	2	2	2	2	2	2	22%
Vector Infectious Disease Outbreak	1	3	1	1	1	1	1	15%
Repiratory Disease Outbreak including influenza	3	3	1	2	2	2	2	67%
Foodborne Disease Outbreak	3	3	2	2	1	1	1	56%
Vaccine Preventable Disease Outbreak	3	3	1	2	2	2	2	67%
AVERAGE SCORE	2.00	2.07	2.27	2.20	2.13	2.07	2.13	33%

**Threat increases with percentage.*

30
193

RISK = PROBABILITY * SEVERITY		
0.33	0.47	0.71

Natural Hazards : Maine CDC Vulnerability Assessment Spreadsheets - 2020-02-25 - 6.xlsx

Table 1.5.2 - Technological Events

HAZARD AND VULNERABILITY ASSESSMENT TOOL
TECHNOLOGIC EVENTS

EVENT	1. PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		2. HUMAN IMPACT	3. PROPERTY IMPACT	4. COMMUNITY IMPACT	5. STATE PREPARED-NESS	6. ME CDC/PH INTERNAL RESPONSE	7. EXTERNAL RESPONSE	
	Likelihood this will occur	*Possibility of death or injury*	*Physical losses and damages*	*Interuption of services*	*Preplanning*	*Time, effectivness, resouces*	*Community/ Mutual Aid staff and supplies*	*Relative threat**
SCORE	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 - 100%*
Major Power Outage	3	3	2	3	2	1	2	72%
Fuel Shortage	1	1	3	3	2	2	2	24%
Major Transportation Disruption	1	3	3	3	2	2	2	28%
Water Supply Contamination	1	3	2	3	2	1	1	22%
Food Contamination	1	3	1	1	1	1	1	15%
Major Communications Disruption (phones)	3	2	3	3	3	2	2	83%
Information Systems Failure (internet)	2	3	1	3	3	3	3	59%
Supply Disruption / Shortage	3	3	2	3	3	2	3	89%
Major Infrastructure Damage	2	3	3	3	2	3	2	59%
Cyber Attack	3	3	2	3	2	2	2	78%
AVERAGE SCORE	2.00	2.70	2.20	2.80	2.20	1.90	2.00	51%

**Threat increases with percentage.*

20
1338

RISK = PROBABILITY * SEVERITY		
0.51	0.67	0.77

Technological Hazards : Maine CDC Vulnerability Assessment Spreadsheets - 2020-02-25 - 6.xlsx

Table 1.5.3 - Human Related Events

HAZARD AND VULNERABILITY ASSESSMENT TOOL
HUMAN RELATED EVENTS

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

EVENT	1. PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		2. HUMAN IMPACT	3. PROPERTY IMPACT	4. COMMUNITY IMPACT	5. STATE PREPARED-NESS	6. ME CDC/PH INTERNAL RESPONSE	7 . EXTERNAL RESPONSE	
	Likelihood this will occur	*Possibility of death or injury*	*Physical losses and damages*	*Interuption of services*	*Preplanning*	*Time, effectivness, resouces*	*Community/ Mutual Aid staff and supplies*	*Relative threat**
SCORE	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 - 100%*
Mass Casualty Incident	3	3	2	3	2	2	2	78%
Significant Bombing/Explosion	2	3	3	3	2	2	1	52%
Significant Civil Disturbance	1	2	2	3	2	2	2	24%
Large Public Events	3	1	1	2	1	1	1	39%
Mass Fatality Situation	1	3	2	3	1	2	2	24%
AVERAGE	2.00	2.40	2.00	2.80	1.60	1.80	1.60	45%

**Threat increases with percentage.*

RISK = PROBABILITY * SEVERITY		
0.45	0.67	0.68

Human Hazards : Maine CDC Vulnerability Assessment Spreadsheets - 2020-02-25 - 6.xlsx

The PH HVA also included an evaluation of Events Involving Hazardous Materials, as summarized below:

Table 1.5.4 - Events Involving Hazardous Materials

HAZARD AND VULNERABILITY ASSESSMENT TOOL
EVENTS INVOLVING HAZARDOUS MATERIALS

EVENT	1. PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		2. HUMAN IMPACT	3. PROPERTY IMPACT	4. COMMUNITY IMPACT	5. STATE PREPARED-NESS	6. ME CDC/PH INTERNAL RESPONSE	7. EXTERNAL RESPONSE	
	Likelihood this will occur	*Possibility of death or injury*	*Physical losses and damages*	*Interuption of services*	*Preplanning*	*Time, effectivness, resouces*	*Community/ Mutual Aid staff and supplies*	*Relative threat**
SCORE	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 - 100%*
Major Hazmat Incident	3	3	3	3	3	3	3	100%
Major Chemical Exposure/ Terrorism	1	3	3	3	2	2	3	30%
Major Radiological Exposure/Terrorism	1	3	3	3	3	3	3	33%
Biological Terrorism	1	3	3	3	2	2	2	28%
Nuclear Detonation	1	3	3	3	2	3	3	31%
AVERAGE	1.40	3.00	3.00	3.00	2.40	2.60	2.80	44%

**Threat increases with percentage.*

RISK = PROBABILITY * SEVERITY		
0.44	0.47	0.93

Hazardous Materials : Maine CDC Vulnerability Assessment Spreadsheets - 2020-02-25 - 6.xlsx

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

1.5.1 - Public Health Emergency Preparedness (PHEP) Capabilities Assessment

The 15 Public Health Emergency Preparedness Capabilities to which all public health is 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

The document entitled "Developing and Maintaining Emergency Operations Plans, Capabilities Planning Guide (CPG)", created by the Federal Emergency Management Agency (FEMA), includes information regarding the functional challenges or barriers that may currently inhibit the realization of emergency response agencies to achieve full ability to perform each of the Capabilities. More information can be found at:

https://www.fema.gov/sites/default/files/documents/fema_cpg-101-v3-developing-maintaining-eops.pdf.

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

1.5.2 - Mitigation Overview

Mitigation activities are undertaken to eliminate hazards and/or to reduce the effects of hazard exposures that do occur.

Following any actual emergency, disaster, or other incident that requires agency-wide response, 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 such as "what went well", and "areas in need of improvement". Information and feedback will be drawn from within the Maine CDC as well as from external preparedness and response partners.

As an outgrowth of the AAR, an Incident Improvement Plan (IIP) will be created to identify corrective actions to be undertaken to mitigate the impact should an event with similar hazards occur 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 Plan.

1.6 PLANNING ASSUMPTIONS

Maine CDC will use the National Incident Management System (NIMS) as a basis for supporting, responding to, and managing Plan activities (see https://www.fema.gov/emergency-managers/nims). Emergencies and disasters affecting 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 handle the situation effectively and efficiently.

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; and/or
- require response operations for an extended period 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 and responders, and protecting the 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 must receive appropriate training (including safety training) prior to reassignment.
- Maine CDC has planned, prepared for, and will respond to emergencies regionally using the nine public health districts in the state (see https://www.maine.gov/dhhs/mecdc/public-health-systems/lphd/index.shtml).
- 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 limited resources, such as during a pandemic.

- Maine CDC may make recommendations regarding targeting and/or prioritizing portions of the population at greatest risks to receive 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), a Federal Medical Station (FMS), or SNS assets.

Not all emergencies or disasters will require full activation of this Plan. The degree of involvement of Maine CDC in each 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 authority and jurisdiction. 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; and
- 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.

1.7 VULNERABLE POPULATIONS ACCESS AND DEMOGRAPHICS

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

The National Association of County and City Health Officials (NACCHO) defines vulnerable populations as "a range of residents who may not be able to access and use the standard resources offered in disaster preparedness, relief and recovery comfortably or safely. 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, young children, pregnant people, and 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)

To improve access to health care and public health services to underserved populations, Manie CDC has created an Office of Public Health Equity (OPHE). OPHE works with health care partners and community leaders across Maine to identify and resolve conditions that limit access. The Maine CDC will continue to work to ensure 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 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. 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 (including the Tribal liaison 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.

1.8 CONCEPT OF OPERATIONS

1.8.1 - 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. Coordination 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.

1.8.2 - 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. The PHEOC would typically be located at the Maine CDC headquarters in Augusta, Maine. However, the physical location may be adjusted according to the type and location of the emergency and the nature of the response.

1.8.3 - 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.
- Reassign personnel to non-emergency duties.
- 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.

1.8.4 - Activation and Initial Response

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**. The AHOC is another tool that 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.

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

- Maine CDC, Director
- Maine CDC, Deputy Director
- Maine CDC, Chief Operating Officer
- Maine CDC Chief Medical Officer (State Epidemiologist and Associate Director, Division of Medical Epidemiology)
- Associate Director, Division of Public Health Systems
- Associate Director, Division of Disease Surveillance
- Associate Director, Division of Disease Prevention
- Associate Director, Division of Environmental & Community Health
- Associate Director, Division of Public Health Nursing
- Chief of Laboratory Operations, Health & Environmental Testing Laboratory
- Associate Director, Office of Public Health Equity
- Director, Public Health Emergency Preparedness
- Program Manager, Infectious Disease Prevention
- Program Manager, Infectious Disease Epidemiology

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 or via the After Hours on Call SOP or through other communication to Maine CDC:

- Single case of a disease caused by a Category A agent(s) (i.e., anthrax, botulism, plague, smallpox, tularemia, smallpox, botulism, viral hemorrhagic fevers [including filoviruses and arenaviruses], 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 geographic clustering (cases in close proximity to one another) and patients with similar symptoms, diseases, especially including severe impacts or death resulting from the disease
- Novel virus strains that could spread through human-to-human transmission
- Natural or manmade disasters or emergencies that have the potential to impact human health and welfare
- Surge in healthcare needs exceeds the healthcare system's surge capacity, i.e., the ability to provide medical care
- Resource requests that cannot be managed by a single Maine CDC division or program

- Resource requests that require Maine CDC agency-wide response
- Resource requests for public health or medical resources from federal response agencies
- EMAC resource requests either to or from a Region #1 State Health Department or Emergency Management Agencies

Initial Response Team Activation Functions - The IRT will convene in-person or virtually via video conferencing platforms such as Zoom or MS Teams 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 Department of Health & Human Services (DHHS or the Department)

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 as follows:

Table 1.8.1 – Activation Levels

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 act 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 typically 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.

Healthcare Coalitions (HCCs) - The three Healthcare Coalition regional chapters (Southern, Central and Northern) are a key component in the PH response and recovery infrastructure. The HCCs 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 HCC 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 HCCs will serve as the central communications and coordination center for emergency medical needs in their respective regions.

The HCCs serve as the regional health care communications centers. Information will flow from the state PHEOC to the HCC for distribution to the HCC members. Likewise, the HCC members will provide, upon request, crucial front-line information by way of the HCCs up to the state PHEOC for a situational snapshot e.g., bed availability. The HCCs keep both the HCC partners and the Maine CDC fully informed of any potential or actual emergency situation.

The HCCs will coordinate regional medical resources. As an HCC receives requests for assistance from a local health care facility in distress, that HCC will attempt to locate local resources among the collective HCCs to meet those needs based on a Mutual Aid Agreement (MAA) between the HCC

members. If the request cannot be met locally, the HCCs 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.

District Liaisons (DLs) - The nine District Liaisons including the Tribal Liaison 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. DLs and Tribal Liaisons will maintain close communication with the PHEOC to receive situational updates and provide information from the field back to the PHEOC. The DLs coordinate with the state PHEOC, the HCCs, the county EMAs in their district, Local Public Health Departments, Local Health Officers (LHOs), and other local community partners.

The DLs may provide assistance:

- to the PHEOC, as requested;
- to the HCC, to assist HCC staff with communications and management of regional medical resources;
- to the county EMA EOC;
- to a regional shelter;
- to an open POD (a POD that is open to the public);
- to an Alternative Care Site;
- with public health messaging, and in obtaining urgent translations for local populations; and
- to the LHOs

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.

Demobilization - In any type of incident, there will come a point when the worst impacts have been encountered and addressed to the extent possible, and consideration should turn to demobilization. The time frame for this activity may vary by situation but planning for demobilization should begin from the outset of the response. In the PHEOC, the Planning Section, in particular the individual designated as 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 (IC) in consultation with Maine CDC Director and Maine DHHS Commissioner.

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

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

The Incident Commander will consult with Command Staff, Section Chiefs, and the DHHS Commissioner and also with external decision-makers, such as other state responding agencies and the State EOC, before making a final decision to demobilize.

When the demobilization decision has been made, this decision will be communicated in a timely and effective manner to the Maine CDC staff and appropriate external agencies/ partners as well (HCCs, 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 about the demobilization with the general public, particularly in situations where Maine CDC services have been reduced or 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 and 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 released from duty and have adequate travel arrangements to return home.

1.9 ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

1.9.1 - 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 and terminology, uniform personnel qualifications, and the equipment and communications standards necessary 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.

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

1.9.2 - 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 (see Appendix C). 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 Appendix C of this Plan.

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

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

Public Information Officer (PIO): 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.

Safety Officer: Has the responsibility to develop and recommend measures for assuring safety (including psychological and physical) of Maine CDC personnel safety, and to assess and/or anticipate hazardous and unsafe situations.

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 requests, identify and dispatch resources as necessary.

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.

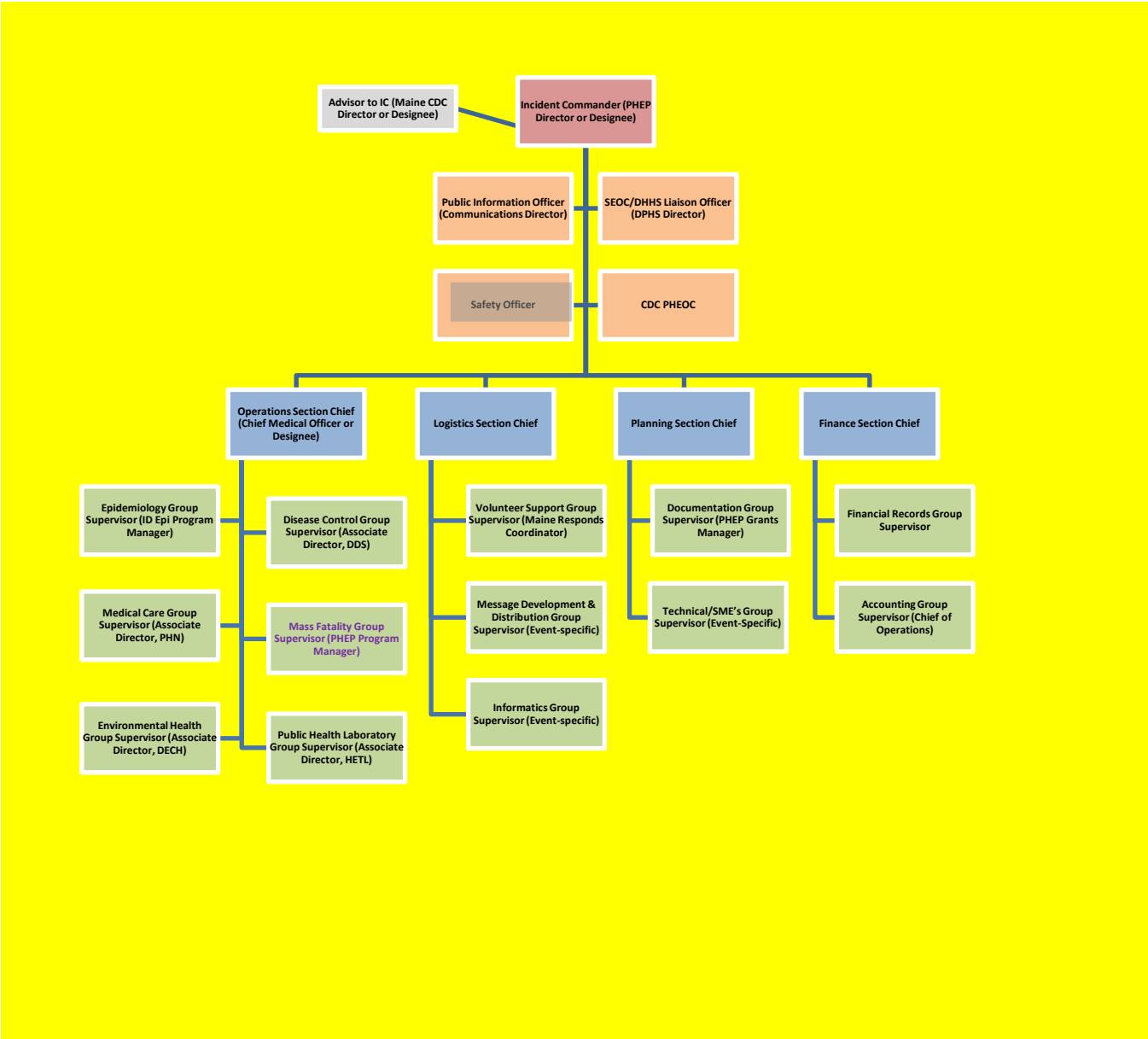
Planning Section Chief: Identify and establish data elements and data sources. Implement data collection and analysis procedures so that trends and forecasts can be identified related to the incident. Organize and direct all aspects of Planning Section operations. Ensure the distribution of critical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

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.

Roster: The PHEOC will be staffed by the Associate 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.

The PHEOC organizational ICS structure is represented as follows in Figure 1.9.1:

Figure 1.9.1 – ICS Structure Diagram



1.9.3 - Assimilation of Re-assigned Staff and 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.

1.9.4 - Agency: Primary and Support Roles

Most hazardous events have the possibility of impacting the health of the public as a primary or secondary impact of the hazard; in the case of secondary impacts (e.g., during a manmade or natural disaster), 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. Public health officials at the local level (including Local Health Officers, the PH Field Staff, the District Liaisons, and the Healthcare Coalitions) 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.

Table 1.9.1 - 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

Local first responders, using local resources, will manage fires and the mitigation of other "on the ground" hazards, 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.

[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.

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 people 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 provision of needed supplies and equipment.

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

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.

1.10 DIRECTION, CONTROL, AND COORDINATION

1.10.1 - 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, 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 Emergency Response Team (ERT) 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.

1.10.2 – 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 regional healthcare coalition sub-chapters, nine public health District Liaisons (including one Tribal Liaison, hired by a Trial entity) 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.

1.11 PUBLIC HEALTH EMERGENCY RESPONSE PHASES

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

1.11.1 - Pre-event Phase

IRT will monitor the situation based on information coming in from the Public Health Districts.

1.11.2 - Acute Phase

Immediate Response - IRT will make decision to activate PHEOC and at what level of activation.

1. IRT will activate PHEOC and its resources if:
    a. local/regional resources are depleted or overwhelmed; or
    b. there is a statewide public health threat.
2. IRT will authorize notification to mobilize EOC participants.
3. EOC Participants will meet at EOC within two hours of notification.

Intermediate and Extended Response - Set up EOC (initial setup should be complete within one hour).

1. IC will obtain situational update from the field and assign ICS position roles.
2. IC will convene the initial and ongoing planning meetings:
    a. Planning Section: Provide a situational update and develop initial objectives for the first and subsequent operational periods.
    b. Operations Section: Determine the strategy and resources needed for event response.
    c. Logistics: Obtain needed resources for operational response and arrange transport to destination.
    d. IC will conduct initial and ongoing (periodic) conference calls with internal/external partners (HCCs, DLs, Field Staff, EMS, MEMA) to obtain situational updates (e.g., hospital bed availability data) and share information from the local, state and Federal level (if involved).
3. IC will provide initial and ongoing situational updates and coordinate with external partners. Examples include:
    a. Provide clinical guidance as indicated.
    b. Provide responder safety and health information re: Personal Protective Equipment (PPE), and other safety precautions.
4. IC will provide initial and ongoing public information via multiple methods, including activation of the Vulnerable Populations Communications Plan (VPCP).

1.11.3 - Extended Operations Phase

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.
4. Share information with external partners.
5. Activate DBH team as indicated to provide some or all of the following:
    a. public information on coping.
    b. responder stress and coping.
    c. on-site Psychological First Aid.
6. Deploy volunteers from Maine Responds and MRC.
7. Activate the SNS plan as needed.

1.11.4 - Demobilization Phase

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 and response.
4. Provide information on how to obtain continuing situational updates and resources available.
5. Deactivate PHEOC.

1.11.5 Post Response and Recovery Phases

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.

1.12 INFORMATION COLLECTION AND DISSEMINATION

This purpose of this section is to:

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

Table 1.12.1 – Information Collection and Dissemination

Type of Information Collected	Information Source	Method of Information Collection	Target Audiences	Method of Information Dissemination	Timeframes
Pre-incident					
Staff Status	Division Directors, Administrators, HCCs, DLs	Email, phone, meeting, conference call	IRT, HCCs, DLs,	Meeting, conference call, written report, or email	As needed
Facility Status	Division Directors, Administrators, HCCs	Email, phone, meeting, conference call	IRT, HCCs, DLs	Meeting, conference call, written report, or email	As needed
Programmatic Status	Division Directors, Administrators, HCCs, DLs	Email, phone, meeting, conference call	IRT, HCCs, DLs	Meeting, conference call, written report, or email	As needed
Technology Status	Division Directors, Administrators, HCCs, DLs, OIT	Email, phone, meeting, conference call	IRT, HCCs, DLs	Meeting, conference call, written report, or email	As needed
Situation Reports	Division Directors, Administrators, HCCs, DLs	Email, phone, meeting, conference call	IRT, HCCs, DLs, MEMA	Meeting, conference call, written report, or email	As needed
During Incident					
Staff Status	Division Directors, Administrators; HCCs, DLs	WebEOC, email, phone, meeting, conference call	PHEOC, SMT, HCCs, DLs, MPCA, PPH, BPH, MEMA, EMS, ASPR Region I Rec, ASPR SOC, US CDC	Meeting, conference call, written report, email, Webelos, conference call	As needed; daily or multiple times per day as requested by the IC or PSC
Facility Status	Division Directors,	WebEOC, email,	PHEOC, SMT, HCCs, DLs,	Meeting, conference	As needed; daily or

	Administrators; HCCs	phone, meeting, conference call	MPCA, PPH, BPH, MEMA, EMS, ASPR Region I Rec, ASPR SOC, US CDC	call, written report, email, Webelos, conference call	multiple times per day as requested by the IC or PSC
Programmatic Status	Division Directors, Administrators, HCCS, DLs	WebEOC, email, phone, meeting, conference call	PHEOC, SMT, HCCs, 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, HCCs, DLs, OIT	WebEOC, email, phone, meeting, conference call	PHEOC, SMT, HCCs, 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 Incident Action Plan	Planning Section Chief	WebEOC, email, phone, meeting, conference call	PHEOC, HCCs, DLs, MPCA, PPH, BPD, MEMA	Meeting, conference call, written report, email, WebEOC	At the beginning of each operational period
Situation Reports	Division Directors, Administrators; HCCs, DLs, WebEOC	WebEOC, email, phone, meeting, conference call	PHEOC, SMT, HCCs, 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	HCCs for Hospitals and LTC facilities	HAvBED	PHEOC, SMT, HCCs, DLs, MPCA, PPH, BPH, MEMA, EMS, ASPR Region I Rec,	Meeting, conference call, written report, email, WebEOC	As needed; daily or multiple times per day as requested by the IC or PSC

			ASPR SOC, US CDC		
Resources Needed Resources Available	HCCs, DLs, WebEOC, MEMA, Division Directors, Administrators SNS, PHEP, US CDC, Region I	WebEOC, email, phone, meeting, conference call	PHEOC, SMT, HCCs, 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	HCCs, DLs, WebEOC, MEMA Division Directors, Administrators Maine Responds, MRC, DBH	WebEOC, Maine Responds, email, phone, meeting, conference call	PHEOC, SMT, HCCs, 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, HCCs, 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; HCCs	WebEOC, email, phone, meeting, conference call	PHEOC, SMT, HCCs, 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; HCCs	WebEOC, email, phone, meeting, conference call	PHEOC, SMT, HCCs, DLs, MPCA, PPH, BPH, MEMA, EMS, ASPR Region I Rec,	Meeting, conference call, written report, email, WebEOC	Within 24 hours of demobilization or deactivation

			ASPR SOC, US CDC		
Programmatic Status	Division Directors, Administrators, HCCs	WebEOC, email, phone, meeting, conference call	PHEOC, SMT, HCCs, 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, HCCs, 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, HCCs, 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, HCCs, 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, HCCs, 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, HCCs, 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, HCCs, 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

1.13 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.

1.14 ADMINISTRATION, FINANCE, AND LOGISTICS

1.14.1 – 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.

1.14.2 – 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 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.

1.14.3 – 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 of the population in the event that federal and state resources are no longer available.

1.15 PLAN DEVELOPMENT AND MAINTENANCE

The Maine CDC PH All Hazards Base Plan is developed and maintained 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 Healthcare Coalitions, 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 Working Group (EPWG). Suggested changes will be discussed and added to the Plan once an agreed upon version is reached. Once the EOP is finalized and approved, a copy will be distributed to various emergency preparedness

and response partners and stakeholders. The EPWG will complete an internal annual review of the EOP. 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 EOP will also be updated to reflect Lessons Learned as they emerge from After Action Report/ Improvement Plans following real events or planned training exercises.

1.16 AUTHORITIES AND REFERENCES

1.16.1 - Federal Authority

Homeland Security Act - Department of Homeland Security Act, 2002:

- https://www.dhs.gov/homeland-security-act-2002

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

- https://www.dhs.gov/publication/homeland-security-presidential-directive-5

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

- https://www.dhs.gov/presidential-policy-directive-8-national-preparedness

National Incident Management System - Department of Homeland Security, 2009:

- https://www.fema.gov/emergency-managers/nims

National Response Framework - Department of Homeland Security, 2009

- https://www.fema.gov/emergency-managers/national-preparedness/frameworks/response

1.16.2 - State Authority

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

- https://www.mainelegislature.org/legis/statutes/22/title22sec820.html

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 stepwise 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:

    - https://www.mainelegislature.org/legis/statutes/37-b/title37-Bsec784-A.html

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.

    - https://www.mainelegislature.org/legis/statutes/22/title22sec816.html

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, September 2021, Version 3.0

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, February 25, 2020

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 II – ANNEX REPORTS (LISTING)

Functional Annexes	**Origin/Owner**
Communications Plan	PHEP
Communicable Disease Epidemiology	ID
Health and Environmental Testing Laboratory	HETL
Medical Countermeasures and Dispensing See Maine Strategic National Stockpile Plan (SNS) See Maine CDC Pandemic Influenza Operations Plan	MIP, SNS, PHN
Medical Surge	PHEP/ HCCs
Mass Care (Shelter Support)	PHEP/ MEMA
Food Safety/Health Inspection	DECH/HIP
Drinking Water Program	DECH/DWP
Environmental and Occupational Health Toxicology	DECH/EOHP
Responder Health and Safety	PHEP/ID/HETL
Disaster Behavioral Health	PHEP
Non-Pharmaceutical Interventions See Maine CDC Pandemic Influenza Operations Plan	ID/HETL
Volunteer Management	PHEP
Medical Materiel Management and Distribution See Maine Strategic National Stockpile Plan (SNS)	PHEP
Mass Fatality Management	OCME, MEMA, PHEP
Public Health Equity	OPHE
Hazard Specific Annexes	**Origin/Owner**
Pandemic Influenza Operations Plan	PHEP, et al

Ebola Response Plan	PHEP
Extreme Heat Plan	DECH/EOHP
Chemical, Biological, Radiological, Nuclear, Explosives Response Plan	DECH/RCP
Support Annexes	**Origin/Owner**
Maine CDC Continuity of Operations Plan (COOP)	PHEP, et al 1/5/15
Maine CDC Disaster Recovery Plan	PHEP

APPENDIX A - LIST OF ACRONYMS

ACS	Alternative Care Site
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
CO	Carbon Monoxide
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
EMAC	Emergency Management Assistance Compact
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
LEP	Limited English Proficiency
LHO	Local Health Offices

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
MFM	Mass Fatality Management
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
PH	Public Health
PHEP	Public Health Emergency Preparedness
PHEOC	Public Health Incident Command Center
PHN	Public Health Nursing
PIO	Public Information Officer
PPH	Portland Public Health
PSC	Planning Section Chief
RAD	Radiation Control
SME	Subject Matter Expert
SMT	Senior Management Team
SNS	Strategic National Stockpile
SOP	Standard Operation Procedure
VPCP	Vulnerable Populations Communications Plan
US CDC	United States Center for Disease Control and Prevention
WebEOC	Web based incident management software

APPENDIX B - HAZARDS OF VULNERABILITY, PH EFFECTS, PH ROLES AND RESPONSIBILITIES: STATE AND FIELD, CAPABILITIES MATRIX

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 personnel, supplies and equipment, facility; need may exceed capacity;	Provide public health information and instructions; Prepare pre-disaster messages and translations; Activate and deploy medical	Reinforce public health messages from the state; Provide local translations when needed; Activate Health Care Coalition Response Plan; Identify

	Infectious disease (see Infectious Disease Event)	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	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
	Deaths: 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
	Change in animal demographics: (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	Activate PH EOC; Provide public health information and instructions; Prepare pre-disaster messages and translations; Perform disease surveillance; Provide laboratory	Coordinate with state PHEOC; Reinforce public health messages from the state; Provide translations when needed; Epi field surveillance; Provide

	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	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	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
	<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
	<u>Deaths:</u> 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	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 public health information and guidance; Coordinate with response partners; Assist with and support family assistance center; Support volunteers; Support and provide for

	personnel, supplies and equipment	provide for responder safety and health including PFA C4, C5, C6, C14, C15	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 needed; activate Translation Policy; Communicate with response partners C1, C4, C6	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 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	Provide public health information re: food spoilage; proper use of generators and risk of CO poisoning; danger from	Reinforce public health messages from the state. Identify and assist vulnerable persons; Prepare message

	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)	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	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
	<u>Damage to infrastructure (roads, homes, businesses, public buildings):</u> 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 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
	<u>Supplies disruption/shortages</u>: 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.	Develop and activate MOUs; Coordinate with local external partners; Obtain essential supplies from local vendors; Coordinate Medical Counter Measures distribution. C1, C6, C9

		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 (HCCs/ 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; Implement crisis standards of care; Support and provide for responder safety and health including PFA C1, C3, C4, C6, C9, C10, C14, C15	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 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
	Distress: general emotional distress and coping issues;	Proactively educate the public re: preparedness;	Proactively educate the public re: preparedness;

	psychological and mental health problems exacerbated; interruption of psych medications	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	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 and health including PFA C3, C4, C5, C6, C9, C12, C13, C14, C15	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 C3, C4, C5, C6, C12, C13, 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	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;

		provide for responder safety and health including PFA C1, C4, C6, C14, C15	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)**	Injuries and illness: 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.	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, C8, C12, C13, C14, C15	C1, C3, C4, C6, C10, C12, C13, C14, C15
	Public displacement: 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
	Shelter in place	Provide public health information and instructions, Coordinate with external response partners C4, C6	Provide public health information and guidance. Coordinate with external response partners Identify and assist vulnerable persons and ensure they receive the support needed. C4, C6
	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	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;

		safety and health including PFA C1, C4, C6, C14, C15	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 currently.

APPENDIX C - JOB ACTION SHEETS FOR 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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Command Staff

Incident Commander

Reports to: N/A

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: • Operations Section Chief • Planning Section Chief • Logistics • Finance/Administration Section Chiefs • Public Information Officer • Safety Officer • State EOC Liaison • Legislative Liaison
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
Ensure 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 Maine HAN 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 ensure 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

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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 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 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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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
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 Incident Commander and Planning Chief
Plan for the possibility of extended deployment
Participate in post-event critique/hotwash
Sign out a log hour worked during the response

Maine Center for Disease Control and Prevention
Incident Command System (ICS)
Emergency Response
Job Action Sheet

Revised: 9/11

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 online)
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 ensure 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