Nevada Exercises its Unified Command Structure

Operational coordinating centers organize activities during the course of an emergency.

The Public Health Coordinating Center (PHCC) is the operational coordinating center for the Nevada State Health Division (NSHD) and includes the Health Emergency Operations Center. Public health emergencies occurring in Nevada may require NSHD to assist local public health authorities, other state and federal agencies, multiple jurisdictions, and border states in coordinating public health actions. To coordinate these activities, PHCC is compliant with the National Incident Management System and compatible with the Incident Command System (ICS) that is used by state and local responders in a unified command structure.

The PHCC can receive, analyze, and display information about a specific incident to enable timely decision-making and coordinate resources. NSHD has exercised the PHCC following the guidelines of the Homeland Security Exercise and Evaluation Program, which utilizes a cycle of progressively complex exercises. The most recent exercise involved a pandemic influenza scenario that quickly overwhelmed the resources of local medical facilities. ICS was practiced as each functional group (finance, logistics, operations and planning) was given the opportunity to share information about how their roles and their decisions during this type of public health emergency affect other areas of command.

According to the Nevada State Health Division, the cooperative agreement is valuable because the state has developed a critical statewide infrastructure that allowed for the purchase of essential systems and equipment. For example, redundant communication systems have been developed through the purchase of a network system in Las Vegas. Funding has also covered personnel costs at both the state and local levels to hire and maintain staff to complete preparedness activities.

Snapshot of Public Health Preparedness

Below are activities conducted by Nevada in the area of public health preparedness. They support CDC preparedness goals in the areas of detection and reporting, control, and improvement; crosscutting activities help prepare for all stages of an event. These data are not comprehensive and do not cover all preparedness activities.

Disease Detection and Investigation

The sooner public health professionals can detect diseases or other health threats and investigate their causes and effects in the community, the more quickly they can minimize population exposure.

Detect & Report	Could receive and investigate urgent disease reports 24/7/365[1]	Yes
	- Primary method for receiving urgent disease reports*[2]	Electronic Reporting
	Linked state and local health personnel to share information about disease outbreaks across state lines (through the CDC *Epi-X* system)[3]	Yes
	Conducted year-round surveillance for seasonal influenza[4]	Yes

*Telephone, fax, and electronic reporting are all viable options for urgent disease reporting, as long as the public health department has someone assigned to receive the reports 24/7/365.

[1] CDC, DSLR; 2005; [2] CDC, DSLR; 2006; [3] CDC, *Epi-X*; 2007; [4] HHS, OIG; 2007

Nevada

Public Health Laboratories

Public health laboratories test and confirm agents that can threaten health. For example, advanced DNA "fingerprinting" techniques and subsequent reporting to the CDC database (PulseNet) are critical to recognize nationwide outbreaks from bacteria that can cause severe illness, such as *E. coli* O157:H7 and *Listeria monocytogenes*.

Detect & Report	Number of Nevada laboratories in the Laboratory Response Network[1]	2
	Rapidly identified *E. coli* O157:H7 using advanced DNA "fingerprinting" techniques (PFGE):[2]	
	- Number of samples received (partial year, 9/06 – 2/07)	7
	- Percentage of test results submitted to CDC database (PulseNet) within 4 days	86%
	Rapidly identified *Listeria monocytogenes* using advanced DNA "fingerprinting" techniques (PFGE):[2]	
	- Number of samples received (partial year, 9/06 – 2/07)	None
	- Percentage of test results submitted to CDC database (PulseNet) within 4 days	N/A
	Had a laboratory information management system that could create, send, and receive messages[3] (8/05 – 8/06)	No
	- System complied with CDC information technology standards (PHIN)[3] (8/05 – 8/06)	N/A
	Had a rapid method to send urgent messages to frontline laboratories that perform initial screening of clinical specimens[3] (8/05 – 8/06)	Yes
Crosscutting	Conducted bioterrorism exercise that met CDC criteria[4] (8/05 – 8/06)	Yes
	Conducted exercise to test chemical readiness that met CDC criteria[4] (8/05 – 8/06)	Yes

[1] CDC, DBPR; 2007; [2] CDC, DSLR; 2007; [3] APHL, Public Health Laboratory Issues in Brief: Bioterrorism Capacity; May 2007; [4] CDC, DSLR; 2006

Response

Planning provides a framework for how a public health department will respond during an emergency. The plans can be tested through external reviews, exercises, and real events. After-action reports assess what worked well during an exercise or real event and how the department can improve.

Control	Developed a public health response plan, including pandemic influenza response, crisis and emergency risk communication, and Strategic National Stockpile (SNS)[1, 2]	Yes
	Nevada SNS plan reviewed by CDC[2]	Yes
	- Score on CDC technical assistance review (1-100)	34
	Number of Nevada cities in the Cities Readiness Initiative[3]	1
Crosscutting	Developed roles and responsibilities for a multi-jurisdictional response (ICS) with:[1] (8/05 – 8/06)	
	- Hospitals	Yes
	- Local/regional emergency management agencies	Yes
	- Federal emergency management agencies	Yes
	Public health department staff participated in training to support cooperative agreement activities[4]	Yes
	Public health laboratories conducted training for first responders[5] (8/05 – 8/06)	No Response
	Activated public health emergency operations center as part of a drill, exercise, or real event*[†6] (partial year, 9/06 – 2/07)	Yes
	Conducted a drill or exercise for key response partners to test communications when power and land lines were unavailable[†6] (partial year, 9/06 – 2/07)	Yes
Improve	Finalized at least one after-action report with an improvement plan following an exercise or real event[†6] (partial year, 9/06 – 2/07)	Yes

* Activation means rapidly staffing all eight core ICS functional roles in the public health emergency operations center with one person per position. This capability is critical to maintain in case of large-scale or complex incidents, even though not every incident requires full staffing of the ICS.

† States were expected to perform these activities from 9/1/2006 to 8/30/2007. These data represent results from the first half of this period only.

[1] CDC, DSLR; 2006; [2] CDC, DSNS; 2007; [3] CDC, DSNS CRI; 2007; [4] CDC, DSLR; 1999-2005; [5] APHL, Chemical Terrorism Preparedness; May 2007; [6] CDC, DSLR; 2007