

Concept of Operations

Objectives

1. Describe command structure and decision making process.
2. Outline roles and responsibilities of DHSS and other agencies.

A. Command and Control

Response to pandemic influenza will use the same command and control system developed for other public health emergencies in Missouri. This section highlights activities specific to pandemic influenza response and the role of DHSS in this response.

1. Authority for Direction of Control

The overall authority for direction and control of the response to a pandemic influenza within Missouri rests with the Governor. The Missouri Constitution identifies the officers next in line of succession in the following order: Lieutenant Governor, President Pro Tempore of the Senate, Speaker of the House, Secretary of State, State Auditor, State Treasurer or the Attorney General.

The Governor is assisted in the exercise of direction and control activities by the staff of the Governor's office and in the coordination of response activities by the Missouri Department of Public Safety and State Emergency Management Agency (SEMA). SEMA coordinates federal, state, local, and private resources throughout the State during any disaster and emergency. SEMA maintains and operates the State Emergency Operations Center (SEOC) which monitors for emergencies statewide 24 hours a day, 7 days a week. The SEOC serves as the command and control center for the State during an emergency. Fully activated, the SEOC is staffed according to 16 Emergency Support Functions (ESF). The Department of Health and Senior Services (DHSS) heads ESF 8 "Health and Medical".

Activation of the SEOC:

- a) improves communication between and among various agencies,
- b) facilitates communication with other states, the federal government, and local public and private entities, and
- c) enables the capacity to deploy assets, support operations to ESFs, and ensure timely and appropriate response to the emergency.

Outlined within the State Emergency Operations Plan (SEOP) are policies, concepts of operations, organizational structures and federal-state-local interfaces. The SEOP contains specific language pertaining to the provision of Health and Medical Services (Annex K under the primary responsibility of DHSS) in response to emergencies and disasters. DHSS, as outlined in Annex K, has primary responsibility in the state for Emergency Support Function #8 (Health and Medical). Annex K identifies roles and responsibilities of DHSS and of all support agencies should a disaster or emergency (including an influenza

pandemic) overburden or overwhelm local capacities. This plan will be followed should the SEOP and SEOC require activation to support the local response.

DHSS is a lead agency in Missouri's response to pandemic influenza. Overall authority for direction and control of the resources of DHSS that respond to a pandemic influenza is the DHSS Director. The line of succession for the DHSS Director is the Deputy Department Director. The DHSS Director is assisted in the coordination of pandemic influenza response activities by the Director of the Division of Community and Public Health (DCPH), Director of the Center of Emergency Response and Terrorism (CERT) and other designated staff. The Director of DHSS will evaluate the need for activation of the DHSS Health and Medical Emergency Response Department Situation Room (DSR), or to request activation of the SEOC, based on situational information during the pandemic.

2. Command and Control Process

The strategic direction and control for Missouri's response to a public health emergency is a coordinated function of the DHSS through the DSR and the SEOC, dependent upon the level of activation needed. During emergencies, DHSS will coordinate response activities using an incident management system (IMS), superimposed over the regular programmatic chain of command. The DSR will manage the traditional functions of incident command system (ICS) (Command, Planning, Operations, Logistics, Finance and Administration) within DHSS's existing systems to facilitate an integrated and comprehensive response. Several staff may be identified for each incident command role for anticipated length of the pandemic period.

It is expected that local health agencies will also direct their response activities using IMS. If the magnitude of a pandemic flu crisis exceeds the capabilities and resources of the local incident commander or when the efforts of multiple jurisdictions are required in order to resolve a crisis situation, the ICS command function will evolve into a ***Unified Command*** (UC). Under UC, a multiagency command post will be established, incorporating officials from agencies with jurisdictional responsibility at the incident scene. Multiple agency resources and personnel will then be integrated into the ICS as the single overall response management structure at the incident scene.

At a local government's request and during the period of a large-scale pandemic influenza emergency, state agencies will mobilize and deploy resources to the affected area to assist local governments, and coordinate the delivery of services from the federal government. The affected local government(s) will be responsible for identifying and communicating response priorities and state resource requirements to the SEOC, through the Unified Area Command (UAC) if activated. If the SEOC is not activated, LPHAs should direct resource requests through the DSR and these requests should come through the local EOC, if activated.

For health care organizations, the standards of the Joint Commission on the Accreditation of Healthcare Organizations (EC.1.4 and EC.2.4) require accredited healthcare organizations to identify a community command structure and define an all-hazard command structure within their organization that links to the community structure.

3. DHSS Health and Medical Emergency Response Department Situation Room (DSR)

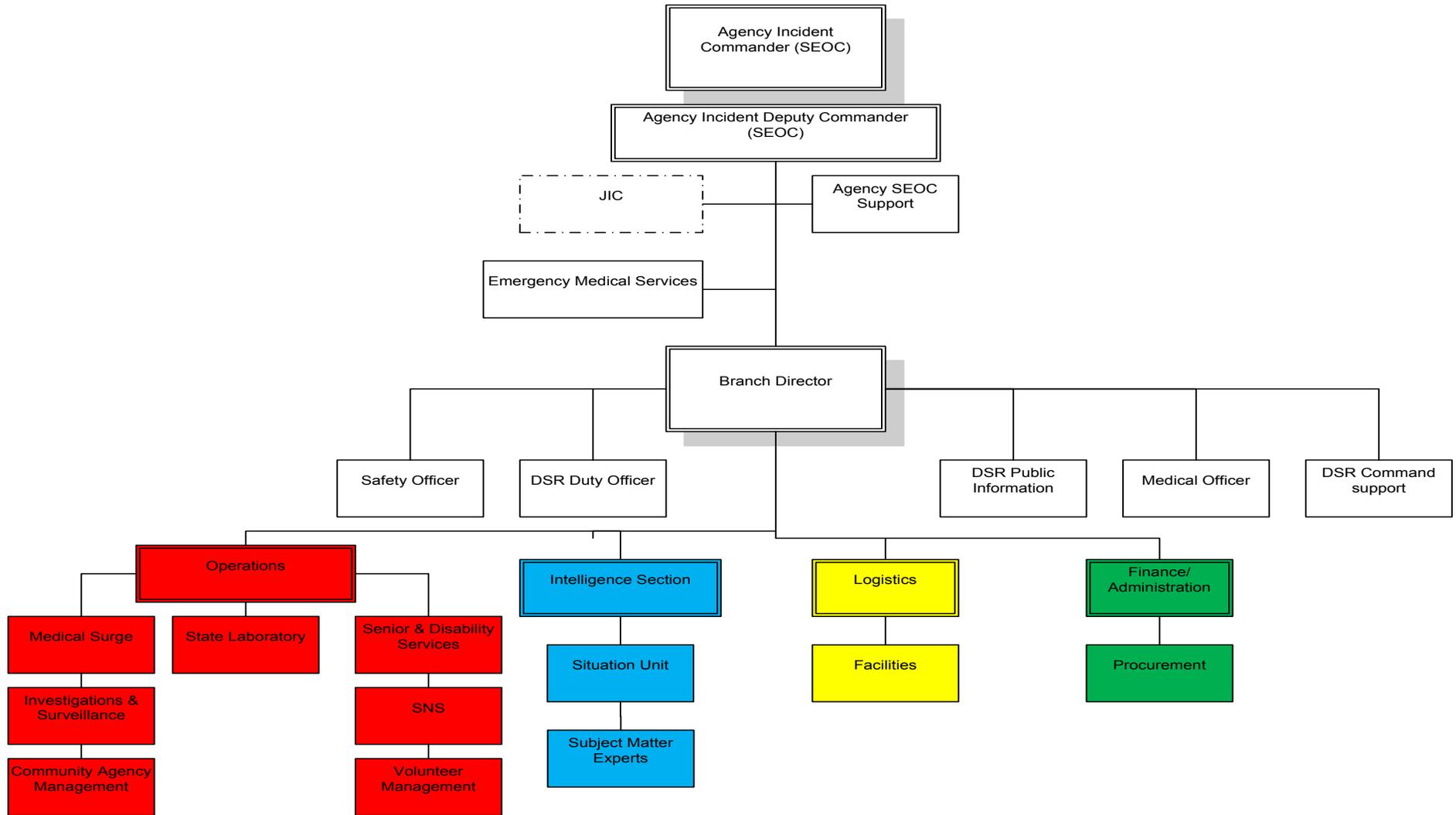
The DSR is located on the main DHSS campus in Jefferson City and serves as the strategic coordination point for public health and medical operations. The DSR maintains 24/7/365 staffing and toll-free call number (800-392-0272) ensuring functional ability to operate as a command and control center in the event of a public health emergency. Routine situational status updates, and the spread and impact of the novel influenza virus will be provided for informed decision making. The DHSS Director will evaluate the situation and make a determination whether activation of the DSR should occur and if so, what level of activation he/she recommends for the DSR. Additionally, if SEOC is activated, the DSR will serve as the coordination point with the Health and Medical Team assigned to the SEOC. The DSR will distribute health alerts, advisories and updates to LPHAs, health care entities and other partners, and will establish and maintain communications with these entities to address the public health needs of Missourians.

4. Joint Information Center (JIC)

The purpose of a JIC is to coordinate the flow of information about the pandemic and related response issues among agencies, and to provide a single information source for the media, business community and general public. The JIC is an element of the SEOC where the emergency response is coordinated. The establishment of a JIC will be necessary under one or more of the following circumstances:

- a) The Director of DHSS in consultation with the Missouri Department of Public Safety and the Governor's Office determines the need exists for the activation of the SEOC and the JIC.
- b) Multiple local, state and federal agencies are involved in the information dissemination concerning the emergency situation (i.e., influenza pandemic) and the release and management of this information has become disjointed and fragmented leading to public confusion and concern.
- c) The volume of media inquiries appears to overwhelm the capabilities of the public information officers within the DSR.

Missouri Department of Health and Senior Services Incident Command Structure



B. Agencies and Responsibilities

1. Primary Agency

Missouri DHSS:

- Serves as the lead agency for pandemic influenza preparedness and response. Once the Governor declares a public health emergency, DHSS oversees the uniform exercise of the Emergency Health Powers Act (EHPA). Local boards of health are subject to the department's exercise of this authority.
- Provides subject matter expertise (e.g., surveillance, laboratory diagnostics, infection control, clinical guidelines).
- Provides accurate and timely medical and health information to stakeholders and the public.
- Provides epidemiological guidance for response activities.
- Plans for statewide prophylaxis and vaccination.
- Works with LPHAs to guide coordinated planning and response.
- Provides planning guidance to healthcare entities (hospitals, long term care facilities [LTCFs], home health agencies and hospice agencies, emergency medical services [EMS], primary care centers, private health professionals, alternate care sites).
- Maintains State Strategic Stockpile (SSS) of pharmaceuticals and antivirals.
- Distributes resources from the SSS and Strategic National Stockpile (SNS).
- Serves as liaison with HHS during planning and response activities.

2. Support Agencies

LPHAs:

- Develop and implement plans in coordination with DHSS and acute care hospitals, LTCFs and other health care entities in their jurisdictions.

Missouri Hospital Association (MHA)

- Works with its members, develops pandemic influenza response plans that include appropriate infection control, surge capacity, and cross-training of staff
- Complies with DHSS- issued guidance

Acute Care Hospitals

- Develop and implement influenza pandemic plans that include appropriate infection control and surge capacity.
- Train staff and exercise pandemic response plans.
- Comply with DHSS-issued guidance.

Long Term Care Facilities (LTCFs)

- Collaborate with their area hospitals' requests regarding surge capacity plans.
- Train staff and exercise pandemic response plans.
- Comply with DHSS guidance.

Rehabilitation hospitals, long term acute care hospitals, and other specialty hospitals

- Collaborate with their area hospitals' requests regarding surge capacity plans.

- Train staff and exercise pandemic response plans.
- Comply with DHSS guidance.

Home Care Association

- Provides influenza pandemic related guidance (infection control, voluntary isolation and quarantine) to agency members.

Home Health Agencies and Hospice Agencies

- Provide information and education to staff and influenza pandemic related guidance (infection control, voluntary isolation and quarantine) to patients in the home.

Federally Qualified Health Centers (FQHCs)

- Plan to serve as screening, triage, and treatment centers.
- Train staff and exercise pandemic response plans.

State's Professional Medical Associations

- Provide influenza pandemic related guidance to association members.

C. Activities by Pandemic Interval

1. Pre-pandemic Interval

DHSS activates Department's Pandemic Influenza Preparedness Committee.

DHSS and LPHAs

- Identify and establish relationships with partner organizations and maintain lists of partners, resources, and facilities.
- Identify and resolve gaps in infrastructure and resources, laws and/or statutes which may interfere with an effective pandemic response.
- Coordinate planning activities with bordering jurisdictions.
- Ensure that unique population and special care needs are addressed.
- Discuss plans with partner agencies.
- Review, exercise, and modify pandemic response plan on a periodic basis.
- Ensure that pandemic plans are developed, either as a supplement to the All Hazard Emergency Operations Plans, or as stand-alone plans.

2. Pandemic Interval

DHSS

- Activate enhanced surveillance and communications plans.
- Review and modify pandemic plan as necessary.
- Fully activate pandemic influenza preparedness plan.
- Coordinate plan activation with partners and stakeholders.
- Communicate with appropriate counterparts at the national level (CDC, CSTE, etc.).
- Participate in HHS/CDC public information briefings.
- Activate JIC.

DHSS and LPHAs

- Meet with partners and stakeholders and review pandemic response plan.
- Make response plan modifications as needed.
- Coordinate with other counties, states, federal agencies and bordering jurisdictions as appropriate.
- Confirm availability of facilities for mass vaccination, mass casualty, etc.
- Track expenses of pandemic response and notify appropriate agencies and officials of need for additional resources, if necessary.
- Increase public awareness of pandemic influenza and educate about appropriate behaviors for infection risk reduction.
- Hold internal, partner, and media briefings as necessary to update information and discuss response activities.
- Activate call centers and implement targeted strategies to reach different audiences
- Monitor staffing needs.
- Document expenses of pandemic response.

D. Legal Authorities

The Missouri Revised Statutes and the Code of State Regulations provides DHSS with the authority to safeguard the health of the people of the state and all its subdivisions. DHSS and local public health authorities are authorized to investigate the causes of dangerously contagious or infectious diseases, especially when existing in epidemic form, and to take measures to restrict and suppress the same. Whenever such disease becomes or threatens to become epidemic and the local public health authority neglects or refuses to perform these duties, DHSS is responsible to provide measures to control the outbreak. Moreover, DHSS is able to issue orders for the administration of vaccines, medications or other treatments to persons as necessary to prevent the probable spread of a dangerously contagious or infectious disease. DHSS and local public health authorities also have the authority to request quarantine and isolation and to close private and public schools and places of public assembly to contain disease spread.

According to Section 192.020, RSMo 2000, the DHSS may make and enforce adequate orders, findings, rules and regulations to prevent the entrance and spread of infectious, contagious and communicable diseases and to determine the prevalence of such diseases within the state.

The county commissions and county health center boards may make and promulgate orders, ordinances, rules or regulations, respectively as will tend to enhance the public health and prevent the entrance of infectious, contagious, communicable or dangerous diseases into such county (Section 192.300, RSMo 2000).

The local health authority, the director of the Department of Health or the director's designated representative may establish and maintain quarantine, isolation or other measures as required, which may include isolation, quarantine, disinfection, immunization, closure of establishment and other measures considered appropriate by medical experts for the protection of public health. Control measures implemented by the local health authority must be at least as stringent as those established by the director of the Department of Health and are subject to review and alteration by the director. If the local health authority fails to carry

out appropriate control measures, the director or his/her designated representative shall take steps necessary to protect the public health (19 CSR 20-20.040).

According to the 19 CSR 20-20.050, a local health authority, the director of DHSS or the director's designated representative may close any public or private school when necessary to protect the public health. During a statewide pandemic, only the director of DHSS or the director's designated representative may close any public or private school when necessary to protect the public health.