

TUSCARAWAS COUNTY HEALTH DEPARTMENT



Public Health
Prevent. Promote. Protect.

ATTACHMENT XI TO THE ERP:
INCIDENT COMMAND SYSTEM
STANDARD OPERATING
PROCEDURES

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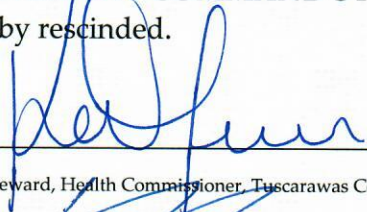
STATEMENT OF PROMULGATION

The Tuscarawas County Health Department (TCHD) **INCIDENT COMMAND SYSTEM STANDARD OPERATING PROCEDURES** establishes the procedures for developing an incident command structure in the event of an emergency or incident.

Program areas are directed to implement training efforts and exercise these plans in order to maintain the overall preparedness and response capabilities of the TCHD.

TCHD will maintain this plan, reviewing it and reauthorizing it at least annually; findings from its utilization in exercises or real incidents will inform updates.


This **INCIDENT COMMAND SYSTEM STANDARD OPERATING PROCEDURES** is hereby adopted, and all program areas are directed to implement it. All previous versions **OF INCIDENT COMMAND SYSTEM STANDARD OPERATING PROCEDURES** are hereby rescinded.



Katie Seward, Health Commissioner, Tuscarawas County General Health District

11/8/2017

Date



Board of Health President, Tuscarawas County General Health District

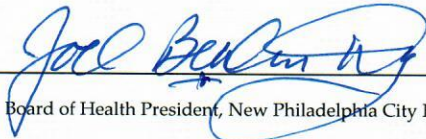
Date



Vickie Ionno, Health Commissioner, New Philadelphia City Health Department

11/27/17

Date



Board of Health President, New Philadelphia City Health Department

11/27/17

Date

RECORD OF CHANGES

The Health Commissioner for the Tuscarawas County Health Department authorizes all changes to the Tuscarawas County Health Department **INCIDENT COMMAND SYSTEM STANDARD OPERATING PROCEDURES**. Change notifications are sent to those on the distribution list. To annotate changes:

- Add new pages and destroy obsolete pages.
- Make minor pen and ink changes as identified by letter.
- Record changes on this page.
- File copies of change notifications behind the last page of this EOP.

Change Number	Date of Change	Print Name & Signature	Title
Version Number:	[DESCRIPTION OF CHANGE]		
Change Number	Date of Change	Print Name & Signature	Title
Version Number:	[DESCRIPTION OF CHANGE]		
Change Number	Date of Change	Print Name & Signature	Title
Version Number:	[DESCRIPTION OF CHANGE]		
Change Number	Date of Change	Print Name & Signature	Title
Version Number:	[DESCRIPTION OF CHANGE]		

RECORD OF DISTRIBUTION

A single copy of this Tuscarawas County Health Department **OF INCIDENT COMMAND SYSTEM STANDARD OPERATING PROCEDURES** is distributed to each person in the positions listed below.

Date Received	Program Area	Title	Name
		Health Commissioner, TCHD	Katie Seward
		Health Commissioner, NPCHD	Vickie Ionno
		Tuscarawas County EMA	Alex McCarthy

This plan is available to all Tuscarawas County Health Department and New Philadelphia Health Department employees on their respective agency websites. Two copies can also be found in the department operations center (DOC) in hard copy format. Additionally, each Director and the Public Health Emergency Preparedness Coordinator possess an individual copy.

DOCUMENT DESCRIPTION

The content of the **OF INCIDENT COMMAND SYSTEM STANDARD OPERATING PROCEDURES** is intended to provide guidance for emergency operations in regards to any planned or unplanned public health event. Position descriptions, checklists, and diagrams are provided to facilitate that guidance. The information contained in this document is intended to enhance the user's experience, training, and knowledge in the application of the emergency response and management principles. This document complies with the intent and tenets of the National Incident Management System (NIMS).

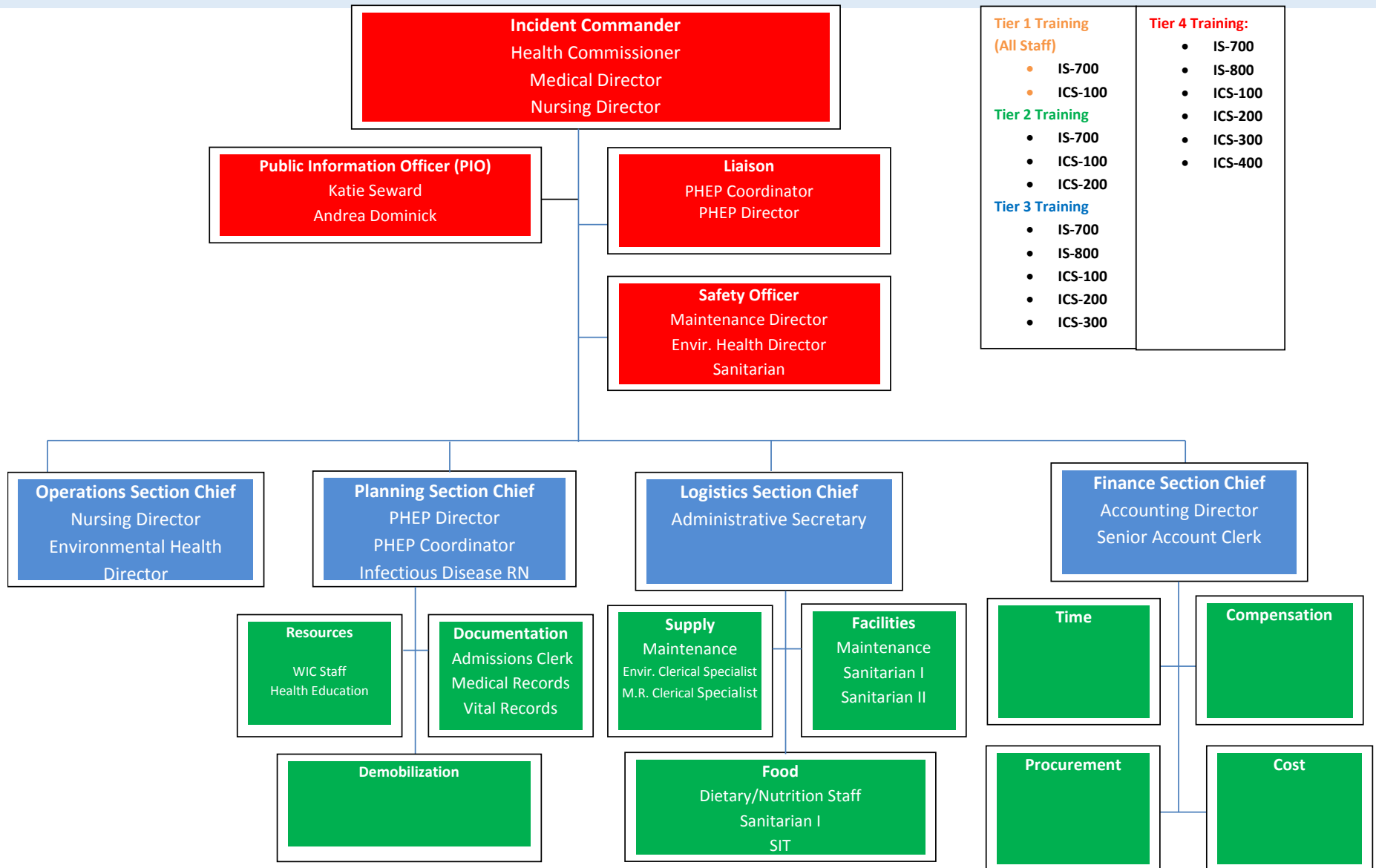
ICS COMPOSED OF 5 MAJOR FUNCTIONAL AREAS:

- Command
- Operations
- Planning
- Logistics
- Finance/Administration

The ICS organizational structure is modular and can be extended based on an incidents size and complexity. It builds from the top-down, with responsibility beginning with the Command Staff, specifically the establishment of an Incident Commander, Public Information Officer, Liaison Officer, and Safety Officer.

If needed, 4 General Staff sections may be developed. General Staff include the Operations Section Chief, Planning Section Chief, Logistics Sections Chief, and the Finance Section Chief. Each of the General Staff sections may be broken down further into branches if needed for an incident response. *Table 1: Staff ICS Structure*, shows which TCHD staff or staff positions may fulfill certain ICS roles as well as the required training for each role.

TABLE 1: STAFF ICS STRUCTURE



TCHD INCIDENT COMMAND SYSTEM:

1. ICS will be established for any event that requires a systematic, controlled and coordinated approach to mitigating the incident, including but not limited to:
 - a. A biological event of a serious infectious disease with the potential for person-to-person spread.
 - b. A bioterrorism incident.
 - c. A chemical or hazardous materials incident that may impact the health of the general public.
 - d. Whenever the TCHD COOP plan must be implemented.
 - e. Whenever the Health Commissioner or their designated represented deems the ICS is necessary.
2. Actions will be taken according to established emergency operations plans, including the Tuscarawas County Emergency Operations Plan and associated annexes and any appropriate local public health disaster plans.
3. The information in this Incident Command System Annex represents a suggestion for how ICS operations should be carried out.
4. The actual Incident Action Plan will be developed by the incident command staff as the situation dictates. Procedures on how to develop an IAP are found in the **Attachment VII: Incident Action Plan Standard Operating Procedure (SOP)**.
5. Operations may be further subdivided geographically by Divisions as needed by the incident.
6. Demobilization procedures will be followed as outlined in **Attachment IX: Demobilization Plan Standard Operating Guide**.

MANAGEMENT BY OBJECTIVES

Within ICS, management by objectives covers six essential steps. These steps take place on every incident regardless of size or complexity.

1. Understand agency authorities, policies and directives
2. Establish incident objectives and priorities
3. Select appropriate strategy
4. Apply tactics appropriate to the strategy
5. Monitor the performance of tactical operations
6. Adjust strategy and tactics as needed to achieve objectives

Objectives answer the question, “What” with regards to desired outcomes and are statements of intent related to the overall incident. Priorities are situational and influenced by many factors, with Safety of Life always being the highest priority. In the planning cycle, incident objectives are established at the initial command meeting. Proper leadership involves developing incident objectives that can effectively guide a large response organization from

the initial emergency and crises phase through the cleanup and recovery phase. Objectives all too often cause weak direction and improper tasking. To ensure that the established objectives are appropriate, incident needs must inform the established objectives and their completion timeframes, rather than internal, agency resources.

When objectives are poorly written the responders are not sure what the Command has in mind and are open to a wide range of interpretation that may or may not be on course. Poorly written objectives are:

1. Too general to be meaningful;
2. Incompatible with the resource status;
3. Incapable of accomplishment;
4. Inappropriately assigned;
5. Too limiting to allow the use of alternative approaches or innovation;
6. Incomplete or unclear;
7. Simply unintelligible.

Enter clear, concise statements of the objectives for managing the response. Ideally, these objectives will be listed in priority order. These objectives are for the incident response for this operational period as well as for the duration of the incident. Include alternative and/or specific tactical objectives as applicable.

OBJECTIVES SHOULD FOLLOW THE SMART MODEL:

S	pecific - Provide a precise, unambiguous description of what must be done.
M	easurable - Ensure that progress toward and achievement of the objective are determinable.
A	ction oriented - Use action verbs to describe the expected accomplishment.
R	ealistic - Ensure it is achievable with the resources that the agency (and assisting agencies) can allocate to the incident, even though it may take several operational periods to accomplish
T	ime sensitive - Specify the time within which it must be accomplished.

DEVELOPMENT OF INCIDENT OBJECTIVES

Development of objectives is part of the planning cycle. The initial objective-setting process is dynamic and deliberate. As the process goes through a few cycles, it becomes a more open style that addresses all stakeholder's concerns. The planning cycle has a four-step pattern that is repeated during each operational period and includes developing the following:

1. Constraints: Understanding the boundaries and setting limits on the response;
2. Objectives: Identifying what to accomplish;
3. Strategy: Deciding on a methodology for accomplishing critical tasks;
4. Tactics: Providing tasking and making assignments for the next operational period.

The four-step pattern emerges quickly as command self-imposes boundaries and limits on response actions (step 1) and directs people to take certain actions (step 2) in a specific way (step 3) in a specific time period (step 4). The first sequence of efforts by responders results in some impact. Based on the feedback, additional objectives are set to continue to mitigate the incident. This cycle happens naturally and repetitively from the initial response actions to the end of the response. However, it works more efficiently if it is part of a pre-incident preparedness planning and exercise program. Initially, the cycle is short and rapid and lengthens as the response grows allowing more time for incident action planning.

Command communicates the objectives to a large response organization through Incident Action Plans (IAP), Support Plans (SP) and briefings. Command may divide incident objectives into general objectives and operational (or tactical) objectives in the IAP. General objectives are those broad objectives and policy statements that are usually replicated on each IAP or SP. Operational objectives are those objectives in the IAP/SP that are applicable to the next operational period. These objectives may be continued from the previous IAP/SP if they were not accomplished and/or may be newly stated objectives for the next operational period.

The objective development process works well when facilitated, and when all participants are motivated to work together and desire the best outcome for the incident response. As a rule, there should be no more than seven operational objectives for a given operational period. As objectives are realized, additional ones will naturally follow in subsequent operational periods.

METHODS USED TO DEVELOP INCIDENT OBJECTIVES

The following are four methods used to develop objectives. Each method may be used alone or in combination with one or more of the other methods:

1. **Checklist:** Used in the early phase of the response to ensure key items are completed. It has pre-assigned responsibilities which helps speed up the response. It gives the IC an opportunity to focus on the unique rather than the common place aspects of the response. It ensures key issues are not overlooked. It can be tailored to the agency's mission. It can list the key tasks of command and general staff positions. It is good for the first four to six hours of a large response effort.
2. **Pro-forma Objectives:** Used in the early part of the response. They are a short list of generalized objectives that can help provide focus for a growing and expanding organization. They can be customized by adding specifics to general objectives when tasking commercial contractors. They highlight the major concerns of the organization and details are added by command as the response unfolds.
3. **Matrix:** This method divides the incident into manageable geographic zones and lists objectives for each zone. The IC considers the concerns in each zone and turns each problem into an objective. The y-axis of the matrix lists problem categories (i.e., people, property, environmental issues, economic or funding issues, information and communication needs). The x-axis lists geographic zones (i.e., on-scene, primary response zone, surrounding zone). Most of the problems, concerns and impacts related to the incident should not be overlooked if each box on the matrix is completed with accurate information.
4. **Critical Success Factors:** Objectives are linked to performance or results. Objectives are set to ensure the CSFs are met.

OBJECTIVE TRACKING

Any time TCHD is actively engaged in an emergency response, whether leading response or supporting response, objectives will be documented and tracked, initially through the ICS 201 form, then through subsequent operational periods by utilizing IAPs. Mission requests may come in through WebEOC. These mission requests should also be documented and tracked independently of WebEOC in a spreadsheet maintained by response staff in the Planning Section or Planning Support Section.

TRANSITION OF INCIDENT COMMAND

1. The first responding agency will establish initial incident command.
2. The first responding agency's incident command structure prevails until relieved by the appropriate jurisdictional agency.
3. There may be a transition from incident command to unified command structure based on the incident.

4. As the scope of the response grows more complex, the need to transition Incident Command to another jurisdiction, person, or unified command structure may become necessary. Health Department and all county officials must implement this transition.

TRAINING

TCHD staff will be trained to appropriate levels of ICS according to **Tuscarawas County Health Department's 2017-2022 Multi-Year Training and Exercise Plan.**

TCHD employees are instructed to complete the required minimum trainings based on the following four criteria (both National and/or TCHD minimum standards):

- Tier Assignment
- Assigned ICS Position Requirements (*refer to Table 1 - ICS Position Chart*)
- Assigned TCHD Position / Program Requirements (if applicable)

INCIDENT COMMAND TASK SHEET

INCIDENT COMMANDER

Overall commander of an incident. Responsible for overseeing the operation of the incident, the creation of Incident Action Plans and working within a unified command structure if needed.

PUBLIC INFORMATION OFFICER

Provide information to public, news media, and elected officials under the direction of the Incident Commander.

SAFETY OFFICER

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

LIAISON OFFICER

Function as incident contact person for representatives from other agencies.

OPERATIONS OFFICER

Organize and direct all aspects relating to the operations section. Carry out the directives of the Incident Commander and the Incident Action Plan. Coordinate and direct the activities of all branches and units assigned to the Operations Section.

PLANNING OFFICER

Organize and direct all aspects of the duties assigned to the Planning Section. Work under the direction of the Incident Commander and the Incident Action Plan to:

1. Facilitate and assure the distribution of critical status information and data relative to date operations.
2. Compile information from Section Chiefs to facilitate long range planning.
3. Document and distribute Incident Action Plan.
4. Assure that relevant sections of the Public Health Infrastructure Disaster Plan are being addressed.

LOGISTICS OFFICER

Organize and direct those operations associated with the maintenance of the physical environment, food, supplies, communications, and other resources necessary to support the incident operations.

INFORMATION MANAGEMENT COMMUNICATION SUPPORT

Provide support to the public information officer through the maintenance and troubleshooting of the communication systems.

PH PHARMACY

Policies and procedures are developed for drug distribution and pharmaceutical care, drug purchasing, storage, record keeping, handling, labeling, administering, dispensing and patient counseling, security, and reporting of all pharmaceuticals.

MATERIALS SUPPLY

To identify, obtain, and track the availability and use of resources. This position would be responsible for maintaining, dispensing, reporting, handling, storing and securing all needed materials.

FACILITIES MANAGEMENT

Facilities manager should be able to provide a safe, secure, and well-maintained facility. Also set up, maintenance and demobilization of all support facilities.

MEDICAL AND NON-MEDICAL VOLUNTEERS

The MRC may be activated as a human resource for public health or other disaster. Volunteers may be transitioned into Operations branches after deployment.

FINANCE OFFICER

Organize and direct activities under the Incident Commander and the Incident Action Plan to:

1. Monitor the utilization of financial assets
2. Oversee the acquiring of material and equipment related to the incident operations.
3. Oversee the collection and storage of documentation of incident operations including documentation supporting the expenditures and time.

PROCUREMENT

The Procurement Unit Leader is responsible for the following tasks:

- Ensuring compliance with purchasing policies.
- Procuring data on quantity, types, specifications & costs from Planning, Operations & Logistics sections.
- Ensuring correct delivery & documentation of goods ordered.
- Following up on pending orders/shipments.
- Assist Finance Leader in collecting cost data, performing cost effectiveness analysis, providing cost estimates & cost savings recommendations when it comes to the procurement of supplies & services from outside vendors.

HUMAN RESOURCES

The Human Resources Management Leader is responsible for the following tasks:

- Developing a roster of volunteers to be used by recruitment specialists.
- Establishing a mechanism for worker's compensation claims.
- Establishing a cost time tracking system of all employees.
- Maintaining a log of all staffing requests received and assignments.
- Establishing a mechanism to provide a psychological support system for all health department responders.
- Providing documentation of arrival & departure time of all personnel.
- Assist Finance Leader in collecting cost data, performing cost effectiveness analysis, providing cost estimates & cost savings recommendations when it comes to the use of volunteers & health department staff.

CLAIMS

- Claims will be responsible for tracking claims related activities kept for an incident.