

District Emergency Preparedness Task Force

Standard Operating Guide Template

Acknowledgement: This template was an adaptation of the North Georgia Health District (GDPH District 1-2) District Emergency Preparedness Strike Team Standard Operating Guide.

Purpose:

The mission of the Georgia Department of Public Health is to prevent disease, injury and disability; promote health and well-being; and prepare for and respond to disasters.

The main function of the Emergency Preparedness (EP) Task Force Standard Operating Guide is to define the mechanism for a structured team of Public Health Emergency Preparedness subject matter experts, activation/deployment guidelines, and Task Force operation standards. Within this guide, each section will be addressed as a linear representation of Task Force operations from training to activation to demobilization with clear explanation of responsibility for staff and property.

Scope:

This Standard Operating Guide is for the use of the Health District facilities and the employees of the District. The nature of this Task Force will be based on the current Public Health EP trained personnel and their availability to support the Public Health needs in a disaster.

Assumptions:

- An emergency or disaster has occurred at a level to affect the operations of Public Health
- The area affected is defined to a district or county within the State of Georgia
- All activities will follow the National Incident Management Framework and Incident Command System Guidance
- Any deployment approvals would consider the internal needs and impact to District operations

Concept of Operations:

The Health District EP Task Force is comprised of the current EP trained personnel employed within the District. The Task Force composition will be based on the needs of the requesting jurisdiction. Variations of the team may occur given the type of incident and the availability of EP trained personnel. As a component of the State of Georgia Emergency Support Function-6 and Emergency Support Function-8 operations at the District and potentially the State level, the Task Force would operate as Public Health Emergency Preparedness support in the affected area.

The deployment and use of this Task Force will be dependent on the type, location, and impact of the incident and may be deployed by the District Health Director or their designee, once an appropriate resource request has been submitted and approved.

Roles and Responsibilities:

Team Roster:

Task Force team members' contact information will be maintained by the District's Emergency Preparedness office.

Supplies:

Any materials or items needed for deployment will be the responsibility of the Emergency Preparedness office and must be coordinated with the requesting agency or District.

Requests for Task Force Activation:

Requests for Task Force deployment may come from the State Operations Center or other Health Districts. All requests should be received by the District Emergency Operations Center (if activated), or the District EP Director with notice to the District Health Director and/or Deputy Director.

Deployment:

For all deployments, Task Force management will be under authority of the requesting District Health Director or their designee. The deploying Task Force members will be responsible for maintaining their status in R-Star. Each team member will be under direct supervision and report at least once per shift to the team leader while on deployment.

Operations Framework

Training:

For deployment, Task Force members are required to have the following training/experience:

- IS 100
- IS 200
- G 191
- ICS 300
- ICS 400
- IS 700
- IS 800
- IS 775
- Team Leader: At least 3 years of PH emergency management experience in GA.
- Team Members: At least 1 year of PH emergency management experience in GA.

Pre-Activation Notification

In the event of an emergent situation which would potentially result in the activation of the Task Force, a notification will be sent by the affected district or State Emergency Preparedness and Response (EPR) via the mass communications system to all Task Force leaders and members. This notification will contain information on potential missions and objectives for the incident and confirm availability of possible deployment.

Activation:

A Task Force may be activated by request from any affected public health district, or by the State EPR. Any request received by the health district must be reviewed and approved by the District Health Director or designee prior to activation. Upon receiving the request, the Emergency Preparedness Director and Health Director or designee, will confer with the requesting agency on the specific mission objectives, magnitude of the problem, security at any involved locations, equipment required, a specific timeline, and other logistical requirements. Once all information has been obtained and activation approved, an alert notification will be sent to the appropriate team members and team leaders. If activation is not approved or other resources are discussed, the requesting agency will be notified and notification will be sent to the team members or team leaders.

Pre-Deployment:

Once the activation notification has been sent and acknowledged by the Task Force members and leader, a pre-deployment briefing will be necessary to relay all critical information regarding the team's deployment. This briefing can be accomplished by conference call, Tele-Health, Webinar, or an in-person meeting. All available information will be presented in the form of a deployment report or briefing minutes for record keeping and mission clarity. The critical points of this briefing will be as follows:

- Location of the incident (with addresses)
- Length of deployment
- Arrival and reporting times
- Report-to instructions
 - Who
 - Where
- Necessary equipment and supplies
- Specific objectives for the deployment
- Demobilization instructions
- Accommodations
- Meals
- Travel/vehicles

Deployment:

The deployed Task Force will allow the appropriate amount of travel time prior to the expected time of arrival to the incident location. Upon arrival, the Task Force members must report back to their originating District Emergency Operations Center, or District Health Director or their designee that all team members are accounted for at the incident location. Following Incident Command procedures, the Task Force will report and sign in at the appropriate incident command post or designated staging area. While deployed, the Task Force is designed to function within the ICS structure providing effective communication and support while using minimal resources. The Team Leader will maintain organizational control and will report to an assigned person within the affected district's incident command structure.

The Task Force will be self-sufficient for the first 72 hours, utilizing equipment and supplies including personal protective equipment, following the proper guidance and reporting procedures. The Task Force will follow local procedures for replenishment of supplies through the logistics section. While on deployment, team members and leaders should be aware of any safety and health issues indicative of the situation. Maintaining the safety of every team member will be the highest priority during the deployment period. Time frames for the Task Force's deployment may vary based on support needs. Unless otherwise specified, team members and leader are asked to plan for 12-hour shifts.

All Task Force members must complete an ICS 214 Activity Log for every day during deployment to include the following:

- Travel time
- Report-in and report-out times
- Detailed daily tasks
 - Actions
 - Accidents
 - Agreements
 - Attendance (e.g., meetings, briefings)
- Supplies used
- Resources assigned (e.g., direct reports)
- Safety and health concerns reported
- Needs specific to the individual team member
- Signed and dated

Task Force Demobilization:

Task Force demobilization can occur when all jurisdictional authorities agree that the Task Force is no longer needed or a replacement team has been requested. All members will participate in the team/incident hotwash and After Action Report when appropriate. Upon demobilization, the Task Force members will notify their District Health Director or designee when they have left the incident location and upon their arrival back to the point of origin.

ATTACHMENT A

