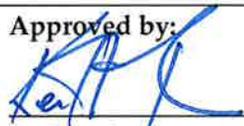




District of Columbia Department of Health <b>DOH Management Integration          Into Incident Command System</b>		<b>PROCEDURE 1380.000</b> Implementing Office: HEPRA Training Required: Yes Originally Issued: SEP 16 2016 Revised/Reviewed:
<b>Approved by:</b>  LaQuandra S. Nesbitt MD, MPH; Agency Director	<b>Review by Legal Counsel:</b>  Phillip Husband, Esq.; General Counsel	<b>Effective Date:</b> SEP 16 2016  <b>Valid Through Date:</b> SEP 16 2019

<b>I. Authority</b>	Reorganization of the District Since the Establishment of Home Rule Subchapter XIV. Part A. Reorganization Plan No. 4 of 1996; Mayor's Order 97-42; D.C. Official Code § 7-2304.01.
<b>II. Reason for the Policy</b>	The purpose of this written procedure is to support the execution of Emergency Support Function #8 Public Health and Medical Services activities, outlined in the District Response Plan (DRP), through a formal training and assignment system for Management Supervisory Service (MSS) and Excepted Service (ES) District of Columbia Department of Health (DC DOH) staff. The DC DOH leads the public health and medical response to all emergencies and incidents. As members of the Health and Medical Coalition (HMC), each of the DOH Administrations is responsible for coordinating and enhancing emergency preparedness and response efforts. As such, representation and coordination of staff from each administration is critical to address the responsibilities identified in the functional areas of the ESF #8 annex within the DRP.
<b>III. Applicability</b>	This procedure applies to all DOH MSS and Excepted Service staff, and Legal Services staff with the essential or emergency designation, hereafter referred to as personnel, employees or staff.
<b>IV. Definitions &amp; Acronyms</b>	<u><b>DC Homeland Security and Emergency Management Agency (HSEMA)</b></u> – The organization formally designated with planning and coordinating homeland security and emergency management efforts in the District on behalf of the Mayor. HSEMA is responsible for the coordination of prevention, preparedness, response, mitigation and recovery from all hazards and threats. HSEMA creates and maintains the District Response Plan. District lead and supporting agencies, and assigns roles and responsibilities for all District response partners. ESF #8 (Public Health and Medical Services) of the DRP, and its 26 public health and medical functional areas, are the responsibility of DOH.

	<p><b><u>District Response Plan (DRP)</u></b> – Establishes the framework for the District’s response to, recover from, and mitigation of all hazards. Outlines the concept of operations, establishes 18 ESFs with a District lead and supporting agencies, and assigns roles and responsibilities for all District response partners. ESF #8 (Public Health and Medical Services) of the DRP, and its 26 public health and medical functional areas, are the responsibility of DOH.</p> <p><b><u>Emergency Support Function (ESF)</u></b> – Functional groups with a lead and supporting agencies/entities, identified to execute the activities outlined in the National Response Framework and the District Response Plan.</p> <p><b><u>ESF #8 Emergency Operations Plan (ESF8 EOP)</u></b> –The DOH ESF 8 EOP provides a unified command and control structure for ESF #8 to support a coordinated and effective operation. Also serves as the District Response Plan ESF 8 Annex. Subordinate to the District Response Plan. DC DOH is the primary or lead agency for public health and medical services and emergencies as a result of the authorities, resources and capabilities within the Department.</p> <p><b><u>Excepted Service (ES)</u></b> – Employees who serve in an “at-will” capacity who are appointed by the District of Columbia Mayor or appointing authority and are subject a domicile requirement.</p> <p><b><u>Group</u></b> – Organization level that divides the incident according to functional levels of operation. Groups perform special functions, often across geographic boundaries such as search and rescue, water supply, ventilation, and interior attack.</p> <p><b><u>Incident Command System (ICS)</u></b> – A management system that allows agencies to work together using common terminology and operating procedures controlling personnel, facilities, equipment and communications. A key component of National Incident Management System (NIMS).</p> <p><b><u>Management Supervisory Service (MSS)</u></b> – All employees who meet the definition of “management employee” in section 1411(5) of the CMPA (D.C. Official Code § 1-614.11(5)), that is, employees whose functions include responsibility for project management</p>
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	<p>and supervision of staff and the achievement of the project’s overall goals and objectives.</p> <p><b><u>Medical Reserve Corps (MRC)</u></b> – A network of properly trained medical and support personnel who assist in the organized response to an emergency or disaster event. The DC MRC also activates throughout the year by participation in special events, drills and exercises.</p> <p><b><u>National Incident Management System (NIMS)</u></b> – A standard and comprehensive framework for incident management established by Homeland Security Presidential Directive 5 (HSPD-5). NIMS provides a consistent nationwide approach for governments, the private-sector, and nongovernmental organizations to work together to prepare for, respond to, and recover from domestic incidents.</p> <p><b><u>National Response Framework (NRF)</u></b> – The guiding principle that structures how all response partners should interact and coordinate their planning and emergency response efforts. The NRF is organized into 15 Emergency Support functions.</p> <p><b><u>Single Resource</u></b> – Individual personnel or equipment and any associated operators.</p> <p><b><u>Strategic National Stockpile (SNS)</u></b> – A national repository of antibiotics, chemical antidotes, antitoxins, life-support medications, IV administration, airway maintenance supplies, and medical/surgical items.</p> <p><b><u>Strike Team</u></b> – Multiple units, often five in number, of the same resource category that have an assigned strike team leader.</p> <p><b><u>Task Force</u></b> - Any combination of single resources, but typically two to five, assembled to meet a specific tactical need.</p>
<p><b>V. Contents</b></p>	<p>A. Introduction</p> <p>B. Training Requirements</p> <p>C. Training Documentation and Records Management</p> <p>D. Registration and Alerts</p> <p>E. Assignment to ICS Positions and ESF #8 Roles and Workgroups</p> <p>F. Activation, Deployment and Demobilization</p> <p>G. Reimbursement</p>



	<p>H. SOP Implementation I. Employee Separation</p>
<p><b>VI. Procedures</b></p>	<p><b>A. Introduction</b> The mission of the District of Columbia (DC) Department of Health (DOH) is to promote and protect the health, safety, and quality of life of residents, visitors and those doing business in DC. The coordination and provision of assistance of Public Health and Medical Services is the responsibility of DOH as the Emergency Support Function #8 lead for the District. As highlighted in the DOH ESF #8 Emergency Operations Plan (ESF 8 EOP), a synchronized DOH emergency operations plan requires the involvement of every administration and office throughout DOH.</p> <p>Emergency planning and operations in the District are organized according to the guidance of the National Incident Management System (NIMS) and its command structure, the Incident Command System (ICS). For DOH staff to effectively prepare for and respond to a public health and/or medical emergency, they must be appropriately trained and familiar with NIMS, ICS and District-specific preparedness plans and operations.</p> <p><b>B. Training Requirements</b> All applicable staff covered by this standard operation procedure will be required to complete the <i>Management ICS Training Series</i> to demonstrate knowledge of the core incident management concepts required to staff ICS positions, to serve on specialized task-forces or functional workgroups, or to work in other incident management related roles as necessary.</p> <p>Offerings of <i>Classroom Trainings</i> will be coordinated by the Health Emergency Preparedness and Response Administration (HEPRA) and announced to DOH employees.</p> <p><i>Independent Study</i> component of the <i>Management ICS Training Series</i> must be completed within 90 days of the effective date of this SOP. Newly hired management staff should complete the <i>Independent Study</i> within 90 days of employee start date. All <i>Classroom Trainings</i> must be completed within two years of the effective date of this SOP or within two years of start date for newly hired management staff, unless a training has not been offered during that time.</p>

Personnel shall also complete any position-specific, independent study ICS trainings within 180 days of being assigned to an ICS position. Position-specific, classroom trainings will be offered by HSEMA and must be completed within 1 year of being assigned to an ICS position.

Staff who have previously completed any Independent Study, Classroom, or position-specific trainings should submit their certificates in accordance with **Section C: Training Documentation and Records Management** of this SOP. In the event a certificate cannot be obtained, the employee must retake the coursework and submit proof of completion.

*Management ICS Training Series*

Independent Study

- IS-100.b: Introduction to Incident Command System (3 hours – 0.3 CEUs)
- IS-200.b: ICS for Single Resources and Initial Action Incidents (3 hours – 0.3 CEUs)
- IS-700.a: National Incident Management System (NIMS) and Introduction (3 hours – 0.3 CEUs)
- IS-800.b: National Response Framework, An Introduction (3 hours – 0.3 CEUs)
- IS-808: Emergency Support Function (ESF) #8 – Public Health and Medical Services (0.5 hours – 0 CEUs)

All IS trainings can be found on the Federal Emergency Management Agency (FEMA) website at <https://training.fema.gov/is/>.

Classroom Trainings

- ICS-300: Intermediate ICS for Expanding Incidents (2 days)
- ICS-400: Advanced ICS (1 day)
- Point of Dispensing Training (1.5 hours)

Note: In order to retain knowledge of ICS/ESF #8 role, staff will also be required to participate in at least one planned event or exercise a year. This will provide applicable staff with practical experience to supplement completed *Management ICS Training Series*.

Note: Continuing Education Units (CEUs) are offered through FEMA for completion of ICS coursework.

Note: Coursework may be subject to change based on updates by FEMA. In the event course content, prerequisites or ICS training requirements

have been updated, the most current FEMA guidance will supersede the training listed in this SOP.

### **C. Training Documentation and Records Management**

Upon completing each training, personnel will submit their certificates to the DOH Human Resources (DOH HR) Training Officer to receive credit in PeopleSoft. Certificates will also be placed in the employee's administrative file.

### **D. Registration and Alerts**

DC RESPONDS is a confidential registry that is used to coordinate public health and medical responders in the event of an emergency and quickly align individuals with positions that match their skill set. All applicable staff shall register in DC RESPONDS.

Vital, time-sensitive information for incidents in the District will be distributed through the DC Health Alert Network (HAN). In order to maintain situational awareness, all applicable staff will register with the DC HAN. The HAN will be used to disseminate essential notifications and communications to personnel through a variety of communication channels in the event of an incident, emergency, or special event. If contacted through the HAN, staff should respond that they have received the notice within 2 hours of the initial notification.

### **E. Assignment to ICS Positions, ESF #8 Workgroups and Strategic National Stockpile (SNS)**

Upon completion of ICS *Independent Study* trainings and registration in DC RESPONDS, staff will be assigned a role under the ICS Framework as Command Staff (Safety, Information, Liaison) or General Staff (Operations, Planning, Logistics, Finance/Administrative). This assignment will be based on job responsibilities, knowledge, skills and abilities. During an incident, response or planned event, staff will be placed in units or positions that are consistent with their assigned ICS role. Depending on the needs of the incident, personnel will still be subject to other duties as assigned.

Staff may also be utilized to support the receipt, distribution and dispensing of medication and supplies from the Strategic National Stockpile. DC DOH staff and volunteers will assist in the provision of medication at point of dispensing sites, designated locations where community members can receive medications.

During periods of non-emergencies, select personnel will also be designated to participate in specialized workgroups or taskforces to contribute to Department-wide preparedness efforts. Assignment to a workgroup or taskforce will be determined by the employee's area of public health expertise.

**F. Activation, Deployment and Demobilization**

In the event of a public health or medical emergency, personnel may be called to provide management, subject matter expertise, or operational support to respond to and mitigate the incident. Personnel who are activated to respond to an emergency will be provided a check-in location and time. If an event has caused unsafe travel conditions (i.e. hurricane, blizzard) personnel should not put themselves at personal risk and are to report at the earliest possible time once conditions have improved or as directed by the Safety Officer. Staff who have the ability to work on Virtual Private Network (VPN) will be asked to do so and report their safety status to their supervisor.

In accordance with DCHR Issuance No. 11B-85 & 12-56 *Declared Emergencies*, staff with the "essential employees" designation are required to report during a declared emergency and failure to report may result in a charge of absence without leave (AWOL) and disciplinary action. "Emergency employees" are required to either report to work, remain at their duty station or telework as directed by their agency head.

Management staff who are not designated as "essential" or "emergency" are still subject to report for an incident or event at the request of the DOH Director.

During an event or incident activation, the chain of command and supervisory structure will not be the same as in day-to-day operations. Employees will be expected to adhere to the ICS chain of command structure.

Upon demobilization of an event or incident, personnel shall return all assigned equipment to the Logistics Section within 48 hours of their final operational shift. Personnel should also document any best practices and opportunities for improvement observed during their shift and provide this information to the

	<p>Planning Section Chief. All feedback will be incorporated in the After Action Report (AAR) for the event or incident.</p> <p>For planned events with known dates, a request for personnel to reserve those dates on their calendar will be disseminated with as much advance notice as possible. At that time, personnel are asked to limit leave requests for the scheduled timeframe of the planned event. Supervisors are also asked to limit leave request approvals.</p> <p><b>G. Reimbursement</b></p> <p>In accordance with the policies set forth by the District Personnel Manual, staff may be eligible for Exempt Time Off, Compensatory Time, or Overtime Pay based on classification (MSS, ES) and grade. To ensure prompt reimbursement for the time worked in a response, employees should log all excess hours in PeopleSoft and complete an ICS Form 214 (Activity Log) for each operational period worked. The ICS 214 form should be submitted to the Documentation Unit. Staff should also document hours worked for their personal records.</p> <p><b>H. SOP Implementation</b></p> <p>Managers should incorporate completion of ICS training and annual activation requirements into each staff member’s performance plan for evaluation purposes. Supervisors of applicable staff encompassed in this procedure shall ensure that their staff meet these requirements. To facilitate compliance, DOH HR will provide routine reports to DOH Director and Senior Deputy Directors on ICS training and activation rates within each administration.</p> <p><b>I. Employee Separation</b></p> <p>In the event that a staff member resigns or is terminated from employment with DOH, he/she will be removed from DC RESPONDS and the DC HAN. DOH HR shall notify HEPRA of the employee’s separation and HEPRA will remove the employee from the DC RESPONDS and DC HAN systems.</p>
<p><b>VII. Contacts</b></p>	<p>District of Columbia Department of Health Human Resources          (202) 442-8969</p>
<p><b>VIII. Related Documents, Forms and Tools</b></p>	<p>Attachments:          HAN Overview Registration Instructions          ICS 214</p>