

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD PUBLIC HEALTH INCIDENT COMMAND SYSTEM COVID-19 RESPONSE

Background and Rationale

In emergency or disaster response, the primary objective of a management system should be to organize and coordinate distinct and unrelated response assets to effectively address the incident issues while minimizing risks (physical, financial, etc.) to people and the community. In addition, preparedness and response capacities at the national, state, and local levels must be carefully organized and controlled to ensure unified and consistent actions over a significant period. These requirements are best met by the use of an incident command system.

The Incident Command System (ICS) was initially developed to help coordinate the multiple agencies and types of response personnel acting to control wildland fires. Wildland firefighting's physical and financial risks can be extreme when numerous agencies come together. However, disparate organizations can work together effectively using ICS because, among other reasons, it establishes common terminology and advocates a management-by-objectives philosophy.

The decision to participate in ICS is based on the understanding that, by doing so, an organization or individual can expect the following:

- Enhanced decision-making and accountability
- Increased information sharing
- Decreased confusion among responders (public health and medical providers) due to coordination of response action

Public health is essential to the emergency response capability of any community, and as such, it must have the ability to cooperate and collaborate with other responding agencies during emergencies. The United States has adopted a system for achieving unified interagency management during emergency response operations. This system is referred to as National Incident Management System (NIMS). The adoption of these ICS principles is necessary to ensure consistency with the NIMS.

Purpose

Provide an overview and executive summary of the procedures and mechanism for coordinated assistance to supplement Tribal health services' and systems' resources in response to an infectious disease event of public health significance or a declared public health emergency.

The goal of implementing an ICS is to transition from "reacting" to an incident to "proactively managing" an incident.

Scope



ICS uses a predetermined organizational structure to facilitate decision-making and operational coordination; manage information regarding suspected and confirmed cases, exposed contacts, and related laboratory findings; as well as manage the planning, operating, logistical, financial, and administrative components of the event to maximize the use of limited resources.

The Northwest Portland Area Indian Health Board (NPAIHB) continues to increase its internal capacity to provide services to the forty-three member Tribes but is limited in its resources and capability to provide comprehensive public health services. In recognition of this limitation, the NPAIHB will activate an Incident Command System (ICS) as appropriate and necessary based on the public health emergency. The NPAIHB will modify the NPAIHB ICS to fit the specific public health event or emergency based on the current resources and capabilities of the NPAIHB and the identified needs of the member Tribes.

One central tenet of ICS is that a wide range of tasks is necessary for any incident response. These tasks can be grouped into categories that reflect similarities. For instance, all tasks that represent support of response personnel through the provision of accurate information can be grouped into the Planning Section. This approach has led to the description of functional areas necessary for response.

Concept of Operations

To facilitate a quick and effective response during a crisis, the World Health Organization (WHO) has developed phases to help guide response planning for pandemic influenza. The NPAIHB has adopted a modification of this approach for any infectious disease of public health significance and will maintain situational and operational status according to the following phases:

<u>AWARENESS</u>: In the initial phases (no human-to-human transmission of the virus), activities center on increased disease monitoring, coordination with international, federal, state, regional, and local partners, emergency preparedness planning, and public education programs.

<u>ALERT</u>: In a pandemic alert phase (sustained transmission of disease in several areas of the country of origin, no cases in the United States), increase plan coordination with partners and stakeholders and initiate broader public outreach efforts. The agency may also stockpile supplies and PPE—if available—for people who provide vital services and those in high-risk groups as determined by federal recommendations.

<u>ELEVATED ALERT</u>: In an elevated alert stage (Cases identified in the United States), brief the Executive Director, THDs, and stakeholders on threat and resource issues. Other activities will include working with state, tribal, and local health officials to identify alternative health care and referral sites. The NPAIHB will also increase internal health communication and guidance and amplify public outreach activities coordinating with partners statewide, bordering states, and Canadian provinces as necessary.



<u>LEVEL I - ACTIVATION</u>: In the Level I Activation stage (sustained transmission of disease in the United States but not the Pacific Northwest or any cases in the Pacific Northwest, regardless of sustained transmission), the NPAIHB will activate its ICS, monitor severe illnesses and deaths, activate Strategic National Stockpile procedures if appropriate, assist tribal public health agencies, coordinate activities with partners and stakeholders, and begin emergency public information and public outreach campaigns. Personnel will be placed on alert, and staff may be reassigned to essential areas within the agency.

<u>LEVEL II – RESPONSE</u>: In Level II Response stage (cases of disease with sustained transmission in the Pacific Northwest), the ICS will activate emergency procedures. The NPAIHB will work with federal, state, local, and tribal public health partners to manage the distribution of Strategic National Stockpile and other supplies to tribal health care and public health programs and assist with related issues, implement disease containment strategies (including isolation and quarantine procedures) as necessary, and issue recommendations for businesses, schools and limiting large gatherings. The ICS will continually review the effectiveness of emergency response strategies. During this stage, the NPAIHB will reassign staff and hire temporary staff as needed to continue critical public health functions.

The NPAIHB ICS Team will identify goals and objectives for the incident. Goals common to any infectious disease event or public health emergency include the following:

- Ensure the safety and health of NPAIHB staff
- Enhance organizational capacity for emergency response
- Clearly define the chain of command and organizational structure
- Advance planning (local and regional)
- Facilitate effective resource management
- Address public anxiety by providing consistent, evidence-based data and other credible sources of information
- Provide public health advice, assistance, and guidance to tribal health programs, including epidemiological data and the development and reviews of tribal plans and program reviews/evaluations, on request
- Assist local partners as needed

Roles and Responsibilities

Upon declaration of an emergency or disaster, including an infectious disease event of public health significance, the following NPAIHB positions may respond. The positions are representative titles and will be assumed by NPAIHB staff as assigned by the Incident Commander. The ICS includes the following:



ICS ROLE	NPAIHB ICS TITLE	NPAIHB TITLE
Incident Commander	Incident Commander	EPH Program Director
Assistant to IC	IC Coordinator	EPH Program Staff
Liaison Officers	Oregon Liaison Officer	Policy Analyst
	Washington/AIHC Liaison Officer	Policy Analyst, TEC
		Project Director
	Idaho Liaison Officer	Policy Analyst, TEC
		Project Director
	Policy Liaison Officer (ID, OR, & WA)	Deputy Director
Planning Section Chief	Planning & Information Coordinator	TEC Director
Data Analysis	Data Specialist	TEC Data Scientist
Data Collection/Entry	Data Assistant	TEC Project Director
Community Planning	Food Security Specialist	TEC Project Manager
MCM Planning	MCM Planner	Clinical Pharmacist/CAC
Operations Section Chief	Public Health Officer	Medical Epidemiologist
Clinical Education & Support	COVID-19 ECHO Manager	TEC Project Director
Unit Lead		
Mental Health Education &	BH Program Manager	Behavioral Health
Support Unit Lead		Researcher/Director
Environmental Public	EH Specialist/Occupational Safety &	EPH Program, Sr. EH
Health/Occupational Safety &	Health Specialist	Specialist/IEH Program
Health Unit Lead		Manager
Communicable Disease Unit	CD Control/PHN	CDC Foundation PHN
Lead		
Communications & Health	Communications Specialist	Communications
Promotion Unit Lead		Director/TEC Project
Logistics Soction Chief	Modical & DDE Supplies Coordinates	Director EDH Brogram Staff
Logistics Section Chief	Medical & PPE Supplies Coordinator IC Administrative Assistant	EPH Program Staff Executive
Finance/Administration Section Chief	ic Administrative Assistant	Administrative Asst.
Section Chief		Auministrative Asst.

When designing an ICS, only those Command Staff positions and sections required for the response are activated. The only position that must always be activated is that of the Incident Commander. This limited activation allows the public health organization to conserve resources and use only what is needed. Since the NPAIHB must maintain essential services and projects during any type of emergency response, this is particularly important. During an emergency, the numbers and types of ICS sections and positions activated may expand, contract, and then even expand again, based upon the course of the event. The ICS is established to support public health and medical care in each tribal community through leadership and expertise in operations and the necessary planning and administrative support of public health and medical services.

Coordination and activities include the following:



NPAIHB Executive Director and Committee

- Leadership & commitment to Tribal Health Directors
- Incident Command System support
- Participate in or conduct drills and exercises in conjunction with tribal, local, state, and federal agencies, on request
- Provide legislative and funding awareness and advocacy to Tribal Health Directors
- When questions arise that require legal interpretation and support, solicit advice from legal counsel and provide information for Tribes
- Maintain open communication with health professionals from tribal, local, state, and federal organizations and agencies

Interface with Tribes

- Assistance to Tribes related to response efforts
- Foster and support open communications among all parties involved, which includes tribal, local, state, and federal organizations and agencies
- Support unified deployment of plans and information to ensure continuity of care to the communities served

Core public health emergency areas of consideration, with identified ICS team positions, include the following:

Policy Coordination & Needs Identification (Policy Analysts/Liaison Officers)

- Maintain coordination with member Tribes and external partner agencies on calls and meetings
- Track legislation and funding
- Identify policy gaps and areas for tribal advocacy with state and national agencies

Public Health & Medical Needs Identification (Liaison Officers)

- Maintain coordination with member Tribes and external partner agencies on calls and meetings
- Identify public health and medical needs

Health Communications (Communications Specialist)

- Framing the message and determining audience suitability
- Social media and video messaging
- Maintain and post information on the website

Clinical Support (COVID-19 ECHO)

- Training and Education
- Answering clinical questions

Surveillance (Planning & Information Coordinator, Data Unit, Public Health Officer)

- Monitoring and Tracking
- Reporting



Maintain privacy

<u>Disease Containment and Prevention</u> (Public Health Officer, Environmental Health /Occupational Safety & Health Specialist, CD Control/PHN)

- Population Health
- Environmental Infection Control in Health Care Setting
- Environmental Infection Control in Other Institutions or Homes
- Communicable Disease Control

<u>Health Care and Medical Surge</u> (Public Health Officer, Medical & PPE Supplies Coordinator, Occupational Safety and Health Specialist, Planning & Information Coordinator)

- Protection of Health Care Workers Training and PPE
- Surge staffing to support Tribal response through CDC Foundation or linking to NGOs
- Medical Countermeasure Planning

<u>Logistical, Administrative, and Financial Coordination</u> (Planning & Information Coordinator, Medical & PPE Supplies Coordinator, ICS Administrative Assistant)

- Tracking the allocation, inventory, and procurement of essential supplies, PPE, and equipment
- Documentation of meetings and clerk duties
- Internal resource management and coordination of staff travel

Continuity of Operations (Incident Commander and Team)

- Monitor and assess impacts on physical infrastructure
- COOP and ICS Activation
- Recovery and Devolution of Operations

COMMAND STAFF

Incident Commander:

This person is in charge of managing the response and recovery of the incident. The IC oversees the development of the incident mission and critical goals, resulting in the development of an Incident Action Plan. The IC is responsible for allocating resources and assuring that the necessary activities are executed. The IC is provided with information (and advice and counsel) from her Command Staff and the Section Chiefs. The. The IC is responsible for ensuring that the public health agency incident mission and goals are synchronous with those of the other responding agencies and jurisdictions.

<u>Liaisons Officers:</u> Oregon, Idaho, Washington

These positions interface with and coordinate all activities with external agencies. The Liaison Officers assure that external state agency partners working with the NPAIHB are provided with the required information, as well as ensure that NPAIHB and tribal policies, procedures, and sovereignty are respected. The Liaison Officers may serve as triage officers for information or inquiries from collaborating agencies by connecting the collaborating agency to the appropriate personnel within the NPAIHB or a Tribe. The Liaison Officers need to be knowledgeable enough



to know what needs to be referred to the IC and what can be referred directly to a section or unit.

Policy Liaison Officer:

This position interfaces with and coordinates with state and federal agencies on legislative and policy issues. The Policy Liaisons assure that external state agency partners working with the NPAIHB are provided with the required information and ensure that NPAIHB and tribal policies, procedures, and sovereignty are respected. In addition, these positions advocate for tribal inclusion in all stages of the policy process, including equitable administration of resources and funding for tribal needs.

IC Coordinator:

The purpose of this role is to oversee a record of all activity during the response. Responsibilities include assisting the IC with developing the Incident Action Plan and Situation Report, assisting with the execution of operational strategies, and developing material and information to help the IC.

PLANNING AND INFORMATION SECTION

This section's specific functions include preparing situation status reports relative to the incident and attainment of goals; projections of resources required compared to the availability of resources; collection and dissemination of health and medical information and epidemiological data; and planning for recovery. The information and projections provided by the Planning and Information Section are essential for developing the Incident Action Plan (IAP), monitoring the event's status, and making adjustments where needed. The Planning and Information Section includes a Section Chief, Data Analysis Unit, Data Collection Unit, Community Planning – Food Security Specialist, and a Medical Counter Measures Planner.

Planning and Information Section Chief:

The primary responsibility of the Planning/Intelligence Section is to collect, evaluate and disseminate incident and status information to the Incident Commander, Command Staff, Section Chiefs, and other key personnel, as well as direct the analysis and sharing of information with collaborating agencies. This position also manages staffing resources assigned to the ICS and involved in the response and serves as the primary point of contact with the CDC Foundation to determine surge staffing needs at the Tribes and develop temporary positions for hire through the CDC. The position may also coordinate with Tribes to link them to or connect them with medical staffing NGOs such as Medical Teams International, MSF, and others. The Planning and Information Section Chief assists the IC with establishing an Incident Action Plan (IAP).

Data Analyst:

Ensure the timely analysis of epidemiological data, and provide weekly epidemiological reports to the IC.



Data Assistant:

Ensure accurate and complete collection of essential indicators and data, and provide weekly reports to the IC.

Food Security Specialist:

Food security issues are a high-priority need identified by tribal leaders. This position will respond to identified needs and work with Tribes to ensure resources for access to healthy food.

MCM Planner:

This position will coordinate with the Planning and Information Section Chief and Operations Section Chief to monitor and review COVID-19 therapeutics, assist with a plan for influenza vaccinations, and ensure a COVID-19 vaccine is distributed equitably to Tribes when available.

OPERATIONS SECTION

The Operations Section carries out the specific tasks and objectives that the public health agency needs to accomplish the incident's goals. In this section, the Incident Action Plan is executed. Examples of Operations activities include distribution of vaccines, environmental sampling, delivery of risk communication messages to the public, or case investigation, to name a few. In general, it can be said that the Logistics and Finance/ Administration Sections support the Operations Section, and the Planning and Information Section supports the Command Staff. In addition, the Operations Section includes a Section Chief, Unit Leaders for Clinical Support and Education, Environmental Health/Occupational Safety and Health, Communicable Disease Control, and Communications.

Public Health Officer (Operations Section Chief):

This position is in charge of executing the Incident Action Plan. The position activates and coordinates any units that may be required to achieve the Incident Action Plan (IAP) goals. Directs the preparation of specific unit operational plans and requests, identifies, and dispatches resources as necessary. In addition, the Operations Section Chief organizes and directs the field operations activities. These may include environmental, Hazmat response, specimen collection, HCW safety, communicable disease control, and mass care. This position also serves as the senior public health and medical officer for the NPAIHB and organizes and directs medical support activities to the public, staff, and other agencies.

COVID-19 ECHO Manager:

The COVID-19 ECHO sessions provide clinical education related to the diagnosis and treatment of COVID-19 patients, including FDA-approved and authorized testing strategies and diagnostic capabilities, clinical presentation of COVID-19, and therapeutics. The position coordinates and communicates with ECHO medical faculty, tribal clinical directors, and NPAIHB ICS staff to design session agendas and provide the information.



Environmental Health Specialist/Occupational Safety and Health Specialist:

This position is responsible for assessing the incident's environmental health aspect, determining the environmental interventions required, and directing the response. The Occupational Safety and Health Specialist will develop and recommend measures for assuring tribal clinic and health department personnel safety (including psychological and physical) and assess and anticipate hazardous situations. Additionally, this position will coordinate with field staff to evaluate environmental/medical conditions at relevant facilities (such as water plants, clinics, food facilities, and child care centers).

CD Control/Public Health Nursing:

This position assists with interpreting the disease pattern, coordinates investigations, and develops appropriate standardized tools and plans for case investigations. In addition, the position coordinates the collection of data, collates data from the field, and directs investigative staff to interview patients using designated questionnaires and protocol and document findings. Serves as contact tracing team lead.

Communications Specialist:

This individual is responsible for assuring that appropriate information is provided to the public, governmental officials, and collaborating agencies. The position develops and disseminates health promotion messaging and patient education regarding all aspects of COVID-19. In addition, the position assists with maintaining and updating COVID-19 information on the NPAIHB website. The Communications Specialist also assures that the required information is provided to the NPAIHB staff so that the agency's message is consistent and synchronic with other agencies. All information provided to the public during an emergency is first cleared through the ICS.

LOGISTICS SECTION

The Logistics Section supports all other sections that have been activated in the public health organization to accomplish the work. This section is usually responsible for acquiring public health space, supplies, and equipment. For instance, the Logistics Section may arrange for the rental of space for a vaccination clinic, the delivery of supplies of vaccines and syringes to the vaccination clinic, or N-95 respirators for the responders and blankets for shelters. Logistics acquires and sets up the things that are needed for Operations to get the job done. The Logistics Section has one position for the NPAIHB ICS.

Medical and PPE Supplies Coordinator:

This position is responsible for receiving requests from Tribes for various medical and PPE supplies, itemizing the lists, placing orders for items, or linking Tribes to suppliers (including government agencies). This position will also work with Tribes to anticipate and project needs and notify the Planning and Information Section Chief, the Operations Section Chief/Public Health Officer, the Medical Countermeasures Planner, and IC if the NPAIHB needs to develop a stockpile of medical equipment and supplies. This position reports to the IC.



FINANCE/ADMINISTRATION SECTION

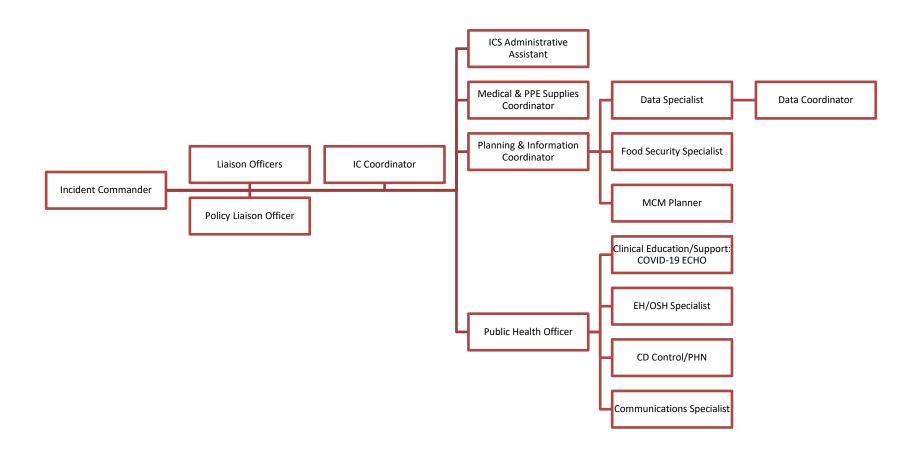
The Finance/Administration Section has several key responsibilities for direct service response organizations. The NPAIHB response is primarily through professional expertise and deployment of resources, not staffing of first responders. Therefore, the NPAIHB ICS does not have a distinct Finance and Administration Section but a single administrative support position.

Administrative Specialist:

Responsible for the maintenance of accurate, up-to-date documentation relative to the incident. Schedules ICS meetings, summarizes notes from meetings, files correspondence, logs telephone calls, and provides assistance in procurement, contracting, and travel. In addition, the NPAIHB Administrative Specialist will store incident files for legal, analytical, and historical purposes. This position reports to the IC.



The Incident Commander reports directly to the NPAIHB Executive Director and Executive Committee



4/15/21



Procedures

The NPAIHB ICS will use Zoom to conduct meetings and the cloud-based document sharing and storage service, Slack, to collect notes and information from all ICS Command and Section staff; this includes activity logs, notes from calls/meetings, task request forms, the ICS Plan, incident action plans, and situation reports.

ICS Meetings

The NPAIHB ICS will meet on a routine basis throughout the incident or emergency event. The full ICS Command and Section staff will meet at least once weekly, and participants in other meetings will be determined and invited as needed. NPAIHB ICS meetings may also include tribal or state partners as needed.

 The IC will determine the ICS Meeting schedule each week, and meetings will be held using the Zoom platform. Additional or ad-hoc meetings may also be scheduled, and ICS Meetings may be canceled if warranted.

Action Plans

The NPAIHB ICS will define operational periods as weekly or bi-weekly and develop an incident action plan for each operational period. An incident action plan (IAP) formally documents incident goals (known as control objectives in NIMS), operational period objectives, and the response strategy defined by the incident command during response planning. In addition, it contains general tactics to achieve goals and objectives within the overall strategy while providing vital information on event and response parameters. Equally important, the IAP facilitates the dissemination of critical information about the status of response assets themselves. Because incident parameters evolve, action plans must be revised regularly (at least once per operational period) to maintain consistent, up-to-date guidance across the system.

- The ICS Public Health and Policy Liaisons will participate in weekly standing meetings and ad-hoc meetings necessary to maintain situational awareness, including tribal and state reports and meetings to understand and discover public health and medical needs and determine any policy gaps or needs for advocacy on behalf of the Tribes.
 - Call notes will be entered directly into Slack on the appropriate channel, #projidahocovid, #proj-oregoncovid, #proj-washingtoncovid, #policy-fed, or uploaded as a file.
 - When Liaisons determine there is a specific need for a Tribe(s) or tribal organization(s), they will enter it in Slack.
- In addition, the website link, "Request Assistance," will be checked daily, and any requests for assistance will be uploaded into Slack.
- The IC, ICS Operations, and Planning and Information Section Chiefs will work with their section staff to ensure they have entered all data and information related to requests for assistance and any identified needs into the appropriate Slack channel and



will develop brief operation period plans (bullet points) and add them to Slack, **#ics-npaihb** channel by **1200** of the first Monday of each operational period.

- For instance, the Planning and Information Section may indicate that they will collect and report data from each Tribe by _____ of the operational period. The Operations Section may have several specific plans for each position, depending on the incident status and ongoing mission assignments, e.g., the contact tracing team will be deployed to _____ to assist with contact tracing and mitigation of community spread... or the communications plan this week is to post five different themes about mask-wearing to Facebook this week.
- The IC Coordinator will develop the IAP and post it by Tuesday morning of each operational period. In addition, the IAP will be published in the #ics-npaihb channel.

The Incident Commander will work with the ICS Command and Section staff to assign tasks and services that are requested and needed.

Situation Reports

The NPAIHB ICS will produce a situation report for each defined operational period. The Situation Report (SITREP) is a form of status reporting that provides decision-makers and readers a quick understanding of the current situation. It provides a clear, concise understanding of the situation, focusing on meaning or context and the facts. It does not assume the reader can infer what is essential or not and what actions or decisions are needed. Instead, it calls out what is required. It can also be provided verbally in a 30-second to 5-minute duration. In addition, the SITREP will include the situation to date (what has happened), ICS actions to date (what has been done), actions yet to be completed, and issues.

- The Planning and Information Section will upload any plans and all epidemiological and other data and information reports into Slack, #data, #mcm-covid, and #communityfood channels at least once a week.
- The **Operations Section** will use Slack notes to update technical assistance activities, services, or issues in the Slack **#emergency-ops** channel.
 - The Communications Specialist will upload notes and products into the Slack #communications channel.
- The **PPE & Medical Supplies Coordinator** will use Slack notes to enter any items ordered into Slack, **#medicalppesupplies** channel.
- The ICS Administrative Assistant will enter or upload meeting notes and documentation into the Slack #ics-npaihb channel.
- The IC Coordinator will work with the IC and Section Chiefs to produce the SITREP for each operational period by Friday at 1100. The SITREP will be posted on the #ics-npaihb channel.
- The SITREP will be shared with the Executive Committee during each operational period ending on Friday at 1200 PST.