

# ATTACHMENT A

## QUESTIONS AND ANSWERS

DCHC-2008-T-6323

### Public Health Pandemic Fatality Management Plan

#### Item 1

**Q:** *How will the frequency of payment be handled? Although the RFTOP says in Clause G.2.1 that invoices may be submitted on a monthly basis or as otherwise specified in Section G.4, that section is confusing, as well. We do not understand what amount due on the deliveries would “warrant it” (a partial payment), or whether we would only get paid upon completion of each deliverable. As a small business, we would have much difficulty paying our staff if we received no payment between delivery of the initial Project Plan (10 days after award) and the submission of the first draft Public Health Mass Fatality Plan, which is not due until 45 days before the end of the period of performance, nearly one year later.*

**A:** See Amendment 0001 Item No. 2.

#### Item 2

**Q:** *The weight assigned to price is unclear. Although it is assigned a point value of 20 points, its relative importance is stated as “equally important as Technical Approach” (which was assigned 50 points), and “more important than Past Performance/Previous Appearance” (which was assigned 30 points.) Please explain how this will work.*

**A:** See Amendment 0001 Item No. 4.

#### Item 3

**Q:** *Attachment J.5 contains the Cost/Data Requirement Package, which includes a Cost/Price Disclosure Certification. Although Paragraph 1.1 of the Requirements Section states that a breakdown of costs (submission of cost and pricing data) is only required for contracts in excess of \$500,000. Since our proposal will be under that threshold, can you confirm that we do not need to provide a full cost breakdown, and we do not need to execute a Certificate of Current Cost and Pricing Data?*

**A:** See Amendment 0001 Item No. 3.



**COST / PRICE DISCLOSURE CERTIFICATION**

RFP Number: \_\_\_\_\_ Closing Date: \_\_\_\_\_

Caption: \_\_\_\_\_ Total Proposed Amount: \_\_\_\_\_

The undersigned \_\_\_\_\_

(please print name and title of offeror's authorized signatory) hereby certifies that, to the best of my knowledge, the cost and pricing data (i.e. at the time of price agreement this certification represents that all material facts of which prudent buyers and sellers would reasonably expect to affect price negotiations in any significant manner) submitted was accurate, complete, and current as of \_\_\_\_\_ (date of RFP closing or conclusion of negotiations as appropriate) .

The undersigned further agrees that it is under a continuing duty to update cost or pricing data through the date that negotiations, if any, with the District are completed. The undersigned further agrees that the price, including profit or fee, will be adjusted to exclude any significant price increases occurring because the cost or pricing data was inaccurate, incomplete or not current. (See D.C. Procurement Regulations, 27 DCMR, Section 1624; and Section 25 of the Standard Contract Provisions for Use with District of Columbia Government Supply and Services Contracts, November, 2004, as amended).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Title: _____
Company: _____
Address: _____ _____
DUNS #: _____
Phone: _____
Fax: _____

## **COST/PRICE DATA REQUIREMENTS**

### **1. GENERAL INFORMATION:**

- 1.1 Offerors submitting cost/price proposals, in response to a District Request For Proposal (RFP), sole source procurement, change order, or contract modification exceeding \$100,000 in total value, must include a complete cost and pricing data breakdown (i.e., data that is verifiable and factual) for all costs identified in the proposal, and relevant to the performance of the contract. The requirement for submission of cost or pricing data is met when all accurate cost or pricing data reasonably available to the Offeror has been submitted, either actually, or by specific identification, to the District. If not available at the time of submission, as later information comes into the Offeror's possession, it should be promptly submitted to the District in a manner that clearly demonstrates its relationship to, and effect on, the Offeror's cost/price proposal. This requirement continues up to the date of final agreement on price and/or other issues, as agreed upon between the parties.

- (3)0. . . . . " There is a clear distinction between submitting cost or pricing data and merely making available books, records and other documents without identification or context. By submitting a cost/price proposal, the Offeror, if selected for negotiation, grants the Contracting Officer, or an authorized representative, the right to examine, at any time before award, those books, records, documents, and other types of factual information, regardless of form or whether such supporting information is specifically referenced or included in the proposal as a basis for pricing, that will permit an adequate evaluation of the proposed cost/price.
- 1.3 The cost/price proposal will represent the offeror's understanding of the RFP's requirements and the offeror's ability to organize and perform those requirements effectively and efficiently. The evaluation of the Offeror's cost/price proposal will be based on an analysis of the realism and completeness of the cost data, the conformity of the cost to the offeror's technical data and the proposed allocation of labor-hours and skill sets. Pertinent cost information, including but not limited to Defense Contract Auditing Agency (DCAA) and/or the Department of Labor (DOL) recommended rates for direct labor, overhead, general and administrative expense (G&A), etc., as necessary and appropriate, must be used to arrive at the most probable cost to be incurred by the Offeror. If the District considers the proposed costs to be unrealistic, the Offeror should adjust its proposed costs accordingly. Any inconsistency, whether real or apparent, between promised performance and cost or price should be explained in the cost/price proposal. The burden of proof for cost credibility rests with the Offeror.
- 1.4 The Offeror must submit its cost/price proposal in hard copy as well as on a diskette, which is in a format (i.e. MS Office, Lotus 1-2-3, etc.) specified and/or provided by the Agency Contracting Officer in the solicitation package. All cost/price proposals should provide a cost summary by all cost elements, cross-referenced to supporting documentation. See Table No. (1.4).
- 1.5 The following information shall be included in this section, for the prime contractor and each proposed subcontractor:
- (a) A properly completed "Cost/Price Disclosure Certification."
  - (a) Identification of any estimates, along with the rationale and methodology used to develop them, including judgmental factors used in projecting future costs, based on known data, and the timing, nature and extent of any material contingencies.
  - I Disclosure of any other activities or likely events which could materially impact specific costs (i.e., existing large material and supply inventories, management/ownership changes, new technologies, collective bargaining agreements, etc.)

- (d) Disclosure of any and all awarded and pending contracts with the District of Columbia, including contract number(s), amount, type (fixed price, cost reimbursement, etc.), agency, and a brief description of services.
- (3) Source of approval and the latest date of approval of the offeror's Accounting system.

**Table (1.4)  
Example Cost Summary Format**

Cost Item	Task 1			Task 2			Task 3			Task 4, etc.			Base Year Total
	R	H	D	R	H	D	R	H	D	R	H	D	
Direct Labor Categories ♦ Employee A ♦ Employee B ♦ Employee C Total Labor Hours													
Total Labor Dollars													
Fringe Benefit													
Labor Overhead *													
Total Direct Labor													
Other Direct Costs ♦ Equip. & Supplies ♦ Materials ♦ Travel ♦ Other													
Subcontractors ♦ Sub A ♦ Sub B													
ODC Overhead *													
Total ODC & Subcontractors													
G&A													
Fee/Profit													
Total Price													

H = Hours                  R = Rate                  D = Dollars (Rate X Hours = Dollars)

***Note: Provide cost information similar to the above format for each option/out-year***

*\* Note: Small, field-based trade providers typically have a labor or combined overhead cost components. Larger, more diversified providers may have separate labor, and/or ODC or combined overhead component.*

## **2. SUPPORTING COST DATA:**

- 2.1 The Offeror shall provide, for each cost element, a narrative description, in sufficient detail, to demonstrate price reasonableness, credibility and reliability. The Offeror shall provide its assumptions and methodologies used to estimate each cost element (significant item and quantity estimates, labor hour expenditure patterns and mix, etc.). The following information shall be included in this section:
- 2.1.1. The Offeror's total estimated costs plus its fee (if applicable) for providing all of the requirements of the RFP, as proposed in their technical proposal. Offerors should support their best estimates of all costs (direct, indirect, profit, etc.) to be incurred in the performance of the contract.
  - 2.1.2. When proposing multiyear/option year pricing, the estimated proposed costs shall include a breakdown of all cost elements for the base year as well as each option/out-year. Labor, other direct costs, indirect costs and profit shall each be clearly identifiable. If different from the Defense Contract Auditing Agency (DCAA) or Department Of Labor (DOL) recommended rates, the Offeror shall provide a thorough explanation for the variation(s) of rates.
  - 2.1.3. The Cost Summary Format (Table 1.4) provides a format for the Offeror to submit to the District a pricing proposal of estimated cost by line item, along with supporting documentation that is adequately cross-referenced and suitable for cost realism analysis. A cost-element breakdown shall be attached for each proposed line item and must reflect any other specific requirements established by the Contracting Officer. When more than one contract line item is proposed, a summary of the total amount covering all line items must be furnished for each cost element.
  - 2.1.4. If the Offeror has an agreement with a federal, state, or municipal government agency on the use of a Forward Pricing Rates Agreement (FPRA) or other rate agreement for labor, fringe benefits, overhead and/or general and administrative expense, the Offeror must identify the agreement, provide a copy and describe its nature, terms and duration.

## **3. SPECIFIC COST ELEMENTS:**

A well-supported cost/price proposal reduces the effort needed for review and facilitates informed negotiations. The following are the minimum criteria that constitute an acceptable cost/price proposal:

- 3.1 **Direct labor:** A task-phased annual breakdown of labor rates and labor hours by category or skill level, including the basis for the rates and hours estimated (i.e., payroll registers, wage determinations, collective bargaining agreements, historical experience, engineering estimates, etc.).
  - 3.1.1 The Offeror shall use the following Table No. (3.1.1) to exhibit its total labor hours by prime contractor and subcontractor(s). A separate table should be completed for each year (base and out-years).

**Table (3.1.1)  
Annual Labor Summary**

Item	Task 1	Task 2	Task 3	Task 4	Base Year Total
<u>Labor Category, Prime</u> <ul style="list-style-type: none"> <li>• Employee A</li> <li>• Employee B</li> <li>• Employee C</li> </ul>					
<u>Labor Category, Sub.</u> <ul style="list-style-type: none"> <li>• Employee D</li> <li>• Employee E</li> <li>• Employee F</li> </ul>					
<u>Labor Category, Consultant</u> <ul style="list-style-type: none"> <li>• Employee G</li> <li>• Employee H</li> </ul>					
Total Labor Hours by Task					

Note: Do not include wage rates in this table

- 3.1.2 A standard of 40 hours/week, 1,920 hours/year is recommended. If another standard is used, it should be precisely defined. Any deviation from the above labor-hour projection without substantiation may form the basis to reject the response to the RFP. The proposed labor-hours shall include prime contractor, subcontractor and consultant hours.
- 3.1.3 The Offeror shall also submit Table No. (3.1.4.b), depicting the labor mix percentages as proposed for the base year as well as the out-years and should match the personnel experience requirements specified in the RFP, Section **(to be referenced by the Contract Specialist)**, under Personnel Experience. All of the RFP Key positions must be included within the Senior Staff categories. To provide a better understanding of this format, Table No. (3.1.4.a) is provided as an example.
- 3.1.4 The Offeror shall describe how the hourly direct labor rate was derived and indicate whether these rates are subject to any collective bargaining agreement(s), the Service Contract Act (SCA), Davis-Bacon, or any other special agreement which controls the labor rate indicated. When proposing price escalation for option/out-years, the Offerors must follow instructions provided under Economic Price Adjustments, Section H, of this RFP.

**Table (3.1.4.a)**

**Summary of Proposed Annual labor Mix Category (with examples)**

<b>NAME</b>  <b>(Note1)</b>	<b>LABOR MIX</b>  <b>(Note 2)</b>	<b>OFFEROR'S LABOR CATEGORY</b>  <b>(Note 3)</b>	<b>PERCENT OF TIME ON CONTRACT</b>  <b>(Note 4)</b>	<b>PLANNED SOW ASSIGNMENT</b>  <b>(Note 5)</b>	<b>STATUS</b>  <b>(Note 6)</b>
Able, Jackson	Sr. Staff Level 1	Program Director	PT/10%	N/A	PCE/E
Black, William E.	Sr. Staff Level 1	Psychiatrist	PT/20%	C.3	PCE/E
White, Pamela A.	Sr. Staff Level 2	Clinic Manager	PT/50%	C.4.1	PCE/P
Green, Robert T	Sr. Staff Level 3	Counseling Supvs.	PT/50%	C.4.2	PCE/P
Ross, Allen	Jr. Staff Level 1	Counselor	FT/100%	C.4.3	PCE/E

- Note 1: Last name, first name, middle initial, grouped by task as specified in SOW. Attach resume for each name on list. The names on this list and the resumes are to be in the same order.
- Note 2: Staff levels in each Labor Mix should be classified by the level of expertise and years of experience.
- Note 3: Offerors internal labor category.
- Note 4: State whether the individual is employed full time (FT) or part time (PT) and the planned percentage of the named person's production time that is to be applied as a direct charge to the contract.
- Note 5: Identify by SOW paragraph(s) and task number, the major tasks to which the individual is expected to be assigned.
- Note 6: Enter PCE if individual is to be a prime contractor employee; enter SCE if the individual is to be a subcontractor employee; enter CON if individual is to be a consultant. Enter E if employee as of the date of this proposal; enter P if the individual is a pending employee as of date of the proposal. Signed Commitment Agreements are required for all individuals with P status. A copy of each agreement is to be inserted behind the resume section in the technical proposal.

**Table (3.1.4.b)**

**Summary of Proposed Annual labor Mix Category**

<b>NAME</b>  <b>(Note 1)</b>	<b>LABOR MIX</b>  <b>(Note 2)</b>	<b>OFFEROR'S LABOR CATEGORY</b>  <b>(Note 3)</b>	<b>PERCENT OF TIME ON CONTRACT</b>  <b>(Note 4)</b>	<b>PLANNED SOW ASSIGNMENT</b>  <b>(Note 5)</b>	<b>STATUS</b>  <b>(Note 6)</b>
<u>Labor Category, Prime</u> <ul style="list-style-type: none"> <li>• Employee A</li> <li>• Employee B</li> <li>• Employee C</li> <li>• Employee D</li> </ul> <u>Labor Category, Sub.</u> <ul style="list-style-type: none"> <li>• Employee E</li> <li>• Employee F</li> <li>• Employee G</li> </ul> <u>Labor Category, Consultant</u> <ul style="list-style-type: none"> <li>• Employee H</li> <li>Employee I</li> </ul>					

Last name, first name, middle initial, grouped by task as specified in SOW. Attach resume for each name on list. The names on this list and the resumes are to be in the same order.

Note 2: Staff levels in each Labor Mix should be classified by the level of expertise and years of experience.

Note 3: Offerors internal labor category.

Note 4: State whether the individual is employed full time (FT) or part time (PT) and the planned percentage of the named person's production time that is to be applied as a direct charge to the contract.

Note 5: Identify by SOW paragraph(s) and task number, the major tasks to which the individual is expected to be assigned.

Note 6: Enter PCE if individual is to be a prime contractor employee; enter SCE if the individual is to be a subcontractor employee; enter CON if individual is to be a consultant. Enter E if employee as of the date of this proposal; enter P if the individual is a pending employee as of date of the proposal. Signed Commitment Agreements are required for all individuals with P status. A copy of each agreement is to be inserted behind the resume section in the technical proposal.

- 3.2 **Indirect Costs:** The Offeror shall indicate its proposed Fringe, Overhead and General & Administrative rates for each applicable fiscal or calendar year (as appropriate). The Offeror shall indicate if these rates are subject to a Forward Pricing Rate Agreement. If the proposed Indirect Rates differ from the Forward Pricing Rate Agreement, the Offeror shall provide an explanation. The Offeror shall provide its actual indirect rates for overhead, G&A and fringe benefits for at least the past three (3) years and shall explain the basis for any significant rate difference between the prior three year period and the rates proposed now.
- 3.3 **Other Direct Costs:** Other Direct Costs consists of materials, travel, reproduction, postage, telephone, supplies for the prime and all subcontracted effort. This includes all other direct costs associated with performance of the contract. Travel costs shall be in accordance with GSA Joint Travel Regulations for airfare, hotel, and per diem allowances. All other direct costs should be specifically identified and explained. If an allocated portion of a Direct cost is also included in an Offeror's indirect rate (such as General and Administrative), the Offeror should state so and list the types of expenses included in the indirect rate.
- 3.3.1 The Offeror should identify types, quantities, and costs of all materials and supplies proposed including a non-loaded priced listing of individual materials or supplies ordered, or a consolidated and priced bill of materials for the entire proposal. A thoroughly documented bill of materials includes part numbers, description, unit costs, quantity required, extended cost (including delivery charges) and basis for the proposed cost (price quotation, prior buy, signed purchase orders, etc.) plus any other non-recurring costs. Deliverable materials are items delivered as a part of the work product. Examples of this are copies and binders delivered to the Government as a report or software ordered for and installed on a computer in a District Government office.
- 3.3.2 The Offeror shall use the following Table (3.3.2) to exhibit its total other direct costs (ODC) by prime and subcontractor(s). A separate table should be completed for each year (base and out-years).

**Table (3.3.2)**

**Other Direct Costs (ODC) Summary**

<b>Item</b>	<b>Task 1</b>	<b>Task 2</b>	<b>Task 3</b>	<b>Task 4</b>	<b>Base Year Total</b>
Supplies and Materials Office Equipment Travel <ul style="list-style-type: none"> <li>• Airfare</li> <li>• Hotel</li> <li>• Meals &amp; Incidentals</li> <li>• Ground Transportation</li> </ul> Telecommunications Occupancy <ul style="list-style-type: none"> <li>• Rent</li> <li>• Utilities</li> <li>• Building Maintenance</li> </ul> Transportation Client Care Cost <ul style="list-style-type: none"> <li>• Food</li> <li>• Medical</li> <li>• Clothing</li> <li>• Personal Hygiene</li> </ul> Other					
Total ODC by Task					

***Note:** State each individual cost element being proposed. Describe in the narrative section of the cost proposal, how each cost element is derived and why it is being proposed. (Not all cost elements in the table above will apply to each solicitation. The above table should be tailored to the requirements of the RFP.)*

3.4 **Subcontracting Costs:** Each subcontract must be addressed separately. For any subcontract exceeding \$25,000 the cost/price proposal must show the names, quantities, prices, deliverables, basis for selection, and degree of competition used in the selection process. The subcontractor's cost or pricing data should be included along with the prime Offeror's proposal. If available, the Offeror should also include the results of its review and evaluation of the subcontract proposals. The Offeror shall provide copies of any cost or price analyses of the subcontractor costs proposed.

3.5 **Start-up Costs:** As appropriate, the Offeror shall identify all start up costs associated with this effort.

3.6 **Other Historical Data:** All offerors with current or past experience (within three to five years) for similar requirements, as described herein, must submit, as a part of their cost data, the following:

- (a) Contract Number.
- (b) Government agency (federal, state, District, municipal) the contract was awarded by.
- (c) Name and phone number of the Contracting Officer.
- (d) Name and phone number of the Contract Administrator.
- (e) Name and phone number of the Contracting Officer's Representative (if applicable) and the Contract Administrator.
- (f) Period of Performance of the Contract.
- (g) Total amount of contract(s)

In addition to the above data, the following table (No. 3.6) will be completed and submitted with the cost data:

**Table (3.6)**

**Format for Historical Data**

	Proposed Contract			Delivered Contract *		
	Number Of Hours**	Contract Value	Average Hr Rate	Number Of Hours**	Contract Value	Average Hr Rate
Direct Labor						
Loaded Labor***						

- \* Should include any increased scope officially added to contract.
- \*\* If provided different number of hours, the difference should be explained.
- \*\*\* Loaded labor should include all loading and profit. If significant material (i.e., greater than 5%) is included in the contract, data shall be presented both with and without material cost.

In addition, any other data the offeror believes is necessary should be provided in this section.

*Note: For data submitted in the above table for "delivered Contract", the Offeror shall indicate the date as of which, the submitted data is current.*



# DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH

## Health and Medical Emergency Operations Plan (HMEOP) 2007

**District Response Plan ANNEX 8**



Government of the  
District of Columbia  
Adrian M. Fenty, Mayor



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District of Columbia Department of Health  
All Hazards Strategic Plan 2007

Produced under DC Contract # POHC-2006-C-0053; PO # RQ236439  
In partial fulfillment of CDC Cooperative Agreement, Program Announcement: 99051



Global Deterrence Alternatives, LLC

## **Foreword**

The Department of Health (DOH) of the Government of the District of Columbia promotes and protects the health, safety and quality of life of residents, visitors and those doing business in the District of Columbia. During a public health emergency, DOH serves as the lead District agency to provide assistance and resources to identify and respond to public health and medical care needs. In coordination with the District Response Plan (DRP), each District agency will develop a plan of operation to carry out their Emergency Support Function (ESF) responsibilities. The Health and Medical Emergency Operations Plan (HMEOP) serves as both the emergency operations plan of the Department of Health and DRP ESF annex 8.

In accordance with District and federal guidelines, the HMEOP provides a unified command and control structure for DOH to support a coordinated and effective operation. The HMEOP incorporates the concepts and processes of the DRP, the National Incident Management System (NIMS), and the National Response Plan (NRP).

Like the DRP, the HMEOP is a living document that will mature with continued use and exercise. I am confident that the HMEOP will serve to improve health and medical coordination and strengthen relationships among public and private partners of the District of Columbia.

Gregg A. Pane, MD, MPA  
Director, Department of Health  
District of Columbia

# District Health and Medical Emergency Operations Plan (HMEOP)



District Health and Medical Emergency Operations Plan (HMEOP)

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# District Health and Medical Emergency Operations Plan (HMEOP)

## **BASE PLAN**

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### **I. INTRODUCTION**

The Health and Medical Emergency Operations Plan (HMEOP) is the emergency operations plan of Emergency Support Function # 8, Health and Medical Services. The Functional Annex of the DRP identifies 16 Emergency Support Functions (ESFs). Each District agency leads an ESF pursuant to its authorities, resources, and capabilities in a specific functional area.

The Department of the Health (DOH) is the District agency designated under the DRP to lead ESF # 8, Health and Medical Services. Each lead or primary agency receives assistance or support from other District agencies as outlined in the DRP. The HEMOP outlines responsibilities of the District DOH Administrations and departments and their partners to provide for a comprehensive and coordinated response.

The HMEOP is organized into the following sections:

- The **Base Plan** outlines how DOH administrations will respond to, recover from, and mitigate the impact of a health related disaster. The Base Plan contains sections that describe policies, planning assumptions, emergency support function of specific administrations and offices of DOH, and DOH support to other ESFs.
- **Incident Annexes** describe a specific contingency or hazard that requires specialized application of the HMEOP. Incident Annexes in the HMEOP includes the Pandemic Influenza Plan and the Bioterrorism Plan.
- **Functional Annexes** provide information on common functional processes and administrative requirements necessary to maintain efficient and effective incident management. Supporting annexes of the HMEOP include the Strategic National Stockpile and the Addiction Prevention and Recovery Methadone Guidance.
- **Appendices** contain additional information to include a glossary of terms, job action sheets, and additional tools and techniques such as templates for a hazard vulnerability analysis, a NIMS compliance checklist, and appropriate references influencing the HMEOP.

## II. POLICIES

- DC Code § 7-2304.01, authorizes the mayor to issue an executive order proclaiming a public health emergency for an imminent hazard, or the actual occurrence of such an event, due to: a large number of deaths; a large number of serious human health disabilities; widespread exposure to infectious or toxic agents; and the use, dissemination or detonation of weapons of mass destruction. The public health emergency executive order must specify: the existence, nature and scope of the emergency; its geographic scope; and conditions, measures and the expected duration of emergency. The mayor is authorized to order health care providers to assist, and appoint providers as temporary employees, and exempt them from liability, or waive licensing.
- Mayor's Order 2004-109 established the Mayor's Bioterrorism Preparedness and Response Program Advisory Committee. The Committee ensures that the District of Columbia Bioterrorism Preparedness and Response Program Plan is implemented, updated, or revised in a timely and comprehensive manner. The Committee ensures the appropriate coordination among the District government, the Federal government, and private organizations in the District of Columbia.

## III. PLANNING ASSUMPTIONS

- The Health Emergency Coordination Center (HECC) will operate during an emergency. Liaison staff will augment DOH staff within the HECC depending on the type and scale of the event. These staff include, but are not limited to the Department of Mental Health, Office of the Chief Medical Examiner (OCME), Office of the Chief Financial Officer (OCFO), Office of Contracting and Procurement (OCP), and Department of Transportation.
- Partnering agreements exist with local and regional partners to support DOH health and medical services during a public health emergency.
- DOH administrations will participate in the development of plans and procedures, training opportunities, and exercises to achieve and maintain a high state of readiness.
- DOH administrations will respond on short notice and provide timely and effective assistance through the HMEOP structure. Advance planning for these efforts will be based on pre-identification of resource shortfalls and contingencies.
- Documentation of emergency activities will support reimbursement, as appropriate, for expenses incurred during public health emergency operations.
- Medical re-supply may be limited.
- DOH will coordinate a process for surge capacity as the numbers of casualties exceed the District's normal operating capability.
- Mental Health crisis counseling may be necessary.

## District Health and Medical Emergency Operations Plan (HMEOP)

- Tourists, visitors, and non-residents will significantly increase the population that requires care.
- Pets and other animals may become casualties. Owners will want to stay with their pets.
- Disruption of power, water, sanitation, and other support services will cause second degree disruption in medical support.
- Primary medical facilities may be inoperable.
- Federal jurisdictions and foreign sovereignty within the District will present additional challenges for coordination.

## IV. CONCEPT OF OPERATIONS

### A. General

#### 1. *Support to the District Response Plan*

The District of Columbia will manage a response to an emergency or hazard pursuant to the guidelines established in the DRP. The HMEOP supports the DRP by:

- Establishing concepts and policies
- Setting lines of authority and organizational relationships
- Establishing notification, activation, response, and recovery structures
- Describing District agencies' roles and responsibilities
- Providing integration processes
- Coordinating activities with voluntary agencies
- Providing a regional coordination framework
- Addressing District, regional, and federal roles and relationships
- Addressing linkages to other emergency response plans

An emergency response will be coordinated and led by the District *Consequence Management Team* (CMT), which will operate out of the *Emergency Operations Center* (EOC) of EMA. During an emergency, DOH will coordinate response activities through the CMT.

#### 2. *National Incident Management System (NIMS)*

The HEMOP follows the guidance of the *National Incident Management System* (NIMS) and the NIMS command structure, the *Incident Command System* (ICS).

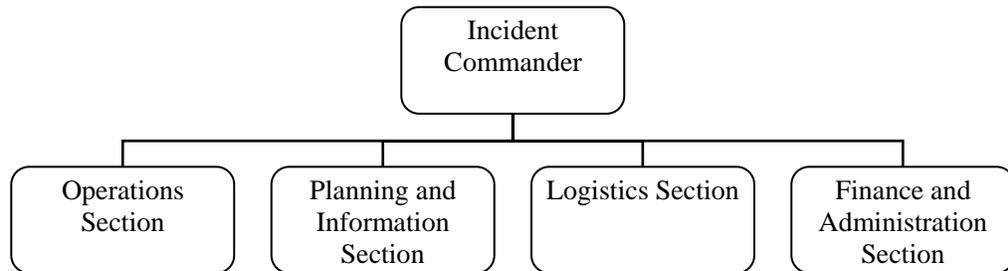
NIMS is a comprehensive approach to incident management mandated by Homeland Security Presidential Directive #5. It is designed for use across all jurisdictional levels and functional disciplines. NIMS has two major principles:

- To provide a *flexible framework* that facilitates government and private entities at all levels working together to manage domestic incidents
- To provide a set of *standardized organizational structures* as well as requirements for processes, procedures, and systems designed to improve interoperability

A key feature of NIMS is the Incident Command System (ICS). ICS has been used successfully in emergency management for more than 30 years and represents the "best practice" standard for any size or type of response. Features of the ICS include common terminology, standardized and modular organization, integrated communications, unified command structure, management by objectives, the Incident Management Plan, manageable span of control, and resource management.

## District Health and Medical Emergency Operations Plan (HMEOP)

The ICS consists of four standard sections that report directly to the Incident Commander (IC). Although the DOH “Incident Commander” may not be the overall District lead for a particular emergency, he/she will maintain direct command over the DOH response. The basic ICS structure is shown below:



### *Incident Command System Organization Structure*

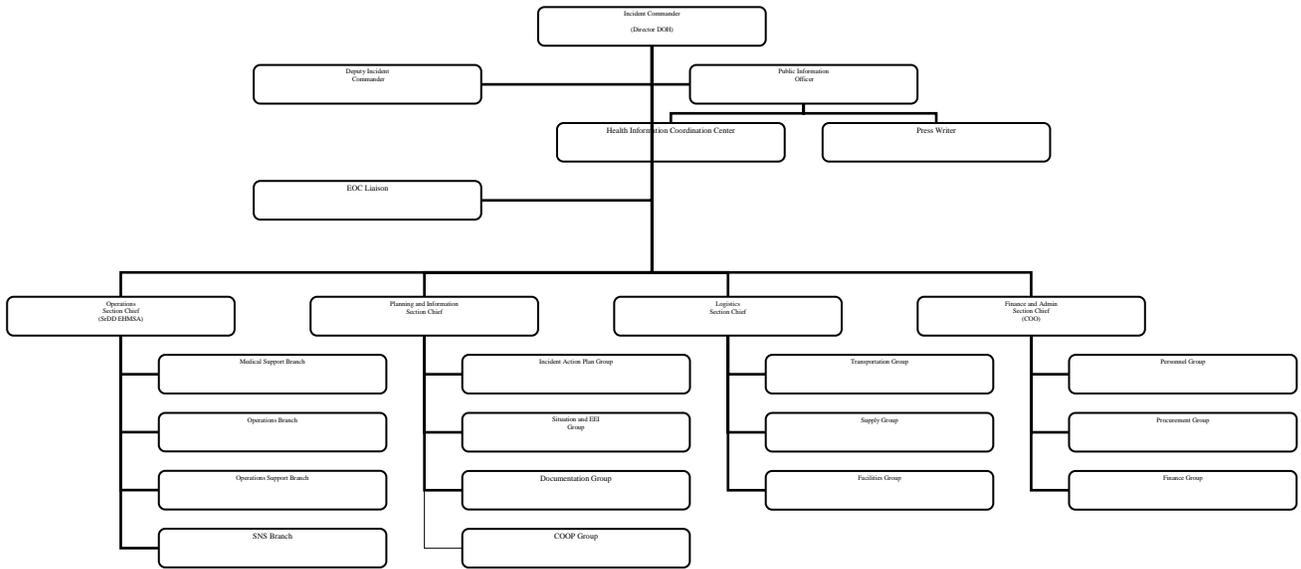
ICS provides a standardized organization that is used nationwide at federal, state, and local levels. The ICS organizational structure generally does not mirror the day-to-day DOH structure. The ICS structure will be used during an emergency to promote standardization, interoperability, and functional understanding across jurisdictional boundaries and levels of response. Additionally, individuals assigned to the ICS team may not work with their usual subordinates and/or supervisors for the duration of the emergency. In an emergency response, normal day-to-day operations may be suspended and available assets assigned to emergency response tasks.

It is critical that DOH personnel involved in emergency response activities understand their roles and responsibilities within the ICS organization.

**B. DOH Emergency Response Organizational Structure**

DOH uses the standardized ICS structure and concepts to manage emergency situations. The DOH Incident Commander may elect not to activate all of DOH during each emergency. Recommended activations are discussed in later sections of the HMEOP.

**1. The DOH Emergency Basic Response Team Structure:**



*Note: This structure supersedes those developed for previous plans*

Note: There are additional groups under each branch in the Operations Section. These groups are described in the individual branch discussions, which follow.

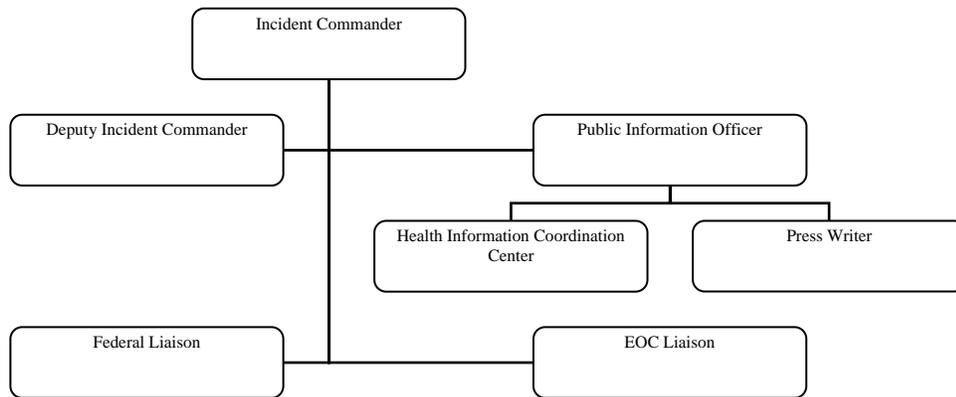
**2. Emergency Response Team Roles and Responsibilities**

This section describes the roles and responsibilities of the various components shown in the DOH Emergency Basic Response Team Structure.

**a. COMMAND SECTION**

The Command Staff are direct reports of the Incident Commander and provide information and liaison support to the entire DOH-ICS organization.

## District Health and Medical Emergency Operations Plan (HMEOP)



- 1) Incident Commander.** The Director of DOH will be the IC for all public health emergencies unless the Mayor appoints another administration official to the position. The IC has primary responsibility and authority for incident response. In other types of emergencies, the Director may play a subordinate role to other DC officials. Regardless of the emergency, the Director will exercise command and control over DOH personnel and DOH emergency response activities.

The Director will coordinate emergency response activities with the Command Staff and with the Operations, Planning and Information, Finance and Administration, and Logistics Sections.

- Role of the IC:
    - Provides overall leadership for incident response
    - Delegates authority to others
    - Takes general direction from the DC Administration as required
  - Responsibilities of the IC:
    - Manages DOH response activities and functions
    - Assesses the need for specific response staff
    - Establishes incident objectives and operational periods.
    - Directs staff to develop the Incident Action Plan
    - Ensures the safety of DOH personnel
    - Provides information to internal and external stakeholders
    - Establishes and maintains liaison with other agencies participating in the emergency response
- 2) Deputy Incident Commander.** The Director may choose to designate a Deputy Incident Commander who:
    - Performs specific tasks as requested by the IC
    - Performs Incident Command functions as directed by the IC
    - Relieves the Incident Commander, as necessary

**3) Public Information Officer (PIO).** The PIO serves as the principal point of contact for developing information that can be released to the public. The PIO:

- Advises the Incident Commander on public information and media relations
- Coordinates public release of information with the Executive office of the Mayor (EOM)
- Coordinates information sharing with the Planning Section
- Oversees the Call Center Group, which provides a critical service to residents and visitors who request information from the DOH.

Two offices assist the PIO:

**(a) Health Information Coordination Center** develops, manages, and distributes information within the PIO organization.

**(b) Press Writer** develops press releases and other public information for distribution.

**4) EOC Liaison** is the DOH liaison to the EOC. Coordination between DOH-ICS and EMA is handled usually through the EOC Liaison.

Under the DRP, the EOC must be staffed 24 hours a day during emergencies. This requires that DOH identify more than one EOC Liaison to work 24-hour shifts, if necessary.

**5) Federal Liaison** coordinates with federal partners, primarily the Department of Health and Human Services, during an emergency response.

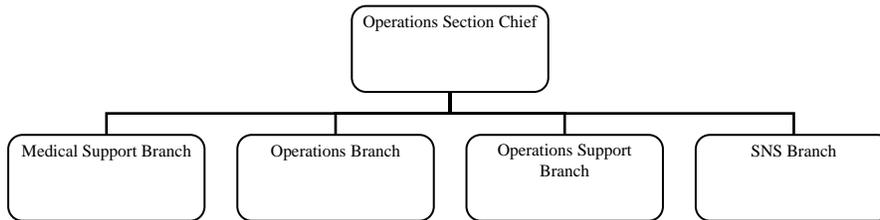
## **b. OPERATIONS SECTION**

The Operations Section is responsible for planning and executing the tactical portion of a DOH emergency response. The Operations Section activates during all emergency situations. During a crisis, the Operations Section is the second component of the DOH emergency response organization (after the Incident Commander) to activate. The HECC is assigned to the Operations Section.

Tactical operations cover a broad scope of critical activities and as such, require a large resource base making the Operations Section the largest element in the DOH-ICS structure. The Operations Section is charged with coordinating and maintaining control over all DOH emergency response activities.

Due to the number of resources assigned to the Operations Section, it is organized into four branches, with each branch containing several specific groups. The diagram below shows the top level of the Operations Section – the Operations Section Chief and four Branch Directors.

## District Health and Medical Emergency Operations Plan (HMEOP)



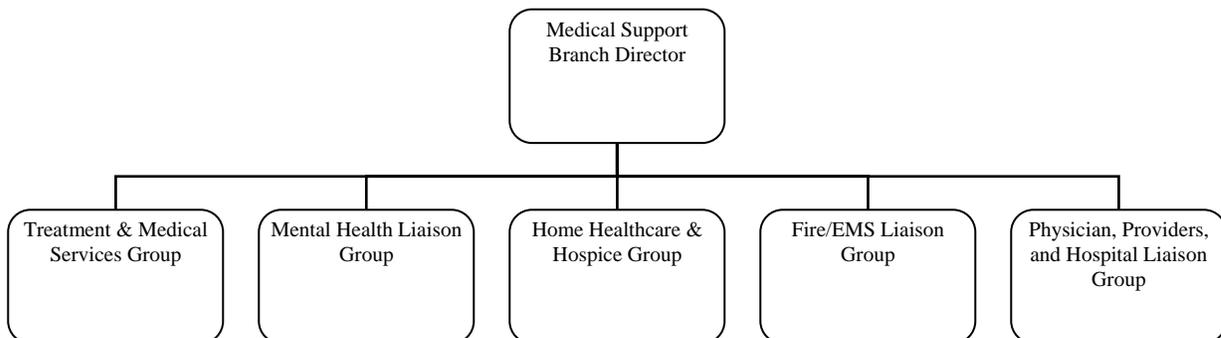
1) **Operations Section Chief:** The Operations Section Chief works directly for the Incident Commander and is responsible for conducting tactical operations. The Operations Section Chief organizes and supervises all responding DOH field resources. Four DOH Operations Branch Directors report to the Operations Section Chief:

- Medical Support Branch Director
- Operations Branch Director
- Operations Support Branch Director
- SNS Branch Director

If dictated by the emergency situation, the Operations Section Chief can form a *Task Force* to address a specific response issue. A Task Force is a combination of mixed resources (normally from different branches or groups) under a single supervisor. The Task Force structure provides for flexibility in operational management.

a) **Medical Support Branch:** The Medical Support Branch is responsible for coordinating health care services with providers, hospitals, Fire and EMS (F/EMS), and other agencies.

This branch is led by the Medical Support Branch Director. Five subordinate groups led by Group Supervisors report to the Medical Support Branch Director:

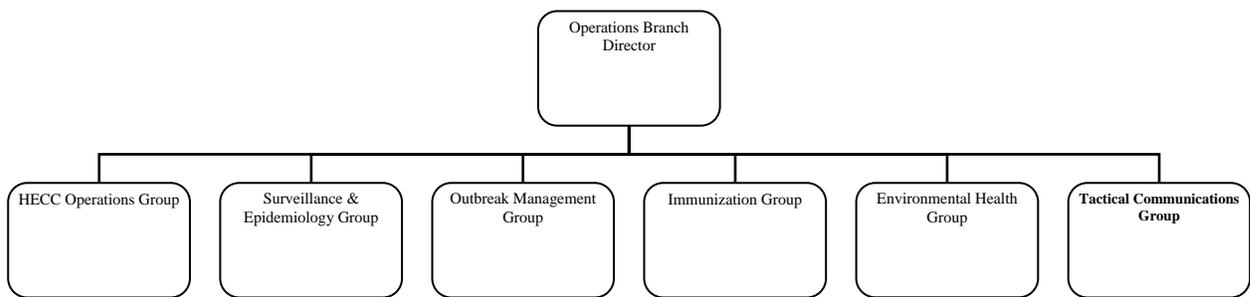


District Health and Medical Emergency Operations Plan (HMEOP)

- (1) **Treatment and Medical Services Group** coordinates the provision and maintenance of critical medical services during an emergency, such as establishing first-aid stations, coordinating emergency primary care and dialysis activities, and overseeing emergency methadone distribution.
- (2) **Mental Health Liaison Group** coordinates mental health support with the Department of Mental Health.
- (3) **Home Healthcare and Hospice Group** coordinates emergency home health care treatment and hospice support, as required.
- (4) **Fire/EMS Liaison Group** coordinates DOH emergency response with F/EMS. It supports EMS logistical supply requirements.
- (5) **Physician, Providers, and Hospital Liaison Group** coordinates the integration of area health care personnel and facilities. It tracks the availability, establishes requirements, and coordinates efforts of health care personnel. It credentials medical volunteers and out-of-state personnel. This Group requires the support of IT.

b) **Operations Branch:** The Operations Branch is primarily responsible for direct response to a medical emergency. It supports overall DOH emergency response by managing the HECC and tactical emergency communications.

This branch is led by the Operations Branch Director. Six subordinate groups led by Group Supervisors report to the Operations Branch Director:

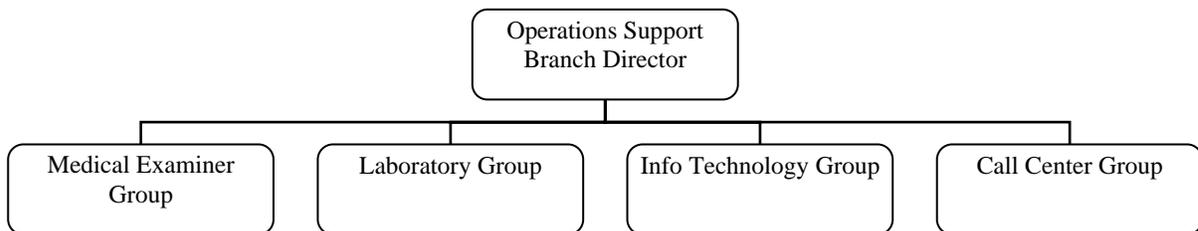


- (1) **HECC Operations Group** activates and manages operation of the HECC.
- (2) **Surveillance and Epidemiology Group** coordinates all surveillance and epidemiological activities during an emergency response.

District Health and Medical Emergency Operations Plan (HMEOP)

- (3) **Outbreak Management Group** plans, coordinates, and manages the DOH outbreak response to include quarantine and isolation activities.
  - (4) **Immunization Group** coordinates mass immunization activities and supports the Strategic National Stockpile (SNS) Group.
  - (5) **Environmental Health Group** coordinates and conducts emergency environmental testing and assessments with the District Department of the Environment (DDOE).
  - (6) **Tactical Communications Group** coordinates the required communication links between the HECC, other DOH organizations, the EOC, and field operations.
- c) **Operations Support Branch:** The Operations Support Branch performs “reach back” functions that support emergency response operations. These functions are critical for effective operations and must be integrated carefully with DOH planning and tactical responses.

This branch is led by the Operations Support Branch Director. Four subordinate groups led by Group Supervisors report to the Operations Support Branch Director:



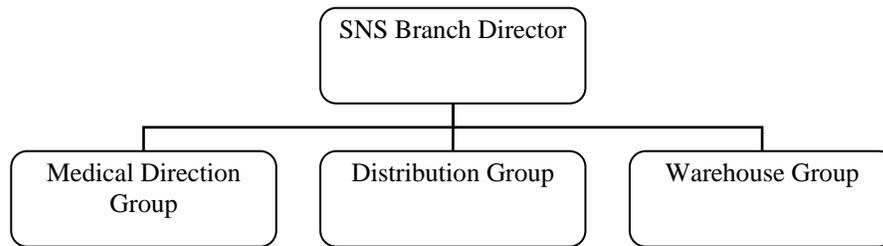
- (1) **Medical Examiner Group** coordinates emergency fatality management with the OCME.
- (2) **Laboratory Group** coordinates all laboratory testing activities.
- (3) **Information Technology Group** provides and maintains information technology required to support response operations.
- (4) **Call Center Group** provides information to residents, employees, and visitors.

## District Health and Medical Emergency Operations Plan (HMEOP)

- d) SNS Branch:** The SNS Branch coordinates the receipt and distribution of Strategic National Stockpile pharmaceuticals and medical supplies.

The SNS Branch relies heavily on the DOH-ICS Logistics Section for coordinating transportation and other logistical functions for SNS operations.

The SNS Branch is led by the SNS Branch Director. Three subordinate groups led by Group Supervisors report to the SNS Branch Director:



- (1) **Medical Direction Group** is responsible for medical aspects of SNS storage, staging, distribution, documentation, and follow-up.
- (2) **Distribution Group** coordinates the distribution of SNS at distribution sites.
- (3) **Warehouse Group** coordinates and manages SNS warehouse functions.

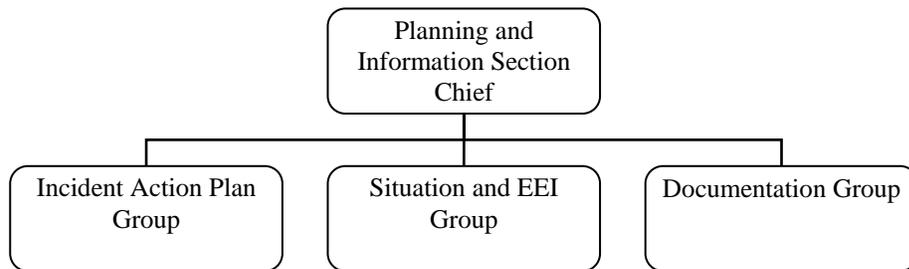
**c. PLANNING AND INFORMATION SECTION**

The Planning and Information Section is responsible for overall strategic incident response planning and operational information management. It hosts technical specialists who are not assigned to other areas of the DOH-ICS organization. Specific responsibilities of the Planning and Information Section include:

- Tracking the status of available resources
- Developing and displaying overall incident situational status
- Developing the Incident Action Plan
- Recommending response strategies
- Documenting response activities
- Planning for “end of emergency” stand down
- Collecting and managing information required to support operations
- Monitoring COOP functions performed by the Finance and Administration Section.

The Planning and Information Section is led by the Planning and Information Section Chief. Three subordinate groups led by Group Supervisors report to the Planning and Information Section Chief:

## District Health and Medical Emergency Operations Plan (HMEOP)

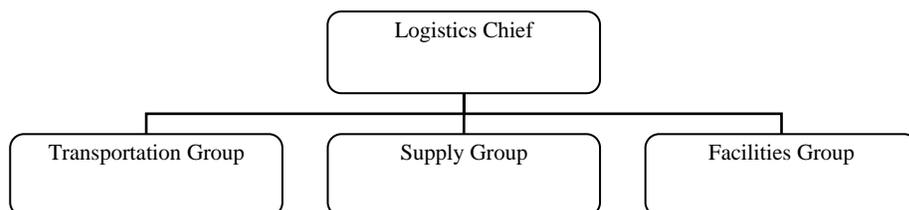


- 1) **Planning and Information Section Chief** reports directly to the IC. The Section Chief manages the overall incident response planning process and manages the development of the Incident Action Plan (IAP). The Chief manages operational information collection, assessment, and dissemination. The Chief manages and allocates any other technical specialists assigned to the section.
- 2) **Incident Action Plan Group** develops the formal IAP for the Incident Commander. It is responsible for overall incident response planning and response strategy development.
- 3) **Situation and EEI Group** collects operational information and develops a “situational awareness picture” for the entire DOH response team and displays this situational picture on maps and other graphics. It is responsible for developing the Essential Elements of Information (EEI) required by the EOC.
- 4) **Documentation Group** documents and archives all response activities and assists the IC with development of after action reports and lessons learned. It is responsible for tracking response resources and developing the IAP.

### c. LOGISTICS SECTION

The Logistics Section coordinates supplies, transportation and facilities required to support DOH emergency responses. The IC may not activate the entire Logistics Section if not required by the severity and complexity of the emergency.

The Logistics Section is led by the Logistics Section Chief. Three subordinate groups led by Group Supervisors report to the Logistics Section Chief:



## District Health and Medical Emergency Operations Plan (HMEOP)

1) **Logistics Section Chief:** The Logistics Section Chief coordinates the provision of resources and services to support response activities. The Section Chief assists in developing the Incident Action Plan (IAP) and coordinates the procurement of resources and services with the Finance and Administration Section.

a) **Transportation Group** coordinates DOH emergency response transportation requirements.

b) **Supply Group** helps to determine the requisite supplies to support a response, collaborates with the Finance and Administration Section to purchase the supplies (initial or replacement), and coordinates distribution of the supplies.

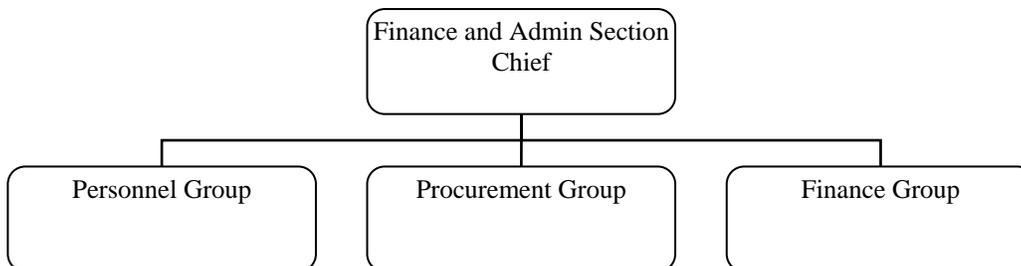
NOTE: The Supply Group provides food to responders. This function has become a major issue in all DOH responses. It may be appropriate to mention food explicitly in this section.

c) **Facilities Group** coordinates the use of facilities (including emergency and non-traditional facilities) by DOH for emergency operations. It assists the Operations Section in coordinating hospital emergency capacity. It coordinates facility security and maintenance services.

### d. FINANCE AND ADMINISTRATION SECTION

The Finance and Administration Section monitors the use of financial assets and human resources. It ensures the appropriate documentation of expenditures relevant to the emergency incident. It authorizes expenditures to carry out the IAP.

The Finance and Administration Section Chief leads this Finance and Administration Section. Four subordinate groups led by Group Supervisors Report to the Finance and Administration Section Chief:



1) **Finance and Administration Section Chief:** The Finance and Administration Section Chief has the overall responsibility for managing the financial and personnel issues involved in an emergency response. The Chief coordinates the procurement of required supplies and other required resources. The Chief works to ensure non-emergency DOH operations continue to the extent possible during an emergency.

## District Health and Medical Emergency Operations Plan (HMEOP)

- (a) **Personnel Group** tracks and manages personnel issues that arise because of an emergency response. Issues may include tracking time worked by responders, processing injury claims or handling other personnel related tasks.
- (b) **Procurement Group** coordinates the purchase of supplies, resources, and services required to support a response.
- (c) **Finance Group** tracks and oversees the financial aspects of the response. It performs cost analyses and coordination, develops the budget, and makes recommendations to the IC regarding expenditures.
- (d) **COOP Group** manages the Continuation of Operations Planning portion of an emergency response. Multiple DOH activities may be affected by an emergency although these activities are not related to the emergency response. The COOP Group coordinates the continuation of these activities.

### C. OPERATION LEVELS

#### 1. **DRP Operation Levels/DOH Tiers**

The District identifies five operation levels in the DRP to classify the impact of the event on District operations. In accordance with federal guidelines, DOH uses a six-tier construct to categorize the level of health and medical asset management necessary during mass casualty or complex incidents. The tier relates to the levels as follows:

<b>DOH Tier (Source: 2006 CDC Cooperative Agreement)</b>	<b>DRP Level</b>
Tier 6: Federal response (support to State and locals)	N/A
Tier 5: Interstate regional coordination (management coordination and mutual support)	N/A
Tier 4: State response and coordination of intrastate jurisdictions	N/A
Tier 3: Jurisdiction medical incident management	Level 5
Tier 2: Healthcare “coalition” (info sharing; cooperative planning; Mutual aid)	Levels 3 and 4
Tier 1: Healthcare asset management (Emergency Management Program (EMP) using HMEOP)	Levels 1 and 2

**Actions associated with DRP levels include:**

## District Health and Medical Emergency Operations Plan (HMEOP)

**Level 1:** Operation Level 1 is the normal day-to-day operating posture of District agencies. Operation Level 1 corresponds to DOH Tier I.

**Level 2:** Operation Level 2 is triggered by a small event (potential or actual) and requires the response of a few District agencies. Operation Level 2 corresponds to DOH Tier I and required solely DOH management. The actions as follows take place during an Operation Level 2 event:

- EMA alerts agencies and ESFs that may be required if the event escalates
- On-site response personnel normally manage the incident
- EMA personnel staff the EOC and coordinate the response if required

**Level 3:** Operation Level 3 is triggered by an event of threat that requires most or all District agencies to respond or prepare to respond for a localized event. Operation Level 3 corresponds to DOH Tier 2 and includes DOH and some external partners. The response to Operation Level 3 is similar to that of Operation Level 2 although more agencies and ESFs are normally involved. The actions as follows take place during an Operation Level 3 event:

- EMA alerts agencies and ESFs that may be required if the event escalates
- On-site response personnel normally manage the incident
- EMA personnel staff the EOC and coordinate the response if required

**Level 4:** Operation Level 4 is triggered by highly probable hazardous conditions and a strong potential for property damage or loss of life. Operation Level 4 corresponds to DOH Tier 2 and includes DOH and some external partners. The actions as follows take place during an Operation Level 4 event:

- The District CMT is partially activated
- EMA notifies all ESF primary agencies
- EMA personnel staff the EOC
- Necessary ESF representatives report to the EOC

**Level 5:** Operation Level 5 is triggered by extremely hazardous conditions that are imminent or occurring. Operation Level 5 corresponds to DOH Tier 3 and includes DOH and full operations. The actions as follows take place during an Operation Level 5 event:

- EMA notifies all DRP primary and support agencies
- The District CMT is fully activated
- The EOC goes to 24-hour operations staffed by EMA and all necessary ESF Liaison Officers

## 2. DOH Emergency Operations

DOH critical operations include, but are not limited to activation and sustenance of the HECC and the Health Alert Network (HAN), health and medical support to EMA, and collaborative operations with other District departments such as the Department of Mental Health (DMH) and the OCME. Specific areas of oversight include healthcare operations, medical logistics, CHEMPACK, SNS, and disease containment (social distancing, quarantine, and isolation procedures). Additionally, administration and finance activities may become critical to support operations during protracted emergency operations.

The DRP identifies 22 health and medical functions within the scope of the Department of Health: DOH operations assessment assigned the operations to 12 broad operational groups. The 22 health and medical functions identified in the DRP are:

- |   |   |
|---|---|
| 1. Health surveillance, including infectious disease surveillance and epidemiological investigation | 13. In-hospital care  |
| 2. Communicable disease control including isolation and quarantine                                  | 14. Fatality management and victim identification   |
| 3. Assessment of health/medical needs, including in-patient capacity                                | 15. Food/drug/medical device safety   |
| 4. Decontamination of victims and health and medical personnel                                      | 16. Worker health/safety  |
| 5. Public health informational/risk communication on public health issues                           | 17. Radiological/chemical/biological hazards consultation and technical assistance                                    |
| 6. Receipt and Distribution of the Strategic National Stockpile                                     | 18. Mental health care for victims, worried well, response personnel, health and medical personnel and general public |
| 7. Medical care personnel   | 19. Potable water/wastewater and solid waste disposal testing   |
| 8. Health/medical equipment and supplies  | 20. Animal disease vector control   |
| 9. EMS provision and coordination   | 21. Veterinary services and animal control  |
| 10. Medical consultation, coordination, and control   | 22. Security services at health and medical facilities  |
| 11. Patient distribution  |   |
| 12. Patient tracking  |   |

The twelve (12) operational groups include:

1. Planning and Preparedness
2. Disease Surveillance, Detection and Vector Control
3. Health Assessment and Threat Analysis
4. Command, Control, and Coordination
5. Public Health Information and Risk Communications
6. Medical Personnel and Volunteer Services
7. Medical Logistics Supplies and Equipment
8. Direct Care
9. Security and Evacuation

District Health and Medical Emergency Operations Plan (HMEOP)

10. Maintenance of Essential Services
11. Disease Containment: Quarantine, Isolation, and Social Distancing
12. Fatality Management

The primary and support Administration/Agency/Bureau for the functions/ group follows:

District Health and Medical Emergency Operations Plan (HMEOP)

<b>Function (22)</b>	<b>Operational Group (12)</b>	<b>Responsible Administration/Agency/Bureau</b>	<b>Location within ICS</b>
1. Health surveillance, including infectious disease surveillance and epidemiological investigation	Disease Surveillance, Detection, and Vector Control	<b>Primary:</b> BEHRA <b>Support:</b> PHL, IT	Operations
2. Communicable disease control including isolation and quarantine	Disease Surveillance, Detection, and Vector Control	<b>Primary:</b> BEHRA, Bureau of Communicable Disease <b>Support:</b> PHL, IT	Logistics
3. Assessment of health/medical needs, including in-patient capacity	Health Assessment and Threat Analysis	<b>Primary:</b> Bureau of Primary Health Care <b>Support:</b> F/EMS	Operations
4. Decontamination of victims and health and medical personnel	Disease Containment: Quarantine, Isolation, and Social Distancing	<b>Primary:</b> F/EMS-HAZMAT <b>Support:</b> PHL, EHMSA	Operations
5. Public health informational/risk communication on public health issues	Public Health Information and Risk Communications	<b>Primary:</b> OUC <b>Support:</b> PIO, IT	Planning and Information
6. Receipt and Distribution of the Strategic National Stockpile	Medical Logistics, Supplies, and Equipment	<b>Primary:</b> EHMSA-SNS Coordinator <b>Support:</b> EMA, EHMSA-Emergency Operations	Logistics
7. Medical care personnel	Medical Personnel and Volunteer Services	<b>Primary:</b> EHMSA <b>Support:</b> PIO, OUC	Operations
8. Health/medical equipment and supplies	Medical Logistics, Supplies, and Equipment	<b>Primary:</b> EMA, EHMSA <b>Support:</b> OCP, CFO	Logistics Finance and Administration
9. EMS provision and coordination	Planning and Preparedness	<b>Primary:</b> EMA <b>Support:</b> PIO, OUC	Planning and Information
10. Medical consultation, coordination, and control	Command, Control, and Coordination	<b>Primary:</b> Bureau of Primary Health Care <b>Support:</b> PHL, EHMSA	Operations

District Health and Medical Emergency Operations Plan (HMEOP)

<b>Function (22)</b>	<b>Operational Group (12)</b>	<b>Responsible Administration/Agency/Bureau</b>	<b>Location Within ICS</b>
11. Patient distribution	Planning and Preparedness	<b>Primary:</b> Bureau of Primary Health Care <b>Support:</b> F/EMS	Operations
12. Patient tracking	Planning and Preparedness	<b>Primary:</b> Bureau of Primary Health Care <b>Support:</b> IT, BEHRA	Planning and Information
13. In-hospital care	Direct Care	<b>Primary:</b> Bureau of Primary Health Care <b>Support:</b> F/EMS, IT	Operations
14. Fatality management and victim identification	Fatality Services	<b>Primary:</b> OCME <b>Support:</b> State Center for Health Statistics-Vital Records Division	Planning and Information
15. Food/drug/medical device safety	Maintenance of Essential Services	<b>Primary:</b> Bureau of Primary Health Care <b>Support:</b> Bureau of Community Hygiene	Planning and Information
16. Worker health/safety	Planning and Preparedness	<b>Primary:</b> BEHRA-EHMSA <b>Support:</b> OUC	Planning and Information
17. Radiological/chemical/biological hazards consultation and technical assistance	Disease Surveillance, Detection, and Vector Control	<b>Primary:</b> DDOE <b>Support:</b> PHL, IT	Operations
18. Potable water/wastewater and solid waste disposal testing	Disease Containment: Quarantine, Isolation, and Social Distancing	<b>Primary:</b> DDOE <b>Support:</b> Bureau of Hazardous Materials and Toxic Substances, PHL	Operations
19. Animal disease vector control	Disease Surveillance, Detection, and Vector Control	<b>Primary:</b> Bureau of Community Hygiene <b>Support:</b> BEHRA, PHL	Operations
21. Veterinary services and animal control	Disease Containment: Quarantine, Isolation, and Social Distancing	<b>Primary:</b> Bureau of Community Hygiene <b>Support:</b> PHL	Operations
22. Security services at health and medical facilities	Security and Evacuation	<b>Primary:</b> MPD <b>Support:</b> F/EMS, DOT	Logistics

## District Health and Medical Emergency Operations Plan (HMEOP)

The corresponding activities associated with the operational groups include:

### ***a. Preparedness and Planning***

- Task 1: Develop detailed plans to address each Functional Area.
- Create operational and COOP plans for each Functional Area.
- Task 2: Training and Exercise
- Develop training curriculum to educate and exercise various components of training and exercise plan to ensure successful implementation.
- Task 3: After Action Report (AAR) and integration of Lessons Learned
- After an emergency operation, all participating ESF #8 personnel convene an after action review to determine the effectiveness and efficiency of the response, where improvements are needed, and gaps that should be addressed. This information constitutes the After Action Report, which creates “lessons learned” that are used to improve plans, adjust training, and incorporate into exercises to improve follow on response operations.

### ***b. Disease Surveillance, Detection and Vector Control***

- Task 1: Conduct health surveillance (IT and epidemiological activities)
- Utilize the Washington Area Disease Surveillance System (WADSS) to analyze and track disease trends and compare with National Capital Region Disease Surveillance Partners to assure quick detection of a disease outbreak and to determine the type of disease.
- Task 2: Conduct Forensic Epidemiology
- At the detection of a CBRNE agent, utilize forensic epidemiology to determine when and where the outbreak occurred and how to contain the outbreak.
- Task 3: Provide animal disease control, vector control, and veterinary services
- In many biological disease outbreaks, the animal population is the first to fall prey to the disease. In other instances, the animal community can spread the disease. The impact on the human community can diminish by monitoring the animal community and providing vector control to the animal population.
- Task 4: Conduct laboratory testing and rule out diseases at public health laboratory
- Public health laboratories serve a critical role in confirming the agent or disease that is affecting the population. It can also rule out certain diseases to narrow down what type of disease is affecting the population. The CDC laboratory and the DC Public Health laboratory (PHL) can detect a disease in the early phases of an outbreak and can track that disease as it increases and subsides.

***c. Health Assessment and Threat Analysis***

Task 1: Conduct assessment of health/medical requirements

- The primary role of the Chief Medical Officer (CMO) is to provide leadership and guidance to (and coordinate with) the medical community and federal health authorities regarding the best manner to address a disease outbreak. The CMO will conduct an immediate assessment of the situation and then provide guidance to the medical community regarding the medical interventions necessary to contain, treat, and eliminate the outbreak.

Task 2: Provide medical/health consultation to EMA

- EMA is the coordinating body for the District's emergency response system. EMA serves as the convening body and manager of the CMT, which includes the Mayor and Cabinet Officials. CMT leverages the resources of the District to provide a unified response to an emergency. The Director of DOH and the CMO serve on the CMT; they direct the health response and advise the Mayor and EMA regarding the health impact of an emergency

Task 3: Coordinate Chemical/Radiological/Biological consultation and technical assistance

- DOH works in cooperation with the Environmental Protection Agency (EPA), F/EMS, and DDOE to ensure development of the appropriate response plan to respond to a public health threat.

Task 4: Assess food safety and quality

- DOH monitors food safety and ensures that food borne diseases are contained. DOH advises EMA regarding strategies to control food distribution and monitor food safety. DOH has the authority to sanction food establishments that violate protective measures.

Task 5: Conduct environmental testing

- DOH coordinates environmental testing with DDOE. DOH performs the necessary tests to detect potential environmental impacts. DOH conducts an analysis of an impact and analyzes these data to determine the overall environmental impact. DOH and DDOE provide an assessment of a threat and develop a plan to respond to the environmental impact of a threat.

***d. Command, Control, and Coordination***

- Task 1: Coordinate health and medical response with public and private, federal and NCR (National Capital Region) health partners
- Coordinate the medical response with public, private, federal, and NCR partners through the HECC, EOC, and utilization of conference calls.
- Task 2: Coordinate school nurse program and distribute health information
- DOH administers the School Nurse Program of the Children's National Medical Center. During an emergency, the school nurse serves as a first line of defense to ensure student safety and disseminate health information to students and parents. Nurses also serve as coordinators for in-school prophylaxing and shelter-in-place.
- Task 3: Monitor pharmacies drug supplies
- Pharmacies may have a significant inventory of medications critical to emergency management. Coordination with local pharmacies will assist DOH in managing SNS and requesting additional pharmaceuticals from the Vendor Managed Inventory (VMI).
- Task 4: Provide support to Health Care Facilities
- Provide coordination and oversight of healthcare facilities planning and response activities. Facilitate gap analysis and support surge capacity planning; coordinate a systematic disbursement of the SNS and Vendor Managed Inventory; ensure appropriate number of volunteer staff to assist healthcare facilities with surge capacity.
- Task 5: Coordinate decontamination of victims and response personnel
- DOH provides coordination and synchronization of health and medical related decontamination activities. FEMS is responsible for decontaminating victims in an emergency. Hospitals are responsible for decontaminating their patients and staff.
- Task 6: Provide for escalation of services to increase surge capacity
- Surge capacity is defined as potential patient beds; available space in which patients may be triaged, managed, vaccinated, decontaminated, or simply located; available personnel of all types; necessary medications, supplies and equipment; and even the legal capacity to deliver health care under situations which exceed authorized capacity. DOH will ensure the effective use of resources among support agencies, area hospitals, FEMS services and regional mutual aid agreements.
- Task 7: Coordinate mental health care
- During and after an emergency, it is important to addressing the psychosocial impact on victims, the public and emergency responders. A comprehensive critical incident stress management program for responders and a Post Traumatic Stress Disorder plan for the public, victims and their

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family members to implement in the recovery period of an emergency will help to improve and reduce the timeframe in which the community recovers from an emergency.

### Task 8: Support Casualty Collection Points (CCPs)

- CCPs are predetermined locations for staging supplies, triaging, treating and transporting victims in a disaster or the receipt, storage and/or transport of the dead. DOH should continue to train and improve the casualty collection point plans with F/EMS and OCME to ensure a successful implementation of the plan in an emergency.

### Task 9: Coordinate with District providers to maintain critical medical services not provided by DOH (life and death services such as dialysis, emergency department services, etc).

- Provide analysis and coordination of District-wide services for planning and prioritizing medical needs; propose regulations governing the operations of private direct care critical services during an emergency.

### Task 10 Coordinate with OCME to provide for fatality management.

## ***e. Public Health Information and Risk Communication***

### Task 1: Develop and disseminate health information

- Develop health information messages for all hazards before an event to ensure that appropriate materials are available to the public for immediate dissemination. Enable the Director of DOH to develop emergency specific information to respond to a specific threat to the public. The public should receive pre-event health information to become knowledgeable of issues and their role in assuring their own safety.

### Task 2: Develop and conduct risk communications

- Health information dissemination during emergency should be delivered in a different manner than before an emergency. This delivery is called Risk Communication. Risk communication not only delivers relevant health information, but also updates the public about the progress of the response, treatment centers, and instructions on how to manage their families during an emergency. The delivery of these messages on a consistent and timely basis will help to reduce panic, address the worried well, and instruct the public regarding what they can do to assist in an emergency.

## ***f. Medical Personnel and Volunteer Services***

### Task 1: Coordinate medical personnel availability

- DOH serves as the coordinating body to provide surge capacity for hospitals, mass prophylaxis clinics, first aid stations, and casualty collection points. DOH has a large database of volunteer medical personnel to deploy during an emergency. DOH will verify the licensure status of volunteer medical personnel.

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- Task 2: Emergency Healthcare Reserve Corps (EHRC)
- DOH and its subgrantee, DC Serves, assist in the continuing recruitment, training, and exercising of volunteers.
  - DOH assesses and revises its volunteer pre-credentialing and licensure processes.
  - DOH establishes specific job duties including management responsibilities for personnel surge capacity.
- Task 3: Coordinate with US Public Health Service (USPHS) and Medical Society of DC (MSDC) regarding personnel support and capabilities
- The Director of DOH may request assistance from USPHS to provide medical personnel.
  - DOH may also request assistance from the American Red Cross to provide non-medical personnel and volunteers.

### ***g. Medical Logistics, Supplies and Equipment***

- Task 1: Provide a process to identify and coordinate availability of necessary equipment and supplies to include surge capacity of necessary resources
- Identify existing medical logistics capabilities, project needs as scenarios evolve, and identify shortfalls.
  - Create a mechanism for requesting and delivering medical equipment and supplies to appropriate response and recovery locations.
- Task 2: Coordinate DOH logistics transport needs with District Department of Transportation (DDOT)
- Create a transportation plan with DDOT and DOH Fleet Management to move people, equipment, supplies and pharmaceuticals in a quick and expeditious manner. Include delivery maps, security requirements, and personnel to disseminate materials.
- Task 3: Operate and support staging areas
- Create a delivery plan for materials and supplies procured for emergencies. The plan will ensure the movement of supplies from point of origin to appropriate staging areas for further dissemination. Identify and train personnel to assist in this effort.
- Task 4: Receive, repackage, and deploy the Strategic National Stockpile (SNS) (Included in Functional Annex)
- Continue to refine, train, and exercise the SNS Plan to ensure disbursement of all SNS and VMI materials.
- Task 5: Coordinate and distribute CHEMPACK
- Continue to refine, train, and exercise the CHEMPACK plan to ensure disbursement of all CHEMPACK materials.

*h. Direct Care*

- Task 1: Monitor Patient Care
- DOH oversees quality care, tracks disease progression, and coordinates resource allocations relative to direct care during emergencies. DOH monitors and tracks patient disposition and/or transfer.
- Task 2: Coordinate with F/EMS
- F/EMS is responsible for pre-hospital care including triage, stabilization and transport. DOH in its regulatory capacity works with F/EMS to coordinate a unified response to a public health emergency.
- Task 3: Coordinate hospital/health care facilities and services with USPHS and DC Hospital Association (DCHA), DC Primary Care Association (DCPCA), and other professional organizations.
- Identify the full range of health care and related service organizations; coordinate responsibilities and activities to provide a synchronized continuum of care.
  - Coordinate surge capacity requirements across the continuum of care; facilitate management of casualties to promote continuity of healthcare operations to include non-disaster related essential services.
- Task 4: Coordinate triage support
- F/EMS has the first line of responsibility in triage. DOH will coordinate additional triage support to provide for best outcomes.
- Task 5: Coordinate and establish first aid stations
- Establish first aid stations for special events and provide for staffing and coordination during emergencies
- Task 6: Conduct mass prophylaxis
- DOH is responsible for coordinating and providing the dissemination of prophylactic medications.
- Task 7: Conduct immunizations
- DOH is responsible to coordinating and providing mass vaccination clinics.

***i. Medical Related Security and Evacuation***

- Task 1: Coordinate health and medical facility security
- DOH coordinates the security plans developed by individual healthcare facilities and services. Partners include private security agencies, Metropolitan Police Department (MPDC) and Federal Protective Services
- Task 2: Coordinate and provide for mass prophylaxis clinic security
- Develop a plan to provide security and perimeter control to manage the population seeking prophylaxis.
- Task 3: Improve on and exercise the evacuation plan for DOH facilities

***j. Maintenance of Essential Services***

Essential health and medical services include those services that should be maintained to prevent the loss of life and limb or to mitigate serious impact to the public's health while controlling, responding, or recovering from a natural or man made disaster.

Critical services within DOH are generally incident specific. They include, but are not limited to, detection and epidemiology, decontamination, distribution of pharmaceuticals (i.e. Methadone, HIV/AIDS medication, and immunizations), radiological, chemical, biological consultation, clinics, and employee safety

- Task 1: Sustain HIV Programs and Medications
- Develop a plan to support pharmaceutical supply and distribution of HIV medications.
- Task 2: Provide Methadone Support
- Develop a plan to support pharmaceutical supply and distribution of methadone; facilitate continuity of operations for detoxification facilities.
- Task 3: Coordinate psychotropic medications
- Coordinate with DMH to create a plan and work with SNS programs to request appropriate psychotropic medications to support and manage the psychologically disabled population.
- Task 4: Coordinate Primary Care Services
- Expand the existing primary care plan to coordinate with primary care clinics and other provider capabilities to provide a comprehensive emergency health response plan; establish training plans to manage the worried well and report abnormal symptoms to the DOH.

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Task 5: Provide continuity of operations in essential nursing services to women, infants, children and youth, and special needs children.

- Develop a plan to coordinate the Maternal and Family Health nursing services program continuity of operations and disseminate essential supplies.

Task 6: Coordinate services for the disabled

- Create a plan to coordinate with community task forces and service programs to provide for continuity of essential services to the disabled; coordinate ventilator and energy equipment dependent disabled individuals' requirements to recharge their equipment.

Task 7: Maintenance of other essential services provided by DOH Administrations

### ***k. Disease Containment: Quarantine, Isolation and Social Distancing***

The terms quarantine, isolation are often used interchangeably, but have very different technical definitions. Quarantine refers to those who are exposed but not ill, isolation is generally refers to individuals who are ill. Specifically:

*Quarantine* refers to the physical separation and confinement of an individual or groups of individuals, who are or may have been exposed to a contagious or possibly contagious disease and who do not show signs or symptoms of a contagious disease, from non-quarantined individuals, to prevent or limit the transmission of the disease to non-quarantined individuals.

*Isolation* is the physical separation and confinement of an individual or groups of individuals who are infected or reasonably believed to be infected with a contagious or possibly contagious disease from non-isolated individuals, to prevent or limit the transmission of the disease to non-isolated individuals.

Task 1: Plan, coordinate, and implement social distance and quarantine measures in an infectious disease outbreak in accordance with current best practice models.

- Coordinate social distance measures while providing for maintenance of essential private sector and governmental services; defining public needs is essential. Propose legislative changes to support required measures.

Task 2: Implement and coordinate isolation of the sick in an infectious disease outbreak.

### ***l. Fatality Management***

DOH will work with the OCME to plan and coordinate the best approach to managing large fatalities.

Task 1: Coordinate fatality management

- Coordinate with OCME to perform autopsies, storage, and disposal of bodies. Develop a reporting mechanism to report findings.

Task 2: Coordinate victim identification

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- Coordinate victim identification and release identifications to provide family members rapid access to information..

### **V. DOH ADMINISTRATIONS AND OFFICE SPECIFIC EMERGENCY SUPPORT FUNCTIONS**

A synchronized DOH emergency operations plan requires the support of every administration and office throughout the Department. Each administration is responsible for defining operations procedures specific to that administration. These include all hazards response, specific hazard response, continuity of operations and critical functions, step down, and recovery.

Additionally, administrations and offices are responsible for performing an internal vulnerability analysis (see Appendices page 74), and recognizing their personal and professional responsibility in an emergency. Notification is a primary process during an emergency. Most notification activities take place at the Incident Commander and Section Chief levels. Individual administrations and offices may also perform notifications. The agencies and organizations listed below must be notified during every major public health threat:

- DC EMA
- DOH Managers (notification made via the Health Alert Network (HAN))
- Hospitals and Clinics as necessary through HMARS and HAN
- In national in scope or if federal partners play a role, notify federal partners
  - HHS Command Center
  - CDC Command Center
  - FBI Forensics Laboratory
- If regional in scope, notify regional partners
- Other DC Agencies that support DOH (when not activated by EMA) such as (but not limited to):
  - Fire and EMS
  - Office of the Chief Medical Examiner
  - Department of Human Services
  - Department of Mental Health
  - Department of Transportation

Administrations and offices must maintain essential services and participate in the response. The basic activities that each administration should perform are provided in the following pages:

Director's Office

Response Cycle	Task	Description	DOH ICS Section Responsible	Initial Response	Chemical	Biological	Radlogical	Natural Disaster	Environmental	Explosion/Fire	System Failure
<b>Activation</b>											
	Notification Procedures			x	x	x	x	x	x	x	x
	IG to CMT			x	x	x	x	x	x	x	x
	HECC/HICC										
	Deputy Incident Commander to HECC			x	x	x	x	x	x	x	x
	ICS System for DOH			x	x	x	x	x	x	x	x
	PIO to JIC			x	x	x	x	x	x	x	x
	PIO staff to HICC			x	x	x	x	x	x	x	x
	Continuation of Operations Plan as necessary										
	Emergency Healthcare Reserve Corps										
<b>All Hazards Response</b>											
	Conduct inventory of on-hand medical supplies, other supplies and resources including human.	Determine what inventory is available in warehouses.		x	x	x	x	x	x	x	x
	Conduct assessment of health/medical requirements	The primary role of the Chief Medical Officer is to provide leadership and guidance to (and coordinate with) the medical community and federal health authorities on the best way to address a disease outbreak. The CMO will conduct an immediate assessment of the situation and then provide guidance to the medical community regarding the medical interventions necessary to contain, treat and eliminate the outbreak.	Operations Branch	x	x	x	x	x	x	x	x
	Conduct environmental testing	In a public health emergency there are many environmental impacts. DOE provides the testing necessary to detect, and report potential environmental impacts. DOH serves as the body to analyze the data to determine what the overall environmental impact is and then work with DOE to provide a threat assessment and plan to respond to that environmental impact--Determine if National Veterinary Stockpile is needed.		x	x	x	x	x	x	x	x
	Assess food safety and quality	Conduct testing on food disseminated in emergencies to workers and victims as well as restaurants in the event of power failure or biological or environmental terrorist attack.		x	x	x	x	x	x	x	x
	Coordinate with FEMS	Fire and EMS Agency is directly responsible for out-of-hospital care including triage, stabilization and transport, DOH is the regulatory body over FEMS and works in coordination with FEMS to ensure a unified response to a public health emergency	Operations Branch	x	x	x	x	x	x	x	x
	Provide Triage Support	In a large scale public health emergency there may be many casualties with varying degrees of illness or injury. FEMS is the first responder on the scene and will need to triage patients to determine which patients need immediate care and transfer and which ones can wait and be transferred to a lower skilled facility for treatment. DOH will assist FEMS in coordinating triage care.	Operations Branch--Treatment and Medical Services Group	x	x	x	x	x	x	x	x
	Conduct laboratory testing and rule out at public health laboratory	Public health laboratories serve a critical role in confirming the agent or disease that is affecting the population. It can also rule out certain diseases to narrow down what type of disease is affecting the population. Together with the CDC laboratory the DC Public Health laboratory can detect a disease in the early phases of an outbreak and can track that disease as it increases and subsides.	Operations Support Branch--Laboratory Group	x	x	x	x	x	x	x	x
	Support Casualty Collection Points	Casualty Collection Points are predetermined locations for staging supplies, triaging, treating and transporting victims in a disaster. DOH should continue to train and improve the casualty collection point plans with Fire and EMS to ensure a successful implementation of the plan in an emergency.		x	x	x	x	x	x	x	x
	Emergency Healthcare Reserve Corps	Activate and deploy EHRC	Finance and Administration--Personnel Branch	x	x	x	x	x	x	x	x
	Coordinate with USPHS and DCMS for required medical personnel	The DOH Director must request assistance from the USPHS to provide medical personnel in a variety of areas--epidemiology, clinical care... to respond in a disaster.	Federal Liaison	x	x	x	x	x	x	x	x

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Response Cycle	Task	Description	DOH ICS Section Responsible	Initial Response	Chemical	Biological	Radio/Logical	Natural Disaster	Environmental	Explosion/Fire	System Failure
	Coordinate medical personnel availability	As the number of victims increase, DOH serves as the coordinating body to provide surge capacity for hospitals, mass prophylaxis clinics, first aid stations and casualty collection points. DOH draws upon a large volunteer base of medical personnel and is responsible for verifying medical volunteer's licensure and deploying personnel to work the emergency.		x	x	x	x	x	x	x	x
	Activate SNS and Chempak Plan and inventory on-hand chemical antidotes		Operations—SNS Branch	x	x	x	x	x	x	x	
	Coordinate with hospitals to determine if quarantine is necessary and under what guidelines		IC, Office of the General Counsel, Chief Medical Officer, Operations—Medical Support, DCHA	x	x	x					
	Coordinate services for the disabled	Create a plan to coordinate with community taskforces and service programs to ensure that the disabled continue to receive services and assure that ventilator and energy equipment dependent disabled individuals have a place to recharge their equipment.	Operations Branch--Department on Aging, HRCLA, MFHA	x	x	x	x	x	x	x	x
	Initiate the set up of Alternate Care Facilities as needed		Operations--SNS Group		x	x	x	x			
	Alert Office of the Chief Medical Examiner of possible casualties and provide guidelines for storage and body disposal (discuss body identification and family notification for large scale emergencies)		Operations—Medical Support Branch	x	x	x	x	x	x	x	
	Develop and disseminate health information	Develop, vet and disseminate emergency public health information through all communications mediums	PIO, JIC/HICC	x	x	x	x	x	x	x	x
	Develop and conduct risk communications	Utilize risk communications techniques to disseminate information	PIO, JIC/HICC	x	x	x	x	x	x	x	x
	Coordinate with USPHS and DCMS for required medical personnel	The DOH Director must request assistance from the USPHS to provide medical personnel in a variety of areas--epidemiology, clinical care... to respond in a disaster	Finance and Administration—Personnel Branch	x	x	x	x	x	x	x	x
	Coordinate medical personnel availability	As the number of victims increase, DOH serves as the coordinating body to provide surge capacity for hospitals, mass prophylaxis clinics, first aid stations and casualty collection points. DOH draws upon a large volunteer base of medical personnel and is responsible for verifying medical volunteer's licensure and deploying personnel to work the emergency.	Finance and Administration—Personnel Branch	x	x	x	x	x	x	x	x
	Coordinate health and medical facility security	While it is the individual facilities responsibility to provide security for its campus, it is acknowledged that the security force may be overwhelmed in the event of a large scale emergency. Creating a security plan with private security agencies as well as MPD and Protective Services can assist a medical facility in an emergency.	Operations Branch, Medical Support Branch, Treatment and Medical Services Group, Law Enforcement	x	x	x	x	x	x	x	x
	Activate Medical Personnel and Volunteer Services	Deploy Emergency Healthcare Reserve Corps, and request assistance from USPHS and DC Volunteer Corps and other sources for both medical volunteers and other volunteers as needed..	Operations, Logistics	x	x	x	x	x	x	x	x
	Monitor pharmacies drug supplies	In an emergency pharmaceuticals may be in short supply both to treat an outbreak and daily medications for its consumers. In addition, the pharmacies may have a large inventory of necessary prophylaxis medications that can be leveraged by DOH to initiate mass prophylaxis during an emergency. Monitoring the levels of pharmaceutical inventory of local pharmacies will assist DOH in managing the SNS and requesting additional pharmaceuticals from the Vendor Managed Inventory.	Operations, DOH Pharmacist	x	x	x	x	x	x	x	x
	Scale up services to increase surge capacity	Surge capacity is defined as the scaling up of personnel, supplies, resources and facilities to respond to an emergency. Creating surge capacity plans and training and exercising those plans are imperative to increasing surge capacity to respond to an emergency.	IC, All Section Chiefs, Senior Deputy Director's	x	x	x	x	x	x	x	x
	Maintenance of Essential Services	Create an Continuation of Operations Plan to maintain essential public health functions during an emergency and particularly during a long-term emergency is critical to the health and well being of District Citizens and is imperative to assure the economic and community health impact during and after an emergency.	Deputy Incident Commander, Finance and Administration--Coop Group	x	x	x	x	x	x	x	x

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Response Cycle	Task	Description	DOH ICS Section Responsible	Initial Response	Chemical	Biological	Radiological	Natural Disaster	Environmental	Explosion/Fire	System Failure
	Provide First Aid stations	In a large scale public health emergency there may be many casualties with varying degrees of illness or injury. Many of these injuries are not life threatening and can be treated at a First Aid Station, in addition, there are large special events that need coverage for First Aid Stations and DOH is responsible to provide and staff those stations.	Operations Branch	x	x	x	x	x	x	x	x
	Security and Evacuation	Implement security plan to determine when to evacuate public buildings as a result of a public health threat.	Operations Branch--SNS Group, Law Enforcement	x	x	x	x	x	x	x	
<b>Continuing Response</b>											
	Ensure that dialysis centers are open and operational within 48 hours of a declared emergency	Assist in the coordination of priority patients to receive dialysis in the intervening 48 hour period when the dialysis centers are not open. Develop a plan for dialysis centers to treat an unaffiliated patient during an emergency. Develop regulations governing the operations of dialysis clinics during an emergency.			x	x	x	x	x	x	x
	In the event of a terrorist attack utilize forensic epidemiology protocols to interact with law enforcement	Coordinate activities with law enforcement and federal agencies as appropriate.	Operations—Medical Branch—Surveillance and Epidemiology Group		x	x	x		x		
	Assess whether social distance measures need to be employed	Determine whether social distance measures are appropriate for select populations in an infectious disease outbreak or other public health threat.	IC, Chief Medical Officer, Operations—Medical Support		x	x	x		x		
	Operate and support staging areas										
	Provide support to Health Care Facilities	Where possible DOH should assist healthcare facilities with their surge capacity needs by providing a systematic disbursement of the Strategic National Stockpile and Vendor Managed Inventory as well as leveraging volunteer staff to assist healthcare facilities with surge capacity.	IC and all section chiefs		x	x	x	x	x	x	x
	Coordinate Primary Care Services	Expand the existing primary care plan to assure that primary care clinics are a part of the overall emergency health response plan and train the providers to manage the worried well and report abnormal symptoms to DOH.	Operations Branch, Medical Support Branch, Treatment and Medical Services Group		x	x	x	x	x	x	x
	Coordinate Chemical/Radiological/Biological consultation and technical assistance	DOH works in cooperation with the Environmental Protection Agency, FEMS, and the DC Department of Environmental Health to assure that the appropriate response plan is developed to respond to the public health threat.			x	x	x				
	Coordinate mental health care	Addressing the psychosocial impact on the victims, public and emergency responders is important during and after an emergency. Creating a comprehensive critical incident stress management program for responders and a Post Traumatic Stress Disorder plan for the public, victims and their family members to implement in the recovery period of an emergency will help to improve and reduce the timeframe in which the community recovers from an emergency.	Operations--Medical Support, Mental Health Group		x	x	x	x	x	x	x
	Monitor Patient Care	In order to ensure quality care, track disease progression and determine resource allocations, DOH monitors hospital patient disposition and tracks where the patients are being treated and/or transferred for treatment.	Operations--Medical Support--Treatment and Medical Services Group, Surveillance and Epidemiological Group		x	x	x	x	x	x	x
	Coordinate hospital/health care facilities tertiary care services with USPHS and DCHA	US Public Health Service maintains a trained Corps of medical personnel that can be deployed in a major public health emergency. Coordination of services will be one of the largest operational tasks to implement during an emergency. Hospitals will be overwhelmed in their capacity to deliver medical care and will need to provide for surge capacity of personnel and resources to meet the increasing demand of patients. DOH will work to coordinate USPHS resources with the DC Hospital Association to ensure that staff can be disseminated appropriately.	Operations Branch		x	x	x	x	x	x	x
	Conduct mass prophylaxis	In an infectious disease outbreak there will be a need to disseminate prophylaxis to large portions of the population. DOH is responsible to provide and coordinate the dissemination of prophylaxis.	Operations Branch--SNS Group		x	x	x		x		

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Response Cycle	Task	Description	DOH ICS Section Responsible	Initial Response	Chemical	Biological	Radiological	Natural Disaster	Environmental	Explosion/Fire	System Failure
	Conduct immunizations	In the event of an infectious disease outbreak where there is a vaccine available for preventing a further spread of the outbreak, DOH is responsible to coordinate and provide mass vaccination clinics to treat the public.	Operations Branch--Immunization Group			x					
	Plan and provide mass prophylaxis clinic security	Develop a plan to provide security and perimeter control to efficiently manage the population seeking prophylaxis.	Operations Branch--SNS Group, Law Enforcement		x	x	x		x		
	Sustain HIV Programs and Medications	Develop a plan to ensure that the pharmaceutical supply and distribution of HIV medications continue to operate during an emergency.	Deputy Incident Commander, Finance and Administration--Coop Group		x	x	x	x	x	x	x
	Provide Methadone Support	Develop a plan to ensure that the pharmaceutical supply and distribution of methadone and the detoxification facilities continue to operate during an emergency.	Deputy Incident Commander, Finance and Administration--Coop Group		x	x	x	x	x	x	x
	Coordinate psychotropic medications	Create a plan and work with SNS programs to request appropriate psychotropic medications to manage the psychologically disabled population.	Operations Branch--Medical Support Group, Mental Health Group		x	x	x	x	x	x	x
	Provide nursing services to women, infants, children & youth, and Special Needs Children		Deputy Incident Commander, Finance and Administration--Coop Group		x	x	x	x	x	x	x
	Coordinate services for Special Needs Populations	plan to coordinate with community taskforces and service programs to ensure that the disabled continue to receive services and assure that ventilator and energy equipment dependent disabled individuals have a place to recharge their equipment.	Operations Branch, Medical Support Branch, Treatment and Medical Services Group		x	x	x	x	x	x	x
	Provide fatality management	Conduct autopsy, storage and disposal of bodies and a reporting mechanism to report findings is imperative in an emergency	Operations Support Branch--Medical Examiner Group		x	x	x	x	x	x	x
	Coordinate Victim Identification	Victim identification and release is one of the most difficult aspects of an emergency, developing a plan for victim identification and release will help streamline efforts during an emergency as well as easing the public's anxiety around the quick identification of their family members.									
	Distribute PPE to appropriate personnel		Operations Branch (Determines who needs it) and Logistics Branch--Supply Group (Distributes)		x	x	x	x	x		
<b>Stand Down</b>	At the end of a response certain steps must be executed to stand down.										
	Analyze all activities to determine that each one has been executed to completion. Utilize the epidemiological surveillance system and public health laboratory results to ensure that no new cases have been detected (coordinate that with regional and federal partners as applicable).		Planning and Information Section--Situation and EEI Group		x	x	x	x	x	x	x
	Make recommendation to the Mayor to suspend operations, once given, determine and make recommendation to Mayor to lift Public Health Emergency		Incident Commander, Chief Medical Officer, All Section Chiefs		x	x	x	x	x	x	x
	Close all operational activities including (as they apply): Medical Aid Stations, Alternative Care Facilities, Dispensing Centers, HECC/HICC, Other Operational activities as appropriate.		All Sections		x	x	x	x	x	x	x
	Return all supplies to warehouses		Logistics		x	x	x	x	x	x	x
	Suspend SNS and VMI operations as applicable		IC, Operations--SNS Branch		x	x	x	x	x	x	x
	Notify all participating partners that activities are suspended (this decision should be made with input from those partners.)		Operations--Tactical Communications Group		x	x	x	x	x	x	x
	Conduct press briefing to notify the public that the response operations are completed		Public Information Officer-JIC		x	x	x	x	x	x	x
	Conduct After Action and create After Action Report		All Sections		x	x	x	x	x	x	x

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Response Cycle	Task	Description	DOH ICS Section Responsible	Initial Response	Chemical	Biological	Radiological	Natural Disaster	Environmental	Explosion/Fire	System Failure
<b>Recovery</b>											
	Conduct environmental impact assessment to determine what, if any, steps need to be taken to return the city to normal environmental health.		Operations Branch—Environmental Health Group		x	x	x	x	x	x	x
	Conduct economic impact and submit billing as appropriate to EMA to receive reimbursement from FEMA and other federal agencies.		Finance and Administration—Finance Group		x	x	x	x	x	x	x
	Conduct an inventory of supplies and resources to determine what materials and resources should be re-supplied.		Logistics—Supply Group		x	x	x	x	x	x	x
	Utilize After Action Report to determine where there were gaps in the system and take necessary steps to address them.		All Sections		x	x	x	x	x	x	x
	Utilize lessons learned from the After Action Report to update the Emergency Response, Continuation of Response Plans, and Operations Plans		All Sections		x	x	x	x	x	x	x
<b>Planning Assumptions</b>											
Director of Health serves the Incident Commander and is physically located at the CMT											
The Deputy Incident Commander is assigned and serves as the on-site Incident Commander and directs COOP and supports the Incident Commander.											
The Deputy Incident Commander implements the policies and plans directed by DOH Incident Commander and CMT.											
The Director of Health or his/her designee is solely responsible for assigning DOH personnel, resources, and activities.											
Director's Office personnel are trained in NIMS and in basic emergency response.											
DOH personnel and volunteer's safety and security are critical priorities during planning and emergency response.											
Other than essential services, public health operations may be suspended and staff redeployed to emergency activities.											
DOH will ensure that Continuation of Operations for essential services are maintained during a major event.											
Director of Health's planning assumptions follow the DRF ESF#8											

**Addiction Prevention and Recovery Administration**

Response Cycle	Task	Description	DOH ICS Section Responsible	Initial Response	Chemical	Biological	Radiological	Natural Disaster	Environmental	Explosion/Fire	System Failure
<b>Activation</b>											
	Continuation of Operations Plan as necessary	Continuation of Operations are dependent upon the scale of the event and the length of the event.		x	x	x	x	x	x	x	x
<b>All Hazards Response</b>											
	Provide staff	Make non-essential staff available to staff emergency operations.	All Sections	x	x	x	x	x	x	x	x
	Maintenance of Essential Services	Assign staff to manage essential day-to-day operations	Operations Medical Branch--Surveillance and Epidemiology Group	x	x	x	x	x	x	x	x
	Identify clients able to receive home methadone maintenance	Clients already on home maintenance and those who can temporarily be placed on it should receive dosages	Treatment and Medical Services Group	x	x	x	x	x	x	x	x
	Identify clients to be released from inpatient programs	Clients in the Detoxification Clinic who can be released should be discharged	Treatment and Medical Services Group	x	x	x	x	x	x	x	x
	Monitor the health of client base	In an infectious disease emergency, clients with suppressed immune systems may present early with symptoms that may alert to the spread of disease	Treatment and Medical Services Group; Home Health	x	x	x	x		x		
	Conduct inventories of critical supplies	Constantly monitor supply levels and, if necessary, initiate emergency procurements	Procurement Group, Finance Group, Supply Group	x	x	x	x	x	x	x	x
	Assess status of critical facilities	Ensure that critical facilities and systems are operational	Facilities Group	x	x	x	x	x	x	x	x
	Inventory critical pharmaceutical and medical supplies	Determine available quantities of methadone and other medications as well as medical supplies available for the emergency	Treatment and Medical Services Group	x	x	x	x	x	x	x	x
<b>Continuing Response</b>											
	Identify appropriate personnel to receive PPE	In the event of an infectious disease outbreak pre-identify staff that would be operating in a contagious environment so that they can receive PPE.	Operations Branch (Determines who needs it) and Logistics Branch--Supply Group (Distributes)		x	x	x	x	x	x	
	Relieve emergency personnel on a regular schedule	Minimize the impact of stress by providing for rest and recuperation periods at defined intervals	All Sections		x	x	x	x	x	x	x
	Assist in Dissemination of Public Health Information	Once the JIC/HICC finalizes public information materials, disseminate to all clients and facilities under APRA purview.	Situation and EEI Group		x	x	x	x	x	x	x
<b>Stand Down</b>											
	Analyze all activities to determine that each one has been completed	Review emergency activities and determine which have achieved their objectives and can be ceased	Planning and Information Section—Situation and EEI Group		x	x	x	x	x	x	x
	Close all operational activities	Cease emergency activities	All Sections								
	Return all supplies to warehouses	All unused materials and supplies are returned to central location for storage	Logistics		x	x	x	x	x	x	x
	Conduct After Action and create After Action Report	Review emergency activities and highlight positive and negative results	All Sections		x	x	x	x	x	x	x
<b>Recovery</b>											
	Conduct economic impact and submit billing to Finance and Administration Group for reimbursement.	Tabulate all direct and indirect expenditures related to emergency response activities	Finance and Administration—Finance Group		x	x	x	x	x	x	x
	Monitor client and staff health	Conduct monitoring for physical and behavioral symptoms of stress related problems as well as physical injuries caused by emergency	All Sections		x	x	x	x	x	x	x
	Conduct an inventory of supplies and resources	Determine what materials and resources need to be re-supplied to return to normal operations	Logistics—Supply Group		x	x	x	x	x	x	x
	Return to Normal Operations status	Reopen closed facilities and programs. Return clients and staff to regular schedules	All Sections		x	x	x	x	x	x	x
	Utilize After Action Report to determine where there were gaps in the system and take necessary steps to address them.		All Sections		x	x	x	x	x	x	x
	Utilize lessons learned from the After Action Report to update the Emergency Response, Continuation of Response Plans, and Operations Plans		All Sections		x	x	x	x	x	x	x
<b>Planning Assumptions</b>											
APRA has an emergency plan for distribution of methadone and critical medical services for APRA clients											
Most APRA services cannot be completely stopped											
APRA may deploy staff to other DOH emergency activities											
APRA personnel are trained in NIMS and emergency preparedness											

**Emergency Health and Medical Administration**

Response Cycle	Task	Description	DOH ICS Section Responsible	Initial Response	Chemical	Biological	Radiological	Natural Disaster	Environmental	Explosion/Fire	System Failure
<b>Activation</b>											
	Notification Procedures			x	x	x	x	x	x	x	x
	DOH Liaison to EOC			x	x	x	x	x	x	x	x
	HECC/HICC			x	x	x	x	x	x	x	x
	Federal and Regional Partners			x	x	x	x	x	x	x	x
	ICS System for DOH			x	x	x	x	x	x	x	x
	Emergency Healthcare Reserve Corps			x	x	x	x	x	x	x	x
<b>All Hazards Response</b>											
	Check status of EHRC and EMT Corp	Determine what personnel are available to work immediately--activate and tell them where to report	Operations Branch	x	x	x	x	x	x	x	x
	Conduct inventory of on-hand medical supplies, other supplies and resources including human.	Determine what inventory is available in warehouses.		x	x	x	x	x	x	x	x
	Conduct assessment of health/medical requirements	The primary role of the Chief Medical Officer is to provide leadership and guidance to (and coordinate with) the medical community and federal health authorities on the best way to address an emergency. The CMO will conduct an immediate assessment of the situation and then provide guidance to the medical community regarding the medical interventions necessary to contain, treat and eliminate the threat.	Operations Branch	x	x	x	x	x	x	x	x
	Conduct environmental testing	In a public health emergency there are many environmental impacts. DOH provides the testing necessary to detect, and report potential environmental impacts. DOH serves as the body to analyze the data to determine what the overall environmental impact is and then work with DOE to provide a threat assessment and plan to respond to that environmental impact--Determine if National Veterinary Stockpile is needed.		x	x	x	x	x	x	x	x
	Coordinate with FEMS	Fire and EMS Agency is directly responsible for out-of-hospital care including triage, stabilization and transport, DOH is the regulatory body over FEMS and works in coordination with FEMS to ensure a unified response to a public health emergency	Operations Branch	x	x	x	x	x	x	x	x
	Provide Triage Support	In a large scale public health emergency there may be many casualties with varying degrees of illness or injury. FEMS is the first responder on the scene and will need to triage patients to determine which patients need immediate care and transfer and which ones can wait and be transferred to a lower skilled facility for treatment. DOH will assist FEMS in coordinating triage care.	Operations Branch--Treatment and Medical Services Group	x	x	x	x	x	x	x	x
	Support Casualty Collection Points	Casualty Collection Points are predetermined locations for staging supplies, triaging, treating and transporting victims in a disaster. DOH should continue to train and improve the casualty collection point plans with Fire and EMS to ensure a successful implementation of the plan in an emergency.	Operations Branch	x	x	x	x	x	x	x	x
	Emergency Healthcare Reserve Corps	Activate and deploy EHRC and EMT Corp	Finance and Administration--Personnel Branch	x	x	x	x	x	x	x	x
	Coordinate with USPHS and DCMS for required medical personnel	The DOH Director must request assistance from the USPHS to provide medical personnel in a variety of areas--epidemiology, clinical care... to respond in a disaster.	Federal Liaison	x	x	x	x	x	x	x	x
	Activate SNS and Chempak Plan and inventory on-hand chemical antidotes		Operations--SNS Branch	x	x	x	x	x	x	x	x
	Coordinate with hospitals to determine if quarantine is necessary and under what guidelines		IC, Office of the General Counsel, Chief Medical Officer Operations--Medical Support, DCHA	x	x	x					
	Coordinate services for the disabled	Create a plan to coordinate with community taskforces and service programs to ensure that the disabled continue to receive services and assure that ventilator and energy equipment dependent disabled individuals have a place to recharge their equipment and dialysis.	Operations Branch--Department on Aging, HRCLA, MFHA	x	x	x	x	x	x	x	x
	Initiate the set up of Alternate Care Facilities as needed	Coordinate with EMA to request EMAC assistance.	Operations--SNS Group		x	x	x	x			
	Alert Office of the Chief Medical Examiner	of possible casualties and provide guidelines for storage and body disposal (discuss body identification and family notification for large scale emergencies)	Operations--Medical Support Branch	x	x	x	x	x	x	x	x
	Coordinate with USPHS and DCMS for required medical personnel	The DOH Director must request assistance from the USPHS to provide medical personnel in a variety of areas--epidemiology, clinical care... to respond in a disaster	Finance and Administration--Personnel Branch	x	x	x	x	x	x	x	x
	Coordinate medical personnel availability	As the number of victims increase, DOH serves as the coordinating body to provide surge capacity for hospitals, mass prophylaxis clinics, first aid stations and casualty collection points. DOH draws upon a large volunteer base of medical personnel and is responsible for verifying medical volunteer's licensure and deploying personnel to work the emergency.	Finance and Administration--Personnel Branch	x	x	x	x	x	x	x	x
	Collect, purchase and deliver required equipment and supplies	Coordinate with DDOT and DOH Fleet Management to move people, equipment, supplies and pharmaceuticals in a quick and expeditious fashion. Ensure that there is a delivery map and security provided as well as personnel to disseminate materials.	Logistics Branch	x	x	x	x	x	x	x	x

**Emergency Health and Medical Administration**

Response Cycle	Task	Description	DOH ICS Section Responsible	Initial Response	Chemical	Biological	Radiological	Natural Disaster	Environmental	Explosion/Fire	System Failure
	Coordinate health and medical facility security	While it is the individual facilities responsibility to provide security for its campus, it is acknowledged that the security force may be overwhelmed in the event of a large scale emergency. Creating a security plan with private security agencies as well as MPD and Protective Services can assist a medical facility in an emergency.	Operations Branch, Medical Support Branch, Treatment and Medical Services Group, Law Enforcement	x	x	x	x	x	x	x	x
	Activate Medical Personnel and Volunteer Services	Deploy Emergency Healthcare Reserve Corps, and request assistance from USPHS and DC Volunteer Corps and other sources for both medical volunteers and other volunteers as needed.	Operations, Logistics	x	x	x	x	x	x	x	x
	Monitor pharmacies drug supplies	In an emergency pharmaceuticals may be in short supply both to treat an outbreak and daily medications for its consumers. In addition, the pharmacies may have a large inventory of necessary prophylaxis medications that can be leveraged by DOH to initiate mass prophylaxis during an emergency. Monitoring the levels of pharmaceutical inventory of local pharmacies will assist DOH in managing the SNS and requesting additional pharmaceuticals from the Vendor Managed Inventory.	Operations, DOH Pharmacist	x	x	x	x	x	x	x	x
	Scale up services to increase surge capacity	Surge capacity is defined as the scaling up of personnel, supplies, resources and facilities to respond to an emergency. Creating surge capacity plans and training and exercising those plans are imperative to increasing surge capacity to respond to an emergency.	IC, All Section Chiefs, Senior Deputy Director's	x	x	x	x	x	x	x	x
	Provide First Aid stations	In a large scale public health emergency there may be many casualties with varying degrees of illness or injury. Many of these injuries are not life threatening and can be treated at a First Aid Station, in addition, there are large special events that need coverage for First Aid Stations and DOH is responsible to provide and staff those stations.	Operations Branch	x	x	x	x	x	x	x	x
	Operate and support staging areas	Open and staff staging areas for equipment and supplies	Operations Branch--Logistics Group	x	x	x	x	x	x	x	x
	Provide required equipment and supplies	Coordinate requests and delivery of medical equipment and supplies to appropriate response and recovery locations	Operations Branch--Logistics Group	x	x	x	x	x	x	x	x
	Security and Evacuation	Implement security plan to determine when to evacuate public buildings as a result of a public health threat.	Operations Branch--SNS Group, Law Enforcement	x	x	x	x	x	x	x	
<b>Continuing Response</b>											
	Ensure that dialysis centers are open and operational within 48 hours of a declared emergency	Assist in the coordination of priority patients to receive dialysis in the intervening 48 hour period when the dialysis centers are not open. Develop a plan for dialysis centers to treat an unaffiliated patient during an emergency. Develop regulations governing the operations of dialysis clinics during an emergency.	Operations Branch		x	x	x	x	x	x	x
	Assess whether social distance measures need to be employed	Determine whether social distance measures are appropriate for select populations in an infectious disease outbreak or other public health threat.	IC, Chief Medical Officer, Operations--Medical Support		x	x	x		x		
	Provide support to Health Care Facilities	Where possible DOH should assist healthcare facilities with their surge capacity needs by providing a systematic disbursement of the Strategic National Stockpile and Vendor Managed Inventory as well as leveraging volunteer staff to assist healthcare facilities with surge capacity.	IC and all section chiefs		x	x	x	x	x	x	x
	Coordinate Primary Care Services	Expand the existing primary care plan to assure that primary care clinics are a part of the overall emergency health response plan and train the providers to manage the worried well and report abnormal symptoms to DOH.	Operations Branch, Medical Support Branch, Treatment and Medical Services Group		x	x	x	x	x	x	x
	Coordinate Chemical/Radiological/Biological consultation and technical assistance	DOH works in cooperation with the Environmental Protection Agency, FEMS, and the DC Department of the Environment to assure that the appropriate response plan is developed to respond to the public health threat.	Operations Branch--Environmental Health Group		x	x	x				
	Coordinate mental health care	Addressing the psychosocial impact on the victims, public and emergency responders is important during and after an emergency. Creating a comprehensive critical incident stress management program for responders and a Post Traumatic Stress Disorder plan for the public, victims and their family members to implement in the recovery period of an emergency will help to improve and reduce the timeframe in which the community recovers from an emergency.	Operations--Medical Support, Mental Health Group		x	x	x	x	x	x	x
	Monitor Patient Care	In order to ensure quality care, track disease progression and determine resource allocations, DOH monitors hospital patient disposition and tracks where the patients are being treated and/or transferred for treatment.	Operations--Medical Support--Treatment and Medical Services Group, Surveillance and Epidemiological Group		x	x	x	x	x	x	x

**Emergency Health and Medical Administration**

Response Cycle	Task	Description	DOH ICS Section Responsible	Initial Response	Chemical	Biological	Radiological	Natural Disaster	Environmental	Explosion/Fire	System Failure
	Coordinate hospital/health care facilities tertiary care services with USPHS and DCHA	US Public Health Service maintains a trained Corps of medical personnel that can be deployed in a major public health emergency. Coordination of services will be one of the largest operational tasks to implement during an emergency. Hospitals will be overwhelmed in their capacity to deliver medical care and will need to provide for surge capacity of personnel and resources to meet the increasing demand of patients. DOH will work to coordinate USPHS resources with the DC Hospital Association to ensure that staff can be disseminated appropriately.	Operations Branch		x	x	x	x	x	x	x
	Conduct mass prophylaxis	In an infectious disease outbreak there will be a need to disseminate prophylaxis to large portions of the population. DOH is responsible to provide and coordinate the dissemination of prophylaxis.	Operations Branch--SNS Group		x	x	x		x		
	Conduct immunizations	In the event of an infectious disease outbreak where there is a vaccine available for preventing a further spread of the outbreak, DOH is responsible to coordinate and provide mass vaccination clinics to treat the public.	Operations Branch--Immunization Group			x					
	Provide mass prophylaxis clinic security	Provide security and perimeter control to efficiently manage the population seeking prophylaxis.	Operations Branch--SNS Group, Law Enforcement		x	x	x		x		
	Coordinate psychotropic medications	Work with SNS and Mental Health Groups to request appropriate psychotropic medications to manage the psychologically disabled population.	Operations Branch--Medical Support Group, Mental Health Group, SNS Group		x	x	x	x	x	x	x
	Coordinate services for Special Needs Populations	Plan to coordinate with community taskforces and service programs to ensure that the disabled continue to receive services and assure that ventilator and energy equipment dependent disabled individuals have a place to recharge their equipment.	Operations Branch, Medical Support Branch, Treatment and Medical Services Group		x	x	x	x	x	x	x
	Coordinate fatality management	Conduct autopsy, storage and disposal of bodies and a reporting mechanism to report findings is imperative in an emergency	Operations Support Branch--Medical Examiner Group		x	x	x	x	x	x	x
	Coordinate Victim Identification	Victim identification and release is one of the most difficult aspects of an emergency, developing a plan for victim identification and release will help streamline efforts during an emergency as well as easing the public's anxiety around the quick identification of their family members.	Operations Branch, Medical Examiners Group		x	x	x	x	x	x	x
	Coordinate DOH transportation with DDOT	Coordinate with DDOT and DOH Fleet Management to move people, equipment, supplies and pharmaceuticals in a quick and expeditious fashion. Ensure that there is a delivery map and security provided as well as personnel to disseminate materials.	Operations Branch--Logistics Group		x	x	x	x	x	x	x
	Distribute PPE to appropriate personnel	Identify response personnel and distribute	Operations Branch (Determines who needs it) and Logistics Branch--Supply Group (Distributes)		x	x	x	x	x		

Emergency Health and Medical Administration

Response Cycle	Task	Description	DOH ICS Section Responsible	Initial Response	Chemical	Biological	Radiological	Natural Disaster	Environmental	Explosion/Fire	System Failure
<b>Stand Down</b>	<b>At the end of a response certain steps must be executed to stand down.</b>										
	Analyze all activities to determine that each one has been executed to completion.		Planning and Information Section—Situation and EEI Group		x	x	x	x	x	x	x
	Make recommendation to the Director of Health to suspend operations		Incident Commander, Chief Medical Officer, All Section Chiefs		x	x	x	x	x	x	x
	Close all operational activities including (as they apply): Medical Aid Stations, Alternative Care Facilities, Dispensing Centers, HECC/HICC, Other Operational activities as appropriate.		All Sections		x	x	x	x	x	x	x
	Return all supplies to warehouses		Logistics		x	x	x	x	x	x	x
	Suspend SNS and VMI operations as applicable		IC, Operations—SNS Branch		x	x	x	x	x	x	x
	Notify all participating partners that activities are suspended (this decision should be made with input from those partners.)		Operations—Tactical Communications Group		x	x	x	x	x	x	x
	Conduct After Action and create After Action Report		All Sections		x	x	x	x	x	x	x
<b>Recovery</b>											
	Conduct environmental impact assessment to determine what, if any, steps need to be taken to return the city to normal environmental health.		Operations Branch—Environmental Health Group		x	x	x	x	x	x	x
	Conduct economic impact and submit billing as appropriate to EMA to receive reimbursement from FEMA and other federal agencies.		Finance and Administration—Finance Group		x	x	x	x	x	x	x
	Conduct an inventory of supplies and resources to determine what materials and resources should be re-supplied.		Logistics—Supply Group		x	x	x	x	x	x	x
	Utilize After Action Report to determine where there were gaps in the system and take necessary steps to address them.		All Sections		x	x	x	x	x	x	x
	Utilize lessons learned from the After Action Report to update the Emergency Response, Continuation of Response Plans, and Operations Plans		All Sections		x	x	x	x	x	x	x
<b>Planning Assumptions</b>											
	DOH will also provide support services to other ESFs as described in the DRP.										
	EHMSA provides operations support for all ESF #8 in an emergency events.										
	All EHMSA staff is trained and exercised in NIMS and emergency preparedness and operations procedures										

**Healthcare Regulations and Licensure Administration**

Response Cycle	Task	Description	DOH ICS Section Responsible	Initial Response	Chemical	Biological	Radiological	Natural Disaster	Environmental	Explosion/Fire	System Failure
<b>Activation</b>											
	Continuation of Operations Plan as necessary	Continuation of Operations are dependent upon the scale of the event and the length of the event.		x	x	x	x	x	x	x	x
<b>All Hazards Response</b>											
	Provide staff	Make non-essential staff available to staff emergency operations.	All Sections	x	x	x	x	x	x	x	x
	Conduct inventory of on-hand medical supplies, other supplies and resources including human.	Determine what inventory is available in warehouses.	Logistics--Supply Group	x	x	x	x	x	x	x	x
	Maintenance of Essential Services	Assign staff to manage essential day-to-day operations	Operations Medical Branch--Surveillance and Epidemiology Group	x	x	x	x	x	x	x	x
	Identify appropriate personnel to receive PPE	In the event of an infectious disease outbreak pre-identify staff that would be operating in a contagious environment so that they can receive PPE.	Operations Branch (Determines who needs it) and Logistics Branch--Supply Group (Distributes)	x	x	x	x	x	x	x	
	HCRLA will provide verification for credentialing licensed and certified health professional volunteers and out of state providers.	Credential healthcare professionals quickly and efficiently so that they can volunteer in an emergency response.	Planning and Information Section--Personnel Group	x	x	x	x	x	x	x	x
<b>Continuing Response</b>											
	Assist in Dissemination of Public Health Information	Once the JIC/HICC finalizes public information materials, disseminate to all clients and facilities under HCRLA purview.	PIO, HICC		x	x	x	x	x	x	x
<b>Stand Down</b>											
	At the end of a response certain steps must be executed to stand down.										
	Analyze all activities to determine that each one has been executed to completion.		Planning and Information Section--Situation and EEI Group		x	x	x	x	x	x	x
	Close all operational activities.		All Sections		x	x	x	x	x	x	x
	Return all supplies to warehouses		Logistics		x	x	x	x	x	x	x
	Conduct After Action and create After Action Report		All Sections		x	x	x	x	x	x	x
<b>Recovery</b>											
	Conduct economic impact and submit billing to Finance and Administration Group for reimbursement.		Finance and Administration--Finance Group		x	x	x	x	x	x	x
	Conduct an inventory of supplies and resources to determine what materials and resources should be re-supplied and submit to Logistics, Supply Group.		Logistics--Supply Group		x	x	x	x	x	x	x
	Utilize After Action Report to determine where there were gaps in the system and take necessary steps to address them.		All Sections		x	x	x	x	x	x	x
	Utilize lessons learned from the After Action Report to update the Emergency Response, Continuation of Response Plans, and Operations Plans		All Sections		x	x	x	x	x	x	x
<b>Planning Assumptions</b>											
	HCRLA is responsible for the verification of DC practicing and volunteer personnel license or certification										
	HCRLA staff may be deployed to emergency activities.										
	HCRLA staff are trained in NIMS and emergency preparedness.										

**Health Care Safety Net**

Response Cycle	Task	Description	DOH ICS Section Responsible	Initial Response	Chemical	Biological	Radiological	Natural Disaster	Environmental	Explosion/Fire	System Failure
<b>Activation</b>											
	Continuation of Operations Plan as necessary	Continuation of Operations are dependent upon the scale of the event and the length of the event.		x	x	x	x	x	x	x	x
<b>All Hazards Response</b>											
	Conduct inventory of on-hand medical supplies, other supplies and resources including human.	Determine what inventory is available that can be used in the emergency.	Logistics--Supply Group	x	x	x	x	x	x	x	x
	Provide staff	Make non-essential staff available to staff emergency operations.	All Administrations and Offices	x	x	x	x	x	x	x	x
<b>Continuing Response</b>	Maintenance of Essential Services	Assign key staff to manage essential day-to-day operations	Operations Medical Branch--Surveillance and Epidemiology Group	x	x	x	x	x	x	x	x
	Identify appropriate personnel to receive PPE	In the event of an infectious disease outbreak or other public health threats, pre-identify staff that would be operating in a contagious environment so that they can receive PPE.	Operations Branch (Determines who needs it) and Logistics Branch--Supply Group (Distributes)	x	x	x	x		x	x	
<b>Continuing Response</b>											
	Assist in Dissemination of Public Health Information	Once the JIC/HICC finalizes public information materials, disseminate to all clients and facilities under HCSNA purview.	PIO, HICC		x	x	x	x	x	x	x
<b>Stand Down</b>	At the end of a response certain steps must be executed to stand down.										
	Analyze all activities to determine that each one has been executed to completion.		Planning and Information Section—Situation and EEI Group		x	x	x	x	x	x	x
	Close all operational activities.		All Sections		x	x	x	x	x	x	x
	Return all supplies to warehouses		Logistics Branch		x	x	x	x	x	x	x
	Conduct After Action and create After Action Report		All Sections		x	x	x	x	x	x	x
<b>Recovery</b>											
	Conduct economic impact and submit billing to Finance and Administration Group for reimbursement.		Finance and Administration—Finance Group		x	x	x	x	x	x	x
	Conduct an inventory of supplies and resources to determine what materials and resources should be re-supplied and submit to Logistics, Supply Group.		Logistics—Supply Group		x	x	x	x	x	x	x
	Utilize After Action Report to determine where there were gaps in the system and take necessary steps to address them.		All Sections		x	x	x	x	x	x	x
	Utilize lessons learned from the After Action Report to update the Emergency Response, Continuation of Response Plans, and Operations Plans		All Sections		x	x	x	x	x	x	x
<b>Planning Assumptions</b>											
Health Care Safety Net staff are trained in NIMS and emergency response operations.											

HIV/AIDS Administration

Response Cycle	Task	Description	DOH ICS Section Responsible	Initial Response	Chemical	Biological	Radio logical	Natural Disaster	Environmental	Explosion/Fire	System Failure
<b>Activation</b>											
	Continuation of Operations Plan as necessary	Continuation of Operations are dependent upon the scale of the event and the length of the event.		x	x	x	x	x	x	x	x
<b>All Hazards Response</b>											
	Provide staff	Make non-essential staff available to staff emergency operations.	All Sections	x	x	x	x	x	x	x	x
	Maintenance of Essential Services	Assign staff to manage essential day-to-day operations	Operations Medical Branch-- Surveillance and Epidemiology Group	x	x	x	x	x	x	x	x
	Conduct inventory of on-hand medical supplies, other supplies and resources including human.	Determine what inventory is available in warehouses.	Logistics--Supply Group	x	x	x	x	x	x	x	x
	Assist in Dissemination of Public Health Information	Once the JIC/HICC finalizes public information materials, disseminate to all clients and facilities under HAA purview.	PIO	x	x	x	x	x	x	x	x
<b>Continuing Response</b>											
	Identify appropriate personnel to receive PPE	In the event of an infectious disease outbreak pre-identify staff that would be operating in a contagious environment so that they can receive PPE.	Operations Branch (Determines who needs it) and Logistics Branch--Supply Group (Distributes)	x	x	x			x	x	
	Monitor Patient Care	Assist Operations--Medical Support Branch, Treatment and Medical Services Group with additional data to monitor patient care	Operations Medical Branch-- Surveillance and Epidemiology Group	x	x	x	x	x	x	x	x
	Sustain HIV Programs and Medications	Develop a plan to ensure that the pharmaceutical supply and distribution of HIV medications continue to operate during an emergency.	HAA--Give status report to Planning and Information--COOP Group	x	x	x	x	x	x	x	x
<b>Stand Down</b>											
	At the end of a response certain steps must be executed to stand down.										
	Analyze all activities to determine that each one has been executed to completion.		Planning and Information Section--Situation and EEI Group								
	Close all operational activities.		All Sections								
	Return all supplies to warehouses		Logistics		x	x	x	x	x	x	x
	Conduct After Action and create After Action Report		All Sections		x	x	x	x	x	x	x
<b>Recovery</b>											
	Conduct economic impact and submit billing to Finance and Administration Group for reimbursement.		Finance and Administration--Finance Group		x	x	x	x	x	x	x
	Conduct an inventory of supplies and resources to determine what materials and resources should be re-supplied and submit to Logistics, Supply Group.		Logistics--Supply Group		x	x	x	x	x	x	x
	Utilize After Action Report to determine where there were gaps in the system and take necessary steps to address them.		All Sections		x	x	x	x	x	x	x
	Utilize lessons learned from the After Action Report to update the Emergency Response, Continuation of Response Plans, and Operations Plans		All Sections		x	x	x	x	x	x	x
<b>Planning Assumptions</b>											
HAA has an emergency plan for high-risk HIV/AIDS diagnosed patients to access treatment and dissemination of medications and treatments.											
HAA staff are trained in NIMS and emergency preparedness and response operations.											

Maternal and Family Health Administration

Response Cycle	Task	Description	DOH ICS Section Responsible	Initial Response	Chemical	Biological	Radiological	Natural Disaster	Environmental	Explosion/Fire	System Failure
<b>Activation</b>											
	Continuation of Operations Plan as necessary	Continuation of Operations are dependent upon the scale of the event and the length of the event.		x	x	x	x	x	x	x	x
<b>All Hazards Response</b>											
	Provide staff	Make non-essential staff available to staff emergency operations.	All Sections	x	x	x	x	x	x	x	x
	Maintenance of Essential Services	Assign staff to manage essential day-to-day operations	Operations Medical Branch--Surveillance and Epidemiology Group	x	x	x	x	x	x	x	x
	Identify appropriate personnel to receive PPE	In the event of an infectious disease outbreak pre-identify staff that would be operating in a contagious environment so that they can receive PPE.	Operations Branch (Determines who needs it) and Logistics Branch--Supply Group (Distributes)	x	x	x	x		x	x	
	Conduct inventory of on-hand medical supplies, other supplies and resources including human.	Determine what inventory is available in warehouses to include baby formula, diapers etc.	MFHA gives inventory to Logistics Support Branch	x	x	x	x	x	x	x	x
<b>Continuing Response</b>											
	Assist in Dissemination of Public Health Information	Once the JIC/HICC finalizes public information materials, disseminate to all clients and facilities under MFHA purview.	Disseminate to Client List and Contractor Organizations	x	x	x	x	x	x	x	x
	Coordinate services for Children with Special Needs	Coordinate with community taskforces and service programs to ensure that the disabled continue to receive services and assure that ventilator and energy equipment dependent disabled individuals have a place to recharge their equipment.	Ops Branch--Medical Support Branch, Treatment and Medical Services Group	x	x	x	x	x	x	x	x
<b>Stand Down</b>											
	At the end of a response certain steps must be executed to stand down.										
	Analyze all activities to determine that each one has been executed to completion.		Planning and Information Section--Situation and EEI Group		x	x	x	x	x	x	x
	Close all operational activities.		All Sections		x	x	x	x	x	x	x
	Return all supplies to warehouses		Logistics		x	x	x	x	x	x	x
	Conduct After Action and create After Action Report		All Sections		x	x	x	x	x	x	x
<b>Recovery</b>											
	Conduct economic impact and submit billing to Finance and Administration Group for reimbursement.		Finance and Administration--Finance Group		x	x	x	x	x	x	x
	Conduct an inventory of supplies and resources to determine what materials and resources should be re-supplied and subit to Logistics, Supply Group.		Logistics--Supply Group		x	x	x	x	x	x	x
	Utilize After Action Report to determine where there were gaps in the system and take necessary steps to address them.		All Sections		x	x	x	x	x	x	x
	Utilize lessons learned from the After Action Report to update the Emergency Response, Continuation of Response Plans, and Operations Plans		All Sections		x	x	x	x	x	x	x
<b>Planning Assumptions</b>											
	MFHA personnel may be deployed to emergency activities..										
	MPHA monitors the contractor's emergency plan for special needs children										
	MFHA may disseminate information to clients and contractors										
	MFHA staff are trained in NIMS and emergency response.										

Medical Assistance Administration

Response Cycle	Task	Description	DOH ICS Section Responsible	Initial Response	Chemical	Biological	Radiological	Natural Disaster	Environmental	Explosion/Fire	System Failure
<b>Activation</b>											
	Continuation of Operations Plan as necessary	Continuation of Operations are dependent upon the scale of the event and the length of the event.		x	x	x	x	x	x	x	x
<b>All Hazards Response</b>											
	Provide staff	Make non-essential staff available to staff emergency operations.	All Sections	x	x	x	x	x	x	x	x
	Conduct inventory of on-hand medical supplies, other supplies and resources including human.	Determine what inventory is available in warehouses.	Logistics--Supply Group	x	x	x	x	x	x	x	x
	Maintenance of Essential Services	Assign staff to manage essential day-to-day operations	Operations Medical Branch--Surveillance and Epidemiology Group	x	x	x	x	x	x	x	x
<b>Continuing Response</b>											
	Monitor Patient Care	Assist Operations--Medical Support Branch, Treatment and Medical Services Group with additional data to monitor patient care	Operations Medical Branch--Surveillance and Epidemiology Group		x	x	x	x	x	x	
	Identify appropriate personnel to receive PPE	In the event of an infectious disease outbreak pre-identify staff that would be operating in a contagious environment so that they can receive PPE.	Operations Branch (Determines who needs it) and Logistics Branch -Supply Group (Distributes)		x	x	x	x	x	x	
	Assist in Dissemination of Public Health Information	Once the JIC/HICC finalizes public information materials, disseminate to all clients and facilities under MAA purview.			x	x	x	x	x	x	x
<b>Stand Down</b>											
	At the end of a response certain steps must be executed to stand down.										
	Analyze all activities to determine that each one has been executed to completion.		Planning and Information Section--Situation and EEI Group			x	x	x	x	x	x
	Close all operational activities.		All Sections			x	x	x	x	x	x
	Return all supplies to warehouses		Logistics			x	x	x	x	x	x
	Conduct After Action and create After Action Report		All Sections			x	x	x	x	x	x
<b>Recovery</b>											
	Conduct economic impact and submit billing to Finance and Administration Group for reimbursement.		Finance and Administration--Finance Group			x	x	x	x	x	x
	Conduct an inventory of supplies and resources to determine what materials and resources should be re-supplied and submit to Logistics, Supply Group.		Logistics--Supply Group			x	x	x	x	x	x
	Utilize After Action Report to determine where there were gaps in the system and take necessary steps to address them.		All Sections			x	x	x	x	x	x
	Utilize lessons learned from the After Action Report to update the Emergency Response, Continuation of Response Plans, and Operations Plans		All Sections			x	x	x	x	x	x
<b>Planning Assumptions</b>											
<b>Planning Assumptions</b>											
	MAA has an emergency plan to maintain essential services in an emergency.										
	MAA has authority and procedures to utilize funds during an emergency to approve payments for medications and related treatments and services.										
	MAA staff are trained in NIMS and emergency response.										

Policy Planning and Research Administration

Response Cycle	Task	Description	DOH ICS Section Responsible	Initial Response	Chemical	Biological	Radiological	Natural Disaster	Environmental	Explosion/Fire	System Failure
<b>Activation</b>											
	Continuation of Operations Plan as necessary	Continuation of Operations are dependent upon the scale of the event and the length of the event.		x							
<b>All Hazards Response</b>											
	Provide staff	Make non-essential staff available to staff emergency operations.	All Administrations and Offices	x	x	x	x	x	x	x	x
	Maintenance of Essential Services	Assign key staff to manage essential day-to-day operations	Operations Medical Branch--Surveillance and Epidemiology Group	x	x	x	x	x	x	x	x
<b>Continuing Response</b>	Identify appropriate personnel to receive PPE	In the event of an infectious disease outbreak or other public health threat, pre-identify staff that would be operating in a contagious environment so that they can receive PPE.	Operations Branch (Determines who needs it) and Logistics Branch--Supply Group (Distributes)		x	x	x	x	x	x	
	Conduct inventory of on-hand medical supplies, other supplies and resources including human.	Determine what inventory is available in warehouses.	Logistics--Supply Group	x	x	x	x	x	x	x	x
	Assist in Dissemination of Public Health Information	Once the JIC/HICC finalizes public information materials, disseminate to all clients and facilities under PPR purview.			x	x	x	x	x	x	x
<b>Stand Down</b>	<b>At the end of a response certain steps must be executed to stand down</b>										
	Analyze all activities to determine that each one has been executed to completion.		Planning and Information Section—Situation and EEI Group		x	x	x	x	x	x	x
	Close all operational activities.		All Sections		x	x	x	x	x	x	x
	Return all supplies to warehouses		Logistics		x	x	x	x	x	x	x
	Conduct After Action and create After Action Report		All Sections		x	x	x	x	x	x	x
<b>Recovery</b>											
	Conduct economic impact and submit billing to Finance and Administration Group for reimbursement.		Finance and Administration—Finance Group		x	x	x	x	x	x	x
	Conduct an inventory of supplies and resources to determine what materials and resources should be re-supplied and submit to Logistics, Supply Group.		Logistics—Supply Group		x	x	x	x	x	x	x
	Utilize After Action Report to determine where there were gaps in the system and take necessary steps to address them.		All Sections		x	x	x	x	x	x	x
	Utilize lessons learned from the After Action Report to update the Emergency Response, Continuation of Response Plans, and Operations Plans		All Sections		x	x	x	x	x	x	x
<b>Planning Assumptions</b>											
	Policy and Planning staff are trained in NIMS and emergency preparedness.										
	Staff may be deployed to DOH emergency activities.										

**Primary Care Prevention and Planning Administration**

Response Cycle	Task	Description	DOH ICS Section Responsible	Initial	Response	Chemical	Biological	Radological	Natural Disaste	Environmental	Explosion/Fire	System Failure
<b>Activation</b>												
	Continuation of Operations Plan as necessary	Continuation of Operations are dependent upon the scale of the event and the length of the event.		x	x	x	x	x	x	x	x	x
<b>All Hazards Response</b>												
	Provide Staff	Make non-essential staff available to staff emergency operations.	All Administrations and Offices	x	x	x	x	x	x	x	x	x
	Conduct inventory of on-hand medical supplies, other supplies and resources including human.	Conduct inventory of on-hand medical supplies, other supplies and resources including human.	All Primary Care Prevention and Planning Agencies	x	x	x	x	x	x	x	x	x
	Scale up services to increase surge capacity	Request additional staff to conduct expanded surveillance programs, request assistance from regional and federal partners.	IC, All Section Chiefs, Senior Deputy Director's	x	x	x	x	x	x	x	x	x
	Conduct health surveillance (ID and epidemiological activities)	Utilizing the Washington Area Disease Surveillance System analyze and track disease trends and compare with National Capitol Region Disease Surveillance Partners to assure quick detection of a disease outbreak and to determine what type of disease it is.	Operations--Medical Branch, Surveillance and Epidemiology Group	x	x	x	x	x	x	x	x	x
	Provide animal disease control, vector control, and veterinary services	Coordinate activities with Department of the Environment, veterinarian services.	Operations Medical Branch--Surveillance and Epidemiology Group, Environmental Group	x	x	x	x	x	x	x	x	x
	Identify appropriate personnel to receive PPE	In the event of an infectious disease outbreak pre-identify staff that would be operating in a contagious environment so that they can receive PPE.	Operations Branch (Determines who needs it) and Logistics Branch--Supply Group (Distributes)	x	x	x	x	x	x	x	x	x
	Conduct laboratory testing and rule out at public health laboratory	Public health laboratories serve a critical role in confirming the agent or disease that is affecting the population. It can also rule out certain diseases to narrow down what type of disease is affecting the population. Together with the CDC laboratory the DC Public Health laboratory can detect a disease in the early phases of an outbreak and can track that disease as it increases and subsides.	Operations--Operational Support Branch--Laboratory	x	x	x	x			x		
	Monitor pharmacies drug supplies	In an emergency pharmaceuticals may be in short supply both to treat an outbreak and daily medications for its consumers. In addition, the pharmacies may have a large inventory of necessary prophylaxis medications that can be leveraged by DOH to initiate mass prophylaxis during an emergency. Monitoring the levels of pharmaceutical inventory of local pharmacies will assist DOH in managing the SNS and requesting additional pharmaceuticals from the Vendor Managed Inventory.	Operations--Medical Support Branch--SNS Group	x	x	x	x	x	x	x	x	x
	Maintenance of Essential Services	Utilize Continuation of Operations Plan to maintain essential public health functions during an emergency and particularly during a long-term emergency is critical to the health and well being of District Citizens and is imperative to assure the economic and community health impact during and after an emergency.	Deputy Incident Commander, Senior Deputy Director Primary Care Prevention and Planning	x	x	x	x	x	x	x	x	x
<b>Continuing Response</b>												
	Monitor Patient Care	In order to ensure quality care, track disease progression and determine resource allocations, DOH monitors hospital patient disposition and tracks where the patients are being treated and/or transferred for treatment.	Operations Medical Branch--Surveillance and Epidemiology Group		x	x	x	x	x	x	x	x
	Assess whether social distance measures need to be employed	Determine whether social distance measures are appropriate for select populations in an infectious disease outbreak or other public health threat.	IC, Chief Medical Officer, Operations--Medical Support		x	x	x			x		
	Determine if hospital isolation is necessary and under what guidelines	Provide data and analysis to assist the IC and CMO in making determination.	IC, Office of the General Counsel, Chief Medical Officer, Operations--Medical Support, DCHA		x	x	x			x		
	In the event of a terrorist attack utilize forensic epidemiology protocols to interact with law enforcement	Coordinate activities with law enforcement agencies and other federal partners.	Operations--Medical Branch--Surveillance and Epidemiology Group		x	x	x			x		
	Conduct immunizations	In the event of an infectious disease outbreak where there is a vaccine available for preventing a further spread of the outbreak, DOH is responsible to coordinate and provide mass vaccination clinics to treat the public.	Operations--Medical Support Branch--Immunization Group		x	x				x		x
	Coordinate Primary Care Services	Expand the existing primary care plan to assure that primary care clinics are a part of the overall emergency health response plan and train the providers to manage the worried well and report abnormal symptoms to DOH.	Operations--Medical Support Branch--Treatment and Medical Services Group		x	x	x	x	x	x	x	x
	Assist in Dissemination of Public Health Information	Once the JIC/HICC finalizes public information materials, disseminate to all clients and facilities under PCPA purview.			x	x	x	x	x	x	x	x
	Distribute PPE to appropriate personnel		Operations Branch (Determines who needs it) and Logistics Branch--Supply Group (Distributes)		x	x	x	x	x	x	x	x
<b>Stand Down</b>												
	At the end of a response certain steps must be executed to stand down.											
	Analyze all activities to determine that each one has been executed to completion.		Planning and Information Section--Situation and EEI Group		x	x	x	x	x	x	x	x
	Close all operational activities.		All Sections		x	x	x	x	x	x	x	x
	Return all supplies to warehouses		Logistics		x	x	x	x	x	x	x	x
	Conduct After Action and create After Action Report		All Sections		x	x	x	x	x	x	x	x
<b>Recovery</b>												
	Conduct economic impact and submit billing to Finance and Administration		Finance and Administration--Finance Group		x	x	x	x	x	x	x	x
	Conduct an inventory of supplies and resources to determine what materials and resources should be re-supplied and subit to Logistics, Supply Group.		Logistics--Supply Group		x	x	x	x	x	x	x	x
	Utilize After Action Report to determine where there were gaps in the system and take necessary steps to address them.		All Sections		x	x	x	x	x	x	x	x
	Utilize lessons learned from the After Action Report to update the Emergency		All Sections		x	x	x	x	x	x	x	x
<b>Planning Assumptions</b>												
	PCP and PA Personnel are trained and exercised in NIMS and emergency response.											
	Washington Area Disease Surveillance System is on-line and interoperable with diverse agencies											
	BEHRA, devision of PCP&PA, trends and reports suspected cases											

**VI. DOH SUPPORT TO OTHER DC EMERGENCY SUPPORT FUNCTIONS**

District Health and Medical Emergency Operations Plan (HMEOP)

<b>ESF #1 -- Transportation</b>
<p><b>Purpose:</b> Transportation provides direct assistance to District, Federal, regional and other responding agencies as they respond to potential or actual emergencies requiring transportation assets and/or affecting the transportation network.</p> <p><i>Lead Agency -- District Department of Transportation</i></p>
<p><b>Assumptions and Definitions:</b> This plan assumes that DOH has activated the Emergency Health Reserve Corps (EHRC)..</p> <p>This plan also assumes that the DOH Operations Section has sufficient medical personnel available to assist ESF #1 in its operations.</p>
<p><b>Coordination:</b> DOH will coordinate support to ESF #1 through the HECC via the DOH liaison at the EMA/EOC.</p> <p>The HECC will deploy the EHRC for required support.</p> <p>The HECC will coordinate required transportation of DOH resources with EMA/EOC via the DOH liaison at the EMA/EOC.</p>
<p><b>Communications:</b> DOH will use day-to-day commercial equipment for communications. The 800 MHZ radio system will serve as backup.</p>
<p><b>Concept of Operations:</b> DOH will provide health care providers to assist DDOT move people needing medical attention during transport. DOH will provide staffing for first aid facilities as required by ESF #1. DOH plans to staff these positions with members of the EHRC.</p> <p>The HECC will be the primary DOH coordination point for SNS distribution transportation requirements as required.</p> <p><i>Issue: First Aid 'push packs' are not pre-designed or assembled. This could create delays in setting up first aid support when required.</i></p>

**Support to ESF #1 -- Transportation**

**Tasks:** *Note –The Director of DOH will maintain control over DOH personnel and activities during emergency responses.*

2. DOH will coordinate employee and/or volunteer staffing of transportation facilities to provide emergency first aid.

- HECC will notify EHRC and deploy DOH and EHRC first aid personnel to appropriate transportation facilities. HECC will also deploy first aid supplies to the facilities. If internal DOH transportation is not available for this deployment the HECC will coordinate through EMA/EOC for DDOT support.

3. In the event of a bioterrorism event or communicable disease outbreak DOH will provide prophylaxis to transportation personnel.

4. DOH will provide ESF #1 with guidance on distributing the Strategic National Stockpile (SNS).

- DOH is the lead organization responsible for managing the SNS. Specific details of transportation requirements are contained in the “Strategic National Stockpile (SNS) Distribution Plan” (Annex III to the DOH Bioterrorism Response Plan). During SNS operations the HECC will advise on and coordinate transportation requirements through the EMA/EOC.

**Surge Plan:** Surge operations are not anticipated solely in support of ESF #1

District Health and Medical Emergency Operations Plan (HMEOP)

<b>ESF #2 – Communications</b>
<p><b>Purpose:</b> Communication ensures the provision of communications support to District response efforts following a declared public emergency under the DRP.</p> <p><i>Lead Agency -- The Office of the Chief Technology Officer</i></p>
<p><b>Assumptions and Definitions:</b> This plan assumes DOH will develop and test communications work-around procedures prior to needing them during an emergency.</p>
<p><b>Coordination:</b> None required</p>
<p><b>Communications:</b> See 'Tasks'</p>
<p><b>Concept of Operations:</b> During an emergency DOH will plan to use normal communication methods. DOH will not plan to have access to other emergency communication capabilities other than the 800 MHZ radio system, Health Alert Network (HAN), and satellite telephones.</p>

**Support to ESF #2 -- Communications**

**Tasks:** *Note – the Director of DOH will maintain control over DOH personnel and activities during emergency responses.*

1. DOH normal communications will rely on the local commercial telephone system, including cell, pagers, and computers.

- DOH will plan on using normal communications during emergencies. During emergency responses communications will be limited to information required for response activities.

2. In the event of a telephone system failure, DOH will employ communications work-around procedures to ensure critical information is communicated.

- DOH will develop and test communications work-around procedures prior to emergencies. During an emergency response, these procedures will be used to communicate only critical information.

3. DOH will use the 800-MHZ radio system as the backup communications link.

- The HECC will allocate 800-MHZ system use. 800-MHZ system use will be limited to communicating only critical response information.

**Surge Plan:** DOH maintains a stock of satellite telephones for distribution to critical response staff for emergency communications support.

There is no communications surge plan.

District Health and Medical Emergency Operations Plan (HMEOP)

<b>ESF #3 – Public Works and Engineering</b>
<b>Purpose:</b>
<b>Assumptions and Definitions:</b>  DOH is not currently tasked to support this ESF
<b>Coordination:</b>
<b>Communications:</b>
<b>Concept of Operations:</b>

**Support to ESF #3**

**Tasks:**

**Surge Plan:**

District Health and Medical Emergency Operations Plan (HMEOP)

<b>ESF #4 – Firefighting</b>
<p><b>Purpose:</b> Firefighting responds to and suppresses urban fires resulting from, or occurring coincidentally with, a public emergency in an extraordinary situation.</p> <p><i>Lead Agency -- The Fire and Emergency Medical Services Department</i></p>
<p><b>Assumptions and Definitions:</b> This plan assumes that DOH has activated the Emergency Health Reserve Corps (EHRC).</p>
<p><b>Coordination:</b> DOH will coordinate medical assessment support and deployment of support personnel through the HECC via the DOH liaison at EMA/EOC.</p> <p>The HECC will deploy the EHRC for required support</p> <p>DOH will coordinate with Dept of Mental Health to provide mental health support if needed.</p> <p>The HECC will establish conference calls with hospitals clinics, doctor’s offices, and other health care organizations to advise on emergency actions such as closing facilities, cessation of non-essential services, decontamination, treatment, prophylaxis, SNS supplies, etc.</p>
<p><b>Communications:</b> The HECC will use conference calls and the Health Alert Network (HAN) to communicate emergency information to health care facilities.</p> <p>DOH will use day-to-day commercial equipment for communications. The 800-MHZ radio system will serve as backup.</p>
<p><b>Concept of Operations:</b> The HECC will support the assessment of medical and health issues involved in a firefighting response by relaying information collected by the DOH liaison officer at the EMA/EOC or by a DOH response team to the DOH Incident Commander and Medical Director.</p> <p>DOH will provide first aid support and health care oversight for responders and victims at F/EMS Casualty Collection Points.</p>

**Support to ESF #4 – Firefighting**

**Tasks:** *Note – The Director of DOH will maintain control over DOH personnel and activities during emergency responses.*

DOH will coordinate health and medical assistance in the District as needed in firefighting efforts. This will include:

1. Providing clinical assessment and health and medical needs assessments.

- HECC will assist in making health care determinations by using the DOH Liaison Officer deployed to the EOC or a deployed DOH response team on site as required by the emergency situation. If the DOH team deploys to the emergency site and internal/public transportation is not available, the HECC will coordinate through EMA/EOC for DDOT support.

- DOH will develop advice on managing health risks to responding firefighters and the public, and coordinate mitigation actions with the EMA CRT through the HECC.

2. Providing mental health assistance for those affected.

- HECC will coordinate with the Department of Mental Health, through the EOC, to determine best joint mental health response and assign DOH and EHRC personnel to this response as required.

3. Notify local non-hospital based health care facilities of mass medical care activities through the HAN or by telephone.

4. DOH will provide support to Casualty Collection Points established by F/EMS.

- HECC will deploy DOH and EHRC first aid and triage personnel (as appropriate) to CCP locations. HECC will also deploy first aid supplies to the CCP. If internal DOH transportation is not available for this deployment the HECC will coordinate through EMA/EOC for DDOT support.

5. In the event of a bioterrorism event or communicable disease outbreak DOH will provide prophylaxis to transportation personnel.

**Surge Plan:**

District Health and Medical Emergency Operations Plan (HMEOP)

<b>ESF #5 – Information and Planning</b>
<p><b>Purpose:</b> Information and planning collects, analyzes, processes, and disseminates information about a potential or actual public emergency to facilitate the overall activities of the District government in providing assistance. Fulfilling this mission supports planning and decision making in the field, at operations centers, and by the Consequence Management Team (CMT).</p> <p><i>Lead Agency -- Emergency Management Agency</i></p>
<p><b>Assumptions and Definitions:</b> DOH will not release information directly to the public without approval of ESF #5 (Information and Planning – Emergency Management Agency) and ESF #15 (Media Relations and Community Outreach – Office of the Mayor).</p>
<p><b>Coordination:</b> DOH PIO and HICC will coordinate and assist in developing health and medical information for public release through ESF #5 and ESF #15 at the District level.</p> <p>The HECC will coordinate required medical consultation through the Treatment and Medical Support Group.</p>
<p><b>Communications:</b> DOH will use day-to-day commercial equipment for communications. The 800 MHZ radio system and satellite telephones will serve as backup communications systems.</p>
<p><b>Concept of Operations:</b> DOH will assist EMA and the Office of the Mayor in planning activities and in providing emergency information to the public.</p> <p>The HECC will coordinate medical consultation support to EMA.</p> <p>DOH-ICS Planning and Information Section will develop required Essential Elements of Information (EEIs) and pass to EMA</p> <p>DOH PIO will provide public information and guidance to the Office of the Mayor for release to the public.</p>

**Support to ESF #5 – Information and Planning**

**Tasks:** *Note –The Director of DOH will maintain control over DOH personnel and activities during emergency responses.*

1. DOH will function as technical medical consultant.

- HECC will coordinate technical medical consultation within DOH and pass the required information to the EOC.

2. DOH will assist in the collection of health and medical related information and plan development.

*And*

3. Provide ESF #5 with the required Essential Elements of Information (EEI).

- The DOH-ICS Planning and Information Section will coordinate with the DOH-ICS Operations Section to collect the required planning information and develop EEI responses (the EEI template is included on the next page of this document). This information will be passed by the HECC to the EOC..

4. DOH will assist in dissemination of health and medical related information the public through ESF #5 and ESF #15.

- The DOH-ICS Public Information Officer will coordinate, through the HICC, any public information dissemination requirements. The DOH-ICS Public Information Officer will coordinate the public release of this information with ESF #15 (Office of the Mayor) and ESF #5 (EMA). Normally ESF #5 and ESF #15 will disseminate public information. However, in special circumstances the DOH-ICS Public Information Officer may be asked to provide information directly to the public.

**Surge Plan:** There is no additional surge plan to support this ESF.

District Health and Medical Emergency Operations Plan (HMEOP)

<b>ESF #6 – Mass Care</b>
<p><b>Purpose:</b> Mass Care coordinates the District’s efforts to provide mass care needs to victims of a public emergency. These services could include, but are not limited to, providing shelter, food, emergency first aid, drinking water, temporary sewage/waste management, basic medical and hygiene needs, and related services.</p> <p><i>Lead Agency -- Department of Human Services</i></p>
<p><b>Assumptions and Definitions:</b> This plan assumes that DOH has activated the Emergency Health Reserve Corps (EHRC).</p> <p>This plan also assumes that commercial communications (cell, land line, internet, etc) will be available during response activities.</p>
<p><b>Coordination:</b> DOH will coordinate deployment of ESF #6 support through the HECC via the DOH liaison at the EMA/EOC.</p> <p>The HECC will deploy the EHRC for required support.</p>
<p><b>Communications:</b> DOH will use day-to-day commercial equipment for communications. The 800 MHZ radio system and satellite telephones will serve as backup.</p>
<p><b>Concept of Operations:</b> DOH will provide first aid services and health care oversight to Mass Care shelters. DOH will staff most of the on-scene positions with members of the EHRC and will provide first aid supplies.</p> <p><i>Issues: First Aid ‘push packs’ are not pre-designed or assembled. Long term chronic care medications may not be available and could become an issue during a lengthy situation. The emergency procurement process needs to be formalized.</i></p>

**Support to ESF #6 – Mass Care**

**Tasks:** *Note – The Director of DOH will maintain control over DOH personnel and activities during emergency responses.*

1. DOH will provide emergency first aid services to shelter occupants.

- HECC will deploy DOH and EHRC first aid personnel to appropriate shelter locations. HECC will also deploy first aid supplies to the shelters. If internal DOH transportation is not available for this deployment the HECC will coordinate through EMA/EOC for District Department of Transportation support (DDOT is tasked to transport needed supplies under ESF #6).

2. DOH will assist with medical supply resources when requested and as DOH inventory permits.

- On-scene DOH personnel will coordinate directly with the HECC for any required medical supplies. The HECC will deploy supplies if available and the HECC determines a greater priority for the supplies does not exist. The HECC will coordinate transportation for the supplies through EMA/EOC (tasking DDOT).

3. DOH will ensure oversight and determine the level of health care that is provided to shelter occupants.

*And*

4. DOH will monitor the administration of medications and the provision of special dietary requirements.

- On-scene DOH personnel will have the experience to provide this oversight. Additionally, if more specialized expertise is required, on-scene personnel will coordinate with the HECC to provide the necessary ‘reach-back’ expertise from within DOH.

5. In the event of a bioterrorism event or communicable disease outbreak DOH will provide prophylaxis to DHS personnel.

**Surge Plan:** If additional resources are required, the HECC will coordinate with the DOH-ICS Finance and Administration Branch to contract (via the District Contracting Office) for additional contract support personnel.

District Health and Medical Emergency Operations Plan (HMEOP)

<b>ESF #7 – Resource Support</b>
<p><b>Purpose:</b> Resource Support provides logistical/resource support following a public emergency and establishes lines of communication between the primary and supporting ESF #7 agencies and other ESFs.</p> <p><i>Lead Agency -- Office of Contracting and Procurement</i></p>
<p><b>Assumptions and Definitions:</b></p>
<p><b>Coordination:</b> The HECC will assist DOH-ICS Operations Section, DOH-ICS Logistics Section and DOH-ICS Finance and Administrative Section to compile a list of requirements.</p> <p><i>Issue: EHMSA is currently building a list of most likely needed emergency supplies. This list may or may not be available during the next emergency.</i></p> <p>DOH-ICS Operations Section and DOH-ICS Logistics Section will coordinate through the HECC with EMA/EOC on resource allocation as appropriate.</p>
<p><b>Communications:</b> DOH will use day-to-day commercial equipment for communications. The 800 MHZ radio system and satellite telephones will serve as backup.</p>
<p><b>Concept of Operations:</b> DOH will develop a list of required resources (meds, equipment, etc.) and manage deploying (if available) or purchasing (if not available) these resources.</p> <p><i>Issue: The DC-wide emergency procurement process is not formalized to the degree needed to ensure most responsive emergency supply when needed.</i></p>

**Support to ESF #7 – Resource Support**

**Tasks:** *Note – The Director of DOH, will maintain control over DOH personnel and activities during emergency responses.*

1. DOH will identify, obtain, and allocate needed medical resources.

And

2. Direct resources according to needs and potential impact on District-wide services.

- DOH-ICS Operations Section, with input from other sections and the DOH Liaison Officer, will develop a list of required medical resources. HECC will facilitate development of this list.

- If needed resources are available, HECC will coordinate resource deployment activities with DOH-ICS Operations Section, DOH-ICS Logistics Section and the EMA/EOC (through the DOH Liaison Officer)

- If resources are not available, HECC will facilitate emergency purchase coordination between DOH-ICS Finance and Administrative Section and DC OCP (through EMA/EOC).

3. DOH will recommend policy direction.

- DOH-ICS Finance and Administrative Section will coordinate prioritization of emergency purchases, through HECC and EMA/EOC, with DC OCP.

**Surge Plan:** Additional required resources will be purchased as coordinated between DOH-ICS Finance and Administrative Section and DC OCP.

District Health and Medical Emergency Operations Plan (HMEOP)

**ESF #8 – Health and Medical Services**

See Operations Section

District Health and Medical Emergency Operations Plan (HMEOP)

<p><b>ESF #9 – Urban Search and Rescue</b></p>
<p><b>Purpose:</b> Urban Search and Rescue rapidly deploys assets to provide specialized lifesaving assistance in the event of a public emergency involving structural collapse or other technical rescue.</p> <p><i>Lead Agency -- Fire and Emergency Medical Services Department</i></p>
<p><b>Assumptions and Definitions:</b> This plan assumes that DOH has activated the Emergency Health Reserve Corps (EHRC)</p> <p>Backup transportation support will be available from DDOT if required.</p>
<p><b>Coordination:</b> The HECC will coordinate with EMA/EOC on required DOH response.</p> <p>The HECC will coordinate mental health assistance with Dept of Mental Health.</p> <p>The HECC will deploy the EHRC for required support.</p>
<p><b>Communications:</b> DOH will use day-to-day commercial equipment for communications. The 800 MHZ radio system and satellite telephones will serve as backup.</p> <p>The HECC will use <b>HMARS, demand fax and the HAN</b> for health care facility notification.</p> <p>Hospitals do not have access to the 800 mhz system. DOH uses the HAN, and HMARS to contact hospitals—HMARS Is a low band service and HAN is internet based. Also EMA has RICCS to contact some hospitals (if they prescribed.)</p>
<p><b>Concept of Operations:</b> The HECC will assess the medical and health issues (that may fall outside of F/EMS purview) involved in a search and rescue response using one of two methods, (1) through the DOH liaison officer at the EMA/EOC or, (2) by deploying a DOH response team to the emergency site.</p> <p>DOH will provide on-site first aid and triage support as required.</p> <p>The HECC will assist in the coordination of health care facilities to accept mass casualties when the EMAC is invoked.</p>

**Support to ESF #9 – Urban Search and Rescue**

**Tasks:** *Note – The Director of DOH, will maintain control over DOH personnel and activities during emergency responses.*

1. DOH will coordinate health and medical activities within the District in cooperation with F/EMS through clinical assessment, mental health assistance for those affected, and assessment of health and medical needs.

- The HECC will deploy the EHRC.

- DOH-ICS Operations Section will deploy DOH and EHRC first aid and triage personnel (as appropriate) to the emergency site. The HECC will coordinate deployment of first aid supplies with DOH-ICS Operations Section and DOH-ICS Logistics Section as required.

- HECC will coordinate clinical and health needs assessments between DOH-ICS Operations Section and either (1) the DOH Liaison Officer at the EMA/EOC or, (2) a deployed on-site DOH-ICS Operations Section response team as required by the emergency situation.

- If DOH teams deploy to the emergency site and internal/public transportation is not available, the HECC will coordinate transportation requirements between DOH-ICS Logistics Section, through the EMA/EOC, and DDOT.

- If DOH assessment indicates the possibility of health concerns to responders or the local area the HECC will pass this information to the EMA/EOC through the DOH Liaison Officer.

- The DOH-ICS Operations Section, through the HECC, will coordinate directly with the Dept of Mental Health HECC Liaison Officer for mental health response if required.

- The HECC will notify local non-hospital based health care facilities of potential emergency victims via demand fax, conference calls and through the HAN.

2. In the event of a bioterrorism event or communicable disease outbreak DOH will provide prophylaxis to F/EMS personnel.

**Surge Plan:** The EHRC will provide surge capacity to DOH.

District Health and Medical Emergency Operations Plan (HMEOP)

**ESF #10 – Hazardous Materials**

**Purpose:** Hazardous Materials provides a coordinated response to actual or potential discharges and/or releases of oil, chemical, biological, radiological, or other hazardous substances in the District.

*Lead Agency -- Fire and Emergency Medical Services Department*

**Assumptions and Definitions:** This plan assumes a timely notification of a hazardous materials incident.

This plan assumes that DOH has activated the Emergency Health Reserve Corps (EHRC).

**Coordination:** DOH must closely coordinate with the District Department of the Environment (DDOE) to ensure a focused, joint response.

The HECC will coordinate directly with EHRC for required support

*Issue: The separate emergency roles and responsibilities of DOH and DDOE are still being clarified.*

**Communications:** DOH will use day-to-day commercial equipment for communications. The 800-MHZ radio system and satellite telephones will serve as backup.

**Concept of Operations:** DOH will deploy an environmental response team to assess actual or potential contamination. DOH must closely coordinate this effort with DDOE.

DOH will provide medical consultation to the F/EMS Incident Commander through the EMA/EOC.

DOH will provide first aid and triage support as required.

**Support to ESF #10 – Hazardous Materials**

**Tasks:** *Note –The Director of DOH will maintain control over DOH personnel and activities during emergency responses.*

1. DOH will provide technical assistance on the health and medical impact of hazardous materials and determine appropriate care for victims.

And

2. DOH will determine the environmental damage and suggest courses of action involving oil spills, hazardous chemicals, and radioactive material.

- DOH-ICS Operations Section will deploy a Hazardous Materials Team to the incident site. Once on scene they will coordinate a situation assessment with first responders and DDOE personnel. If internal DOH transportation is not available for this deployment the HECC will coordinate through EMA/EOC for DDOT support.

- The DOH on-site team will pass initial and follow-on assessment information, through the HECC, to EMA/EOC via the DOH Liaison Officer.

- The DOH on-site team will develop optional courses of action (as applicable) and recommendations. The team will pass these options and recommendations, through the HECC, to EMA/EOC via the DOH Liaison Officer.

- The DOH team will assist the on-scene commander in direction and control efforts as required.

- The DOH on-site team will coordinate with the HECC to initiate patient tracking and environmental mitigation.

3. DOH will provide information to the public about self-protection.

- DOH-ICS Operations Section, Planning and Information Section, and Public Information Officer will coordinate and develop public guidance. The Public Information Officer will pass this guidance to the JIC for release.

4. DOH will help the DDOE assess environmental damage and assist in cleanup and recovery planning.

- DOH-ICS Operations Section and DOH-ICS Planning and Information Section will coordinate, through the HECC, with DDOE on follow-on testing and assessment requirements as well as recovery planning.

*Continued on next page .....*

District Health and Medical Emergency Operations Plan (HMEOP)

**Surge Plan:** If necessary, the EHRC will be activated to provide surge capability.

**Support to ESF #10 – Hazardous Materials**

**Tasks:**

5. DOH will provide the following medical consultation to the Incident Commander:

- Advice on health risks and recommendations
- Support for pre-hospital care
- Advice on long-term patient tracking, epidemiological studies, and environmental impact
- DOH-ICS Planning and Information Section will coordinate this information with DOH-ICS Operations Section. The HECC will provide the information to the Incident Commander through the EMA/EOC.

6. DOH will provide support to Casualty Collection Points established by F/EMS.

- HECC will deploy DOH and EHRC first aid and triage personnel (as appropriate) to CCP locations. HECC will also deploy first aid supplies to the CCP. If internal DOH transportation is not available for this deployment the HECC will coordinate through EMA/EOC for DDOT support.

7. In the event of a bioterrorism event or communicable disease outbreak DOH will provide prophylaxis to F/EMS personnel.

**Surge Plan:**

District Health and Medical Emergency Operations Plan (HMEOP)

<b>ESF #11 – Food</b>
<p><b>Purpose:</b> The purpose of this ESF (Food) is to identify, secure, and arrange for the transportation and provision of food assistance to affected victims and response staff/volunteers following a public emergency or other event requiring an emergency response.</p> <p><i>Lead Agency -- Department of Human Services</i></p>
<p><b>Assumptions and Definitions:</b> Although DOH is tasked to support ESF #11, ESF #11 is also tasked to provide food assistance to emergency response staff. Therefore:</p> <p><i>The HECC should be prepared to provide staff food assistance requirements to EMA/EOC.</i></p>
<p><b>Coordination:</b> DOH will coordinate support to ESF #11 through the HECC via the DOH Liaison Officer located at the EMA/EOC.</p>
<p><b>Communications:</b> DOH will use day-to-day commercial equipment for communications. The 800 MHZ radio system and satellite telephones will serve as backup.</p>
<p><b>Concept of Operations:</b> DOH will coordinate with DDOE to monitor safe food practices during preparation, storage, and distribution of food assistance.</p>

District Health and Medical Emergency Operations Plan (HMEOP)

**Support to ESF #11 – Food**

**Tasks:** *Note – The Director of DOH, will maintain control over DOH personnel and activities during emergency responses.*

1. DOH and DDOE will monitor the emergency food assistance program to ensure that food is transported, stored, handled, prepared, and served in accordance with safe food practices.

- The HECC will coordinate with EMA/EOC, through the DOH Liaison Officer, requirements for food safety monitoring.

**Surge Plan:** None

District Health and Medical Emergency Operations Plan (HMEOP)

<b>ESF #12 – Energy</b>
<b>Purpose:</b>
<b>Assumptions and Definitions:</b>  DOH is not currently tasked to support this ESF
<b>Coordination:</b>
<b>Communications:</b>
<b>Concept of Operations:</b>

District Health and Medical Emergency Operations Plan (HMEOP)

**Support to ESF #12**

**Tasks:**

**Surge Plan:**

District Health and Medical Emergency Operations Plan (HMEOP)

<b>ESF #13 – Law Enforcement</b>
<p><b>Purpose:</b> Law Enforcement provides for the safety of citizens and security of property during public emergencies. It prescribes the procedures for the command, control, and coordination of the District law enforcement personnel to support emergency operations. It also establishes interagency relationships between the Metropolitan Police Department (MPD) and federal law enforcement agencies.</p> <p><i>Lead Agency – Metropolitan Police Department</i></p>
<p><b>Assumptions and Definitions:</b></p>
<p><b>Coordination:</b> DOH will coordinate medical assessment support and deployment of support personnel through the HECC via the DOH liaison at EMA/EOC.</p> <p>DOH will coordinate with Dept of Mental Health to provide mental health support if needed.</p> <p>.</p>
<p><b>Communications:</b> The HECC will use [what?] to for hospital notification.</p> <p>DOH will use day-to-day commercial equipment for communications. The 800-MHZ radio system and satellite telephones will serve as backup.</p>
<p><b>Concept of Operations:</b> The HECC will support the assessment of medical and health issues involved in a law enforcement response by relaying information collected by the DOH liaison officer at the EMA/EOC or by a DOH response team to the DOH Incident Commander and Medical Director.</p>

District Health and Medical Emergency Operations Plan (HMEOP)

**Support to ESF #13 – Law Enforcement**

**Tasks:** *Note – the Director of DOH, will maintain control over DOH personnel and activities during emergency responses.*

1. DOH will coordinate health and medical assistance in the District as needed in law enforcement efforts. This will include providing clinical assessment and health and medical needs assessments and providing mental health assistance for those affected.

- HECC will assist in making health care determinations by using the DOH Liaison Officer deployed to the EOC or a deployed DOH response team on site as required by the emergency situation. If the DOH team deploys to the emergency site and internal/public transportation is not available, the HECC will coordinate through EMA/EOC for DDOT support.

- DOH will develop advice on managing health risks to responding law enforcement officials and coordinate mitigation actions with the EMA/EOC through the HECC.

- In the event of a bioterrorism event, radiation or communicable disease outbreak DOH will provide prophylaxis to police personnel.

- HECC will coordinate with the Department of Mental Health, through the EMA/EOC, to determine best joint mental health response and assign DOH personnel to this response as required.

**Surge Plan:** None

District Health and Medical Emergency Operations Plan (HMEOP)

<b>ESF #14 – Long-Term Community Recovery and Mitigation</b>
<p><b>Purpose:</b> Long-Term Community Recovery and Mitigation provides a framework for Federal Government support to regional, District, and local governments, NGOs, and the private sector to enable community recovery from long-term consequences of a disaster affecting the District.</p> <p><i>Lead Agency – Emergency Management Agency</i></p>
<p><b>Assumptions and Definitions:</b> This plan assumes availability of greater NCR health care facilities as alternate care providing locations.</p>
<p><b>Coordination:</b> DOH will coordinate, with ESF#14 through the HECC/EOC long term patient monitoring and tracking, long term epidemiological tracking, and costs and resources incurred by DOH during the emergency and recovery from it.</p>
<p><b>Communications:</b></p>
<p><b>Concept of Operations:</b> DOH will provide EMA with medical policy guidance during recovery operations.</p> <p>DOH will provide epidemiological and environmental assessments during recovery operations.</p>

**Support to ESF #14 – Long-Term Community Recovery and Mitigation**

**Tasks:** *Note – The Director of DOH, will maintain control over DOH personnel and activities during emergency responses.*

1. DOH will identify, obtain and allocate needed medical resources.

And

2. DOH will direct resources according to needs and potential impact on District-wide services.

- DOH-ICS Planning and Information Section and DOH-ICS Operations Section will identify required medical resources and their allocation during the recovery period and coordinate this activity, through the HECC, with EMA/EOC.

- HECC will assist DOH-ICS Finance and Administration Section and DOH-ICS Logistics Section locate and obtain no-cost resource solutions if available.

- DOH-ICS Finance and Administration Section will coordinate purchasing required resources through EMA/EOC with DC/OCP as required.

3. DOH will recommend policy direction.

- All four DOH-ICS Sections (Operations, Planning and Information, Logistics, and Finance and Administration) will coordinate medical recovery policy at the HECC. These recommendations will be passed to the EMA/EOC through the DOH Liaison Officer.

4. DOH will plan for and provide technical assistance for contaminated debris management and environmental remediation.

- The DOH-ICS Operations Section will coordinate with DDOE and federal agencies to bring in environmental health specialists to provide assistance and recommendations. This support will be coordinated, through the HECC, with EMA/EOC.

5. In the event of a bioterrorism event, radiation, or communicable disease outbreak DOH will provide prophylaxis to EMA personnel.

**Surge Plan:** None



District Health and Medical Emergency Operations Plan (HMEOP)

**Support to ESF #15 – Media Relations and Community Outreach**

**Tasks:** *Note – the Director, DOH, will maintain control over DOH personnel and activities during emergency responses.*

1. DOH will coordinate the distribution of information to ESF #15 for dissemination to the public, the media, and other involved organizations through the Office of Communications and/or the JIC.

And

2. DOH will provide staff and resources to support the collection of information and the dissemination of messages and information to disaster victims and the general public.

- DOH-ICS Planning and Information Section, DOH Operations Section, and the DOH Public Information Officer will coordinate the development of information important to the public in a disaster response. The DOH PIO will coordinate the release of this information with the Mayor's Office of Communications.

3. In the event of a bioterrorism event, radiation or communicable disease outbreak DOH will provide prophylaxis to EOM personnel.

**Surge Plan:** None

District Health and Medical Emergency Operations Plan (HMEOP)

<b>ESF #16 – Donations and Volunteer Management</b>
<b>Purpose:</b> Donations and Volunteer Management provides guidance on the District’s role in donations management in a public emergency and establishes a consistent framework for coordinating with volunteer organizations supporting a response.  <i>Lead agency – Serve DC</i>
<b>Assumptions and Definitions:</b> This plan assumes that DOH has activated the Emergency Health Reserve Corps (EHRC).
<b>Coordination:</b> DOH will coordinate with ESF #16 for volunteers and provide a list of needed medical supplies with EMA/EOC.
<b>Communications:</b>
<b>Concept of Operations:</b> The HECC will develop a list of needed volunteer personnel, supplies and coordinate that with EMA/EOC. Volunteer medical workers will be vetted and assigned as needed.

**Support to ESF #16 – Donations and Volunteer Management**

**Tasks:** *Note – the Director, DOH, will maintain control over DOH personnel and activities during emergency responses.*

1. DOH will provide information on the types of donations that would be most beneficial to assist victims during the disaster.

- DOH-ICS Logistics Section and DOH-ICS Operations Section will coordinate, through the HECC, a list of medical and other supplies required to assist victims.

- HECC will post this list on the EMA/EOC requirements website.

- DOH will coordinate vetting the credentials of volunteer health care providers through the Operations Branch.

2. In the event of a bioterrorism event or communicable disease outbreak DOH will provide prophylaxis to Serve DC personnel.

**Surge Plan:** None

# **INCIDENT ANNEXES**

## **Pandemic Influenza Plan**

Insert Hyperlink Here

## **Smallpox Pre and Post Event Plan**

[Insert hyperlink here](#)

## **Bioterrorism Plan**

### **Bioterrorism Plan**

**Purpose:** Department of Health (DOH) is the lead agency for ESF #8 and as such will be the lead agency in the response to a bioterrorist event or other public health emergency in the District. Functions will include, but are not limited to, disease surveillance; recognition of event; notification of other agencies; obtaining laboratory confirmation; declaration of public health emergency; outbreak control to include source identification, prophylaxis, immunization, isolation, quarantine and civil confinement; treatment; communication with the public; environmental mitigation and outcome tracking post-event; and after-action reports.

**Assumptions and Definitions:** DOH will be responsible for implementing the response; will oversee three sections: Operations, Personnel Support, and Finance and Administration; will activate the Health Emergency Response Team (HERT) and the HECC.

**Coordination:** DOH will coordinate with District, regional and federal agencies; private sector resources (hospitals, clinics, doctors' offices); the Office of the Chief Medical Examiner (OCME); the Department of Mental Health; collaboration with regional health departments; coordination of receipt and dissemination of federal resources with EMA and the Council of Governments; coordinate specimen handling with law enforcement; and coordinate response with DC F/EMS.

**Communications:** DOH will be responsible for coordinating communications via the HECC. Activation of the emergency communications system includes: issuing 800 MHZ radios, satellite phones, cell phones & wireless pagers; DOH will establish & manage a call center; will disseminate essential health information to the public via a public information officer (PIO); will coordinate press conferences & releases; communicate with the FBI.

**Concept of Operations:** Director of DOH will be the Incident Commander, will activate the HERT, and will have primary authority for the overall control of the incident. Together with the Chief Medical Officer, who is responsible for overseeing the medical aspects of the response, the director will coordinate response management.

**Surge Concept of Operations:**

**Bioterrorism Plan #**

**Tasks:** Emergency Health and Medical Services Administration (EHMSA) will be responsible for implementing the response elements which include:

1. Disease surveillance
2. Timely epidemiological investigation
3. Laboratory testing and safe handling of specimens
4. Collection, evaluation and dissemination of relevant information
5. Implementation of an immunization and prophylaxis program
6. Coordination of inpatient and home health care treatment with hospitals & other medical providers to include readiness status (beds, ED capacity, etc.)
7. Coordination of mental health services with DMH
8. Responsibility for distribution of Strategic National Stockpile (SNS)
9. Mass immunization
10. Outbreak management: manage and enforce quarantine, isolation, etc.
11. Environmental health
12. Coordination of mass fatality management with OCME
13. Coordination of response with Fire and EMS
14. Coordination of transportation resources

# FUNCTIONAL ANNEXES

## Strategic National Stockpile Plan

<b>Strategic National Stockpile (SNS) Plan</b>
<b>Purpose:</b> Describe the mechanisms in place for the District of Columbia to request, receive, manage, repackage and distribute the Strategic National Stockpile (SNS). Functions will include, but are not limited to, request of SNS; health emergency coordination; materiel management; transportation; communications; security; dispensing and treatment; repackaging; and providing information to the public.
<b>Assumptions and Definitions:</b> Supplies of critical medical items will be rapidly depleted in the District of Columbia during a terrorist attack or major natural disaster. The SNS, which was established to augment local supplies of critical medical items, is managed by the Centers for Disease Control and Prevention (CDC) Recognition of problem and determination of need for additional critical items will be made by District and/or regional health officers.
<b>Coordination:</b> DOH will activate the HECC and most SNS management staff will be located there. Other members of management staff will be located at the Distribution and Repackaging Center (DRC) and D.C. Protective Services (PSD) Command Center.
<b>Communications:</b> The following communications methods will be used by DOH: at the DRC, dispensing sites and command centers, day-to-day commercial equipment plus cell phones, SAT phones and radios (provided by DOH or the agency in charge of the command center); security will use radios, cell phones, SAT phones; and transportation will use radios. DC Chief medical officer will be primary spokesperson for health-related information during the emergency and Public Information Coordinator will work with Incident Commander and other managers to coordinate public messages.
<b>Concept of Operations:</b> Official requests will be made by Mayor of DC via the Director of the DC Emergency Management Agency (EMA), based on recommendations by the Director of DOH, who will be the Incident Commander. Senior Deputy Director for PCPA will be primary designee for SNS and will need to activate the distribution system. Movement of supplies will depend on: type and magnitude of event; projected exposures; number of people reporting to dispensing sites; number of patients at hospitals and treatment sites; and number of calls to F/EMS and HazMat units.

## Strategic National Stockpile Plan

### Tasks:

Critical functions of the SNS distribution process:

1. SNS Request: Official actions to request the SNS
2. Health Emergency Coordination: Management of DC's medical response to a disaster, including designation of locations for dispensing SNS medicines and directing the delivery of specific quantities of items to specific points
3. Materiel Management: Management of the SNS supplies, including receiving, staging, inventory, and replenishment needs for the receiving site, as well as oversight of the dispensing sites
4. Transportation: Coordination of the movement of SNS supplies, including the initial shipment as well as delivery and replenishment to the dispensing and treatment sites
5. Communications: Management of the communications between all SNS functions to ensure a smooth delivery of SNS material to those who need it
6. Security: Management of actions that safeguard the SNS, provide law enforcement and traffic management support, and protect those who work to deliver it
7. Dispensing and Treatment: Management of the distribution of SNS supplies for prophylaxis and/or treatment of the symptomatic and asymptomatic population
8. Repackaging: Management of the repackaging of bulk quantities of drugs in the SNS to individual regimens that the Dispensing and Treatment function distributes to the public (this function is minimal based on unit dose availability for most situations)
9. Public Information: Management of information provided to the public regarding how to obtain prescribed drugs if they are asymptomatic and how to obtain treatment if they are symptomatic.

## Addiction Prevention and Recovery Methadone Guidance

### Guidance for Treating Opioid Agonist Treatment Program (OTP) Patients from a Disaster Impacted Area

Every effort should be made to contact the person's home program. If unable to contact the patient's home program, the following procedures should be combined with existing emergency plans:

1. The emergency guest patient should show a valid picture identification that includes an address in close proximity to the area of impact.
2. The patient should show some type of proof that indicates he or she was receiving services from a clinic located in one of the affected areas, e.g., medication bottle, program identification card, receipt for payment of fees, etc. *In cases where the patient does not have any items of proof including a picture ID*, the physician should use his or her best medical judgment, combined with a stat drug test for the presence of methadone (lab test w/quick turn-around, dip stick, etc.).
3. An OTP may administer the amount of medication that the patient reports as his or her current dose; however, remind each patient that the dose that is reported will be verified with the home program as soon as possible. In cases where the reported dose appears questionable, it is best to use good medical judgment when determining the dose level.
4. Emergency guest patients should be medicated daily with take-home doses provided only for days that the program is closed (Sundays and holidays). If the patient's current take-home status can be verified, take-home doses may be provided in accordance with State and Federal regulations (42 CFR Part 8). In the case of a patient who is unable to travel to the program daily due to a medical or other hardship, take-home medication for unsupervised use may be considered via the SMA-168 Request for Exception process.
5. Documentation of guest patient services should be a priority for OTPs. Each guest patient should be assigned a clinic identification number and issued a temporary chart. Reasonable efforts should be made to periodically contact the patient's home program to verify patient information prior to dispensing medication. The results should be recorded in the temporary chart. The OTP should record the day, date and amount of medication administered to each patient along with any observations made by the staff. As time passes and affected OTPs reopen, some patients may elect to remain in treatment at your facility and change from guest to permanent status. Upon conclusion of the emergency treatment period, a summary of the total number of patient's treats, services rendered, and disposition of the patient's care should be compiled and reported to your SMA and to the Center for Substance Abuse Treatment (CSAT). Additional patient information may be forthcoming. Please do your best to accommodate them as their lives will still be in a state of flux.

## Opioid Dependent Evacuees Not Currently In Treatment

There are individuals dependent on opioids, including but not limited to heroin. These individuals may constitute an influx of persons seeking help as a result of the disruption in supply of street drugs. OTPs can admit, treat, and dose these patients under existing guidelines and regulations. Patients new to medication assisted treatment may be candidates for initiation on Buprenorphine products. CSAT can facilitate the Drug Enforcement Administration (DEA) registration of the OTP to use Buprenorphine and Reckitt-Benckiser can ship the medication directly to the program. Contact Mr. Nick Reuter for assistance at (240) 276-2716.

## Evacuees Treated by Pain Clinics

Several OTPs have reported being contacted by evacuees who were being treated by a physician with methadone for pain in a clinic or other setting and are now out of medication. The first response should be to refer the patient to a local physician, particularly a pain management specialist. Additionally, the CSAT accreditation guidelines (available at [www.dpt.samhsa.gov](http://www.dpt.samhsa.gov)) provide the following guidance:

- Patients are generally not admitted to OTPs to receive opioids only for pain.
- Patients with a chronic pain disorder **and** physical dependence are managed by multidisciplinary teams that include pain and addiction medicine specialists. The site of such treatment may be either in a medical clinic or in an OTP, depending on patient need and the best utilization of available resources.
- Similarly, addiction patients maintained on methadone/buprenorphine are not prohibited from receiving needed pain treatment including, when appropriate, adequate doses of opioid analgesics.
- Patients diagnosed with physical dependence and a pain disorder are not prohibited from receiving methadone/buprenorphine therapy for either maintenance or withdrawal in an OTP if such setting provides expertise or is the only source of treatment.
-

# APPENDICES

## Acronyms

AHPP	Administration for HIV Policy and Programs
APRA	Addiction Prevention and Recovery Administration
BEHRA	Bureau of Epidemiology and Health Risk Assessment
CBRNE	Chemical, Biological, Radiological/Nuclear and Explosive
CCP	Casualty Collection Point
CFSA	Child and Family Services Administration
CHSA	State Center for Health Statistics Administration
CMO	Chief Medical Office
CMT	Consequence Management Team
COOP	Continuity of Operations Plan
CSAT	Center for Substance Abuse Treatment
DCHA	DC Hospital Association
DCPCA	DC Primary Care Association
DDOE	DC Department of the Environment
DDOT	District Department of Transportation
DEA	Drug Enforcement Administration
DMH	Department of Mental Health
DOH	Department of Health
DRP	District Response Plan
EEI	Essential Elements of Information
EHA	Environmental Health Administration
EHMSA	Emergency Health and Medical Services Administration
EHRC	Emergency Health Reserve Corps
EMA	Emergency Management Agency
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
ESF	Emergency Support Function
FEMS	Fire and Emergency Medical Services
HAN	Health Alert Network
HCRLA	Health Care Regulation and Licensing Administration
HCSNA	Health Care Safety Net Administration
HECC	Health Emergency Coordination Center
HERT	Health Emergency Response Team (HERT)
HMARS	Hospital Municipal Aid Radio System
HRA	Health Regulation Administration
HVA	Hazards Vulnerability Analysis
IAP	Incident Action Plan
IC	Incident Commander
ICS	Incident Command System
IT	Information Technology
MAA	Medical Assistance Administration

MFHA	Maternal and Family Health Administration
MPD	Metropolitan Police Department
MSDC	Medical Society of the District of Columbia
NCR	National Capital Region
NIMS	National Incident Management System
NRP	National Response Plan
OAH	Office of Adjudication and Hearings
OCFO	Office of the Chief Financial Officer
OCME	Office of the Chief Medical Examiner
OCP	Office of Contracting and Procurement
OGC	Office of the General Counsel
OTP	Opioid Agonist Treatment Program
PCA	Primary Care Association
PCPA	Primary Care and Prevention Administration
PHL	Public Health Lab
SHPDA	State Health Planning and Development Administration
SNS	Strategic National Stockpile
VMI	Vendor Managed Inventory
WADDS	Washington Area Disease Surveillance System

## **Checklists and Templates**

## Emergency Operations Plan (EOP) NIMS Compliance Checklist

EOP Title	Checklist
Defines the scope of preparedness and incident management activities necessary for the Department.	
Describes organizational structures, roles and responsibilities, policies, and protocols for providing emergency support.	
Facilitates response and short-term recovery activities.	
Is flexible enough to use in all emergencies.	
Describes the EOP purpose.	
Describes the EOP situation and assumptions.	
Describes the EOP concept of operations.	
Describes the EOP organization and assignment of responsibilities.	
Describes the administration and logistics of the EOP.	
Describes EOP development and maintenance.	
Describes the EOP authorities and references.	
Contains functional annexes.	
Contains hazard-specific appendices.	
Contains a glossary.	
Pre-designates jurisdictional and/or functional area representatives to the Incident Commander (IC)	
Includes pre-incident and post-incident public awareness, education, and communications plans and protocols.	

# Hazards Vulnerability Analysis Template

Organization: (NAME) \_\_\_\_\_

Date: \_\_\_\_\_

## HAZARD VULNERABILITY ANALYSIS NATURALLY OCCURRING EVENTS

TYPE OF EVENT	SEVERITY CLASSIFICATION - LOW, MODERATE, HIGH				RANK
	PROBABILITY	HUMAN IMPACT	PROPERTY IMPACT	OPERATIONAL IMPACT	
	<i>Likelihood this will occur within 1 year</i>	<i>Possibility of death or injury</i>	<i>Physical losses and damages</i>	<i>Interruption of services</i>	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	<i>SOP Required Yes or No? (If yes, for sample SOP, see section 7.2.1)</i>
Drought/Dust Storm					
Earthquake					
Fire Response					
Flood					
Hurricane					
Thunderstorm/ Lightening					
Tornado					
Tsunami					
Volcanic Eruption					
Winter Storm					

Name and title of person completing HVA \_\_\_\_\_

Chairman: Emergency Planning Coordinator

Approved

Disapproved

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Facility: (NAME) \_\_\_\_\_

Date: \_\_\_\_\_

Facility: (NAME)

Date: \_\_\_\_\_

### HAZARD VULNERABILITY ANALYSIS NATURALLY OCCURRING EVENTS

TYPE OF EVENT	SEVERITY CLASSIFICATION - LOW, MODERATE, HIGH				RANK
	PROBABILITY	HUMAN IMPACT	PROPERTY IMPACT	OPERATIONAL IMPACT	
	<i>Likelihood this will occur within 1 year</i>	<i>Possibility of death or injury</i>	<i>Physical losses and damages</i>	<i>Interruption of services</i>	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	<i>SOP Required Yes or No? (If yes, for sample SOP, see section 7.2.1)</i>
Drought/Dust Storm					
Earthquake					
Fire Response					
Flood					
Hurricane					
Thunderstorm/ Lightening					
Tornado					
Tsunami					
Volcanic Eruption					
Winter Storm					

Name and title of person completing HVA \_\_\_\_\_

Chairman: Emergency Planning Coordinator

Approved

Disapproved

Comments: \_\_\_\_\_

Facility: (NAME)

Date: \_\_\_\_\_

### HAZARD VULNERABILITY ANALYSIS NATURALLY OCCURRING EVENTS

TYPE OF EVENT	SEVERITY CLASSIFICATION - LOW, MODERATE, HIGH				RANK
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Drought/Dust Storm					
Earthquake					
Fire Response					
Flood					
Hurricane					
Thunderstorm/ Lightening					
Tornado					
Tsunami					
Volcanic Eruption					
Winter Storm					

Name and title of person completing HVA \_\_\_\_\_

Chairman: Emergency Planning Coordinator

Approved

Disapproved

## Essential Elements of Information (EEI) Template

EEI page 1

Use this template to collect information required to effectively manage emergencies.  
Pass information to DC Emergency Operations Center. Update as necessary.

<b>Status of transportation systems</b>	
Contact	Last Updated
<b>Hazard-specific information</b>	
Contact	Last Updated
<b>Status of key personnel</b>	
Contact	Last Updated
<b>Status of key health services and facilities</b>	
Contact	Last Updated
<b>Major issues/activities of ESF #8</b>	
Contact	Last Updated

**Essential Elements of Information – Page 2**

<b>Resource shortfalls</b>	
Contact	Last Updated
<b>Overall priorities for response</b>	
Contact	Last Updated
<b>Status of upcoming events</b>	
Contact	Last Updated
<b>Location of the impacted area</b>	
Contact	Last Updated

**Essential Elements of Information – Page 3**

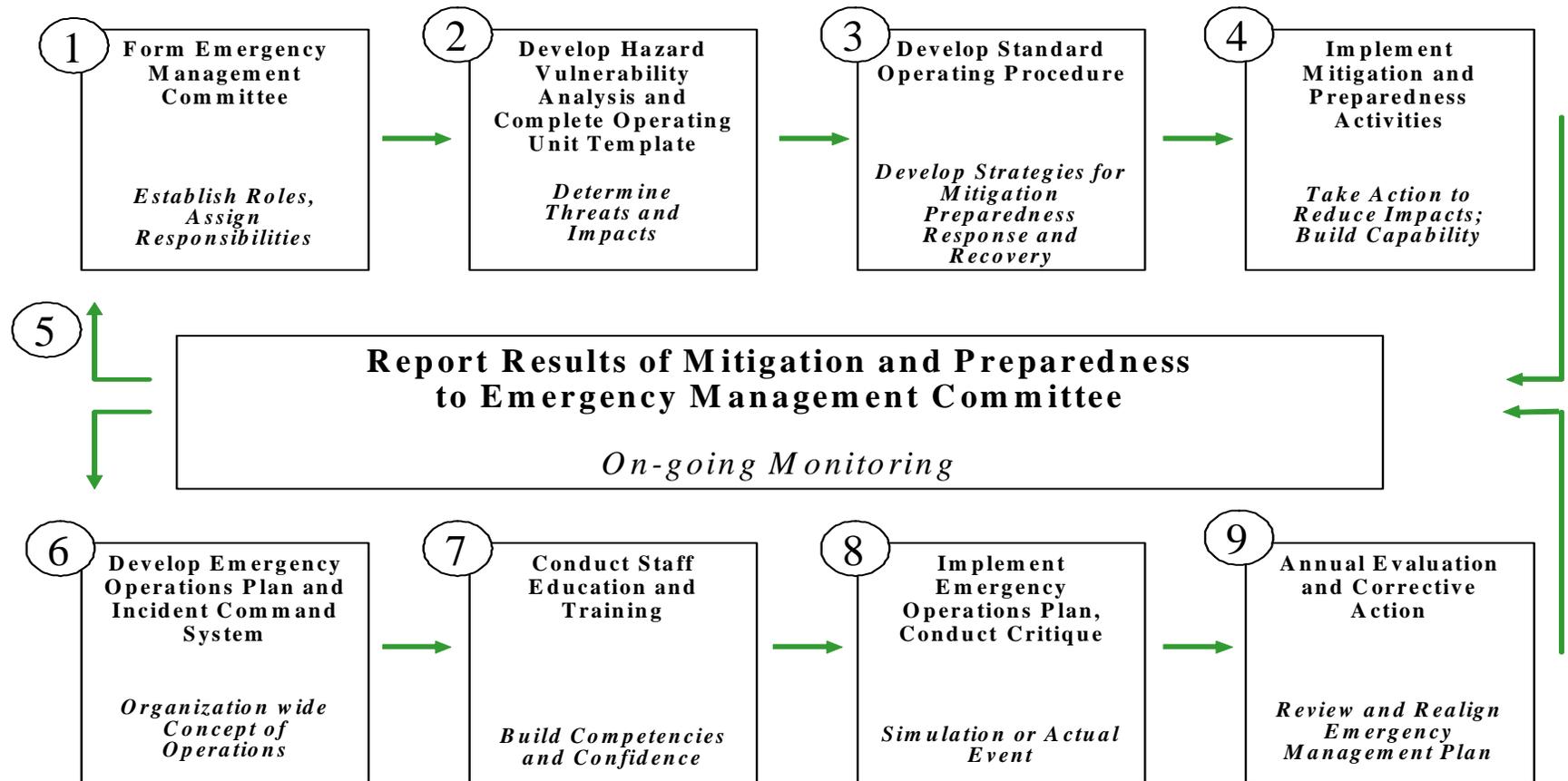
<b>Social, economic, and political impacts</b>	
Contact	Last Updated
<b>Recommended actions for the public</b>	
Contact	Last Updated
<b>Jurisdictional boundaries involved</b>	
Contact	Last Updated
<b>Status and analysis of initial assessments (needs and damage assessments including Preliminary Damage Assessments)</b>	
Contact	Last Updated
<b>Status of efforts under Federal emergency operations plans</b>	
Contact	Last Updated

**Essential Elements of Information – Page 4**

<b>Injuries and medical emergencies</b>	
Contact	Last Updated
<b>Logistical problems</b>	
Contact	Last Updated

Steps in Establishing an Emergency Preparedness Plan

# Steps in Establishing Effective Emergency Management Plan





**Administration**

**Operational**

**Activities**  
*Operating Units*

**Matrix**

<b>ESSENTIAL FUNCTIONS</b>	<b>KEY ACTIVITIES</b>								
<b>MANAGEMENT &amp; PLANNING FUNCTIONS</b>	Mobilize/Demobilize								
	Emergency Policies								
	Liaison								
	Safety								
	Public Affairs								
	Situation Status								
	Resource Status								
	Action Planning								
	Documentation								
	Reporting								
<b>LOGISTICS &amp; FINANCE/ ADMINISTRATIVE FUNCTIONS</b>	Supply								
	Facilities								
	Transportation								
	Communications								
	Food								
	Medical								
	Time								
	Procurement								
	Compensation/Claims								
	Cost								

<b>OPERATIONS FUNCTIONS</b>	Telecom/Info Mgmt Systems								
<b>BUSINESS CONTINUITY</b>	Access to Services								
	Records Preservation								
	Business Resumption								
<b>EQUIPMENT &amp; UTILITIES</b>	Medical Devices								
	Medical Gas Systems								
	Power/Light Systems								
	Heating/Cooling Systems								
	Water/Sewer Systems								
	Building/Grounds/Roads								
	Waste/Debris Removal								
<b>SAFETY &amp; SECURITY</b>	Alerting/Warning								
	Hazmat/Decon								
	Fire Suppression								
	Search								
	Security								
<b>HEALTH &amp; MEDICAL</b>	Non-Incident Patient Management								
	Triage								
	Treatment								
	Evacuation								
	Alternate Care Sites								
	Outreach								
	Fatalities Management								

## Key Personnel Resource Matrix

---

Updated as of:

<b>Operating Units/Critical Activities</b>	<b>Key Contact &amp; Phone for Assistance</b>	<b>Back Up Contact</b>	<b>Location of Information Sources</b>	<b>Comments</b>
Action Planning				
Communications				
Activation/Mobilization				
Essential Personnel				

Operating Units/Critical Activities	Key Contact & Phone for Assistance	Back Up Contact	Location of Information Sources	Comments
Reporting/ Situation Status				
Emergency Policies				
Records Preservation				
Supplies and Equipment				
Resource Status				

Operating Units/Critical Activities	Key Contact & Phone for Assistance	Back Up Contact	Location of Information Sources	Comments
Purchasing				
Contracting				
Transportation				
Personnel / Human Resources				
Facilities				

Operating Units/Critical Activities	Key Contact & Phone for Assistance	Back Up Contact	Location of Information Sources	Comments
Grounds / Roads				
Shelter				
Telecom / Info Systems				
Power / Light Systems				
Heat / Cool Systems				

Operating Units/Critical Activities	Key Contact & Phone for Assistance	Back Up Contact	Location of Information Sources	Comments
Water / Sewer Systems				
Police and Security				
Public Affairs				
Financial Services				
Data and Records				

Operating Units/Critical Activities	Key Contact & Phone for Assistance	Back Up Contact	Location of Information Sources	Comments
Distribution and Transportation				
Scheduling				
Quality Management				
Food				
Access to Services				

Operating Units/Critical Activities	Key Contact & Phone for Assistance	Back Up Contact	Location of Information Sources	Comments
Medical Devices				
Patient tracking				
Pharmacy/Medication/prophylaxis				
Immunizations				
Laboratory				

Operating Units/Critical Activities	Key Contact & Phone for Assistance	Back Up Contact	Location of Information Sources	Comments
Pharmacy				
Radiology				
Environmental				
Dialysis				
Outpatient Clinics				

Operating Units/Critical Activities	Key Contact & Phone for Assistance	Back Up Contact	Location of Information Sources	Comments
Home care				
Hospice				

## Forms



**Incident Action Plan Form**

**District of Columbia  
Department of Health**

**A Component of the DOH Emergency Response Plan  
In Conformance with the National Incident Management System**



**Incident Action Plan  
For the**

**Operational Period:**

Approved By:

<b>SPECIAL EVENT INCIDENT BRIEFING</b>	<b>1. Incident:</b>	<b>3. Date:</b>	<b>4. Operational Period:</b>
<b>SUMMARY OF OPERATIONS</b>  <b>OBJECTIVES:</b>  <b>ACTIONS:</b>			
Prepared by :			

IGS 203 ORGANIZATION ASSIGNMENT LIST		11. PREPARED BY	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
POSITION	NAME	4. OPERATIONAL PERIOD (DATE/TIME)			
5. INCIDENT COMMANDER AND STAFF					
Incident Commander		9. OPERATIONS SECTION			
Deputy Incident Commander		Operations Section Chief			
Safety Officer		Deputy Operations Section Chief			
Public Information Liaison		a. Medical BRANCH			
6. AGENCY REPRESENTATIVES		BRANCH Supervisor			
EMA Field Support		Ops Support			
MPD Field Support		Ops Support			
DCF/EMS Med. Branch		Ops Support			
EHMSA Field Inspector		Roving Medical Group 1			
DOH Food Inspector		Roving Medical Group 2			
ABRA Field Support		Roving Medical Group 3			
DDOT field Support		b. HECC BRANCH			
7. PLANNING SECTION		BRANCH DIRECTOR			
CHIEF		DEPUTY			
DEPUTY		HECC IT Support			
RESOURCE UNIT		HECC Admin Support			
SITUATION UNIT		HECC Admin Support			
DOCUMENTATION UNIT		HECC Admin Support			
DEMOBILIZATION UNIT		HECC Admin Support			
TECHNICAL SPECIALISTS		c. Forward Command			
1600-2030	Support	BRANCH DIRECTOR			
	Support	DEPUTY			
	Support	Field support IT			
	Support	Ops. Field Support			
	Support				
8. LOGISTICS SECTION		DIVISION/GROUP			
CHIEF		DIVISION/GROUP			
DEPUTY		DIVISION/GROUP			
a. SUPPORT BRANCH		d. BRANCH			
DIRECTOR		Transportation BRANCH Supervisor			
SUPPLY UNIT		DEPUTY			
FACILITIES UNIT		Transportation GROUP			
POA/MOB CENTER UNIT		Transportation GROUP			
TRANSPORTATION UNIT		Transportation GROUP			
b. SERVICE BRANCH		10. FINANCE SECTION			
DIRECTOR		CHIEF			
COMMUNICATIONS UNIT		DEPUTY			
MEDICAL UNIT		TIME UNIT			
PHARMACY UNIT		PROCUREMENT UNIT			
SECURITY UNIT		TRAVEL UNIT			
		COST UNIT			

# ICS

*Show structure for event*





<b>INCIDENT RADIO COMMUNICATIONS PLAN</b>		1. INCIDENT NAME		2. DATE PREPARED	3. TIME PREPARED
4. BASIC RADIO CHANNEL UTILIZATION					
SYSTEM / CACHE	CHANNEL	FUNCTION	FREQUENCY	ASSIGNMENT	REMARKS
Health Channel	1				
Health Channel	1				
Health Channel	1				
Health Channel	1				
Health Channel	1				
Health Channel	1				
Health Channel	1				
Health Channel	1				
<b>ICS 205</b>	5. PREPARED BY:				
<b>PAGE 1</b>					

<b>INCIDENT RADIO COMMUNICATIONS PLAN</b>	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED

4. BASIC RADIO CHANNEL UTILIZATION

SYSTEM / CACHE	CHANNEL	FUNCTION	FREQUENCY	ASSIGNMENT	REMARKS
Health Channel	1				
Health Channel	1				
Health Channel	1				
Health Channel	1				
Health Channel	1				
Health Channel	1				
Health Channel	1				
Health Channel	1				

<b>ICS 205</b>	5. PREPARED BY:
	<b>PAGE 2</b>

<b>EVENT OPERATION PLAN</b>	<b>1. Incident:</b>	<b>2. Date:</b>	<b>3. Operational Period:</b>
---------------------------------	---------------------	-----------------	-------------------------------

4. *Incident Ambulances*

Unit Number	Division/Location	Service	ALS	BLS

5. *HOSPITALS*

Name	Address	Transport Time	Phone Number
Greater S. E. Hosp.	1310 Southern av. SE	minutes	574-6545
Children Hosp.	50 Michigan Av. NW	minutes	884-5433
Howard Univ. Hosp.	2041 Georgia Av. NW	minutes	865-1141
D.C. General Hosp.	1900 Mass Ave. SE	min. (priority 3 only)	675-7518
Georgetown Univ. Hosp.	3700 Reservoir Rd. NW	minutes	444-2119
George Washington Hosp.	23 <sup>rd</sup> & Pennsylvania Av. NW	minutes	715-4911
Providence Hosp.	1150 Varnum St. NE	minutes	269-7001
Washington Hosp. Ctr.	110 Irving St. NW	minutes	877-6701 ER 877-7234 MedStar

6. *CRISIS NUMBERS*

DC Fire & EMS Communication, Watch Commander:	DC Fire & EMS Communication, Ambulance Lead Dispatcher:
Opa Clegg	Special Operations Coordinator
National Weather	
Reggie Winter	Chief of Operations



## **MAP**

*Show map for current incident*

## Sample Job Action Sheets

The following Job Action Sheets are designed to assist senior DOH-ICS staff members to effectively respond to emergencies. These sheets are meant to act as quick reference guides that cover key events in coordinating and managing a response. They are not intended to replace basic response knowledge gained from training and exercising.

These Job Action Sheets were adapted for the District of Columbia from those developed by the Westchester County (NY) Department of Health, New York State Department of Health and Columbia University.

Qureshi K, Gebbie KM, Gebbie EN. Public Health Incident Command System: A Guide for the Management of Emergencies or Other Unusual Incidents within Public Health Agencies. Volume 2: Appendices. October 4, 2005; First edition.

**Incident Command System (ICS)  
Emergency Response  
Job Action Sheet**

**Department of Health Incident Commander**

**Reports to:** The Mayor, District of Columbia

**Mission:** *Organize and direct Department of Health's Emergency Operations Center (EOC).  
Give overall direction for emergency response and operation.*

**Immediate:**

- Activate the HECC
- Read this entire Job Action Sheet.
- Obtain a full briefing of the incident.
- Activate all ICS Command Staff and Section Chiefs that are required for this response and establish assistants; distribute any forms, documents and templates required for the specific emergency including the appropriate Job Action Sheets.
- If pre-identified members of the DOH-ICS staff are unavailable, appoint their replacements for this response
- Ensure Operations Section Chief activates the operations processes necessary to provide and maintain essential services.
- Deploy Liaison Officer to the DC EMA as required.
- Confer with Command Staff and Section Chiefs to develop an Incident Action Plan (IAP) for a defined period of time, establishing priorities (Section Chiefs will communicate IAP to each section).
- Confer with Section Chiefs and Deputy Directors to identify and consider impacts to day-to-day Department operations.
- Assure that contact has been established and resource information shared with relevant external agencies, especially supporting agencies if ESF #8 has been activated.

**Intermediate:**

- Authorize resources as needed or requested by Section Chiefs, through the Finance/Administration Section Chief.
- Designate routine briefings schedule with Section Chiefs to receive status reports and update the action plan regarding the continuance and/or termination of the action plan.
- Maintain contact with relevant agencies.
- Approve media releases submitted by the Public Information Officer.

**Extended:**

- Observe all staff for status and signs of stress.
- Provide for rest periods for staff.
- Prepare end of shift report and update oncoming ICS staff.
- Update and revise Incident Action Plan
- Plan for the possibility of extended deployment.

**Incident Command System (ICS)  
Emergency Response  
Job Action Sheet**

*Command Staff*

**EOC Liaison Officer**

**Reports to:** Department of Health Incident Commander

**Mission:** *Function as Department of Health liaison in the EOC.*

**Immediate:**

- Receive appointment from Agency Incident Commander if required.
- Read this entire Job Action Sheet and review organizational chart.
- Obtain briefing from Agency Incident Commander and deploy to the EOC as directed.
- Establish contact with liaison counterparts and EOC staff.
- Keep the DOH Incident Commander, EMA and HECC staff informed of changes to the response situation.

**Intermediate:**

- Respond to requests from incident personnel regarding response issues.
- Relay any special information obtained to appropriate personnel in both the EOC and HECC (e.g., information regarding toxic decontamination or any special emergency conditions).
- Keep agencies supporting the incident aware of the incident status.
- Monitor the incident to identify current or potential inter-organizational problems.

**Extended:**

- Prepare end of shift report and present to oncoming Liaison Officer.
- Plan for the possibility of extended deployment.

**Incident Command System (ICS)  
Emergency Response  
Job Action Sheet**

*Command Staff*

**Federal Liaison Officer**

**Reports to:** Department of Health Incident Commander

**Mission:** *Function as Department of Health liaison with Federal Agencies.*

**Immediate:**

- Receive appointment from Agency Incident Commander if required.
- Read this entire Job Action Sheet and review organizational chart.
- Obtain briefing from Agency Incident Commander.
- Establish contact with liaison counterparts at the appropriate Federal agencies.
- Keep the DOH Incident Commander, Federal agencies and HECC staff informed of changes to the response situation.

**Intermediate:**

- Respond to requests from incident personnel regarding response issues.
- Relay any special information obtained to appropriate personnel in both the Federal agencies and HECC (e.g., information regarding toxic decontamination or any special emergency conditions).
- Keep agencies supporting the incident aware of the incident status.
- Monitor the incident to identify current or potential inter-organizational problems.

**Extended:**

- Prepare end of shift report and present to oncoming Liaison Officer.
- Plan for the possibility of extended deployment.

**Incident Command System (ICS)  
Emergency Response  
Job Action Sheet**

Command Staff

**Public Information Officer (PIO)**

**Reports to:** DOH Incident Commander

**Mission:** *The PIO serves as the principal point of contact for developing publicly releasable information, advises the DOH Incident Commander on public information, coordinates public release of information with the Executive office of the Mayor.*

**Immediate:**

- Receive appointment from DOH Incident Commander if required.
- Read this entire Job Action Sheet and review organizational chart.
- Identify restrictions in contents of news release information from DOH Incident Commander and Executive Office of the Mayor.
- Establish a Public Information area away from HECC and other heavy activity areas.
- Obtain a full briefing from the DOH Incident Commander regarding the incident and participate in planning meetings to formulate and evaluate the Incident Action Plan (IAP).
- Creates and updates public information documents for utilization by call center operators

**Intermediate:**

- Ensure that all news releases have the approval of the DOH Incident Commander and the Executive Office of the Mayor.
- Prepare to issue an initial incident information report to the news media if requested by the Executive Office of the Mayor.
- Inform on-site media of the “accessible to media” areas.
- Contact other on-scene agencies to coordinate release of information with respective PIOs. Inform Liaison Officers of action.
- Arrange for interviews, teleconferences, video conferences, satellite broadcasts, web site revisions, broadcast faxes, etc., upon approval by DOH Incident Commander and the Executive Office of the Mayor.
- Monitor incident as to the need to modify or change public alerts or risk communications.
- Approve initial and updated scripts for interviews, hotlines and web sites.
- Direct ongoing evaluation of message contents.

**Extended:**

- Review progress reports from Section Chiefs as appropriate.
- Notify media about incident status as directed.
- Observe all staff for signs of stress. Provide rest periods and relief for staff.
- Prepare end of shift report and present to oncoming PIO.
- Plan for the possibility of extended deployment.

**Incident Command System (ICS)  
Emergency Response  
Job Action Sheet**

**Operations Section Chief**

**Reports to:** DOH Incident Commander

**Mission:** *Activates and coordinates any units that may be required to achieve the goals of the Incident Action Plan (IAP). Directs the preparation of specific unit operational plans and requests, identifies and dispatches resources as necessary.*

**Immediate:**

- Read this entire Job Action Sheet and review ICS organization chart.
- Obtain briefing from DOH Incident Commander.
- Review applicable sections of the DOH Emergency Operations Plan
- Activate the appropriate Operations Section Branches
- Establish Operations Section Center in proximity to the HECC.
- Coordinate on developing the Incident Action Plan (IAP)
- Brief Operations Section Branch Directors on current situation.
- Identify and report to Liaison Officers and/ or Finance/Administration Section Chief any tactical resources needed to execute the (IAP).
- Coordinate logistics requirements with the Logistics Section Chief

**Intermediate:**

- Routinely brief the DOH Incident Commander on the status of the Operations Section.
- Coordinate and monitor Operations Section and available resources needed to execute mission and request resources as needed.

**Extended:**

- Maintain documentation of all actions and decisions on a continual basis –forwards completed unit activity log to DOH Incident Commander.
- Observe all staff for signs of stress.
- Provide rest periods and relief for staff.
- Prepare end of shift report and present to oncoming Operations Section Chief and DOH Incident Commander.
- Plan for the possibility of extended deployment.

**Incident Command System (ICS)  
Emergency Response  
Job Action Sheet**

**Planning and Information Section Chief**

**Reports to:** DOH Incident Commander

**Mission:** *Compile scenario/resource projections from all section chiefs and perform long range planning. Document and distribute Incident Action Plan and measure/evaluate progress. Collect, analyze and report data required by DC EMA's Essential Elements of Information. Organize and direct all aspects of Planning/Intelligence Section operations. Ensure the distribution of critical information/data.*

**Immediate:**

- Read this entire Job Action Sheet and review ICS organization chart.
- Obtain briefing from DOH Incident Commander.
- Review applicable sections of the DOH Emergency Operations Plan
- Activate the appropriate Planning and Information Section Groups
- Brief Groups Supervisors after meeting with DOH Incident Commander.
- Determine information required to develop the Incident Action Plan (IAP).
- Coordinate development of the IAP with the DOH Incident Commander and other Section Chiefs.
- Communicate all technical support and supply needs to Logistics Section.
- Establish Planning/ Data Collection Center.
- Collect, interpret, and synthesize data regarding status and response of incident and provide reports to DOH Incident Commander and DC EMA.

**Intermediate:**

- Assemble information in support of the IAP and other requirements

**Extended:**

- Continue to receive projected activity reports from section chiefs and Planning and Information Section.
- Maintain documentation of all actions and decisions on a continual basis –forwards completed unit activity log to DOH Incident Commander.
- Assure all external requests for data or plan information/status are routed and documented through the Public Information Officer (PIO).
- Observe staff for signs of stress.
- Provide rest periods and relief for staff.
- Prepare end of shift report and present to oncoming Planning and Information Section Chief.
- Plan for the possibility of extended deployment.

**Incident Command System (ICS)  
Emergency Response  
Job Action Sheet**

**Logistics Section Chief**

**Reports to:** DOH Incident Commander

**Mission:** *Organize, direct and coordinate those operations associated with maintenance of the physical environment (facilities), security, transportation and provide for adequate levels of shelter and supplies to support the mission's objectives.*

**Immediate:**

- Read this entire Job Action Sheet and review ICS organization chart.
- Obtain briefing from DOH Incident Commander.
- Review applicable sections of the DOH Emergency Operations Plan.
- Activate the appropriate Logistics Section Groups.
- Brief Group Supervisors after meeting with the DOH Incident Commander.
- Coordinate on developing the Incident Action Plan (IAP)
- Establish Logistics Section Center in proximity to the HECC
- Advise DOH Incident Commander on current logistical service and support status.

**Intermediate:**

- Update Logistics Section staff of new developments and receive Section status reports.
- Secure areas as needed to limit unauthorized personnel access.
- Obtain information and updates regularly from unit leaders and officers; maintain current status of all areas.
- Review IAP and estimate section needs for next operational period or shift.
- Through EMA Liaison Officer, initiate contact for EMS, fire and police assistance when necessary.
- Confer with Public Information Officer (PIO) to establish areas for media personnel if necessary.
- Obtain supplies as requested by Planning and Information or Operations Sections.

**Extended:**

- Maintain documentation of all actions and decisions on a continual basis.
- Participate in the development and execution of the demobilization.
- Observe all staff for signs of stress.
- Provide rest periods and relief for staff.
- Prepare end of shift report and present to oncoming DOH Incident Commander and Logistics Section Chief.
- Plan for the possibility of extended deployment.

**Incident Command System (ICS)  
Emergency Response  
Job Action Sheet**

**Finance and Administration Section Chief**

**Reports to:** DOH Incident Commander

**Mission:** *Monitor the use of financial assets and human resources. Ensure the documentation of expenditures relevant to the emergency incident. Authorize expenditures to carry out the Incident Action Plan (IAP) and ensure appropriate documentation.*

**Immediate:**

- Read this entire Job Action Sheet and review ICS organizational chart.
- Obtain briefing from DOH Incident Commander.
- Review applicable sections of the DOH Emergency Operations Plan.
- Activate the appropriate Finance and Administration Section Groups.
- Brief Group Supervisors after meeting with the DOH Incident Commander.
- Coordinate on developing the Incident Action Plan (IAP).
- Obtain unique finance code for incident from the agency finance officer.
- Establish a Finance/Administration Section Operations Center near the Logistics Center and HECC and staff to the appropriate level to ensure complete documentation

**Intermediate:**

- Track "cost-to-date" incident financial status.
- Provide the DOH Incident Commander summarized incident financial data and projections
- Obtain updates from DOH Incident Commander as appropriate.
- Conduct regularly scheduled update and guidance meetings with Finance and Administration Section Group Supervisors.
- Authorize use or diversion of financial resources.

**Extended:**

- Observe all staff for signs of stress.
- Provide rest periods and relief for staff.
- Coordinate response regarding staff work related issues, assignments and questions and work with Personnel Group Supervisor as appropriate.
- Coordinate injury or incident reporting procedures and protocol with DOH Incident Commander
- Create end of shift report for Agency Incident Commander and the oncoming Finance/Administration Section Chief.
- Plan for the possibility of extended deployment.

## **Operations Levels**

The following are intended to assist DOH in responding to changing Operation Levels as defined in the DRP.

These sheets replace the “Readiness Levels” contained ESF #8 Pocket Action Guide dated 1 Dec 01.

## **OPERATION LEVEL 1**

“Level one is the nominal posture of District agencies as they carry out daily activities, in the absence of an emergency situation, to ensure readiness.”<sup>1</sup>

### **District EMA Actions:**

- Monitors events in the District

### **Department of Health Actions:**

- **Review and Revise Emergency Operations Plan**
- **Check Equipment**
- **Train and exercise**

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<sup>1</sup> District Response Plan  
September 2006

## **OPERATION LEVEL 2**

“Level two is triggered by a small event requiring the response of a few District agencies or the potential for an event requiring a coordinated response by a few District agencies.”<sup>2</sup>

### **District EMA Actions:**

- Alerts those District agencies and ESFs that need to take action or will need to take action if a potential event escalates
- Provides regular status alerts on the threat
- Staffs the EOC with EMA personnel

### **Department of Health Actions:**

- **Duty Officer notifies key DOH-ICS personnel of change in Operation Level status and any immediate or expected DOH response**
- **Duty Officer reviews applicable sections of the DOH Emergency Operations Plan**
- **Director, DOH, determines if the DOH-ICS should be activated (full or partial) or if a required DOH response will be conducted using normal operations**
  - Normally, Operation Level 2 responses will not require DOH-ICS activation
- **Duty Officer will notify key DOH-ICS personnel when EMA declares a return to normal operations**

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<sup>2</sup> District Response Plan  
September 2006

## **OPERATION LEVEL 3**

“Level three is typically triggered by an event or threat that requires most or all District agencies to respond or prepare to respond for a localized event that threatens life, property, or the environment.”<sup>3</sup>

### **District EMA Actions:**

- Alerts those District agencies and ESFs that need to take action or will need to take action if a potential event escalates
- Provides regular status alerts on the threat
- Staffs the EOC with EMA personnel

### **Department of Health Actions:**

- **Duty Officer notifies key DOH-ICS personnel of change in Operation Level status and any immediate or expected DOH response**
- **Duty Officer reviews applicable sections of the DOH Emergency Operations Plan**
- **If any ESF is activated, determine if DOH is required to support that ESF. If so, the Director of DOH determines if the DOH-ICS should be activated (full or partial) or if a required DOH response will be conducted using normal operations**
- **If ESF #8 is activated, notify District agencies that support ESF #8**
- **Check emergency equipment and supplies**
- **Consider extending work shifts of emergency crews**
- **Duty Officer will notify key DOH-ICS personnel when EMA declares a return to normal operations**

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<sup>3</sup> District Response Plan  
September 2006

## **OPERATION LEVEL 4**

“Level four requires a partial activation of the CMT. It is triggered by highly probably hazardous conditions and a strong potential for property damage or loss of life.”<sup>4</sup>

### **District EMA Actions:**

- Alerts all ESF Primary Agencies
- Provides regular status alerts on the threat
- Activates a partial CMT

### **Department of Health Actions:**

- **Duty Officer notifies key DOH-ICS personnel of change in Operation Level status and any immediate or expected DOH response**
- **Duty Officer and ICS Staff review applicable sections of the DOH Emergency Operations Plan**
- **Director DOH will activate appropriate DOH-ICS Staff, HECC Staff, and the Emergency Operations Plan**
- **If ESF #8 is activated, notify District agencies that support ESF #8**
- **Consider extending work shifts of emergency crews**
- **Duty Officer will notify key DOH-ICS personnel when EMA declares a return to normal operations**

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<sup>4</sup> District Response Plan  
September 2006

## **OPERATION LEVEL 5**

“Level five requires full activation of the CMT. It is triggered by extremely hazardous conditions that are imminent or occurring.”<sup>5</sup>

### **District EMA Actions:**

- Alerts all ESF Primary Agencies
- Provides regular status alerts on the threat
- Activates the full CMT and EOC
- Staffs the CMT and EOC with all necessary ESF Liaison Officers

### **Department of Health Actions:**

- **Duty Officer notifies key DOH-ICS personnel of change in Operation Level status and any immediate or expected DOH response**
- **Duty Officer and ICS Staff review applicable sections of the DOH Emergency Operations Plan**
- **Director DOH will activate full DOH-ICS Staff, HECC Staff, and the Emergency Operations Plan**
- **If ESF #8 is activated, notify District agencies that support ESF #8**
- **Initiate call-up of off-duty personnel and volunteer agencies**
- **Duty Officer will notify key DOH-ICS personnel when EMA declares a return to normal operations**

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<sup>5</sup> District Response Plan  
September 2006

## Resources and References

- District Response Plan, District of Columbia, December 2005, <http://dcema.dc.gov/dcema/cwp/view,a.1226,q.533529,dcemaNav,%7C31810%7C.asp>.
- National Response Plan, US Department of Homeland Security, May 2006, [http://www.dhs.gov/dhspublic/interapp/editorial/editorial\\_0566.xml](http://www.dhs.gov/dhspublic/interapp/editorial/editorial_0566.xml).
- The National Incident Management System, Federal Emergency Management Agency, Department of Homeland Security, 2006 <http://www.fema.gov/emergency/nims/index.shtm>.
- Cooperative Agreement Guidance for Public Health Emergency Preparedness, Centers for Disease Control and Prevention, US Department of Health and Human Services, Jun 2006. <http://www.bt.cdc.gov/planning/coopagreement/>.
- DOH All-Hazards Strategic Plan 2007 (draft), District of Columbia, DOH, August 2006.
- Regional Emergency Coordination Plan, Metropolitan Washington Council of Governments, September 2002, <http://www.mwcog.org/security/security/plan.asp>.
- Planning Guidance for the Health System Response to a Bioevent in the National Capital Region, Metropolitan Washington Council of Governments, September 2001. <http://www.mwcog.org/services/health/bioevent/>.
- Emergency management Program Guidebook, Department of Veterans Affairs, 2005. <http://www1.va.gov/emshg/page.cfm?pg=114>
- UCLA Guide to Writing a Disaster Plan: A Guide for Health Departments, July 2005. <https://www.cphd.ucla.edu/disasterplan.aspx>.
- A Guide for the Management of Emergencies or Other Unusual Incidents within Public Health Agencies: Public Health Incident Command System, Qureshi K, Gebbie KM, Gebbie EN., Columbia University Mailman School of Public Health Center for Public Health Preparedness, October 2005. [http://www.ncdp.mailman.columbia.edu/files/PHICS\\_vol1\\_2005\\_Oct\\_25.pdf](http://www.ncdp.mailman.columbia.edu/files/PHICS_vol1_2005_Oct_25.pdf).
- Guidance Memorandum, Substance Abuse and Mental Health Services Administration (SAMHSA), 2005. [http://www.samhsa.gov/Disaster/katrina\\_curie\\_050909.aspx](http://www.samhsa.gov/Disaster/katrina_curie_050909.aspx)

## ATTACHMEN J.2

WD 05-2103 (Rev.-4) was first posted on www.wdol.gov on 07/10/2007

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REGISTER OF WAGE DETERMINATIONS UNDER | U.S. DEPARTMENT OF LABOR  
THE SERVICE CONTRACT ACT | EMPLOYMENT STANDARDS ADMINISTRATION  
By direction of the Secretary of Labor | WAGE AND HOUR DIVISION  
WASHINGTON D.C. 20210

William W.Gross Division of | Revision No.: 4  
Director Wage Determinations | Date Of Revision: 07/05/2007  
Wage Determination No.: 2005-2103

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States: District of Columbia, Maryland, Virginia

Area: District of Columbia Statewide

Maryland Counties of Calvert, Charles, Frederick, Montgomery, Prince George's, St  
Mary's

Virginia Counties of Alexandria, Arlington, Fairfax, Falls Church, Fauquier, King  
George, Loudoun, Prince William, Stafford

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**\*\*Fringe Benefits Required Follow the Occupational Listing\*\***

OCCUPATION CODE - TITLE	MINIMUM WAGE RATE
01000 - Administrative Support And Clerical Occupations	
01011 - Accounting Clerk I	13.79
01012 - Accounting Clerk II	15.49
01013 - Accounting Clerk III	18.43
01020 - Administrative Assistant	23.59
01040 - Court Reporter	18.43
01051 - Data Entry Operator I	12.67
01052 - Data Entry Operator II	13.82
01060 - Dispatcher, Motor Vehicle	16.50
01070 - Document Preparation Clerk	13.29
01090 - Duplicating Machine Operator	13.29
01111 - General Clerk I	13.72
01112 - General Clerk II	15.32
01113 - General Clerk III	18.74
01120 - Housing Referral Assistant	21.66
01141 - Messenger Courier	10.23
01191 - Order Clerk I	14.74
01192 - Order Clerk II	16.29
01261 - Personnel Assistant (Employment) I	15.60
01262 - Personnel Assistant (Employment) II	18.43

01263 - Personnel Assistant (Employment) III	21.66
01270 - Production Control Clerk	21.29
01280 - Receptionist	12.72
01290 - Rental Clerk	15.60
01300 - Scheduler, Maintenance	15.60
01311 - Secretary I	17.03
01312 - Secretary II	18.39
01313 - Secretary III	21.66
01320 - Service Order Dispatcher	15.82
01410 - Supply Technician	23.59
01420 - Survey Worker	18.43
01531 - Travel Clerk I	12.07
01532 - Travel Clerk II	13.01
01533 - Travel Clerk III	13.99
01611 - Word Processor I	13.76
01612 - Word Processor II	15.60
01613 - Word Processor III	18.43
05000 - Automotive Service Occupations	
05005 - Automobile Body Repairer, Fiberglass	25.26
05010 - Automotive Electrician	21.37
05040 - Automotive Glass Installer	20.14
05070 - Automotive Worker	20.14
05110 - Mobile Equipment Servicer	17.31
05130 - Motor Equipment Metal Mechanic	22.53
05160 - Motor Equipment Metal Worker	20.14
05190 - Motor Vehicle Mechanic	22.53
05220 - Motor Vehicle Mechanic Helper	16.81
05250 - Motor Vehicle Upholstery Worker	19.66
05280 - Motor Vehicle Wrecker	20.14
05310 - Painter, Automotive	21.37
05340 - Radiator Repair Specialist	20.14
05370 - Tire Repairer	14.43
05400 - Transmission Repair Specialist	22.53
07000 - Food Preparation And Service Occupations	
07010 - Baker	13.18
07041 - Cook I	11.97
07042 - Cook II	13.28
07070 - Dishwasher	9.76
07130 - Food Service Worker	10.25
07210 - Meat Cutter	16.07
07260 - Waiter/Waitress	8.59
09000 - Furniture Maintenance And Repair Occupations	
09010 - Electrostatic Spray Painter	18.05
09040 - Furniture Handler	12.78
09080 - Furniture Refinisher	18.39
09090 - Furniture Refinisher Helper	14.11
09110 - Furniture Repairer, Minor	16.31
09130 - Upholsterer	18.05
11000 - General Services And Support Occupations	
11030 - Cleaner, Vehicles	9.67

11060 - Elevator Operator	9.79
11090 - Gardener	15.70
11122 - Housekeeping Aide	10.89
11150 - Janitor	10.89
11210 - Laborer, Grounds Maintenance	12.07
11240 - Maid or Houseman	10.84
11260 - Pruner	11.37
11270 - Tractor Operator	14.19
11330 - Trail Maintenance Worker	12.07
11360 - Window Cleaner	11.31
12000 - Health Occupations	
12010 - Ambulance Driver	16.06
12011 - Breath Alcohol Technician	17.67
12012 - Certified Occupational Therapist Assistant	20.31
12015 - Certified Physical Therapist Assistant	19.99
12020 - Dental Assistant	16.90
12025 - Dental Hygienist	40.68
12030 - EKG Technician	24.34
12035 - Electroneurodiagnostic Technologist	24.34
12040 - Emergency Medical Technician	17.67
12071 - Licensed Practical Nurse I	18.60
12072 - Licensed Practical Nurse II	20.82
12073 - Licensed Practical Nurse III	21.79
12100 - Medical Assistant	14.23
12130 - Medical Laboratory Technician	18.04
12160 - Medical Record Clerk	14.96
12190 - Medical Record Technician	16.67
12195 - Medical Transcriptionist	16.46
12210 - Nuclear Medicine Technologist	28.93
12221 - Nursing Assistant I	9.75
12222 - Nursing Assistant II	10.96
12223 - Nursing Assistant III	12.99
12224 - Nursing Assistant IV	14.58
12235 - Optical Dispenser	16.67
12236 - Optical Technician	14.41
12250 - Pharmacy Technician	15.75
12280 - Phlebotomist	14.58
12305 - Radiologic Technologist	27.61
12311 - Registered Nurse I	24.92
12312 - Registered Nurse II	31.22
12313 - Registered Nurse II, Specialist	31.22
12314 - Registered Nurse III	37.77
12315 - Registered Nurse III, Anesthetist	37.77
12316 - Registered Nurse IV	45.28
12317 - Scheduler (Drug and Alcohol Testing)	18.04
13000 - Information And Arts Occupations	
13011 - Exhibits Specialist I	18.55
13012 - Exhibits Specialist II	23.33
13013 - Exhibits Specialist III	28.11
13041 - Illustrator I	18.73

13042 - Illustrator II	23.42	
13043 - Illustrator III	28.82	
13047 - Librarian	25.45	
13050 - Library Aide/Clerk	12.52	
13054 - Library Information Technology Systems Administrator		22.99
13058 - Library Technician	17.88	
13061 - Media Specialist I	16.58	
13062 - Media Specialist II	18.55	
13063 - Media Specialist III	20.68	
13071 - Photographer I	14.67	
13072 - Photographer II	17.18	
13073 - Photographer III	21.52	
13074 - Photographer IV	26.05	
13075 - Photographer V	29.15	
13110 - Video Teleconference Technician		16.58
14000 - Information Technology Occupations		
14041 - Computer Operator I	16.72	
14042 - Computer Operator II	18.71	
14043 - Computer Operator III	20.86	
14044 - Computer Operator IV	23.18	
14045 - Computer Operator V	25.66	
14071 - Computer Programmer I (1)	21.60	
14072 - Computer Programmer II (1)	26.37	
14073 - Computer Programmer III (1)	27.62	
14074 - Computer Programmer IV (1)	27.62	
14101 - Computer Systems Analyst I (1)	27.62	
14102 - Computer Systems Analyst II (1)	27.62	
14103 - Computer Systems Analyst III (1)	27.62	
14150 - Peripheral Equipment Operator	16.72	
14160 - Personal Computer Support Technician		23.18
15000 - Instructional Occupations		
15010 - Aircrew Training Devices Instructor (Non-Rated)		34.39
15020 - Aircrew Training Devices Instructor (Rated)	42.72	
15030 - Air Crew Training Devices Instructor (Pilot)	50.66	
15050 - Computer Based Training Specialist / Instructor		31.26
15060 - Educational Technologist	29.09	
15070 - Flight Instructor (Pilot)	50.66	
15080 - Graphic Artist	24.95	
15090 - Technical Instructor	23.87	
15095 - Technical Instructor/Course Developer		29.19
15110 - Test Proctor	19.04	
15120 - Tutor	19.04	
16000 - Laundry, Dry-Cleaning, Pressing And Related Occupations		
16010 - Assembler	8.95	
16030 - Counter Attendant	8.95	
16040 - Dry Cleaner	12.21	
16070 - Finisher, Flatwork, Machine	8.95	
16090 - Presser, Hand	8.95	
16110 - Presser, Machine, Drycleaning		8.95
16130 - Presser, Machine, Shirts	8.95	

16160 - Presser, Machine, Wearing Apparel, Laundry	8.95
16190 - Sewing Machine Operator	12.30
16220 - Tailor	13.01
16250 - Washer, Machine	9.81
19000 - Machine Tool Operation And Repair Occupations	
19010 - Machine-Tool Operator (Tool Room)	18.95
19040 - Tool And Die Maker	23.05
21000 - Materials Handling And Packing Occupations	
21020 - Forklift Operator	17.26
21030 - Material Coordinator	21.29
21040 - Material Expediter	21.29
21050 - Material Handling Laborer	12.65
21071 - Order Filler	13.21
21080 - Production Line Worker (Food Processing)	17.28
21110 - Shipping Packer	14.46
21130 - Shipping/Receiving Clerk	14.46
21140 - Store Worker I	10.44
21150 - Stock Clerk	14.35
21210 - Tools And Parts Attendant	17.26
21410 - Warehouse Specialist	17.26
23000 - Mechanics And Maintenance And Repair Occupations	
23010 - Aerospace Structural Welder	25.68
23021 - Aircraft Mechanic I	24.46
23022 - Aircraft Mechanic II	25.68
23023 - Aircraft Mechanic III	26.97
23040 - Aircraft Mechanic Helper	16.61
23050 - Aircraft, Painter	23.42
23060 - Aircraft Servicer	18.71
23080 - Aircraft Worker	19.90
23110 - Appliance Mechanic	20.60
23120 - Bicycle Repairer	14.43
23125 - Cable Splicer	24.98
23130 - Carpenter, Maintenance	20.36
23140 - Carpet Layer	18.70
23160 - Electrician, Maintenance	25.37
23181 - Electronics Technician Maintenance I	22.08
23182 - Electronics Technician Maintenance II	23.44
23183 - Electronics Technician Maintenance III	24.70
23260 - Fabric Worker	17.90
23290 - Fire Alarm System Mechanic	21.46
23310 - Fire Extinguisher Repairer	16.50
23311 - Fuel Distribution System Mechanic	22.81
23312 - Fuel Distribution System Operator	19.38
23370 - General Maintenance Worker	20.91
23380 - Ground Support Equipment Mechanic	24.46
23381 - Ground Support Equipment Servicer	18.71
23382 - Ground Support Equipment Worker	19.90
23391 - Gunsmith I	16.50
23392 - Gunsmith II	19.18
23393 - Gunsmith III	21.46

23410 - Heating, Ventilation And Air-Conditioning Mechanic	21.96
23411 - Heating, Ventilation And Air Contditioning Mechanic (Research Facility)	
23.13	
23430 - Heavy Equipment Mechanic	21.46
23440 - Heavy Equipment Operator	21.46
23460 - Instrument Mechanic	21.46
23465 - Laboratory/Shelter Mechanic	20.36
23470 - Laborer	14.27
23510 - Locksmith	19.76
23530 - Machinery Maintenance Mechanic	21.77
23550 - Machinist, Maintenance	21.52
23580 - Maintenance Trades Helper	15.10
23591 - Metrology Technician I	21.46
23592 - Metrology Technician II	22.61
23593 - Metrology Technician III	23.72
23640 - Millwright	23.30
23710 - Office Appliance Repairer	21.00
23760 - Painter, Maintenance	20.36
23790 - Pipefitter, Maintenance	22.76
23810 - Plumber, Maintenance	20.99
23820 - Pneudraulic Systems Mechanic	21.46
23850 - Rigger	21.46
23870 - Scale Mechanic	19.18
23890 - Sheet-Metal Worker, Maintenance	21.46
23910 - Small Engine Mechanic	20.05
23931 - Telecommunications Mechanic I	25.22
23932 - Telecommunications Mechanic II	26.58
23950 - Telephone Lineman	24.43
23960 - Welder, Combination, Maintenance	21.46
23965 - Well Driller	21.46
23970 - Woodcraft Worker	21.46
23980 - Woodworker	16.50
24000 - Personal Needs Occupations	
24570 - Child Care Attendant	11.58
24580 - Child Care Center Clerk	16.15
24610 - Chore Aide	9.58
24620 - Family Readiness And Support Services Coordinator	12.95
24630 - Homemaker	16.75
25000 - Plant And System Operations Occupations	
25010 - Boiler Tender	24.98
25040 - Sewage Plant Operator	20.23
25070 - Stationary Engineer	24.98
25190 - Ventilation Equipment Tender	17.56
25210 - Water Treatment Plant Operator	20.23
27000 - Protective Service Occupations	
27004 - Alarm Monitor	17.66
27007 - Baggage Inspector	11.51
27008 - Corrections Officer	19.83
27010 - Court Security Officer	23.26
27030 - Detection Dog Handler	17.66

27040 - Detention Officer	19.83
27070 - Firefighter	22.39
27101 - Guard I	11.51
27102 - Guard II	17.66
27131 - Police Officer I	23.94
27132 - Police Officer II	26.60
28000 - Recreation Occupations	
28041 - Carnival Equipment Operator	12.35
28042 - Carnival Equipment Repairer	13.30
28043 - Carnival Equipment Worker	8.40
28210 - Gate Attendant/Gate Tender	13.01
28310 - Lifeguard	11.59
28350 - Park Attendant (Aide)	14.56
28510 - Recreation Aide/Health Facility Attendant	10.62
28515 - Recreation Specialist	18.04
28630 - Sports Official	11.59
28690 - Swimming Pool Operator	16.85
29000 - Stevedoring/Longshoremen Occupational Services	
29010 - Blocker And Bracer	20.55
29020 - Hatch Tender	20.55
29030 - Line Handler	20.55
29041 - Stevedore I	19.18
29042 - Stevedore II	21.64
30000 - Technical Occupations	
30010 - Air Traffic Control Specialist, Center (HFO) (2)	34.71
30011 - Air Traffic Control Specialist, Station (HFO) (2)	23.94
30012 - Air Traffic Control Specialist, Terminal (HFO) (2)	26.36
30021 - Archeological Technician I	17.06
30022 - Archeological Technician II	19.03
30023 - Archeological Technician III	23.76
30030 - Cartographic Technician	24.85
30040 - Civil Engineering Technician	22.19
30061 - Drafter/CAD Operator I	17.92
30062 - Drafter/CAD Operator II	20.06
30063 - Drafter/CAD Operator III	22.36
30064 - Drafter/CAD Operator IV	27.51
30081 - Engineering Technician I	20.19
30082 - Engineering Technician II	22.67
30083 - Engineering Technician III	25.37
30084 - Engineering Technician IV	31.43
30085 - Engineering Technician V	38.44
30086 - Engineering Technician VI	46.51
30090 - Environmental Technician	21.36
30210 - Laboratory Technician	22.36
30240 - Mathematical Technician	26.31
30361 - Paralegal/Legal Assistant I	20.03
30362 - Paralegal/Legal Assistant II	24.82
30363 - Paralegal/Legal Assistant III	30.35
30364 - Paralegal/Legal Assistant IV	36.73
30390 - Photo-Optics Technician	24.85

30461 - Technical Writer I	20.69	
30462 - Technical Writer II	25.30	
30463 - Technical Writer III	30.61	
30491 - Unexploded Ordnance (UXO) Technician I		22.06
30492 - Unexploded Ordnance (UXO) Technician II		26.69
30493 - Unexploded Ordnance (UXO) Technician III		31.99
30494 - Unexploded (UXO) Safety Escort		22.06
30495 - Unexploded (UXO) Sweep Personnel		22.06
30620 - Weather Observer, Combined Upper Air Or Surface Programs (2)	22.14	
30621 - Weather Observer, Senior (2)	23.98	
31000 - Transportation/Mobile Equipment Operation Occupations		
31020 - Bus Aide	11.99	
31030 - Bus Driver	17.54	
31043 - Driver Courier	12.71	
31260 - Parking and Lot Attendant	9.06	
31290 - Shuttle Bus Driver	13.89	
31310 - Taxi Driver	13.98	
31361 - Truckdriver, Light	13.89	
31362 - Truckdriver, Medium	17.09	
31363 - Truckdriver, Heavy	18.40	
31364 - Truckdriver, Tractor-Trailer	18.40	
99000 - Miscellaneous Occupations		
99030 - Cashier	10.03	
99050 - Desk Clerk	10.45	
99095 - Embalmer	21.77	
99251 - Laboratory Animal Caretaker I		10.47
99252 - Laboratory Animal Caretaker II		10.85
99310 - Mortician	27.25	
99410 - Pest Controller	14.54	
99510 - Photofinishing Worker	11.59	
99710 - Recycling Laborer	15.73	
99711 - Recycling Specialist	18.72	
99730 - Refuse Collector	14.01	
99810 - Sales Clerk	11.87	
99820 - School Crossing Guard	11.37	
99830 - Survey Party Chief	19.76	
99831 - Surveying Aide	12.28	
99832 - Surveying Technician	18.78	
99840 - Vending Machine Attendant	12.61	
99841 - Vending Machine Repairer	16.37	
99842 - Vending Machine Repairer Helper	12.61	

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ALL OCCUPATIONS LISTED ABOVE RECEIVE THE FOLLOWING BENEFITS:

HEALTH & WELFARE: \$3.16 per hour or \$126.40 per week or \$547.73 per month

VACATION: 2 weeks paid vacation after 1 year of service with a contractor or

successor; 3 weeks after 5 years, and 4 weeks after 15 years. Length of service includes the whole span of continuous service with the present contractor or successor, wherever employed, and with the predecessor contractors in the performance of similar work at the same Federal facility. (Reg. 29 CFR 4.173)

**HOLIDAYS:** A minimum of ten paid holidays per year, New Year's Day, Martin Luther King Jr's Birthday, Washington's Birthday, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans' Day, Thanksgiving Day, and Christmas Day. (A contractor may substitute for any of the named holidays another day off with pay in accordance with a plan communicated to the employees involved.) (See 29 CFR 4174)

**THE OCCUPATIONS WHICH HAVE PARENTHESES AFTER THEM RECEIVE THE FOLLOWING BENEFITS (as numbered):**

1) Does not apply to employees employed in a bona fide executive, administrative, or professional capacity as defined and delineated in 29 CFR 541. (See CFR 4.156)

2) **AIR TRAFFIC CONTROLLERS AND WEATHER OBSERVERS - NIGHT PAY & SUNDAY PAY:** If you work at night as part of a regular tour of duty, you will earn a night differential and receive an additional 10% of basic pay for any hours worked between 6pm and 6am. If you are a full-time employed (40 hours a week) and Sunday is part of your regularly scheduled workweek, you are paid at your rate of basic pay plus a Sunday premium of 25% of your basic rate for each hour of Sunday work which is not overtime (i.e. occasional work on Sunday outside the normal tour of duty is considered overtime work).

**HAZARDOUS PAY DIFFERENTIAL:** An 8 percent differential is applicable to employees employed in a position that represents a high degree of hazard when working with or in close proximity to ordnance, explosives, and incendiary materials. This includes work such as screening, blending, dying, mixing, and pressing of sensitive ordnance, explosives, and pyrotechnic compositions such as lead azide, black powder and photoflash powder. All dry-house activities involving propellants or explosives. Demilitarization, modification, renovation, demolition, and maintenance operations on sensitive ordnance, explosives and incendiary materials. All operations involving regrading and cleaning of artillery ranges.

A 4 percent differential is applicable to employees employed in a position that represents a low degree of hazard when working with, or in close proximity to ordnance, (or employees possibly adjacent to) explosives and incendiary materials which involves potential injury such as laceration of hands, face, or arms of the employee engaged in the operation, irritation of the skin, minor burns and the like; minimal damage to immediate or adjacent work area or equipment being used. All operations involving, unloading, storage, and hauling of ordnance, explosive, and incendiary ordnance material other than small arms ammunition. These differentials are only applicable to work that has been specifically designated by the agency for ordnance, explosives, and incendiary material differential pay.

**\*\* UNIFORM ALLOWANCE \*\***

If employees are required to wear uniforms in the performance of this contract (either by the terms of the Government contract, by the employer, by the state or local law, etc.), the cost of furnishing such uniforms and maintaining (by laundering or dry cleaning) such uniforms is an expense that may not be borne by an employee where such cost reduces the hourly rate below that required by the wage determination. The Department of Labor will accept payment in accordance with the following standards as compliance:

The contractor or subcontractor is required to furnish all employees with an adequate number of uniforms without cost or to reimburse employees for the actual cost of the uniforms. In addition, where uniform cleaning and maintenance is made the responsibility of the employee, all contractors and subcontractors subject to this wage determination shall (in the absence of a bona fide collective bargaining agreement providing for a different amount, or the furnishing of contrary affirmative proof as to the actual cost), reimburse all employees for such cleaning and maintenance at a rate of \$3.35 per week (or \$.67 cents per day). However, in those instances where the uniforms furnished are made of "wash and wear" materials, may be routinely washed and dried with other personal garments, and do not require any special treatment such as dry cleaning, daily washing, or commercial laundering in order to meet the cleanliness or appearance standards set by the terms of the Government contract, by the contractor, by law, or by the nature of the work, there is no requirement that employees be reimbursed for uniform maintenance costs.

The duties of employees under job titles listed are those described in the "Service Contract Act Directory of Occupations", Fifth Edition, April 2006, unless otherwise indicated. Copies of the Directory are available on the Internet. A links to the Directory may be found on the WHD home page at <http://www.dol.gov/esa/whd/> or through the Wage Determinations On-Line (WDOL) Web site at <http://wdol.gov/>.

**REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND WAGE RATE {Standard Form 1444 (SF 1444)}**

**Conformance Process:**

The contracting officer shall require that any class of service employee which is not listed herein and which is to be employed under the contract (i.e., the work to be performed is not performed by any classification listed in the wage determination), be classified by the contractor so as to provide a reasonable relationship (i.e., appropriate level of skill comparison) between such unlisted classifications and the classifications listed in the wage determination. Such conformed classes of employees shall be paid the monetary wages and furnished the fringe benefits as are determined. Such conforming process shall be initiated by the contractor prior to the performance of contract work by such unlisted class(es) of employees. The conformed classification, wage rate, and/or fringe benefits shall be retroactive to the commencement date of the contract. {See Section 4.6 (C)(vi)} When multiple wage determinations are included in a contract, a separate SF 1444 should be prepared for each wage determination to which a class(es) is to be

conformed.

The process for preparing a conformance request is as follows:

- 1) When preparing the bid, the contractor identifies the need for a conformed occupation) and computes a proposed rate).
- 2) After contract award, the contractor prepares a written report listing in order proposed classification title), a Federal grade equivalency (FGE) for each proposed classification), job description), and rationale for proposed wage rate), including information regarding the agreement or disagreement of the authorized representative of the employees involved, or where there is no authorized representative, the employees themselves. This report should be submitted to the contracting officer no later than 30 days after such unlisted class(es) of employees performs any contract work.
- 3) The contracting officer reviews the proposed action and promptly submits a report of the action, together with the agency's recommendations and pertinent information including the position of the contractor and the employees, to the Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor, for review. (See section 4.6(b)(2) of Regulations 29 CFR Part 4).
- 4) Within 30 days of receipt, the Wage and Hour Division approves, modifies, or disapproves the action via transmittal to the agency contracting officer, or notifies the contracting officer that additional time will be required to process the request.
- 5) The contracting officer transmits the Wage and Hour decision to the contractor.
- 6) The contractor informs the affected employees.

Information required by the Regulations must be submitted on SF 1444 or bond paper.

When preparing a conformance request, the "Service Contract Act Directory of Occupations" (the Directory) should be used to compare job definitions to insure that duties requested are not performed by a classification already listed in the wage determination. Remember, it is not the job title, but the required tasks that determine whether a class is included in an established wage determination. Conformances may not be used to artificially split, combine, or subdivide classifications listed in the wage determination.

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
OFFICE OF THE CHIEF FINANCIAL OFFICER  
OFFICE OF TAX AND REVENUE



**TAX CERTIFICATION AFFIDAVIT**

**THIS AFFIDAVIT IS TO BE COMPLETED ONLY BY THOSE WHO ARE REGISTERED TO CONDUCT BUSINESS IN THE DISTRICT OF COLUMBIA.**

Date: \_\_\_\_\_

Name of Organization/Entity: \_\_\_\_\_

Address: \_\_\_\_\_

Business Telephone No.: \_\_\_\_\_

Principal Officer:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_

Federal Identification No.: \_\_\_\_\_

Contract No.: \_\_\_\_\_

Unemployment Insurance Account No.: \_\_\_\_\_

I hereby certify that:

1. I have complied with the applicable tax filing and licensing requirements of the District of Columbia.
2. The following information is true and correct concerning tax compliance for the following taxes for the past five (5) years:

	Current	Not Current	Not Applicable
District: Sales and Use	( )	( )	( )
Employer Withholding	( )	( )	( )
Ball Park Fee	( )	( )	( )
Corporation Franchise	( )	( )	( )
Unincorporated Franchise	( )	( )	( )
Personal Property	( )	( )	( )
Real Property	( )	( )	( )
Individual Income	( )	( )	( )

**The Office of Tax and Revenue is hereby authorized to verify the above information with the appropriate government authorities. The penalty for making false statements is a fine not to exceed \$5,000.00, imprisonment for not more than 180 days, or both, as prescribed by D.C. Official Code § 47-4106.**

**This affidavit must be notarized and becomes void if not submitted within 90 days of the date notarized.**

\_\_\_\_\_  
Signature of Authorizing Agent

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

Notary: DISTRICT OF COLUMBIA, ss:

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ Month and Year

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



## COST / PRICE DISCLOSURE CERTIFICATION

RFP Number: \_\_\_\_\_ Closing Date: \_\_\_\_\_

Caption: \_\_\_\_\_ Total Proposed Amount: \_\_\_\_\_

The undersigned \_\_\_\_\_

(please print name and title of offeror's authorized signatory) hereby certifies that, to the best of my knowledge, the cost and pricing data (i.e. at the time of price agreement this certification represents that all material facts of which prudent buyers and sellers would reasonably expect to affect price negotiations in any significant manner) submitted was accurate, complete, and current as of \_\_\_\_\_ (date of RFP closing or conclusion of negotiations as appropriate) .

The undersigned further agrees that it is under a continuing duty to update cost or pricing data through the date that negotiations, if any, with the District are completed. The undersigned further agrees that the price, including profit or fee, will be adjusted to exclude any significant price increases occurring because the cost or pricing data was inaccurate, incomplete or not current. (See D.C. Procurement Regulations, 27 DCMR, Chapter 6, Section 699, Chapter 16, Section 1624; and Section 32 of the Standard Contract Provisions for Use with District of Columbia Government Supply and Services Contracts, December 1984, as amended).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

DUNS #: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

## **COST/PRICE DATA REQUIREMENTS**

### **1. GENERAL INFORMATION:**

- 1.1 Offerors submitting cost/price proposals, in response to a District Request For Proposal (RFP), sole source procurement, change order, or contract modification exceeding \$500,000 in total value, must include a complete cost and pricing data breakdown (i.e., data that is verifiable and factual) for all costs identified in the proposal, and relevant to the performance of the contract. The requirement for submission of cost or pricing data is met when all accurate cost or pricing data reasonably available to the Offeror has been submitted, either actually, or by specific identification, to the District. If not available at the time of submission, as later information comes into the Offeror's possession, it should be promptly submitted to the District in a manner that clearly demonstrates its relationship to, and effect on, the Offeror's cost/price proposal. This requirement continues up to the date of final agreement on price and/or other issues, as agreed upon between the parties.
- 1.2 There is a clear distinction between submitting cost or pricing data and merely making available books, records and other documents without identification or context. By submitting a cost/price proposal, the Offeror, if selected for negotiation, grants the Contracting Officer, or an authorized representative, the right to examine, at any time before award, those books, records, documents, and other types of factual information, regardless of form or whether such supporting information is specifically referenced or included in the proposal as a basis for pricing, that will permit an adequate evaluation of the proposed cost/price.
- 1.3 The cost/price proposal will represent the offeror's understanding of the RFP's requirements and the offeror's ability to organize and perform those requirements effectively and efficiently. The evaluation of the Offeror's cost/price proposal will be based on an analysis of the realism and completeness of the cost data, the conformity of the cost to the offeror's technical data and the proposed allocation of labor-hours and skill sets. Pertinent cost information, including but not limited to Defense Contract Auditing Agency (DCAA) and/or the Department of Labor (DOL) recommended rates for direct labor, overhead, general and administrative expense (G&A), etc., as necessary and appropriate, must be used to arrive at the most probable cost to be incurred by the Offeror. If the District considers the proposed costs to be unrealistic, the Offeror should adjust its proposed costs accordingly. Any inconsistency, whether real or apparent, between promised performance and cost or price should be explained in the cost/price proposal. The burden of proof for cost credibility rests with the Offeror.
- 1.4 The Offeror must submit its cost/price proposal in hard copy as well as on a diskette, which is in a format (i.e. MS Office, Lotus 1-2-3, etc.) specified and/or provided by the Agency Contracting Officer in the solicitation package. All cost/price proposals should provide a cost summary by all cost elements, cross-referenced to supporting documentation. See Table No. (1.4).

1.5 The following information shall be included in this section, for the prime contractor and each proposed subcontractor:

- (a) A properly completed "Cost/Price Disclosure Certification."
- (a) Identification of any estimates, along with the rationale and methodology used to develop them, including judgmental factors used in projecting future costs, based on known data, and the timing, nature and extent of any material contingencies.
- (c) Disclosure of any other activities or likely events which could materially impact specific costs (i.e., existing large material and supply inventories, management/ownership changes, new technologies, collective bargaining agreements, etc.)
- (d) Disclosure of any and all awarded and pending contracts with the District of Columbia, including contract number(s), amount, type (fixed price, cost reimbursement, etc.), agency, and a brief description of services.
- (e) Source of approval and the latest date of approval of the offeror's Accounting system.



**Table (1.4)  
Example Cost Summary Format**

Cost Item	Task 1			Task 2			Task 3			Task 4, etc.			Base Year Total
	R	H	D	R	H	D	R	H	D	R	H	D	
Direct Labor Categories													
♦ Employee A													
♦ Employee B													
♦ Employee C													
Total Labor Hours													
Total Labor Dollars													
Fringe Benefit													
Labor Overhead *													
Total Direct Labor													
Other Direct Costs													
♦ Equip. & Supplies													
♦ Materials													
♦ Travel													
♦ Other													
Subcontractors													
♦ Sub A													
♦ Sub B													
ODC Overhead *													
Total ODC & Subcontractors													
G&A													
Fee/Profit													
Total Price													

H = Hours                  R = Rate                  D = Dollars (Rate X Hours = Dollars)

***Note: Provide cost information similar to the above format for each option/out-year***

*\* Note: Small, field-based trade providers typically have a labor or combined overhead cost components. Larger, more diversified providers may have separate labor, and/or ODC or combined overhead component.*

## **2. SUPPORTING COST DATA:**

- 2.1 The Offeror shall provide, for each cost element, a narrative description, in sufficient detail, to demonstrate price reasonableness, credibility and reliability. The Offeror shall provide its assumptions and methodologies used to estimate each cost element (significant item and quantity estimates, labor hour expenditure patterns and mix, etc.). The following information shall be included in this section:
- 2.1.1. The Offeror's total estimated costs plus its fee (if applicable) for providing all of the requirements of the RFP, as proposed in their technical proposal. Offerors should support their best estimates of all costs (direct, indirect, profit, etc.) to be incurred in the performance of the contract.
  - 2.1.2. When proposing multiyear/option year pricing, the estimated proposed costs shall include a breakdown of all cost elements for the base year as well as each option/out-year. Labor, other direct costs, indirect costs and profit shall each be clearly identifiable. If different from the Defense Contract Auditing Agency (DCAA) or Department Of Labor (DOL) recommended rates, the Offeror shall provide a thorough explanation for the variation(s) of rates.
  - 2.1.3. The Cost Summary Format (Table 1.4) provides a format for the Offeror to submit to the District a pricing proposal of estimated cost by line item, along with supporting documentation that is adequately cross-referenced and suitable for cost realism analysis. A cost-element breakdown shall be attached for each proposed line item and must reflect any other specific requirements established by the Contracting Officer. When more than one contract line item is proposed, a summary of the total amount covering all line items must be furnished for each cost element.
  - 2.1.4. If the Offeror has an agreement with a federal, state, or municipal government agency on the use of a Forward Pricing Rates Agreement (FPRA) or other rate agreement for labor, fringe benefits, overhead and/or general and administrative expense, the Offeror must identify the agreement, provide a copy and describe its nature, terms and duration.

## **3. SPECIFIC COST ELEMENTS:**

A well-supported cost/price proposal reduces the effort needed for review and facilitates informed negotiations. The following are the minimum criteria that constitute an acceptable cost/price proposal:

- 3.1 **Direct labor:** A task-phased annual breakdown of labor rates and labor hours by category or skill level, including the basis for the rates and hours estimated (i.e., payroll registers, wage determinations, collective bargaining agreements, historical experience, engineering estimates, etc.).
  - 3.1.1 The Offeror shall use the following Table No. (3.1.1) to exhibit its total labor hours by prime contractor and subcontractor(s). A separate table should be completed for each year (base and out-years).

**Table (3.1.1)  
Annual Labor Summary**

Item	Task 1	Task 2	Task 3	Task 4	Base Year Total
<u>Labor Category, Prime</u> <ul style="list-style-type: none"> <li>• Employee A</li> <li>• Employee B</li> <li>• Employee C</li> </ul>					
<u>Labor Category, Sub.</u> <ul style="list-style-type: none"> <li>• Employee D</li> <li>• Employee E</li> <li>• Employee F</li> </ul>					
<u>Labor Category, Consultant</u> <ul style="list-style-type: none"> <li>• Employee G</li> <li>• Employee H</li> </ul>					
Total Labor Hours by Task					

Note: Do not include wage rates in this table

- 3.1.2 A standard of 40 hours/week, 1,920 hours/year is recommended. If another standard is used, it should be precisely defined. Any deviation from the above labor-hour projection without substantiation may form the basis to reject the response to the RFP. The proposed labor-hours shall include prime contractor, subcontractor and consultant hours.
- 3.1.3 The Offeror shall also submit Table No. (3.1.4.b), depicting the labor mix percentages as proposed for the base year as well as the out-years and should match the personnel experience requirements specified in the RFP, Section **(to be referenced by the Contract Specialist)**, under Personnel Experience. All of the RFP Key positions must be included within the Senior Staff categories. To provide a better understanding of this format, Table No. (3.1.4.a) is provided as an example.
- 3.1.4 The Offeror shall describe how the hourly direct labor rate was derived and indicate whether these rates are subject to any collective bargaining agreement(s), the Service Contract Act (SCA), Davis-Bacon, or any other special agreement which controls the labor rate indicated. When proposing price escalation for option/out-years, the Offerors must follow instructions provided under Economic Price Adjustments, Section H, of this RFP.



**Table (3.1.4.a)**

**Summary of Proposed Annual labor Mix Category (with examples)**

<b>NAME</b>  <b>(Note1)</b>	<b>LABOR MIX</b>  <b>(Note 2)</b>	<b>OFFEROR'S LABOR CATEGORY</b>  <b>(Note 3)</b>	<b>PERCENT OF TIME ON CONTRACT</b>  <b>(Note 4)</b>	<b>PLANNED SOW ASSIGNMENT</b>  <b>(Note 5)</b>	<b>STATUS</b>  <b>(Note 6)</b>
Able, Jackson	Sr. Staff Level 1	Program Director	PT/10%	N/A	PCE/E
Black, William E.	Sr. Staff Level 1	Psychiatrist	PT/20%	C.3	PCE/E
White, Pamela A.	Sr. Staff Level 2	Clinic Manager	PT/50%	C.4.1	PCE/P
Green, Robert T	Sr. Staff Level 3	Counseling Supvs.	PT/50%	C.4.2	PCE/P
Ross, Allen	Jr. Staff Level 1	Counselor	FT/100%	C.4.3	PCE/E

- Note 1: Last name, first name, middle initial, grouped by task as specified in SOW. Attach resume for each name on list. The names on this list and the resumes are to be in the same order.
- Note 2: Staff levels in each Labor Mix should be classified by the level of expertise and years of experience.
- Note 3: Offerors internal labor category.
- Note 4: State whether the individual is employed full time (FT) or part time (PT) and the planned percentage of the named person's production time that is to be applied as a direct charge to the contract.
- Note 5: Identify by SOW paragraph(s) and task number, the major tasks to which the individual is expected to be assigned.
- Note 6: Enter PCE if individual is to be a prime contractor employee; enter SCE if the individual is to be a subcontractor employee; enter CON if individual is to be a consultant. Enter E if employee as of the date of this proposal; enter P if the individual is a pending employee as of date of the proposal. Signed Commitment Agreements are required for all individuals with P status. A copy of each agreement is to be inserted behind the resume section in the technical proposal.

**Table (3.1.4.b)**

**Summary of Proposed Annual labor Mix Category**

<b>NAME</b>  <b>(Note 1)</b>	<b>LABOR MIX</b>  <b>(Note 2)</b>	<b>OFFEROR'S LABOR CATEGORY</b>  <b>(Note 3)</b>	<b>PERCENT OF TIME ON CONTRACT</b>  <b>(Note 4)</b>	<b>PLANNED SOW ASSIGNMENT</b>  <b>(Note 5)</b>	<b>STATUS</b>  <b>(Note 6)</b>
<u>Labor Category, Prime</u> <ul style="list-style-type: none"> <li>• Employee A</li> <li>• Employee B</li> <li>• Employee C</li> <li>• Employee D</li> </ul> <u>Labor Category, Sub.</u> <ul style="list-style-type: none"> <li>• Employee E</li> <li>• Employee F</li> <li>• Employee G</li> </ul> <u>Labor Category, Consultant</u> <ul style="list-style-type: none"> <li>• Employee H</li> <li>Employee I</li> </ul>					

Last name, first name, middle initial, grouped by task as specified in SOW. Attach resume for each name on list. The names on this list and the resumes are to be in the same order.

Note 2: Staff levels in each Labor Mix should be classified by the level of expertise and years of experience.

Note 3: Offerors internal labor category.

Note 4: State whether the individual is employed full time (FT) or part time (PT) and the planned percentage of the named person's production time that is to be applied as a direct charge to the contract.

Note 5: Identify by SOW paragraph(s) and task number, the major tasks to which the individual is expected to be assigned.

Note 6: Enter PCE if individual is to be a prime contractor employee; enter SCE if the individual is to be a subcontractor employee; enter CON if individual is to be a consultant. Enter E if employee as of the date of this proposal; enter P if the individual is a pending employee as of date of the proposal. Signed Commitment Agreements are required for all individuals with P status. A copy of each agreement is to be inserted behind the resume section in the technical proposal.

- 3.2 **Indirect Costs:** The Offeror shall indicate its proposed Fringe, Overhead and General & Administrative rates for each applicable fiscal or calendar year (as appropriate). The Offeror shall indicate if these rates are subject to a Forward Pricing Rate Agreement. If the proposed Indirect Rates differ from the Forward Pricing Rate Agreement, the Offeror shall provide an explanation. The Offeror shall provide its actual indirect rates for overhead, G&A and fringe benefits for at least the past three (3) years and shall explain the basis for any significant rate difference between the prior three year period and the rates proposed now.
- 3.3 **Other Direct Costs:** Other Direct Costs consists of materials, travel, reproduction, postage, telephone, supplies for the prime and all subcontracted effort. This includes all other direct costs associated with performance of the contract. Travel costs shall be in accordance with GSA Joint Travel Regulations for airfare, hotel, and per diem allowances. All other direct costs should be specifically identified and explained. If an allocated portion of a Direct cost is also included in an Offeror's indirect rate (such as General and Administrative), the Offeror should state so and list the types of expenses included in the indirect rate.
- 3.3.1 The Offeror should identify types, quantities, and costs of all materials and supplies proposed including a non-loaded priced listing of individual materials or supplies ordered, or a consolidated and priced bill of materials for the entire proposal. A thoroughly documented bill of materials includes part numbers, description, unit costs, quantity required, extended cost (including delivery charges) and basis for the proposed cost (price quotation, prior buy, signed purchase orders, etc.) plus any other non-recurring costs. Deliverable materials are items delivered as a part of the work product. Examples of this are copies and binders delivered to the Government as a report or software ordered for and installed on a computer in a District Government office.
- 3.3.2 The Offeror shall use the following Table (3.3.2) to exhibit its total other direct costs (ODC) by prime and subcontractor(s). A separate table should be completed for each year (base and out-years).

**Table (3.3.2)**

**Other Direct Costs (ODC) Summary**

<b>Item</b>	<b>Task 1</b>	<b>Task 2</b>	<b>Task 3</b>	<b>Task 4</b>	<b>Base Year Total</b>
Supplies and Materials Office Equipment Travel <ul style="list-style-type: none"> <li>• Airfare</li> <li>• Hotel</li> <li>• Meals &amp; Incidentals</li> <li>• Ground Transportation</li> </ul> Telecommunications Occupancy <ul style="list-style-type: none"> <li>• Rent</li> <li>• Utilities</li> <li>• Building Maintenance</li> </ul> Transportation Client Care Cost <ul style="list-style-type: none"> <li>• Food</li> <li>• Medical</li> <li>• Clothing</li> <li>• Personal Hygiene</li> </ul> Other					
Total ODC by Task					

***Note:** State each individual cost element being proposed. Describe in the narrative section of the cost proposal, how each cost element is derived and why it is being proposed. (Not all cost elements in the table above will apply to each solicitation. The above table should be tailored to the requirements of the RFP.)*

3.4 **Subcontracting Costs:** Each subcontract must be addressed separately. For any subcontract exceeding \$25,000 the cost/price proposal must show the names, quantities, prices, deliverables, basis for selection, and degree of competition used in the selection process. The subcontractor's cost or pricing data should be included along with the prime Offeror's proposal. If available, the Offeror should also include the results of its review and evaluation of the subcontract proposals. The Offeror shall provide copies of any cost or price analyses of the subcontractor costs proposed.

3.5 **Start-up Costs:** As appropriate, the Offeror shall identify all start up costs associated with this effort.

3.6 **Other Historical Data:** All offerors with current or past experience (within three to five years) for similar requirements, as described herein, must submit, as a part of their cost data, the following:

- (a) Contract Number.
- (b) Government agency (federal, state, District, municipal) the contract was awarded by.
- (c) Name and phone number of the Contracting Officer.
- (d) Name and phone number of the Contract Administrator.
- (e) Name and phone number of the Contracting Officer's Representative (if applicable) and the Contract Administrator.
- (f) Period of Performance of the Contract.
- (g) Total amount of contract(s)

In addition to the above data, the following table (No. 3.6) will be completed and submitted with the cost data:

**Table (3.6)**

**Format for Historical Data**

	Proposed Contract			Delivered Contract *		
	Number Of Hours**	Contract Value	Average Hr Rate	Number Of Hours**	Contract Value	Average Hr Rate
Direct Labor						
Loaded Labor***						

- \* Should include any increased scope officially added to contract.
- \*\* If provided different number of hours, the difference should be explained.
- \*\*\* Loaded labor should include all loading and profit. If significant material (i.e., greater than 5%) is included in the contract, data shall be presented both with and without material cost.

In addition, any other data the offeror believes is necessary should be provided in this section.

*Note: For data submitted in the above table for "delivered Contract", the Offeror shall indicate the date as of which, the submitted data is current.*

**PAST PERFORMANCE EVALUATION FORM**

(Check appropriate box)

Performance Elements	Excellent	Good	Acceptable	Poor	Unacceptable
Quality of Services/ Work					
Timeliness of Performance					
Cost Control					
Business Relations					
Customer Satisfaction					

1. Name & Title of Evaluator: \_\_\_\_\_
2. Signature of Evaluator: \_\_\_\_\_
3. Name of Organization: \_\_\_\_\_
4. Telephone Number of Evaluator: \_\_\_\_\_
5. State type of service received: \_\_\_\_\_
6. State Contract Number, Amount and period of Performance \_\_\_\_\_  
\_\_\_\_\_
7. Remarks on Excellent Performance: Provide data supporting this observation. Continue on separate sheet if needed)
8. Remarks on unacceptable performance: Provide data supporting this observation. (Continue on separate sheet if needed)

## RATING GUIDELINES

Summarize Contractor performance in each of the rating areas. Assign each area a rating of 0 (Unacceptable), 1 (Poor), 2 (Acceptable), 3 (Good), 4(Excellent), or ++ (Plus). Use the following instructions a guidance in making these evaluations.

	<b>Quality Product/Service</b>	<b>Cost Control</b>	<b>Timeless of Performance</b>	<b>Business Relations</b>
	<ul style="list-style-type: none"> <li>-Compliance with contract requirements</li> <li>-Accuracy of reports</li> <li>-Appropriateness of personnel</li> <li>-Technical excellence</li> </ul>	<ul style="list-style-type: none"> <li>-Within budget (over/ under target costs)</li> <li>-Current, accurate, and complete billings</li> <li>-Relationship of negated costs to actual</li> <li>-Cost efficiencies</li> <li>-Change order issue</li> </ul>	<ul style="list-style-type: none"> <li>-Meet Interim milestones</li> <li>-Reliable</li> <li>-Responsive to technical directions</li> <li>-Completed on time, including wrap-up and contract administration</li> <li>-No liquidated damages assessed</li> </ul>	<ul style="list-style-type: none"> <li>-Effective management</li> <li>-Businesslike correspondence</li> <li>-Responsive to contract requirements</li> <li>-Prompt notification of contract problems</li> <li>-Reasonable/cooperative</li> <li>-Flexible</li> <li>-Pro-active</li> <li>-effective contractor recommended solutions</li> <li>-Effective snail/small disadvantaged business Subcontracting program</li> </ul>
<b>0. Zero</b>	Nonconformances are comprises the achievement of contract requirements, despite use of Agency resources	Cost issues are comprising performance of contract requirements.	Delays are comprising the achievement of contract requirements, Despite use of Agency resources.	Response to inquiries, technical/ service/administrative issues is not effective and responsive.
<b>1, Unacceptable</b>	Nonconformances require major Agency resources to ensure achievement of contract requirements.	Cost issues require major Agency resources to ensure achievement of contract requirements.	Delays require major Agency resources to ensure achievement of contract requirements.	response to inquiries, technical/ service/administrative issues is marginally effective and responsive.
<b>2. Poor</b>	Nonconformances require minor Agency resources to ensure achievement of contract requirements.	Costs issues require minor Agency resources to ensure achievement of contract requirements.	Delays require minor Agency resources to ensure achievement of contract requirements.	Responses to inquiries, technical/ service/administrative issues is somewhat effective and responsive.
<b>3. Acceptable</b>	Nonconformances do not impact achievement of contract requirements.	Cost issues do not impact achievement of contract requirements.	Delays do not impact achievement of contract requirements.	Responses to inquires, technical/ service/administrative issues is usually effective and responsive.
<b>4. Good</b>	There are no quality problems.	There are no cost issues.	There are not delays.	Responses to inquiries, technical/ service/administrative issues is effective and responsive,
<b>5. Excellent</b>	The contractor has demonstrated an exceptional performance level in some or all of the above categories.			