

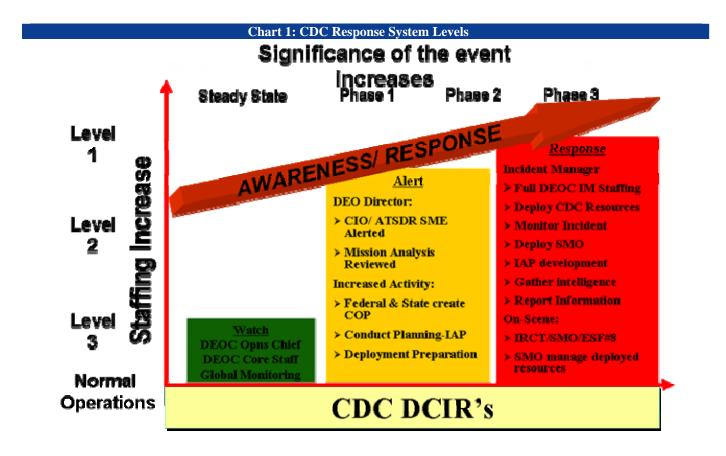
ANNEX A (DEOC TASK ORGANIZATION)

1. SITUATION

- a. The Influenza Pandemic Threat: Refer to Annex B (Disease Intelligence).
- **b.** Mission and Intent of Higher and Supporting Organizations: Refer to Base OPLAN.
- c. Environment: Refer to Annex B (Disease Intelligence).

2. MISSION

CDC organizes for emergency operations employing a response level according to the perceived severity of the threat posed by an influenza pandemic.





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CDC INFLUENZA PANDEMIC OPLAN

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Table 2:	CDC	Response	Levels
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Level	Staffing / Activities
Normal Operations	DEOC Ops Chief, DEOC Core Staff
	Activity:
	Global Monitoring
Level 3	Incident Manager (3-75)
	IM Staffing
	CIO/ ATSDR SME Alerted
	Mission Analysis Reviewed
	Activity:
	Federal & State Create COP
	Conduct Planning-IAP
	Deployment Preparation/Execution
Level 2	Incident Manager (76-140)
	IM Staffing
	Activity:
	Deploy CDC Resources
	Monitor Incident
	Deploy SMO
	IAP Development
	Gather Intelligence
	Report Information
Level 1	Incident Manager (232)
	Full IM Staffing
	On-Scene:
	IRCT/SMO/ESF#8
	SMO Manage Deployed Resources
	Activity:
	Deploy CDC Resources
	Monitor Incident
	Deploy SMO
	IAP Development
	Gather Intelligence

CDC operates under the CDC Incident Management System (IMS), which is under the operational control of the designated Incident Manager (IM), the Director, Division of Emergency Operations (DEO)/Coordinating Office for Terrorism Preparedness and Emergency Response (COTPER). Initially, the coordination of this effort will take place from the Director's Emergency Operations Center (DEOC) located at Roybal Campus, Building 21, Floor 3. The direction of the CDC/Agency for Toxic Substances and Disease Registry (ATSDR) response to an incident will be unified in accordance with the operational aspects established by the IMS.

Report Information



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The IMS is staffed from across the agency and represents the associated functional expertise of CC/CO/NIOSH. The IMS provides operational, administrative, and logistical support to all CC/CO/NIOSH during an incident. Transitioning to the IMS from parent organizational structure in responding to the influenza pandemic will require training and exercises to enhance performance execution utilizing repetitive processes and procedures.

3. EXECUTION

a. Concept of Operations.

- The CDC Director uses the IMS in the DEOC to efficiently deploy personnel, gather and prepare situational reports, analyze and disseminate information in order to maintain situational awareness, and to resolve issues through the centralized structure and operation of an integrated IMS. CC/CO/NIOSH functional support of the IMS in the DEOC corresponds to surge requirements linked to three alert modes:
 - a) Watch Mode: Maintain public health situational awareness while planning, preparing, and training for contingencies.
 - b) Alert Mode: An event of interest from the Director's Critical Information Requirements (DCIR) has occurred resulting in an increased level of awareness, increased contact with external agencies, event-specific planning, and initial response activities.
 - c) Response Mode: An event demonstrates confirmation of a DCIR with a potential public health threat and triggers expansion of IMS (assumed to be when WHO Phase 4 and USG Stage 2 are declared) resulting in centralized management to include science, logistics, decisional support, and planning.
- 2) Augmentation of the DEOC within the framework of an influenza pandemic will be prescribed by the Director, CDC, and for planning purposes will be driven by the World Health Organization (WHO) global pandemic phases and the US Government (USG) Stages for response:



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a) Inter-Pandemic Period (WHO Phases 1 –2; USG Stage 0):

DEOC operates in Watch Mode. Scientific/technical/clinical planning and coordination remain the responsibility of CC/CO/NIOSH coordinated by the Influenza Coordination Unit (ICU).

b) Pandemic Alert Period (WHO Phases 3 – 5; USG Stages 0 – 2):

During the alert mode, Director, CDC, may require CDC to activate portions of the IMS functional staffing for centralized management in the DEOC.

c) Pandemic Period (WHO Phase 6; USG Stages 3 – 6):

DEOC will be operating in Response Mode, which may have been activated by the Director, CDC at some point during the Pandemic Alert Period, based on the disease intelligence received.

b. Coordinating Instructions.

- 1) CC/CO/NIOSH Emergency Coordinators (ECs): Provide personnel augmentees to the IMS.
- 2) The IMS in the DEOC will coordinate employment of CDC functional experts with:
 - a) USG through Department of Health and Human Services (HHS) / Office for Global Health Affairs (OGHA) for international response.
 - b) USG through the HHS Assistant Secretary Preparedness and Readiness (ASPR) for domestic response.
 - c) Department of Defense (DOD) through DOD liaison and other Federal Liaison Officers (LNOs) as required.
 - d) Public and Private Partnerships through the DEOC operations chief and partner liaisons.
 Refer to Annex H (Partnerships and Strategic Alliances).
 - e) International organizations (WHO/United Nations International Children's Emergency Fund (UNICEF)) through HHS/OGHA.

4. SUPPORT SERVICES

Refer to Annex I (Support Services).





5. MANAGEMENT AND COMMUNICATIONS

The IM in collaboration with the Chief Health Officer (CHO) has the overall authority for managing CDC influenza pandemic operations.

APPENDIXES.

- 1. Watch Mode.
- 2. Alert Mode.
- 3. Response Mode.
- 4. Duties and Responsibilities of Primary Leaders.



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APPENDIX 1 (WATCH MODE)

1. OVERVIEW

- a. The DEOC is under the operational control of the DEO. The DEO provides staffing and monitors potential public health incidents that might involve a CDC response.
- b. CC/CO/NIOSH maintain on call Subject Management Experts (SMEs) to provide functional/technical support when required to be involved in public health support or emergencies. SMEs also provide updates and information through the DEOC according to established schedules for situational awareness and daily reports.

2. STAFFING REQUIREMENTS

The DEO maintains a full-time staff, on eight hour shifts, during Watch Mode operations. Normally, staffing will consist of a duty officer for two shifts and two watch officers for three shifts with a cadre of technical support specialists. Other functional areas are on call as required. (Table 2)

- **a.** CC/CO/NIOSH ECs maintain current notification rosters, updated quarterly at a minimum or when changes occur, for their staff members involved in emergency operations.
- b. Once an emergency event has been brought to the attention of the DEOC, designated Emergency Response Coordinators (ERCs), CC/CO/NIOSH ECs, and PAT members must be available for contact through redundant means and assembled via conference call within 20 minutes from the time the duty officer initiates contact measures.
- **c.** Based upon initial information regarding an emergency event or through the requests of CC/CO/NIOSH, the Director, CDC (or designee) will determine an appropriate operational mode (alert or response) and decide if the DEOC should initiate increased staffing.
- **d.** If a potential threat is imminent, DEO staff will notify the HHS Secretary's Operations Center (SOC) watch officer. The DEO staff will then coordinate a DEOC conference call and include pre-identified IM management staff for the specific threat.



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APPENDIX 2 (ALERT MODE)

1. OVERVIEW

- a. Alert Mode represents an increased level of awareness for CDC and supporting CC/CO/NIOSH.
- b. The duty officer notifies and establishes contact with appropriate agencies and organizations (Federal; State, local, territorial, tribal (SLTT); and international). The criteria for contact are based upon guidelines established by HHS/OS and applicable Federal plans. The DEO core staff initiates processes to assume expanded operations and to maintain close coordination and collaboration with SMEs.
- **c.** The duty officer, if required, will convene a PAT to determine the level of CDC's potential involvement in and recommended response to an incident, and provide initial consultative assistance to Federal, SLTT, and international health professionals.
- **d.** Emergency Communication System (ECS) staff will assess current information related to the potential threat and determine additional informational needs. ECS will create/update information related to the emerging situation.
- e. Additional response functional areas will be activated to support operations of deployed personnel.

2. STAFFING

- a. Besides the core staff, other specialized personnel from CDC are alerted and recalled to the DEOC, as the situation requires.
- **b.** During this operational mode, SMEs are often involved in managing the event without assuming a position in the DEOC (non-resident). SMEs provide updates, spot reports, and situational reports as required to the duty officer for distribution internally and externally.
- **c.** ECS and the NCHM EC will evaluate who is available from ECS teams and sources outside ECS to assist in case of Joint Information Center (JIC) activation.



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APPENDIX 3 (RESPONSE MODE)

1. OVERVIEW

- **a.** In the Response Mode during an influenza pandemic, upon the direction of the CDC Director, the IM and the CHO will establish the required incident command structure needed to provide coordination and support of the incident. The structure will be expanded or contracted to meet the changing needs of the incident.
- b. The IM and Logistics Section Chief, in collaboration with the CHO and the State or regional Senior Management Official (SMO), may determine that an Incident Support Team (IST) is needed in the field to provide general logistics support for CDC emergency response teams. If deployed, this team will be the logistics link between field teams and CDC's Logistics Coordination Center. The IST will report to the SMO or designee and manage the field support requirements.
- **c.** In support of the IMS, the Planning Section will coordinate a standard Incident Action Plan (IAP) for an approved operational period determined by the IM.
- d. During the response, the Public Response Hotline (800-CDC-INFO), which is coordinated and managed by CDC's National Center for Health Marketing (NCHM) within CCHIS will interact with and receive information from the DEOC JIC to provide health-related responses to public queries, and to triage inquiries from clinicians to CDC-INFO to appropriate SMEs.
- e. The DEOC will serve as the formal communications conduit when DSNS assets are required.

2. STAFFING

- a. Based on guidance from the CDC Director and/or COTPER Director, the IM and CC/CO/NIOSH ECs will increase staffing for continuous and sustained operations. The expanded DEOC and IMS staffs will manage the response.
- Additional staff and liaisons from Federal, SLTT, and international agencies and organizations may be requested to occupy staffing positions in the DEOC to facilitate interagency



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coordination within guidelines established by HHS/Office of the Secretary (OS) and other applicable Federal operating and response plans and agreements.

- **c.** The response mode has three levels of management and response. Each is considered a level of activation.
 - Level 3: Management is provided from within the CC/CO/NIOSH. Designated science lead heads the collection, analysis and dissemination of information. A small number of personnel are deployed from within the CC/CO/NIOSH. Additional assistance is provided across the coordinating centers to include the DEOC (logistics, report monitoring and assistance with deployment).,
 - Level 2: CDC IM is identified to coordinate multiple functional teams. Teams are dedicated to the incident. A relatively small number of deployments are required. Management and team staffing is a mix of DEO personnel and personnel from across CC/CO/NIOSH.
 - 3) Level 1: Functional representation from across CDC is in the DEOC. Incident could last several months. Clearly the DEOC staffing during a protracted period envisioned for a pandemic will be situation dependent. The IM is ultimately responsible for adjusting the manning of the DEOC to recognize personnel limitations while still ensuring control of and communication with CDC assets deployed against the pandemic.





Table 3: CC/CO/NIOSH and Respective Components to DEOC Response Mode Matrix (Fold Out)

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1. GENERAL

Within the Incident Management Structure in the DEOC, the principle leaders are responsible for coordinating the flow of information within CDC and between CDC and other departments and agencies during an influenza pandemic.

2. ROLES

a. CDC Director

- Filled by: CDC Director, CDC Chief Operating Officer (COO), or the CDC Director's designee.
- 2) Reports to: HHS.
- 3) Mission: Strategic Leadership of CDC.
- 4) Roles and Responsibilities:
 - a) Make strategic decisions.
 - b) Set overall goals of response.
 - c) Approve deployment of CDC staff.
 - d) Approve significant purchases and deployment of CDC material.

b. Incident Manager (IM)

- 1) Filled by: Best qualified individual based on incident/situation.
- 2) Reports to: COTPER and CDC Director.
- 3) Mission: Manage CDC IMS.
- 4) Roles and Responsibilities:
 - a) Immediate:
 - (1) Obtain approval to activate the Incident Management Structure.
 - (2) Ensure that all relevant positions to support the level of response are filled with qualified personnel.
 - (3) Maintain overall situational awareness of the event and all deployed CDC resources. Obtain briefings on the incident, as required, and approve briefings to be presented to the Director.



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- (4) Maintain awareness of all Director's Critical Information Requirements.
- (5) Brief the Director and key staff as required.
- (6) Approve the staff rhythm to be used during the event.
- (7) Ensure proper documentation procedures are in place.
- (8) Appoint functional position responsible for maintaining essential day-to-day services.
- (9) Confer with command staff, section chiefs, and consultants and develop an IAP for a defined period of time, establishing priorities (section chiefs will communicate IAP to each section and pertinent consultants).
- (10) Confer with section chiefs to identify and consider necessary agency services.
- (11) Consider and assign communication responsibilities to agency staff, external agencies, the public, and the media.
- (12) Assure that contact has been established and resource information shared with relevant external agencies including higher headquarters.
- (13) Develop mission statement for CDC emergency response to the event within 6 hours of event notification.
- b) Intermediate:
 - Authorize resources as needed or requested by section chiefs, through the Finance/Administration Section Chief.
 - (2) Designate routine briefings schedule with section chiefs to receive status reports and update the IAP regarding the continuance and/or termination of the IAP.
 - (3) Maintain contact with relevant agencies.
 - (4) Approve media releases submitted by the Public Information Officer (PIO).
- c) Extended:
 - (1) Observe all staff for status and signs of stress.
 - (2) Provide for rest periods for staff.
 - (3) Prepare end of shift reports and brief oncoming IM.
 - (4) Plan for the possibility of extended operations.
 - (5) Plan for the possibility of a second event requiring a CDC response.



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c. Chief Health/Science Officer

- 1) Filled by: Best qualified SME based on type of event.
- 2) Reports to: IM.
- Mission: Advise the IM in the response to the emergency, to include providing subject matter expertise in the development of the agency objectives and IAP.
- 4) Roles/Responsibilities:
 - a) Immediate:
 - Participate in incident briefings with the IM to maintain situational awareness and to be available to advise on scientific and health issues in the response effort.
 - (2) With other command staff, and under the direction of the IM, assist in the development of the IAP for a defined period of time.
 - (a) Determine incident objectives and strategy.
 - (b) Establish priorities.
 - (c) Approve the IAP.
 - (3) Define qualifications for various types of CDC staff that may be deployed to fulfill a mission assignment and approve staff identified to assure that scientific qualifications are met prior to deployment.
 - (4) Review all media releases and other documents in the clearance process for scientific accuracy and provide recommendations to JIC Lead and IM as needed.
 - (5) Receive reports of scientific information from SMEs in the Technical Specialty Unit (TSU) and from CDC field teams.
 - (6) Provide additional health and science advice to the command staff as required.
 - b) Intermediate:
 - (1) Ensure that the IAP objectives are met.
 - (2) Maintain connections to SMEs in the IMS and located at CC/CO/NIOSH throughout CDC.
 - (3) Facilitate the resolution of conflicting decisions regarding documents requiring clearance. Per Office of the Director (OD) leadership, documents are to be returned to



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the JIC as cleared within 24 hours from the time that the documents are initially received by the LNO desk.

- c) Extended:
 - (1) Make science policy decisions.
 - (2) Coordinate all science activities within each of the IMS sections for the IM.
 - (3) Participate in after action reviews.

d. Strategic National Stockpile Liaison Officer

- 1) Filled by: DSNS.
- 2) Reports to: IM.
- 3) Mission: Coordinate with the DEOC staff on behalf of DSNS.
- 4) Roles/Responsibilities:
 - Advises the IM on issues related to the procurement, distribution, and management of DSNS assets.
 - b) Assure IM is aware of the most current status of DSNS assets.
 - c) Obtain DSNS release authorization from Director, CDC, in coordination with the IM.

e. Senior Operations Officer (SOO)

- 1) Filled by: DEO.
- 2) Reports to: IM.
- 3) Mission: Assist the IM with emergency operations issues.
- 4) Roles/Responsibilities:
 - a) Immediate:
 - (1) Assist in establishing goals/objectives for the IAP.
 - (2) Maintain visibility of items on the task tracker and ensure that all key action items are being worked through completion.
 - (3) Oversee all key taskings delegated by the IM.
 - (4) Provide guidance to command and staff members as directed by the IM.
 - (5) Review the IAP prior to submission to the IM.
 - (6) Assist IM in completing all duties as described in the IM Job Action Sheet (JAS).



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- b) Intermediate:
 - (1) Ensure that the IAP objectives are met.
 - (2) Authorize resources as needed or requested by section chiefs, through the Finance/Administration Section Chief.
 - (3) Designate routine briefings schedule with section chiefs to receive status reports and update the IAP regarding the continuance and/or termination of the IAP.
 - (4) Maintain contact with relevant agencies.
 - (5) Approve media releases submitted by the Public Information Officer (PIO).
- c) Extended:
 - (1) Make operations policy decisions.
 - (2) Coordinate all operations activities within the sections for the IM.
 - (3) Manage all operations activities for the IM.
 - (4) Observe all staff for status and signs of stress.
 - (5) Provide for rest periods for staff.
 - (6) Prepare end of shift report and brief oncoming SOO.
 - (7) Plan for the possibility of extended operations.
 - (8) Plan for the possibility of a second event requiring a CDC response.

f. Senior Management Official (SMO) (Field)

- Filled by: The SMO assigned to the State in which the incident occurs. In States where a
 permanent SMO is not assigned, the Portfolio Management Project (PMP) has the authority
 to designate temporary emergency SMOs in response to significant events that are likely to
 have national impact and require significant resources from the CDC and at the request of
 the State.
- 2) Reports to: CDC IM, HHS Senior Staff Official (SSO) and State IM. All field reports from the SMO will be submitted to the SMO Coordinator in the DEOC so that reports can be compiled and disseminated as appropriate. The SMO may also provide oral reports to the IM to supplement the report compiled by the SMO Coordinator or as needed.



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- 3) Mission: To provide a direct linkage between the CDC Director, the DEOC, the CDC IM and others with the State's public health leadership/Incident Command Structure; advising and reporting to both systems on the efforts of Federal, SLTT, and other assets during a public health emergency; assist in rapidly assessing the consequences of terrorism, man-made emergencies, and natural disasters, and to provide ongoing situational awareness as events progress. Act as the primary point of coordination for all CDC in-State public health assets during an emergency response, including the coordination of field assets assigned to the State and those deployed in preparation of and/or in response to an emergency.
- 4) Roles/Responsibilities:
 - a) Immediate:
 - Ensure early and regular coordination with Federal partners and the National Interagency Emergency Operations Center (NIEOC), and with the HHS SSO, Regional Resource Coordination Center (RRCC)/Joint Facility Operations (JFO), the Joint Operations Center (JOC), the JIC, and the Domestic Emergency Response Team (DEST).
 - (2) Develop situation assessments, in conjunction with the local IMS, that may prompt recommendations concerning which CDC assets may be of assistance immediately and/or in the future.
 - (3) Integrate with local IMs and provide support as requested by tribal, State, local, or other Federal agency IMs and participating non-governmental organizations.
 - (4) Assist in the preparation of action request forms (ARFs) for processing through the appropriate channels to meet the needs of the State and local governments' emergency response efforts.
 - (5) Coordinate CDC's representation at the appropriate response centers located within the State, such as State EOCs, the Joint Field Office, Incident Response Coordination Team (IRCT), and JOC.
 - (6) Maintain a situational knowledge and accountability of CDC resources in the State, specifically ongoing in-State programmatic assets; CDC FTE's and equipment





resources that are activated and deployed in response to a public health emergency within the SMO's State, or those selected from within the State (CDC/State Assignees) for deployment to another state or country.

- (7) Act as an extension of the CDC Director in exercising line authority over all CDC activated and deployed assets operating on behalf of CDC within the SMO's State.
- (8) Maintain communications with CDC/DEOC on all CDC personnel deploying to and/or responding to the emergency in the State, including ongoing updates on duty locations, mission assignments and demobilizations, in as close to 'real-time' as events and operational tempo allow.
- (9) Ensure, through reports from and coordination with CDC field team leads, that team activities are coordinated in compliance with the overall State incident response plan, and the various governmental and non-governmental organizations involved in the response effort.
- b) Intermediate:
 - Maintain awareness of public health, medical, mental health, and safety threats for CDC response personnel and field staff in the State.
 - (2) Resolve issues and conflicts concerning CDC assets and/or policies.
 - (3) Provide recommendations on the process of incident management.
 - (4) Advocate on behalf of the State, when appropriate and based on the SMO's knowledge of the state portfolio, in order to obtain Procurement and Grants Office (PGO) authorization for emergency reallocation of CDC program funding.
- c) Extended:
 - (1) Assist in high-level post-event "hot washes" at the state, regional and CDC executive levels as warranted.
 - (2) Participate in the development and review of After Action Report.

g. Planning Section Chief

- 1) Filled by: DEO.
- 2) Reports to: IM.





- 3) Mission: The Planning Section Chief (PSC), a member of the IM's General Staff, is responsible for capabilities and objectives based planning under uncertainty, to identify capabilities suitable for a wide range of modern-day challenges. During emergency response operations he or she is responsible for the collection, evaluation, dissemination, and use of information about the incident, maintaining the status of resources, contingency planning, future planning, After Action Review/Lessons Learned (AAR/LL), and defining demobilization requirements for emergency response elements, future planning for longterm response, and second scenario planning.
- 4) Roles/Responsibilities:
 - a) Immediate:
 - Coordinate planning support activities for incident planning, as well as contingency, long-range, demobilization planning, and AAR/LL.
 - (2) Identify and define Technical / Scientific SME responsibilities and liaison staff responsibilities to support incident prevention and event response activities.
 - (3) Identify the lead agency for each type of hazard (recognizing that the lead may shift by response stage and by incident issue).
 - (4) Collect, process, and report information for the IAP. Supervise preparation of the IAP.
 - (5) Provide information to the IM and the Operations (OPS) Section Chief for their input to the IAP.
 - (6) Incorporate support plans (e.g., Traffic, Medical, Communications, Site Safety) into the IAP.
 - b) Intermediate:
 - Identify and define liaison staff responsibilities and responsibilities to support incident prevention and response activities.
 - (2) Chair planning meetings and participate in other meetings as required.
 - (3) Determine the need for any specialized resources in support of the event.



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- (4) If requested, assemble and disassemble Strike Teams and Task Forces not assigned to Operations.
- (5) Reassign out-of-service personnel already on-site to Incident Command System (ICS) organizational positions as appropriate.
- (6) Oversee preparation and implementation of the Incident Demobilization Plan.
- (7) Collect, review, and report AAR and LL items.
- (8) Provide periodic predictions on event progression.
- (9) Establish information requirements and reporting schedules and templates for Planning Section Units (e.g., Resources, Situation Units).
- (10) Establish special information collection activities as necessary (e.g., weather, environmental, toxics, etc.)
- (11) Develop alternative response or support strategies (Future Plans).
- (12) Maintain Unit/Activity Log (ICS Form 214).
- c) Extended:
 - (1) Conduct Continuity of Operations (COOP) planning and deployment, if necessary.
 - (2) Second scenario planning.
 - (3) Long-term planning for current event.

h. Operations Section Chief

- 1) Filled by: DEO.
- 2) Reports to: IM.
- 3) Mission: Responsible for the management of all operations directly applicable to the primary mission. Activates and coordinates any units that may be required to achieve the goals of the IAP. Directs the preparation of specific unit operational plans or requests; also identifies and dispatches resources as necessary.
- 4) Roles/Responsibilities:
 - a) Immediate:
 - (1) Review Common Responsibilities.
 - (2) Understand the entire JAS and current IMS organizational chart.



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- (3) Recommend a suitable operational period and staff rhythm to IM.
- (4) Recommend Operations Section Branch directors to the IM.
- (5) Brief all Operations Section Branch directors on current situation.
- (6) Develop/modify Branch Director JAS, including adding or deleting tasks, and distribute.
- (7) Assist Plans Section Chief in establishing goals/objectives for the IAP.
- (8) Develop operations portion of IAP.
- (9) Identify and report to LNO, Logistics Chief, and/ or Finance/ Administration Section Chief any tactical resources needed for the IAP.
- b) Intermediate:
 - (1) Ensure that the IAP objectives are met.
 - (2) Brief the IM routinely on the status of the Operations Section.
 - (3) Coordinate and monitor Operations Section activities and resources needed to achieve mission; request additional resources as needed.
 - (4) Update and maintain the IMS.
 - (5) Ensure EOC Manager displays critical information on the DEOC's monitors.
 - (6) Conduct operational briefings as requested.
 - (7) Participate in Video Teleconferences (VTCs) or designate a representative (HHS, ESF-8, Federal Emergency Management Agency (FEMA), etc.)
 - (8) Ensure Requests for Information (RFIs) about the status of resources, deployments and exercises are coordinated by branch directors.
 - (9) Establish and monitor external coordination and communications with other CC/CO/NIOSH operation cells, Agency Command Center (ACC), Office of Emergency Preparedness and Response (OEPR) of the Department of Homeland Security (DHS), other CDC organizations, Public Health Service (PHS), HHS, and other Federal agencies, as appropriate.
 - (10) Report information about special activities, events, and occurrences to IM.
 - (11) Participate in all General Staff meetings.



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(12) Ensure coordination is accomplished for executing COOP.

- c) Extended:
 - Supervise branch directors (Personnel Resource Management Branch, Operations Support Branch, and EOC Management Branch).
 - (2) Maintain documentation of all actions and decisions on a continual basis; forward completed unit activity log to IM.
 - (3) Report issues to Finance/Administration Section Chief.
 - (4) Monitor rest periods and relief for staff.
 - (5) Prepare end-of-shift report; brief on-coming Operations Section Chief and IM.
 - (6) Plan for the possibility of extended deployment.

i. Logistics Section Chief

- 1) Filled by: DEO.
- 2) Reports to: IM.
- 3) 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.
- 4) Roles/Responsibilities:
 - a) Immediate:
 - (1) Obtain briefing from the Planning Section Chief, including IAP.
 - (2) Confer with Logistics Section Unit leaders and ensure the formulation. and documentation of an incident-specific Section Action Plan (SAP) as approved by the Command Staff.
 - (3) Establish Logistics Section Center in proximity to DEOC.
 - (4) Advise IM on current logistical service and support status.
 - b) Intermediate:
 - Update Logistics Section staff of new developments and receive section status reports.



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- (2) Obtain information and updates regularly from unit leaders and officers; maintain current status of all areas.
- (3) Review IAP and estimate section needs for next operational period or shift through LNO: Initiate contact with jurisdiction's emergency services agency for Emergency Medical Services (EMS), fire, and police assistance when necessary.
- (4) Prepare to manage large numbers of potential volunteers.
- (5) Confer with PIO to establish areas for media personnel.
- (6) Obtain supplies as requested by Planning/Intelligence or Operations Sections.
- c) Extended:
 - Maintain documentation of all actions and decisions on a continual basis. Forward completed unit activity log to Finance/Administration Section Chief.
 - (2) Participate in the development and execution of the demobilization and make recommendations to IM as necessary.
 - (3) Observe all staff for signs of stress; report issues to Safety Officer.
 - (4) Provide rest periods and relief for staff.
 - (5) Prepare end of shift report and present to oncoming IM and Logistics Section Chief.
 - (6) Plan for the possibility of extended deployment.
 - (7) Lead the Logistics Section.

j. Finance and Administration Section Chief

- 1) Filled by: Financial Management Office (FMO).
- 2) Reports to: IM.
- 3) Mission: Organize, direct, and coordinate functions related to finance.
- 4) Roles/Responsibilities:
 - a) Immediate:
 - (1) Obtain briefing from the Planning Section Chief, including IAP.
 - (2) Confer with Finance/Admin Section Unit leaders and ensure the formulation and documentation of an incident-specific SAP as approved by the Command Staff.
 - (3) Establish Finance/Admin Section Center in proximity to DEOC.



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- (4) Advise IM on current status of financial and procurement tasks.
- b) Intermediate:
 - Update Finance/Admin Section staff of new developments and receive section status reports.
 - (2) Obtain information and updates regularly from unit leaders and officers; maintain current status of all areas.
 - (3) Review IAP and estimate section needs for next operational period or shift.
- c) Extended:
 - (1) Maintain documentation of all actions and decisions on a continual basis.
 - (2) Observe all staff for signs of stress, report issues to Safety Officer.
 - (3) Provide rest periods and relief for staff.
 - (4) Prepare end of shift report.
 - (5) Plan for the possibility of extended deployment.
 - (6) Lead the Finance/Admin Section.

k. Joint Information Center (JIC) Section Chief

- 1) Filled by: CDC/NCHM/Emergency Communications System.
- 2) Reports to: IM.
- 3) Mission: Develop and implement strategy to meet the communication needs of the public health response during periods of DEOC activation.
- 4) Roles/Responsibilities:
 - a) Immediate:
 - (1) Provide communications expertise and reporting as a member of the IM's Command Staff.
 - (2) Attend all Command Staff briefings.
 - (3) Assist in establishing goals/objectives for IAP.
 - (4) Ensure the IAP objectives are met.
 - (5) Lead daily JIC meeting during activations.





- (6) Identify key health issues and needed health information to protect public health.
- (7) Identify messages and materials currently available to fill health information needs.
- (8) Identify gaps in currently available materials/messages to fill health information needs.
- (9) Identify mechanisms/steps for filling information gaps.
- (10) Identify communication needs and channels for special audiences (older adults, children, people with chronic diseases).
- (11) Contact local and State public health information officers in affected areas to identify channels for local/regional dissemination and local/state information needs requiring JIC assistance.
- (12) Coordinate with DHHS/ASPA and communication counterparts from other responding Federal partners.
- **b**) Intermediate:
 - (1) Develop dissemination plan for hard copy materials addressing health information needs.
 - Represent JIC in leadership meetings with relevant center Associate
 Director of Communication Science (ADCS) and Enterprise
 Communication Officer.
 - (3) Provide activity reporting to the Director, NCHM via IAP.
 - (4) Manage staffing and resource needs of JIC teams.
- c) Extended:
 - Develop strategy to transition communication activities back to respective CC/CO/NIOSH post event.
 - (2) Participate in after action activities associated with the event.

I. Situational Awareness (SA) Section Chief

1) Filled by: DEO.



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2) Reports to: IM.

- 3) Mission: Collect, process, analyze, and disseminate information about a potential or actual disaster or emergency to facilitate the overall activities of CDC and the USG in providing assistance to one or more affected States or countries. Maintain the DCIR.
- 4) Roles/Responsibilities:
 - a) Immediate:
 - (1) Set-up DEOC Portal with Event Window.
 - (2) Establish special information collection activities necessary from the Geographic Information systems (GIS), weather, other intelligence analysis, surveillance and Informatics.
 - (3) Collect, validate, and analyze information critical to disaster operations.
 - (4) Compile and distribute CDC Daily Report.
 - (5) Assist in the development of the IAP.
 - (6) Provide or facilitate formal and informal briefings.
 - (7) Develop and disseminate geographic information system products.
 - (8) Prepare and disseminate routine, special, and ad hoc reports
 - b) Intermediate:
 - (1) Coordinate and facilitate special function planning.
 - (2) Gather and summarize critical information from CC/CO/NIOSH teams within the Scientific Plans and Analysis Branch.
 - (3) Identify emergency communications and data requirements.
 - (4) Identify emergency communications staff roles and responsibilities.
 - c) Extended:
 - (1) Provide incident information consolidation as requested.

m. Public Health Ethics Coordinator

- 1) Filled by: Public Health Ethics Office.
- 2) Reports to: IM.







- Mission: Provide advice and information on ethical issues that arise in the course of emergency response activities.
- 4) Roles/Responsibilities:
 - a) Immediate:
 - (1) Advise the IM on the ethical implications of major decisions and actions.
 - (2) Coordinate obtaining additional information from ethicists and other sources as needed to support the incident response.
 - b) Intermediate:
 - Coordinate with other CDC CC/CO/NIOSH as necessary to provide guidance and support on ethical questions.
 - c) Extended:
 - (1) Review after action reports, as necessary.

n. Office of the General Counsel (OGC)

- 1) Filled by: OGC.
- 2) Reports to: IM.
- 3) Mission: Provide legal advice in support of emergency response activities.
- 4) Roles/Responsibilities:
 - a) Immediate:
 - (1) Advise the IM on legal implications of major decisions and actions.
 - (2) Serve as resource for any questions of law.
 - (3) Coordinate with other components of OGC, as necessary.
 - b) Intermediate:
 - (1) Coordinate with the Public Health Law Program in order to utilize their expertise.
 - c) Extended:
 - (1) Review after action reports for legal concerns.

o. Security Officer

- 1) Filled by: Office of Security and Emergency Preparedness (OSEP).
- 2) Reports to: IM.



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- 3) Mission: Ensure the security of CDC responders through coordination with law enforcement entities and through the provision of intelligence to appropriate decision makers in the agency.
- 4) Roles/Responsibilities:
 - a) Immediate:
 - Maintain situational awareness and provide necessary safeguards to protect CDC personnel and property.
 - (2) Secure the DEOC to prevent entry by unauthorized personnel.
 - (3) Brief IM on any security related issues that may impact the ability of deployed CDC staff to perform their assigned duties (depending on the nature of the material to be presented, this may be done by the Intelligence Branch).
 - (4) Brief deploying CDC staff on security procedures, including any location specific security information if available.
 - (5) Coordinate with Deployment Coordinator to ensure that all deploying staff are properly briefed on security issues.
 - (6) Establish immediate coordination with the intelligence analysis position in the planning section of the IMS.
 - (7) The Intelligence Analysis Team Lead will perform information analysis, provide intelligence products in the form of assessments (medical, threat, capabilities, etc), and prepare and present intelligence briefings and reports (Situation Report (SITREP) and the Intelligence Summary (INTSUM), etc).
 - (8) Establish liaison with applicable law enforcement entities and other partners as appropriate to assure security of response personnel or to support criminal investigations.
 - (9) Coordinate with Planning Section Chief to ensure bi-directional information flow.
 - b) Intermediate:
 - (1) Be prepared to activate the Humanitarian Assistance Team (HAT) should the guidelines described in the Humanitarian Assistance Plan (HAP) be met.



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- (2) Develop and distribute COOP guidance to CDC staff operating from the DEOC.
- (3) Monitor information sources for changes in security conditions.
- (4) Coordinate with Deployment Coordinator to ensure knowledge of all locations where CDC staff are being deployed.
- (5) Review reports from the field to monitor situation and react to any security situations which may arise.
- c) Extended:
 - Ensure CDC personnel responding to an event can report to the DEOC (call upon local law enforcement to provide special access, traffic control. and security to response personnel; establish availability of fuel for vehicles in the event of local shortages, etc.)
 - (2) Ensure security of response personnel if they have to stay on campus for an extended period of time.

b. Safety Officer

- 1) Filled by: Office of Health and Safety (OHS).
- 2) Reports to: IM.
- 3) Mission: Ensure the health, safety, and well-being of CDC deployed and activated personnel.
- 4) Roles/Responsibilities:
 - a) Immediate:
 - (1) Develop and publish safety plan as needed for DEOC and deployed staff.
 - (2) Review the IAP for safety implications.
 - (3) Coordinate Occupational Health Clinic and Employee Assistance Program/Plan (EAP) services.
 - Provide medical clearance, immunizations, respiratory protection, PPE, and other medical protections and interventions.
 - (5) Identify potential hazards related to the response, and advise staff.



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- (6) Review intelligence reports, travel warnings/updates, and weather and news reports to prevent CDC staff from traveling to areas or engaging in activities that are deemed unsafe.
- (7) Participate in pre-deployment briefings.
- b) Intermediate:
 - (1) Track deployment readiness.
 - (2) Monitor health and safety issues, including responder resilience for deployed personnel.
 - (3) Investigate illnesses/injuries involving CDC staff.
 - (4) Assist with medical evacuation if needed.
 - (5) Develop a Responder Resiliency Program for deployed and DEOC-assigned staff.
 - (6) Set up a system to assist deployed staff who need help.
- c) Extended:
 - (7) Continue to support deployments as above.
 - (8) Conduct post deployment health assessments as needed.
 - (9) Provide EAP, resiliency, and mental health services.

c. CDC – HHS Liaison Officer (LNO)

- 1) Filled by: CDC.
- 2) Reports to: IM .
- Mission: T Coordinate CDC emergency response activities with HHS. Coordinate and communicate needs between HHS, the CDC IMS Command Staff, and other CDC response action officers in the DEOC.
- 4) Roles/Responsibilities:
 - a) Immediate:
 - (1) Serve as the CDC primary point of contact at HHS during activations.
 - (2) Serve as a liaison between HHS and CDC subject matter experts and emergency response units.





- (3) Work with the ECS, Media Unit, and other LNOs for crafting messages and developing a methodologies for information dissemination to partners.
- (4) Respond to all external and internal inquiries of the desk as appropriate:
 - (a) Obtain detailed information regarding the inquiry.
 - (b) Assess the importance and response time needed for the request.
 - (c) Make decisions as to the level of response, consulting with the desk team lead as necessary.
 - (d) Contact the appropriate DEOC desk or SME to formulate a response.
 - (e) Disseminate information back to the requestor as appropriate.
 - (f) Track and follow-up the inquiry until resolved.
- b) Intermediate:
 - Communicate and coordinate response efforts with other Federal and CDC partner liaison action officers in the DEOC and with HHS.
- c) Extended:
 - (1) Provide input on after action reports.

