



# Department Operations Center (DOC) Plan



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## Approval and Implementation

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This plan is a living document developed for use by the Indiana Department of Health (IDOH) and its preparedness partners. All content within this plan is subject to ongoing review, revision, and approval by IDOH leadership. Procedures, responsibilities, and operational strategies may be modified at any time to reflect updated guidance, regulatory requirements, or organizational priorities.

IDOH reserves the right to amend, update, or rescind any portion of this plan as needed to ensure alignment with current best practices and statewide preparedness objectives. Users are responsible for ensuring they are referencing the most current, approved version of this plan and should follow official IDOH communications for updates.



# Executive Summary

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This plan outlines the Indiana Department of Health's (IDOH) all-hazards approach for organizing and operating the Department Operations Center (DOC). The processes and structures in this plan support coordination and the exchange of information among DOC staff, IDOH personnel, and external partners.

IDOH can activate the DOC for an incident, ahead of a potential incident, or for a non-emergency event. In general, IDOH activates its DOC when the department might benefit from a focused, more collaborative working environment for a defined incident or event. DOC activation allows select IDOH personnel to adjust all or part of their day-to-day operations to prioritize an incident or event. In the event of a DOC activation, staff share subject matter expertise and information, plan strategically, collaboratively solve problems, and work together to mitigate the risks and/or impacts associated with the incident or event.

When the DOC is activated, IDOH Policy Group members identify strategic priorities for the incident or event, communicating the department's priorities and intended outcomes with DOC staff. DOC staff and subject matter experts work together to identify, coordinate, evaluate, create and accomplish specific operational objectives that align with the department's strategic priorities.

Throughout DOC activation, DOC staff, IDOH executives and external partners maintain situational awareness of the incident or event through the consistent exchange of information. The structures and methods for coordination and information sharing in this plan are essential for effective DOC activation.

This plan outlines a functional approach to organizing DOC staff and resources. Every DOC activation involves management, operations, logistics, planning, communications and finance/administration functions. The tasks, capabilities and resources required for each of these functional areas may be unique to different incidents or events. DOC staff performing these functions share a common understanding of the incident or event scope and status, support each other with expertise and resources, often coordinate with many of the same internal and external partners, and value transparent and continuous information sharing.

## Base Plan

- This first part describes the purpose of DOC and the concepts that contribute to a successful DOC activation. The base plan identifies the benefits of activating the DOC, describes the primary functions of the DOC and outlines key processes and assumptions for operating the DOC.



## **Appendices**

- The appendices contain detailed guidance materials to support the implementation of the concepts in the base plan

## **Annexes**

- The annexes contain tools such as templates for specific forms used to track activity and needs during a DOC activation and descriptions of DOC section duties

## **Attachments**

- These are separate documents that contain unique information providing further clarity to topics referenced in the attachments or annexes

IDOH reviews the plan concepts and tools at least once a year and following every DOC activation. Regular reviews validate the plan. Subsequent plan updates ensure that it remains relevant and useful for future activations or training exercises.



# Plan Purpose

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The Department Operations Center (DOC) Plan outlines the Indiana Department of Health's (IDOH) all-hazards approach for organizing and operating its DOC for an incident or event.

The DOC Plan provides structures and systems that supports the department's ability to perform response capabilities identified in the following tables.

ASPR Health Care Preparedness and Response Capabilities	
1	Foundation for health care and medical
2	Health Care and medical response coordination
3	Continuity of health care service delivery
4	Medical surge

CDC Public Health Emergency Preparedness and Response Capabilities			
1	Community preparedness	9	Medical material management and distribution
2	Community recovery	10	Medical surge
3	Emergency operations coordination	11	Nonpharmaceutical interventions
4	Emergency public information and warning	12	Public health laboratory testing
5	Fatality management	13	Public health surveillance and epidemiological investigations
6	Information sharing	14	Responder safety and health
7	Mass care	15	Volunteer management
8	Medical countermeasures dispensing and administration		



# Assumptions

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IDOH makes the following assumptions related to the implementation of the DOC Plan.

- This plan describes organizational structures, systems, and processes for a DOC activation. This plan does not provide detail on functions or activities that are part of the day-to-day activities of an IDOH division or the department. During a DOC activation, staff may perform tasks related to their day-to-day operations, such as laboratory testing or case investigation. When performing day-to-day tasks as part of a DOC activation, staff also follow the DOC structures and processes in this plan.
- Supporting the needs of disproportionately impacted or at-risk Hoosiers, including people with disabilities, is an integrated layer throughout all DOC functions and activities. The access and functional needs advisor is staffed for every DOC activation and can consult with any member of the DOC on issues related to equal access.
- Different incidents or events can have varying impacts on Hoosiers. The DOC prioritizes identifying disproportionately impacted or at-risk populations and integrates support for their needs into DOC operational objectives and activities.
- Multiple factors, including resource availability, may affect whether the State Emergency Operations Center (State EOC) is able to support and/or fulfill resource requests from the IDOH DOC.
- For an incident or event that involves a surge of resource requests, IDOH will evaluate engaging vendor assistance to support logistics activities.
- Whenever possible, IDOH has staffing redundancy in its DOC organizational structure. When alternate staff are unavailable, deputies or assistants may also reduce an individual staff member's hours in the DOC. Alternate and support staff are trained on DOC systems and processes.
- Local governments have different processes for receiving grant funding and allocating funds to local health department (LHD) operations and local emergency response efforts. The DOC must understand these processes and limitations. For example, some local governance initiatives could take multiple months to process a grant, disperse funding to the LHD, and to staff a program that supports incident response.
- People who live near state borders, especially in the Chicago and Louisville metro areas, may work in one state and live in another. Local LHDs include these individuals in their service areas, although they may live in a city across the border. IDOH should consider defining who its "customers" are during policy and operational planning, whether for activities related to outreach, vaccines, medical countermeasures, education and other areas.
- In part due to home rule status, local jurisdictions may not implement state guidance or programs consistently



- State agencies, such as IDOH, can explain state guidance or programs but do not provide legal advice to local authorities. The DOC may need to communicate these parameters so local partners understand the type of legal guidance to expect from IDOH in an emergency.
- With every DOC activation, IDOH personnel can learn new ways to improve coordination and information sharing. The plan contents are valid as long as DOC staff continue to reflect on lessons learned from activations and integrate them into this plan. When IDOH updates the plan regularly, its contents remain relevant and useful for future use.



# Organization

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The DOC scales its organizational structures and staffing levels to match the resources and capabilities necessary to accomplish operational objectives. For example, small-scale incidents/events may require a few staff members to perform all DOC functions. For a large-scale incident, dozens of staff may be necessary to implement tactical plans. Because incidents/events are unique, DOC organizational structures can be different for every activation.

DOC reporting structures are intended to enhance information sharing, which occurs frequently in the DOC across multiple staff and functions. Supervisors in the DOC are primarily responsible for monitoring their team members' activities for opportunities to promote coordination.

The DOC chain-of-command also exists to provide a clear reporting structure and accountability. While working within the DOC organizational structure, staff follow the designated chain of command, regardless of their day-to-day IDOH positions and reporting structures. In general, there is no correlation between the titles used in a DOC organization and the titles used in day-to-day IDOH operations. For example, an IDOH staff member who serves as a division director daily will not have the same title when deployed to the DOC.

IDOH DOC organization aligns with the principals of the [National Incident Management System](#) and the [Incident Command System](#). By integrating best practices from these national systems, IDOH can scale its organization and operations efficiently and effectively for any incident/event. Adopting these practices reduces confusion over different titles and organizational structures, communicates direction clearly to DOC staff, and maintains accountability and management control.

The DOC organizes its staffing based on the primary functions required to manage any type of incident/event. Regardless of the size or scope of the incident/event, the DOC performs (or monitors the need for) these functions during every activation.

DOC command staff:

- Response manager (RM)
- AFN advisor
- Safety officer
- Legal advisor
- Public information officer (PIO)

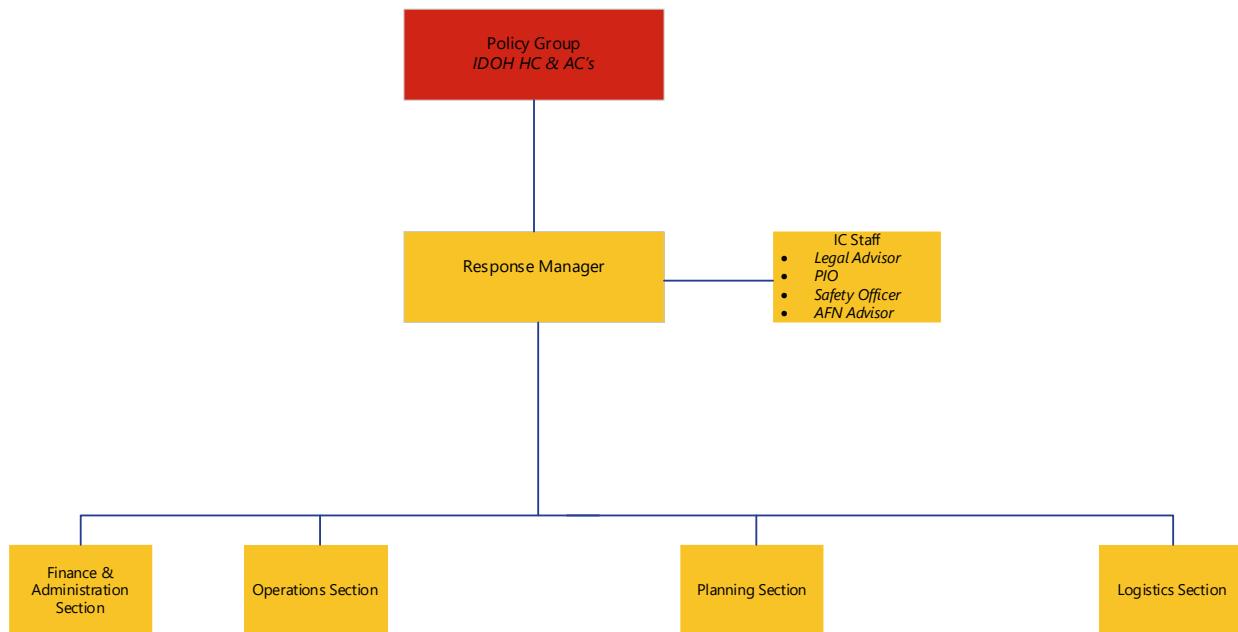
DOC general staff sections:

- Planning
- Logistics
- Operations
- Finance/Administration



In addition to these functions that are a component of every activation, the response manager may include other functions at the section level. Whenever there is a change to the DOC organization, DOC staff are responsible for ensuring that the structure prioritizes information sharing across all DOC functions, supports a clear chain of command, and provides for a manageable span of control.

### DOC Organizational Chart



(See Job Action Sheets (JAS) in the Annexes of the DOC Plan for responsibilities, activities and information needs by DOC function.)

The **response manager (RM)** leads the DOC and serves as the liaison to the **IDOH Policy Group**. The individual in charge of each section is a **section chief**.

#### A. DOC Command Staff

DOC command staff positions include:

- Response Manager (RM)
- AFN Advisor
- Legal Advisor
- Safety Officer
- Public Information Officer (PIO)

The **response manager** has overall responsibility for managing or coordinating the DOC activation for an incident/event. The DOC response manager directs and leads by



guiding, overseeing, coordinating and authorizing DOC activities to support the implementation of strategic priorities and operational objectives.

The response manager ensures the integration and synchronization of DOC operational objectives, tactical plans, and policy/direction. This includes reviewing all plans to approve alignment with the strategic priorities established by the IDOH Policy Group.

The response manager executes guidance and direction from the IDOH Policy Group and serves as a liaison to IDOH executive leadership during an activation at Policy Group meetings. This includes receiving guidance on messaging and public information efforts from the IDOH **public information officer** (PIO), who is a member of the incident command staff and policy group. The RM works with the Policy Group to facilitate the development of policy direction for incident support.

Based on the tactical plans developed by the section chiefs, the response manager approves an overall staffing plan that allow the DOC to meet operational objectives realistically and efficiently. The RM ensures that the DOC staff integrates and coordinates activities internally within the DOC and IDOH, and that staff coordinates externally with all affected and supporting partners. This includes making sure that staff engage in the timely sharing of emerging policy, critical strategic and tactical decisions, and other critical information.

The response manager coordinates with IDOH Human Resources Division on any DOC personnel matters not addressed by the Finance/Administration Section. The RM also reviews and approves demobilization requests in relation to incident/event complexity and scope.

DOC command staff includes specialized staff who assist in the execution of these supervision and coordination duties, such as a legal advisor, safety officer, and access and functional needs (AFN) advisor. The response manager assigns an **AFN advisor** to every DOC activation to consult with DOC staff on ensuring all citizens are provided access to, and when considering, DOC activities. A **legal advisor** can provide legal and policy-related guidance to the DOC. The **safety officer** monitors DOC operations for potential safety issues and works with staff to develop and implement risk mitigation strategies. The RM may also designate a **deputy response manager**, assigning management tasks so that scope of RM's responsibilities remains manageable.



## B. DOC General Staff Sections

### 1. Finance/Administration Section

The Finance/Administration Section develops and implements systems to monitor costs related to the incident. They provide accounting, procurement, time recording, and cost analysis.

Finance/Administration staff ensure IDOH expenditures related to the incident/event are aligned with federal and state reimbursement guidance. Staff develop systems to budget and account for, procure and analyze expenses, working with executives on policy-related finance matters. Finance is also responsible for tracking the number of hours worked for all assigned staff as well as assigning speed-code types to align with the specific payment or project sources.

Staff assists DOC members with administrative- and human resources-related policies and procedures. Finance/Administration staff aid IDOH staff on travel policies, regulations, documents, forms, and procedures in compliance with state and federal programs. They also validate and monitor travel and transportation transactions. The Finance/Administration Section provides travel documentation for DOC staff. They maintain the status of DOC staff. Staff create and manage the communications list, a list of up-to-date contact information for all DOC staff.

In the DOC and at field sites, staff ensure that environmental conditions are maintained, including power, heating, air conditioning and lighting. This function provides support for all technology used during activation. Finance/Administration staff handle security and access controls, which may include coordination with the IDOH Administrative Services Section for all leased facilities or any location within the Indiana Government Center.

### 2. Logistics Section

The Logistics Section provides support, coordination, resources and other support necessary to accomplish operational objectives. Logistics staff perform resource management activities, including sourcing, requesting, and ordering resources. Staff are responsible for receiving, validating, processing and tracking resource requests. Logistics staff may work alongside Finance/Administration staff to facilitate timely procurement and cost savings.

Logistics staff receive requests from DOC staff for the resources necessary to implement tactical plans or conduct DOC activities. Logistics staff may receive requests directly from external partners that do not have the capabilities or resources required to manage the incident/event. Staff are then required to track all sent and received requests, where and when the needed resource is delivered, and when it is returned. This includes **all** resources related to DOC activation including, but not limited to, communication equipment and radios.

Logistics staff ensures their activities are integrated and coordinated with all internal and external partners, including the State EOC when activated. Logistics tracks requests for the resources necessary to accomplish the DOC's operational objectives. Staff communicate resource management issues and status updates to the Planning Section and the response manager.

For some DOC activations, the Operations Section (staffed by IDOH divisions that perform certain logistics functions as part of their day-to-day duties) directly manages resources. In these



cases, the Logistics Section establishes a system for sharing information with Operations so that the Logistics Section Chief maintains overall situational awareness of DOC logistics efforts. If the logistics work exceeds the capacity of the Operations Section, the Logistics Section fills gaps with resources or related support.

Logistics ensures technology platforms adequately support resource acquisition and tracking tasks. Logistics directly coordinates with the Office of Technology & Cybersecurity (OTC) and Indiana Office of Technology (IOT) to support DOC technology needs. When requested, Logistics staff may support other sections as they coordinate DOC activities with OTC and IOT.

### **3. Operations Section**

The Operations Section contributes to the development of operational objectives and is responsible for developing and implementing tactical plans to accomplish the objectives, directing tactical resources. Some Operations staff directly manage their own resources, such as performing immunizations activities.

Tactical planning involves convening DOC staff and subject matter experts to develop plans and identify staffing levels, activities and resources necessary to accomplish operational objectives.

In addition to implementing tactical plans, Operations staff is also responsible for monitoring and tracking progress toward accomplishing objectives. When the situation changes or an objective is completed, Operations assesses and communicates changes to tactical plans (including staffing levels or resource needs) or recommends changes to operational objectives.

Operations staff advises on long-range (future) planning and the long-term recovery implications of incident/event management activities.

### **4. Planning Section**

The Planning Section prepares and documents plans to track the situation and evaluate and accomplish operational objectives. Planning staff ensure that information sharing occurs, collects and evaluates information, and maintains documentation for IDOH records.

Planning facilitates effective overall decision making and resource allocation in the DOC by gathering information used to maintain a common operating picture (COP). Planning staff collect, analyze and disseminate incident/event information for DOC staff and other internal and external stakeholders.

Planning staff lead the development of the Incident Action Plan.

(IAPs), prepared once an operational period and may also support the development of Situation Reports. Planning staff also process requests for information (RFIs); develop reports, briefing materials, and DOC presentation products; integrate GIS and technical information; and develop materials that support public information efforts.

Most often a function of Planning, Data and Analytics provides data gathering, analysis, and data visualization expertise to DOC staff and internal/external partners. Planning staff also serves as the liaison to sources discussing other data-related technologies, including federal agencies, universities, and information and warning centers. Planning staff provides specialized reports,



analyses and presentations; and coordinates with other functions to produce products for the development of a COP.

The Planning Section is responsible for maintaining historical files and records pertaining to all incident support activities or operations. Planning staff documents, in writing, all significant decisions and facts relative to incident activities. They take meeting minutes and also establish common reporting formats. This information ensures that an accurate record of each event is compiled and archived.

An important function of Planning is to ensure that IDOH is prepared, in the face of the current situation, to deal with new incidents/events. In addition to addressing current operational objectives, staff create long-range (future) plans to anticipate and devise a means to deal with future needs.



# Concept of Operations

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The Concept of Operations describes the primary processes of the DOC from activation to decision making and planning, through recovery and deactivation. The DOC modifies how it implements this sequence of processes to meet the unique strategic priorities and operational objectives for an incident/event.

## A. DOC Activation

IDOH may activate its DOC for an incident, before a potential incident to mitigate its impacts, or for a planned event. IDOH considers activating its DOC when the department might benefit from the DOC structure, processes and resources to accomplish a specific mission or objective for an incident/event. Some situations will require a partial activation with limited DOC activities; other situations will require large-scale incident/event management efforts that may involve multiple divisions of IDOH, as well as the cooperation of external partners.

### 1. Activation Process

The process for activating the DOC is as follows:

- a. An incident/event occurs or is anticipated
- b. An IDOH staff member, generally a division director or assistant commissioner, identifies a need for activating the DOC
- c. IDOH staff, IDOH Policy Group members, and the director of the Division of Emergency Preparedness (DEP) or designee, meet to discuss reasons to activate the DOC and initial incident/event needs
- d. If determined as necessary, the IDOH commissioner, or designee, directs the DEP Division director, or designee, to activate the DOC. (See [Annex 1.2: DOC Activation Request Worksheet](#), which can be used as a tool, checklist, or completed and provided to the state health commissioner).
- e. State health commissioner, or designee, authorizes DOC activation for the incident/event or assigns DEP to monitor the incident/event.

- IDOH Office of Public Affairs develops a templated message for a DOC activation in which the DOC Policy and/or DOC Command Staff approve. Once the message is approved, a representative of the DEP Planning and Preparedness team, DOC Planning Section, or a DEP ESF-8 representative will disseminate the message to all necessary IDOH staff (via Microsoft Teams message, Outlook email, SERV-IN message, or other method) informing them of the activation, as soon as feasible.

*\*Note: When the State Emergency Operations Center (State EOC) activates Emergency Support Function (ESF) #8, IDOH DEP and Policy Group staff meet to discuss whether to activate the DOC. At the time of ESF-8 activation, the ESF-8 representative will notify the IDOH Policy Group and/or DEP division director, or designee, of the activation.*



## **2. Activation Authority**

IDOH activates the DOC upon authorization of the IDOH commissioner or designee, IDOH Policy Group, or at the request of the governor or designee.

## **3. Activation Considerations**

When determining whether to activate the DOC, IDOH staff considers how DOC processes, structures, and/or resources would support the department's ability to manage or coordinate the incident/event. IDOH staff may use responses to the following questions when identifying reasons for activating the IDOH DOC (See [Annex 1a DOC Activation Request Worksheet](#)).

- Do the current or potential needs of the incident/event strain the capabilities of an individual division or the department as a whole?
- Would activating the DOC and using its structure, processes, and resources mitigate the potential or anticipated effects of an incident?
- Would activating the DOC allow IDOH to share information more effectively and efficiently with partners, including state and local agencies and healthcare providers?
- Is there a need for more comprehensive understanding of the situation (e.g., situational awareness)?
- Would a DOC activation help IDOH prioritize and/or streamline time-sensitive or urgent actions necessary to address the incident/event?
- Is DOC activation necessary to support financial documentation and reimbursement of the incident/event?
- Would activating the DOC help IDOH coordinate and/or manage resources among department divisions or external partners to address the incident/event?
- Is there a projected staffing shortage that might affect the department's ability to manage/coordinate the incident/event?

In the event of a State Emergency Operations Center (SEOC) activation, the IDOH DOC *may or may not* activate concurrently. If a DOC activation is determined necessary, in response to an SEOC activation, the DOC activation process is the same as above.

## **4. Incident/Event Monitoring**

When a DOC activation is requested, but not authorized, DEP assigns staff to:

- Identify triggers for revisiting when to activate the DOC
- Monitor the incident/event for the occurrence of triggers
- DOC activation decision is as stated above
- DOC deactivation decision is from DEP division director, or AC for public health protection (PHP), or a designee of either



## B. SEOC Activation

In the event of a State Emergency Operations Center (SEOC) activation, the IDOH DOC *may or may not* activate concurrently. SEOC activation and deactivation notification triggers are outlined below:

- **SEOC activation** (non-ESF-8 activation)
  - Triggered by SEOC notification to ESF-8 representatives.
- **SEOC deactivation** (non-ESF-8 activation)
  - Triggered by SEOC notification to ESF-8 representatives.
- **SEOC activation** (ESF-8 activation)
  - Triggered by SEOC notification to ESF-8 representatives.
- **SEOC deactivation** (ESF-8 activation)
  - Triggered by SEOC notification to ESF-8 representatives

All rostered IDOH DOC staff will receive notifications of SEOC activation and deactivation. These notifications are intended to provide enhanced situational awareness and forward planning for IDOH programs and partners that may be operationally impacted by the SEOC activated emergency condition. ESF-8 representative is responsible for sending notifications within SERV-IN and other communications platforms within one hour of activation or deactivation.

## C. DOC Locations

The DOC may operate virtually, in a physical location, or both. The primary physical DOC location is at 5th floor training room, 2 N. Meridian St., Indianapolis, IN, 46204. In the event the primary DOC location is unavailable, alternate DOC facilities exist at the IDOH Logistics Warehouse (302 W. Washington Street, Room W-046, Indianapolis, IN 46204) or IDOH Laboratories (550 W. 16th St., Suite B, Indianapolis, IN, 46024).

## D. DOC Staffing

### 1. Initial Staffing Activities Process

- a. At the start of an activation, DOC RM assigns staff to coordinate (or monitor the need for) DOC command staff, including the AFN advisor, and the primary functions of operations, planning, logistics, and finance/administration.
  - The assigned leads for each primary function are **section chiefs**
  - The RM may assume direct responsibility as section chief for one or more DOC function
  - The RM may assign multiple primary DOC functions to an individual staff member
- b. At the start of the DOC activation, the RM, section chiefs, and appropriate subject matter experts participate in a **DOC activation meeting**.



- The purpose of this meeting is to discuss the reasons for activating the DOC, the situation status, strategic priorities from the IDOH Policy Group, and the scope of DOC activation
- c. The response manager, section chiefs, and appropriate subject matter experts develop **operational objectives** (See [Annex 1.4 Incident Objectives](#) and [Appendix E: Operational Objectives Guidance](#))
  - If all DOC sections and the appropriate subject matter experts are present for the DOC activation meeting, the RM may also facilitate a discussion to develop operational objectives
  - Alternatively, the RM may schedule a separate meeting to develop operational objectives to ensure that the appropriate staff are available to participate in this important planning discussion
- d. Sections responsible for leading the implementation of specific operational objectives develop **tactical plans** to implement and monitor progress on those objectives.
  - The tactical plans define the tasks and associated resource needs, including staffing levels necessary to accomplish the objectives
  - (Refer to the next section on Planning and Evaluation in the Concept of Operations for more information on operational objectives and tactical planning).
- e. As part of the tactical planning process, DOC section chiefs draft **staffing plans** to accomplish objectives or conduct DOC activities.
  - For each position, section chiefs note required skills/capabilities and the anticipated hours per week
  - To maintain a manageable **span of control**, individuals in the DOC do not directly coordinate more than seven staff (although directly managing a maximum of five staff is ideal)
  - Section chiefs may designate deputies or assistants to help manage staff and maintain an appropriate span of control
  - If initial staffing levels become unmanageable, or inadequate, to fulfill the operational objectives, the IC may implement surge staffing procedures ([Section C.2.](#))
- f. The Planning Section combines staffing plans from each section chief.
  - Planning staff draft the [Annex 1.1 DOC Worksheets & Forms](#).
- g. The response manager, in consultation with section chiefs, reviews the organization chart and finalizes the DOC organizational structure, ensuring that the structure:
  - Integrates all DOC primary functions



- Supports information sharing and other types of internal and external coordination
- Effectively addresses all operational objectives
- Demonstrates a manageable span of control
- Establishes clear lines of communication and coordination
- Minimizes redundancy

h. The response manager works with the Finance/Administration Section chief to request qualified and available staff from their IDOH supervisors to perform the functions and tasks in the DOC organizational structure

i. As section chiefs define additional tasks and associated staffing necessary to accomplish operational objectives, they present proposed changes to the DOC organizational structure to the response manager

j. The Planning Section Chief records changes to the DOC organizational structure with an updated [Annex 1.1: DOC Worksheets & Forms](#), a part of the [Annex 1.11 Incident Action Plan](#), maintaining copies of each iteration.

## **2. Surge Staffing Process**

IDOH recognizes that some incidents/events bring with them various challenges that demand rapid and effective responses from the state. Often, these identified incidents/events require the need for surge staffing, defined as the immediate reinforcement to boost workforce capacity in the face of urgent or emergent situations such as mass casualty incidents, large-scale vaccination clinics, or the long-term strain of sustained emergencies. Meeting the demands of IDOH daily operations in conjunction with staffing for prolonged incidents/events, further indicates the importance of having a resilient, adaptable, and capable healthcare workforce.

To assist in the expedited procurement of additional, qualified staff, IDOH has partnered with two external recruitment agencies, Medasource and Computer Aid, Inc. (CAI). Through this partnership, a process has been created to rapidly identify, onboard, and hire qualified candidates, with IDOH having determined potential positions that may be required to meet the demands of a prolonged incident/event. To begin the recruitment process, three specific criteria must be met and are as follows.

- a. The IDOH DOC must be in full activation
- b. A policy group decision must be made to allow IDOH to surge higher to meet staffing needs due to current levels being inadequate
- c. A funding source must be identified and approved to accommodate the extra staffing level

[Appendix C: Surge-staffing Criteria](#) provides additional details regarding the necessary timeframe to acquire additional staff depending on the intensity of the event/incident.



## E. Planning and Evaluation

IDOH conducts planning and evaluation as part of every DOC activation. The DOC's planning activities ensure that incident/event operations align with the IDOH mission and executives' strategic priorities, allow the DOC to develop practical operational plans using available or anticipated resources, and support information sharing between IDOH staff and partners, among other benefits.

Planning elements, such as strategic priorities and objectives, provide the necessary direction and context about DOC operations to all staff and partners. Through planning, IDOH divisions can understand how they contribute to the DOC's projected outcomes, as well as how their activities affect other divisions.

The DOC evaluates its objectives to understand when it needs to adapt its plans and operations to meet an objective or to prevent and mitigate future risks.

Although evaluation activities can validate the DOC's work, the purpose of ongoing evaluation is not to scrutinize DOC successes or failures. The focus of evaluation efforts is on assessing progress, maintaining flexibility, and scaling or changing tactics as needed.

Planning and evaluation are essential activities of the IDOH DOC.

### 1. Planning Process

- a. The IDOH Policy Group reviews the incident/event status, including impacts, risks, affected populations/jurisdictions, anticipated resource needs, and current operations, among other factors. (See [Annex 1.2 Activation Request Worksheet](#)).
- b. The DOC response manager or designee is available to brief the Policy Group, including the state health commissioner or designee, on the situation, if requested
- c. Based on the information about the incident/event and current activities, the Policy Group identifies **strategic priorities** for the DOC activation and provides a list of priorities to the response manager. (See [Appendix D: Priority Setting & Meeting Guidance](#)).
- d. The IDOH public information officer (PIO), response manager and policy group meet to discuss strategic and other **public information guidance** and requirements that guide development of public information-related operational objectives.
- e. The response manager briefs DOC section chiefs and subject matter experts with knowledge related to the incident/event on the DOC strategic priorities
- f. The response manager works with DOC section chiefs and subject matter experts to develop or revise **operational objectives** that implement the executive-level strategic priorities. (See [Appendix E: Operational & Tactical Guidance](#))
- g. When IDOH activates the DOC, individual IDOH divisions may already be conducting activities related to the incident/event. The DOC's role is to plan, manage, coordinate and evaluate incident/event-related activities across IDOH divisions, integrating current activities into DOC planning and evaluation processes.



- h. The response manager is responsible for maintaining a **common operating picture** (COP). A COP includes a complete understanding of the situation, related activities, IDOH staffing/partners, and resource needs.
- i. The response manager shares written operational objectives with all DOC staff. (See [Annex 1.4 Incident Objectives Form](#)).
- j. The response manager convenes the appropriate DOC staff, including all section chiefs, to review the operational objectives and assigns the development of **tactical plans** to implement objectives. (See [Appendix E: Operational & Tactical Guidance](#)).
- k. Tactical plans typically include sections on the current situation; operational objective; the actions to accomplish the objective; the administration, resources, and funding; and the oversight, coordinating instructions and communications.
- l. Staff may use the [Annex 1.9 Tactical Planning Worksheet](#) to develop their tactical plans
- m. DOC sections coordinate as necessary to complete tactical plans that implement operational objectives
- n. DOC sections provide copies of their tactical plans to the Planning Section
- o. The planning section maintains plans and makes them available to DOC staff

## **2. Evaluation Process**

- a. Once an operational period – or at a regular interval determined by the response manager – DOC section chiefs reviews objectives, evaluating the status of each objective.
  - Section chiefs responsible for objectives consider whether the DOC is making progress on an objective, has completed the objective successfully, or if it must adapt its operations or change the objective to be able to meet the desired outcomes.
- b. The Planning Section records updates on DOC objectives in [Annex 1.11 Incident Action Plan](#) and shares with DOC staff and the Policy Group.

## **F. Information Sharing**

Information sharing is exchanging timely, accurate and actionable data, knowledge and other types of information with IDOH staff and external partners. Throughout a DOC activation, the ability to share, analyze and understand information is necessary for informed decision making, situational assessment and accomplishing and evaluating DOC objectives.

At the start of and periodically during an activation, the DOC identifies audiences and partners, evaluates information sharing requirements, and identifies the associated needs for trained staff and technology to support information analysis and sharing. The Planning Section with support from the Communications Section is responsible for supporting and coordinating information sharing, working with all DOC staff to create additional opportunities to exchange information internally and with external partners.

### **1. Internal Information Sharing**

During an activation, DOC staff exchanges information internally within the department. The following table identifies internal audiences, information needs, and tools to support the exchange of information.



IDOH Audience	Information Shared from DOC	Information Provided to DOC	Tools/Methods to Exchange Information
IDOH Policy Group	<ul style="list-style-type: none"> <li>Updates on the situation, including threats/risks to the IDOH mission</li> <li>Status of DOC objectives</li> <li>Projected/actual resource limitations and capability gaps</li> </ul>	<ul style="list-style-type: none"> <li>Direction on prioritizing DOC objectives</li> <li>Direction and guidance from discussions with Governor's Office and state agency leadership</li> <li>Limitations or availability of resources (funding, staffing, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>Commissioner's reports (Situation Report)</li> <li>Staff assigned to support executive discussions and share information with DOC</li> <li>Briefings with DOC section chiefs</li> <li>Pre-built Microsoft Teams channel</li> <li>Salesforce Marketing Cloud messaging</li> </ul>
DOC Staff	<ul style="list-style-type: none"> <li>Updates on the situation, including threats/risks to the DOC's ability to accomplish its objectives</li> <li>Review of DOC objectives, progress on objectives, and tasks/information necessary to accomplish objectives</li> <li>Projected/actual resource limitations and capability gaps</li> <li>Policy requirements</li> <li>Information from internal staff and external partners</li> <li>(See <a href="#">Annex 2 Position Job Action Sheets</a> for function-specific information needs.)</li> </ul>		<ul style="list-style-type: none"> <li>OneDrive/SharePoint (document repository and file collaboration platform)</li> <li>K: Drive (final versions of documents for long-term storage)</li> <li>DOC briefings and other meetings</li> <li>Situation Report, <a href="#">Annex 1.11 Incident Action Plan</a></li> <li>Pre-built Microsoft Teams channel</li> <li>Salesforce Marketing Cloud messaging</li> </ul>
All Staff	<ul style="list-style-type: none"> <li>Notice of DOC activation and deactivation</li> <li>Potential/actual impacts of incident/event on all staff</li> </ul>	<ul style="list-style-type: none"> <li>Information necessary to share with the DOC that may be outside formal information sharing processes</li> </ul>	<ul style="list-style-type: none"> <li>Nerve Center (IDOH intranet)</li> <li>Email updates</li> <li>Salesforce Cloud Market Cloud notifications</li> <li>Other information products or events (e.g., IDOH incident-specific websites, virtual town halls, media releases, etc.)</li> </ul>

## 2. External Information Sharing

IDOH staff provides information to and receives information from multiple external partners, including federal, state and local agencies, and non-governmental partners. The list of partners depends on the incident/event and, for example, may include state agency partners, local health departments, local healthcare coalition members, local healthcare providers, community not-for-profit organizations, other state health departments and many more. (Refer to [Public Health Emergency Preparedness and Response Capabilities: Capability 6: Information Sharing](#) for a sample list of stakeholders and partners.)



Whenever feasible, DOC staff and sections utilize pre-existing relationships and day-to-day information sharing pathways to coordinate information-sharing with external partners.

The response manager, in coordination with section chiefs, may assign DOC staff to serve as liaisons in a more formal capacity or may include external agency liaisons in the DOC organizational structure when:

- There is not a pre-existing relationship with the agency or organization, or at the appropriate level within an agency or organization
- The partner has activated an entity similar to the IDOH DOC (e.g., an emergency operations center)

If a section's staff includes a liaison, the section chief includes relevant information obtained from the liaison in its reports, logs, and briefings, so that information sharing occurs across the DOC.

The response manager may also work with DOC staff to create advisory committees and/or policy groups of stakeholders and subject matter experts to support DOC activities and decision-making.

Because the information needs of the DOC and its partners change depending on the incident/event, at the start of and periodically during an activation, the DOC identifies:

- Incident/event partners (public agencies, not-for-profit and private sector audiences)
- Information that IDOH needs from each partner to assess the incident/event, develop situational awareness, and accomplish DOC objectives
- Information that partners need from IDOH to perform their functions successfully
- Tools that the DOC will use to facilitate information sharing with partners
- DOC staff who will serve as liaisons or points of contact to support information sharing between the DOC and IDOH partners (See [Annex 1.3 Information Sharing Matrix](#))

### **3. Information Sharing Tools and Methods**

DOC staff use multiple tools and methods to obtain, analyze, and share information internally within IDOH and with external partners and audiences. Specific tools and methods depend on incident/event conditions. The use of certain tools and methods requires DOC staff to have specialized training and/or subject matter expertise.

DOC staff primarily use the following tools and methods to support information sharing.

#### **a. Reports**

The DOC creates reports to communicate information about the situation. The DOC may create customized versions of situation reports for the state health commissioner and Policy Group members, local health departments and other audiences. Situation reports highlight the status of the incident/event, updates on



current issues and new developments, information about potential risks and impacts, and the status of DOC objectives, among other essential information.

b. Internal/External Websites and Platforms

The DOC maintains online document repositories, such as a Microsoft Teams Channel, to organize incident/event files. IDOH staff use OneDrive, or Teams, to share and collaborate on files and the K: to archive final versions of materials. DEP creates new folders for each incident/event and grants access to the appropriate IDOH staff. Office of Technology and Cybersecurity may support the DOC with additional tools.

IDOH obtains, extracts, and combines data to answer specific questions about an incident/event.

The DOC develops online platforms to share incident/event resources with partners. This may involve creating a SharePoint site for an incident/event and provide access to select partners, such as local health departments or healthcare providers. The DOC may post on the site public information products, recordings of webinars, FAQs, fact sheets and other resources.

IDOH may develop incident/event-specific webpages to share guidance, updates, and dashboards with external partners and the public. The Communications Section leads the development of webpage content and publishes new pages on the IDOH website.

c. Briefings and meetings

The purpose of briefings is to develop a common operating picture in which all audiences share an understanding of the situation, are familiar with projected actions and risks, and understand their roles in supporting the incident/event. Briefings may include DOC briefings, Policy Group briefings, local health department webinars, healthcare provider webinars and others. The DOC may hold briefings virtually or in person.

At the start of a DOC activation, the response manager and section chiefs define a briefing schedule for regular, planned meetings. Agenda items reflect audiences' specific information sharing requirements. The RM establishes a "battle rhythm" or schedule for meetings so all staff, subject matter experts and partners understand when meetings will occur. (See [Appendix D: Priority Setting & Meeting Guidance](#)).

d. Public information products and events

Led by the Communications Section, the DOC may organize, support and/or participate in press conferences or media statements about the incident/event. Public information activities may also include education campaigns, targeted text messages, or lead other creative opportunities to reach audiences affected by the



incident/event. Communications staff work with the access and functional needs advisor to develop accessible products and events. For each of these activities, the Communications Section monitors and analyzes information from partners, the public and media. This analysis and situational awareness supports information sharing in the DOC and with local and state agencies and other partners.

Whenever possible, the DOC strives to inform partners of important incident/event updates and operational changes prior to public communications, so IDOH partners have time to adjust their operations as well.



# Multi-Agency Coordination

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This section of the IDOH DOC plan summarizes how the DOC coordinates and shares information and resources with other state agencies.

## A. State Multi-agency Coordination

Multi-agency coordination occurs within different structures and systems:

Coordination Entity/Structure	Description	Coordination with IDOH DOC
<b>Executive Policy Group</b>	<p>When multiple state agencies respond to an incident, the Executive Policy Group provides high-level authority and leadership to work through governmental issues, state law, and jurisdictional impacts. The Executive Policy Group also establishes statewide priorities and limitations for the response. The composition of the group consists of stakeholders with the authority to make statewide policy-related decisions, but varies depending upon the type, size and complexity of the event.</p>	<ul style="list-style-type: none"><li>The Executive Policy Group is a <i>different entity from the IDOH Policy Group</i> (although both groups may include IDOH executives).</li><li>Members of the Executive Policy Group may include the governor and chief executives from agencies involved in the response, or their designees.</li><li>Policies and priorities defined by the Executive Policy Group direct the IDOH DOC strategic priorities and operational objectives.</li></ul>
<b>State of Indiana Emergency Operations Center (State EOC)</b>	<p>When activated, the State EOC functions as a central coordination center for state and local agencies, subject matter experts, and other key response personnel. The Indiana Department of Homeland Security (IDHS) may operate the State EOC 24 hours a day and staffs many of the functions, such as future planning, resource management, and other areas. Depending on scope and scale of the incident, the State EOC may support response functions, such as resource management, for responding state agencies and local jurisdictions. Like the IDOH DOC, the State EOC can be configured to expand or contract as necessary to respond to different levels of incidents requiring state assistance.</p>	<ul style="list-style-type: none"><li>The State of Indiana uses the emergency support function (ESF) structure to provide subject matter expertise and function-related resources, program implementation, and other services as necessary to meet their specific challenges and responsibilities.</li><li>IDOH serves as the primary coordinating agency for ESF 8 – Health and Medical.</li><li>The DOC provides an ESF-8 representative to the State EOC when necessary.</li><li>Additional IDOH staffing support at the State EOC depends on factors such as the needs of the emergency, staff availability, and training. For example, IDOH may provide subject matter experts to co-locate in the State EOC and provide public health expertise to State EOC staff.</li></ul>



<b>Unified Command (a part of the SEOC)</b>	In a State EOC activation, Unified Command is comprised of senior level agency representatives that establish a common set of incident objectives and strategies that all can ascribe to. This is accomplished without losing or giving up agency authority, responsibility, or accountability.	IDOH's participation includes: <ul style="list-style-type: none"> <li>• Collaborating on policy and decision making</li> <li>• Helping set strategic objectives for the response</li> <li>• Providing expertise and guidance so that planning and operations are well-informed</li> <li>• May also include managing public health-specific operations</li> </ul>
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The ESF-8 Emergency Operations Plan (EOP) describes the organizational structures, planning assumptions, and processes, and provides additional information on coordination among IDOH and its state agency partners when the state's ESF structure is activated. (The IDOH DEP maintains a copy of the ESF-8 Emergency Operations Plan.)

## B. Multi-agency Coordination Guidelines

The DOC follows these guidelines for multi-agency coordination.

Interagency coordination is a continuous activity that occurs during day-to-day operations and as part of incident management. Multi-agency coordination follows formal structures and processes when the State EOC and/or ESF-8 function is activated.

- Exchanging information with the State EOC, when activated, is an essential activity of the DOC
- The ESF-8 representative must have the authority to share information with the State EOC, to communicate information and requests for support from the state, to commit IDOH resources and to make decisions on behalf of the DOC within the parameters established by the IDOH response manager (or appropriate IDOH executive if the DOC is not activated).
- When IDOH develops plans to implement the Executive Policy Group's policies and priorities in coordination with other state agencies in the State EOC, the DOC minimizes duplication of effort, deconflicts communications with partners and Hoosiers, and ensures health and medical subject matter expertise is integrated into tactical plans. If IDOH takes executive-level direction directly back to the DOC, state agencies miss the opportunity to coordinate planning efforts.
- When a member agency in the State EOC disagrees with an approach, it is up to the participating agencies to work together and identify workarounds to accomplish the overall objectives
- IDOH is responsible for decision making for and management of its internal operations and resources
- When coordinating with multiple agencies, IDOH staff must be familiar with reimbursement rules for state and federal programs prior to requesting or providing interagency support. Federal and state laws and other policies must be followed.



# Recovery and Deactivation

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In the recovery phase, DOC staff develop and implement operational objectives that return IDOH operations to a pre-incident or a "new" normal state as defined by the incident. The DOC also works with external partners to support the local, regional, and/or statewide transition of health and medical activities to their previous state, evaluating ongoing and future impacts of the incident.

The recovery phase involves all the primary DOC functions: command staff, planning, operations, logistics, and finance/administration. At the end of the recovery, the DOC transitions to the DOC deactivation process.

## A. Recovery Transition Process

### 1. During the Response Phase

- a. Near the start of a DOC activation (e.g., within the first three to four operational periods), the Planning Section drafts a working list of criteria for the DOC transition to recovery. These criteria align with the completion of DOC operational objectives.
- b. DOC response manager and section chiefs meet to discuss and confirm the recovery criteria
- c. Throughout the activation, Planning staff monitor the situation and DOC operations for the criteria. Planning staff may suggest changes to the criteria during the activation.

### 2. Transition to Recovery

- a. When the incident/event satisfies the recovery criteria, Planning staff informs response manager
- b. DOC response manager and section chiefs staff meet to discuss and confirm the transition to recovery, or discuss the need to change the criteria and continue monitoring.
- c. If the DOC enters the recovery phase, the DOC develops additional operational objectives for recovery, following the planning process outlined in this plan.

### 3. Transitioning Enhanced Support for Local Partners

During a DOC activation, IDOH may provide enhanced support and resources to local partners. The DOC develops a transition plan to support local partners as they assume increasing roles and responsibilities in the recovery phase. (See [Appendix F: Evaluation & Recovery Guidance](#)).

To help identify operational objectives specific to recovery, DOC staff may consider the following questions:

- What is the status of the DOC's operational objectives?
- Has IDOH reached the intended outcome or goal of the response to the incident/event?



- What are the short- and long-term impacts of the incident on IDOH, individual external partners and Hoosiers? What steps should IDOH take to mitigate future impacts?
- If IDOH is applying for reimbursement through a federal recovery program, received funding from a federal grant or is submitting an insurance claim, what are the short- and long-term program requirements?
- What programs or other activities did IDOH pause during the DOC activation? What steps can IDOH take to resume these programs and minimize the impacts of the pause?
- What are local and other external partners' recovery priorities and concerns?
- How will the DOC continue to communicate and share information with external partners during the recovery phase?
- What was the impact of the DOC activation on staff?
- What steps should IDOH consider to provide relief to DOC staff (e.g., time off)?
- How will the DOC communicate the transition to recovery to IDOH staff and partners?
- Can DOC staff continue to accomplish its operational objectives if staff extended the duration of an operational period and/or met less frequently?

## **B. DOC Deactivation Process**

- a. When the DOC accomplishes its objectives, the response manager and DOC section chiefs meet to evaluate DOC deactivation
- b. The RM recommends DOC deactivation to the state health commissioner
- c. The IDOH commissioner approves DOC deactivation
- d. The RM leads an all-DOC staff meeting to discuss deactivation and processes for returning to day-to-day roles
- e. IDOH Office of Public Affairs develops and disseminates notifications to all IDOH staff, informing them of the deactivation
- f. IDOH staff inform external partners of the DOC deactivation via their day-to-day communication channels.
- g. DEP Planning and Exercise staff conduct a debrief with all IDOH personnel who staffed the DOC and updates the DOC plan and other tools, as necessary
- h. DEP Planning and Exercise staff lead the development of an after-action report that summarizes the incident/event, identifies objectives, and lists strengths and areas for improvement, with a plan to integrate corrective actions into IDOH's emergency preparedness efforts. (See FEMA's [Homeland Security Exercise and Evaluation Program](#) guidance.)
- i. DEP Planning and Exercise staff lead IDOH personnel in archiving all documentation produced during the DOC activation



# Plan Maintenance

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IDOH regularly reviews and maintains this plan and related materials to ensure that the plan remains useful to the IDOH DOC, and to continue to comply with state and federal requirements.

DEP Planning and Preparedness staff is responsible for maintaining this plan, DOC tools and forms, and other supporting materials.

## A. Plan Updates

DEP Planning and Preparedness staff lead a review of this plan and its attachment:

- After every DOC activation
- After every exercise that involves implementation of the plan
- Following significant changes to State of Indiana or IDOH incident management plans or program requirements

If none of these criteria are applicable, DEP reviews this plan and its attachments once per calendar year, at minimum.

As part of the review following an activation for an exercise or real world incident/event, DEP facilitates a discussion with DOC staff, identifying lessons learned from the activation, and updating the plan and attachments to integrate lessons learned and other improvements.

DEP Planning and Preparedness staff present draft changes to the DEP director, who approves changes to the plan and attachments. DEP staff distributes an updated plan to all DOC personnel who may staff the DOC.

## B. Training and Exercising

Regularly training and exercising this plan ensures that DOC staff can coordinate and share information efficiently and effectively during a DOC activation. The DEP Training and Exercise section, in cooperation with DEP Planning Section, will maintain contact lists in DOC Teams channel and SERV-IN. These lists will be audited quarterly to add and remove contacts due to hiring, promotion, and attrition in coordination with the Quarterly DOC In-services to begin in fall 2025.

It is important that DOC staff are familiar with the principles of the Incident Command System (ICS) and the National Incident Management System (NIMS). All IDOH personnel who may staff a leadership position in the DOC (including the response manager and section chiefs) are required to take the following online, self-paced courses. All IDOH personnel who may staff the DOC are strongly encouraged to take these courses as well.

- [ICS 100.c: Introduction to the Incident Command System](#)
- [ICS 200.c: Basic ICS for Initial Response](#)



- [ICS 700.b: An Introduction to the National Incident Management System](#)
- [ICS 800.d: An Introduction to the National Response Framework](#)

During an activation, the response manager may temporarily waive training requirements, however DOC staff should make every effort to take the courses as soon as feasible.

In addition, IDOH personnel who may staff the DOC – especially those who may staff leadership positions – should take the ICS 300 classroom-based course. Staff may also opt to take the ICS 400 classroom course to obtain their ICS certification.

At least once a calendar year, DEP:

- Offers ICS 300 and 400 courses for IDOH staff
- Trains IDOH personnel with DOC activation experience on updates to this plan
- Trains IDOH personnel who may be asked to staff the DOC and who do not have DOC activation experience on this plan
- Practices implementing this plan for a DOC activation with an exercise

IDOH designs and conducts various types of exercises, including:

- Tabletop exercises (a discussion-based exercise in which participants talk through the actions they would take in response to a scenario)
- Functional exercises (in which staff focus on DOC processes, simulating some aspects of internal and external coordination and DOC operations)
- Full-scale exercises (which includes practicing operations in the field, testing more than one capability, and often includes multiple agencies and other external partners)

In years that IDOH activates its DOC for large-scale, long-duration incidents, DEP may opt not to conduct an exercise but still provides training opportunities to experienced and new IDOH personnel.



# Appendix A: DOC Activation Matrix

## A. Activation Level Description

Activation of the IDOH DOC is dependent on several factors with the size and scope of DOC operations scaling up or down as the event or incident dictates. Some events or incidents will require partial activation with limited DOC activities while others require full activation including multiple IDOH divisions. To aid in determining the level of activation, two important pieces of information need to be known.

- Intensity of the event/incident: The actual or perceived harm an event/incident is causing, or is likely to cause, along with how that harm will impact health outcomes of Hoosiers throughout the state, its local communities, and/or infrastructure
- Scope of the event/incident: The amount of attention and/or resources, whether state or federal, will be required to respond to the adverse health outcomes of the event/incident

### 1. Activation Notification and Triggers

Upon activation of the DOC, a notification of the activation is sent via multiple platforms as outlined in the base plan and is the responsibility of a representative from DEP Planning and Preparedness, DOC Planning Section, or the ESF-8 representative. Other responsibilities of this individual are also described in the base plan. Activation of the IDOH DOC can be triggered, but not limited to, the following instances:

- A decision from DEP division director or PHP AC. See DOC Plan for activation form.
- An SEOC activation with concurrent ESF-8 activation that involves public health implications
- A federal or state public health emergency (PHE) declaration

## B. Event/Incident Category Description

Once these determinants are known and a DOC activation declared, the incident/event can then be placed into one of the following categorical descriptions. It is important to note that only certain types of events/incidents will require activation of the IDOH DOC and though an event/incident may begin in one category, it could escalate or de-escalate depending on the circumstances.

Category	Definition	DOC activation example
Routine	An event/incident that is part of, or planned to be, daily operations within IDOH divisions	N/A
Priority	An event/incident involving moderate impact to a local community's health outcomes often garnering state health commissioner attention	DOC may be activated in limited scope for communication and coordination; Vanderburg TB
Severe	An event/incident with significant impact on health outcomes in one or more local communities or counties	Severe weather incidents, cyber incident with impact to multiple counties, large scale infectious disease outbreak
Catastrophic	An event/incident with a heavy, statewide impact on health outcomes or infrastructure. State or	COVID-19, cyber incident affecting a large swath of

	federal executives are fully engaged, IDOH DOC and IDHS SEOOC activated	healthcare infrastructure, state or federally declared PHE
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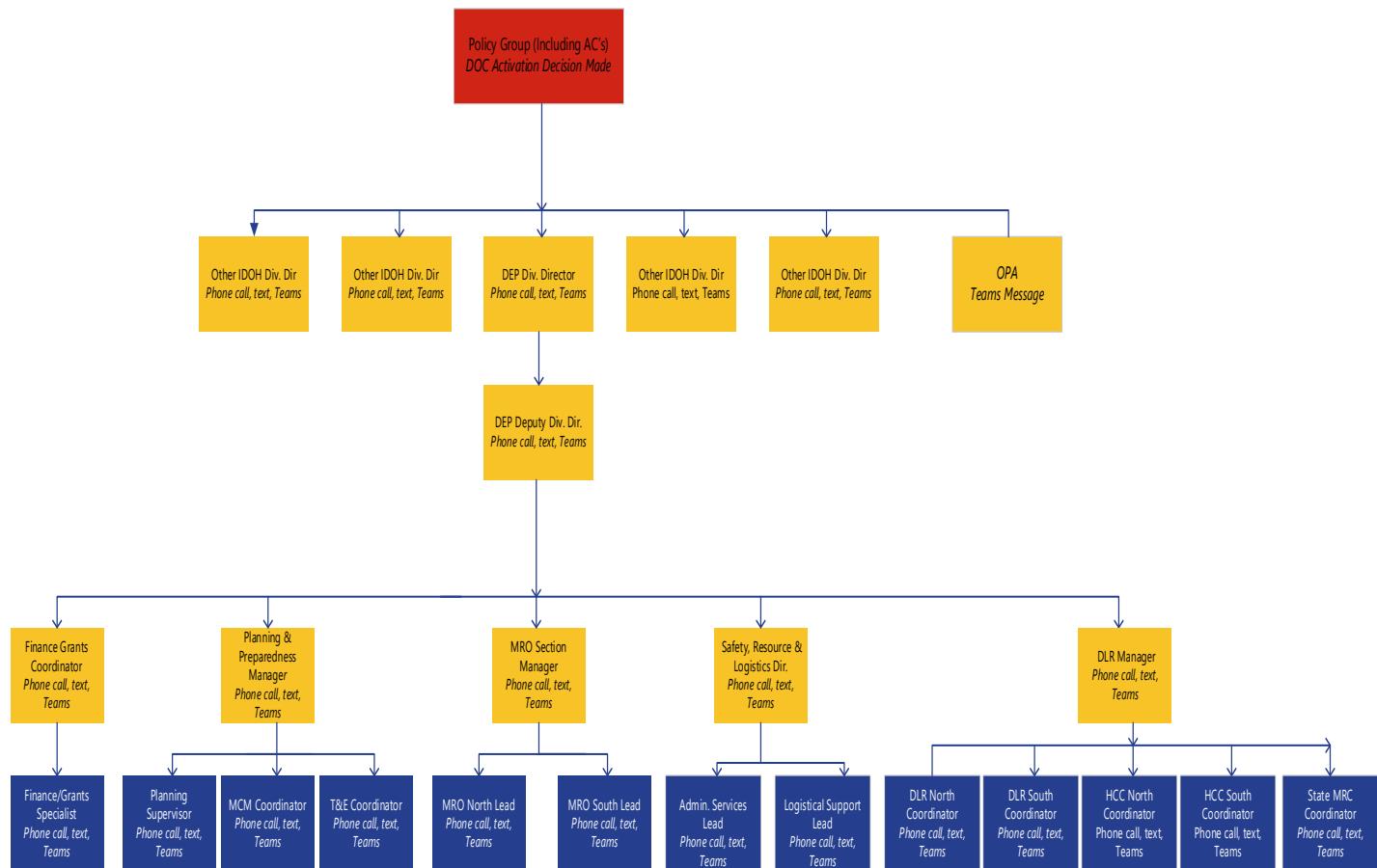
# Appendix B: DOC Communications and P.A.C.E. Plan



## A. Staff Notification Process

Communication is of vital importance in any situation, from routine daily operations through a DOC activation, when internal and external partners rely on the effective, timely, and accurate exchange of information. Once the level of activation is determined and the decision is made, the necessary divisions will need prompt notification to ensure staffing requirements are adequate to meet the needs of the activation while continuing to deliver daily operations.

In ideal circumstances, there are multiple methods that could be utilized to deliver this notification. The IDOH Division of Emergency Preparedness (DEP) utilizes pre-scripted templated incident dependent messages developed in coordination with the IDOH Office of Public Affairs (OPA). This message is then delivered to all necessary commissions and divisions, by an IDOH DEP representative of ESF-8 or Planning and Preparedness, via the SERV-IN platform, Microsoft Teams platform, and Microsoft Outlook email message, with this occurring simultaneously or in successive order. This initial message, sent via the SERV-IN platform, should be followed by division directors contacting their respective employees using a pre-determined call-down method. A visual representation of this process, using IDOH DEP as an example division, is presented below.



## B. Communication P.A.C.E. Plan

Should an incident or event present a disruption to preferred communication pathways of the DOC for any length of time, for instance an electrical outage interferes with the SERV-IN platform or cellular service is disrupted, the need would arise for other methods of communication. IDOH has determined the need for multiple modes of communication due to the uncertainty any situation could present and has adopted the P.A.C.E. methodology to identify and describe these. This P.A.C.E plan is primarily applicable to internal IDOH DOC operations; communications with external partners, such as LHDs, HCCs, hospitals, and other state agencies, would require further coordination between IDOH Logistics section to pre-determine preferred communication pathway with each partner. The chosen pathway would still fall under one of the four methods listed within this P.A.C.E plan.

The P.A.C.E methodology, as described in FEMA and CISA planning guidance, is a communications planning tool used to help determine an organization's primary (P), alternate (A), contingent (C), and emergent (E) modes of communication in emergency situations. The methods IDOH utilizes, along with the resources and potential partnering agencies, are outlined below.

P.A.C.E. methodology		Identified Resource
Priority	Communication Method	
P	SERV-IN messaging, Outlook email, and/or Microsoft Teams message	SERV-IN, Microsoft Outlook and Teams web-based platforms
A	State-issued and/or personal cell phone; phone call and/or text message	State-issued cellular device
C	AT&T FirstNet talk groups	State-issued cellular device and/or FirstNet capable state issued radio
E	State-issued radios	State-issued Kenwood or Motorola radios

## C. P.A.C.E Access and Coordination Considerations

### SERV-IN, Teams, and Outlook Messaging

Each of these modalities serve a unique purpose throughout DOC activation. During the initial activation and messaging, SERV-IN is utilized as the primary messaging modality, notifying all necessary staff of the activation from a pre-determined, templated message provided by OPA. This message informs staff to pay attention to further messaging containing additional details which will come via Outlook email and/or a specified Microsoft Teams-DOC Channel invitation. Each subsequent message following the SERV-IN message will provide additional details regarding the when, why, and how to proceed during the DOC activation.

### Microsoft Teams Channel

Activation, granting access to other DOC personnel, and initial messaging is the responsibility of a member of the DEP Planning and Preparedness team, DOC Planning Section, or DEP ESF-8



representative. This channel is to be established within one hour of SERV-IN and/or Outlook email notification distribution.

## **FirstNet Capable Devices**

To ensure FirstNet capability, a request must be made to IDOH Logistics for employee's state-issued cell phone number to be synchronized with FirstNet. The use of FirstNet is determined by DOC management and a requisition sent to Integrated Public Safety Commission (IPSC) for distribution of the satellite resource. FirstNet synchronization and uplifting of cell numbers is conducted by IDOH Logistics team. In reference to the "talk groups," currently there are four for internal IDOH-specific needs. Should the incident escalate requiring a greater number of talk groups, IDOH Logistics would be responsible for the activation of the needed groups.

## **State-Issued Radios**

As noted, a second emergent communication method, utilizing the state's cache of radios would be applicable if internet and wireless communications are inactive. IDOH Logistics stores a cache of radios, 27 Kenwood and 15 Motorola, for DOC staff. There are four (4) Zone A radio channels designated specifically for internal IDOH use. Other channels available for external partner communications are as follows.

- Various hospital groups – 17
- Medical countermeasures – 3
- Medical – 3
- LHD – 5
- ESF-8 – 3

IDOH Logistics can procure additional radios through a request to IPSC; an IPSC representative would be responsible for reprogramming radio channels. DOC management, via the ESF-8 representative, would need to notify the SEOC that radios are being utilized to ensure continuity of communication between agencies. For a complete list of communication resources, please see [Attachment 3: Complete IPSC Emergency Response Cache.](#)

It is important to remember that some incidents requiring DOC activation do not occur during the most ideal time. For this reason, notification and communication processes may need to be modified to achieve the most efficient activation process. For instance, if activation is considered at 2 a.m., a Policy Group member or division director may not hear or see a SERV-IN notification, necessitating the move directly to a phone call.



# Appendix C: DOC Surge Staffing Criteria



## A. Surge Requirements

IDOH acknowledges that a situation could arise where current, daily operations staff may become overwhelmed and unable to meet the demands of a DOC activation incident. In anticipation of such an event, IDOH has identified and partnered with approved vendors to enhance the agency's ability to quickly identify, screen, and onboard the staff necessary for the incident. These additional staff can serve within the agency or with, or for, an agency partner such as a local health department (LHD), hospital, or other provider's offices. For the surge-staffing process to begin, three requirements must first be met:

- The IDOH DOC must be in full activation
- A Policy Group decision must be made to allow IDOH to surge higher to meet staffing needs due to current levels being inadequate
- A funding source must be identified and approved to accommodate the extra staffing level

One consideration when surge-staffing is discussed is the number and type of staff needed. To aid in this determination, IDOH has identified three staffing need levels as described below.

Surge staffing levels		
Level	Description	Example
1	Demand of up to 50 public health professionals	Localized infectious disease outbreak, local cyber outage, or natural hazard (Priority Activation Level)
2	Demand of 50-200 public health professionals	Regional/multijurisdictional infectious disease outbreak, cyberattack, or natural hazard (Severe Activation Level)
3	Demand greater than 200 public health professionals	Pandemic, major earthquake, or statewide cyber/IT outage (Catastrophic Activation Level)

It is important to note that all staff hired to meet surge capacity are considered contracted positions, of which, contracts can be short- and long-term. The minimum contract term length is three (3) months with a maximum term of one (1) year unless a situation arises to potentially extend the contract as needed. To view the fully-executed contract between IDOH, Medasource, and CAI, detailing surge staffing hiring criteria, please refer to [Attachment 1: CAI T&M Work Order](#).

## B. Surge Staffing Decision Process

Once it is known to the DOC management team (IC and section chiefs) that the incident or event is likely to overwhelm current staffing levels, a request to surge higher must be made to the Policy Group. The request must include evidence that current staffing levels will become, or have already been, overwhelmed along with the perceived surge staffing level need. Another consideration to include in the surge staffing request is the type of personnel that is required such as clinical versus non-clinical staff, IT personnel, data collection, or a combination of several skill types.

The Operations Section chief (OCS) will send the final staffing request to the approved surge staffing vendor's, Medasource senior account executive. Upon receiving the request, Medasource requires the following timeframes to recruit and present qualified candidates:

- 24-to-48 hours to meet Level 1 requirements
- 72 hours to meet Level 2 requirements
- 72 hours to one week to meet Level 3 requirements

Once the ideal candidate(s) have been identified to fill the positions needed, the Medasource senior account executive should be sending the selected candidates to the OSC to then be filtered to the corresponding section or division within IDOH. The expected hiring and onboarding timeframes, which are in addition to the recruitment timeframes above, are as follows:

- Within five (5) business days of candidate acceptance for clinical staff
- Within three (3) business days of candidate acceptance for non-clinical staff

For a more comprehensive review of this process, please reference [Attachment 2: Medasource – How to Engage State of Indiana.](#)

It is important to note that Medasource will **only** be contacted **when and if** the criteria for surge staffing have been met. Medasource is only responsible for the procurement of necessary staff; the vetting, hiring, and onboarding process is then conducted by Computer Aid, Inc. (CAI). To streamline this process, IDOH is responsible for providing CAI generic, position descriptions and job details for the anticipated staffing needs, which CAI will then upload into their hiring portal, Vector.



## Priority Setting and Meeting Guidance

### A. DOC Strategic Priorities

As described in the Concept of Operations, once the IDOH Department Operations Center (DOC) has activated, the IDOH Policy Group develops and shares strategic priorities with the DOC incident commander. Strategic priorities guide primary DOC activities and since these priorities do not provide the level of detail necessary to perform or evaluate incident/event operations, DOC staff is responsible for turning strategic priorities into strategic objectives and tactical plans. Policy Group members can use their responses to the following questions to develop strategic priorities.

#### Priority Setting Questions:

- What is the situation and status of the incident/event?
- What are the current/potential impacts and anticipated risks? To IDOH? To IDOH partners (e.g., federal, state, local, non-profit, and private sector partners)? On Hoosiers?
- What are local or other partners' roles and responsibilities in managing or coordinating the incident/event?
- What are the current capabilities of local partners (such as local health departments) to manage or coordinate the incident/event?
- How do local partners' current capabilities affect (or will affect) IDOH and its partners?
- Are other state agencies involved in managing or coordinating the incident/event?
- Is the State Emergency Operations Center activated?
- What outcomes should IDOH reach by the end of the DOC activation?
- What are the ways that the DOC can influence these outcomes?
- What are the strategic priorities that should guide DOC operations toward these outcomes?
- Why is this strategic priority necessary and how will accomplishing it improve the overall outcomes of the incident/event?
- Considering available resources, can IDOH successfully implement the strategic priority?
- What can IDOH do to mitigate or prevent further incidents?
- Is the timeframe an important factor for this strategic priority?
- Ideally, what strategic priority(ies) should the DOC accomplish first?

### B. DOC Meetings

This section provides an overview of typical DOC meetings. All DOC meetings provide an opportunity to share information across staff functions about the incident/event and current or anticipated effects. Meetings are also used to discuss, plan for, and evaluate operational objectives and tactical plans on a recurring basis.

The incident commander establishes a meeting cadence or “battle rhythm” at the start of the DOC activation and may update the type or frequency of meetings as the situation changes. The Planning Section maintains a record of DOC meetings, participation, minutes, and outcomes. Each of the meetings in the table involve multiple DOC staff. Individual DOC staff may facilitate or participate in additional meetings within their sections or with other liaisons and external partners.

Meeting name	Timing	Participants	Sample topics	Outcomes
DOC activation request	Prior to DOC activation, if an activation is requested	Policy Group members (with commissioner or designee), director of Division of Emergency Preparedness, other subject matter experts	Review the fields in <b><u>Error! Reference source not found.</u></b>	The state health commissioner either authorizes the activation of the DOC or requests that the Division of Emergency Preparedness assign staff to monitor a future need for activation
Policy Group briefings	At the start of a DOC activation and as the situation and/or strategic priorities change	IDOH Policy Group members, including commissioner or designee, and incident manager	Incident/event status Strategic priorities for DOC activation Resources: <u>Incident Action Plan</u> (including the <b><u>Error! Reference source not found.</u></b> )	Policy members understand situation and can provide informed guidance. DOC staff receives strategic priorities that guide development of operational objectives.
Public Information Strategy meetings	At the start of a DOC activation and whenever public information strategy changes	IDOH public information officer (PIO), incident manager, Communications Section chief	Incident/event status Strategic priorities for public information Messaging guidance Requirements for approvals Key public information events/efforts	PIO understands situation and can provide informed guidance. DOC staff receive strategic priorities and other public information guidance and requirements that guide development of public information-related operational objectives

Meeting name	Timing	Participants	Sample topics	Outcomes
DOC activation meeting	At the start of a DOC activation	Incident manager, section chiefs, health equity advisor, safety officer, subject matter experts and other DOC staff, as needed	Reasons for activating the DOC Incident/event status Strategic priorities from Policy Group Scope of DOC activation (includes overview of DOC staffing and operational periods) Initial meeting schedule Development of operational objectives (if the necessary staff and subject matter experts are present at the meeting) Resources: <b>Error!</b> <b>Reference source not found.</b> , <b>Error!</b> <b>Reference source not found.</b> , <b>Error!</b> <b>Reference source not found.</b>	DOC staff understands situation, priorities for activating the DOC, and next steps that staff will take to coordinate DOC operations. May include the development of operational objectives, if the necessary staff and subject matter experts are present at the meeting.
Operational objectives initial development meeting	At the start of a DOC activation; may occur as part of activation meeting	Section chiefs, health equity advisor, subject matter experts and other DOC staff, as needed. (Incident Manager reviews objectives before they are finalized).	Incident/event status Development of operational objectives Resources: <b>Error!</b> <b>Reference source not found.</b> , <b>Error!</b> <b>Reference source not found.</b>	DOC staff develop SMARTIE operational objectives that align with Policy Group's strategic priorities, can be measured, and can be used to develop tactical plans

Tactical planning meetings	Whenever the DOC has developed and/or updated operational objectives. DOC often holds a separate tactical planning meeting for each objective.	Led by the section chief responsible for the implementation of the objective. Also includes Section staff, health equity advisor, supporting staff from other DOC Sections, and subject matter experts, as needed	Review operational objective  Development of tactical plans  Resources: <b>Error!</b> <b>Reference source not found.</b> , <b>Error!</b> <b>Reference source not found.</b> , <b>Error!</b> <b>Reference source not found.</b>	DOC staff create tactical plans that guide, support the management of, and help staff evaluate the implementation of operational objectives
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Meeting name	Timing	Participants	Sample topics	Outcomes
DOC briefings	Regularly, throughout DOC activation	DOC staff, as requested by incident manager, including all section chiefs, health equity advisor and Safety Officer	Incident/event status (including threats/risks)  Review of DOC objectives, progress, upcoming tasks and information necessary to accomplish objectives  Projected/actual resource limitations and capability gaps  Policy requirements  Information from internal staff and external partners  Resources: <b>Error!</b> <b>Reference source not found.</b> , <u>Incident Action Plan</u>	DOC staff coordinate information and operations related to the incident/event
Operational objectives update meetings	Whenever there is a need to update or develop new	Section chiefs, health equity advisor, subject matter experts and	Changes to the incident/event that necessitate updated or new objectives	DOC staff update or develop new SMARTIE operational objectives that align with Policy

	operational objectives	other DOC staff, as needed. (Incident Manager reviews objectives before they are finalized).	New/updated input on strategic priorities from the Policy Group  Status of current objective(s)  Development of operational objectives  Resources: <b><u>Error!</u></b> <b><u>Reference source not found.</u></b> <b><u>Error!</u></b> <b><u>Reference source not found.</u></b>	Group's strategic priorities, can be measured, and can be used to develop tactical plans.
State Emergency Operations Center meetings	Frequency established by State EOC	ESF representatives (including ESF-8), and others identified by State EOC	Topics determined by State EOC. Typically related to information sharing and/or resource requests from ESF-8.	Outcomes determined by State EOC.

Meeting name	Timing	Participants	Sample topics	Outcomes
Executive Policy Group meeting	Frequency established by Governor's Office and State EOC	Representatives from Governor's Office, state agency executives (includes state health commissioner if incident is public or medical health-related) and IDOH DOC staff member to note action items for IDOH	Topics determined by Executive Policy Group.	Policies and priorities defined by the Executive Policy Group direct the IDOH DOC strategic priorities and operational objectives. Specific outcomes determined by the Executive Policy Group.
Debrief meeting	Following a DOC activation	Facilitated by DEP Planning and Preparedness staff, involves group or individual meetings with Policy Group	Resource: <b><u>Error!</u></b> <b><u>Reference source not found.</u></b>	DOC Plan updated, integrating lessons learned and accomplishments, ensuring that plans remain useful and

		members and all DOC staff		relevant for future DOC activations
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## Operational Objectives Guidance

Once the IDOH Policy Group conveyed its strategic priorities for DOC activation, DOC section chiefs and subject matter experts develop operational objectives. It can take more than one operational period to accomplish an objective. DOC staff can use the following examples and considerations to develop and refine effective objectives.

### **SMART Objectives**

**Specific** – Is the wording precise and unambiguous?

**Measurable** – How will achievements be measured?

**Action-oriented** – Is an action verb used to describe expected accomplishments?

**Realistic** – Is the outcome achievable with given available resources?

**Time-sensitive** – What is the timeframe? The **Access and Functional Needs (AFN) advisor** in the DOC is available to all DOC staff to advise on creating equal access for all needs.

### **SMART Example:**

Within [timeframe], the DOC will [take an action] by [how] to [why/so what].

The DOC will [action] in [an amount of time] so that [describe outcome or desired end state].

### **Questions for Consideration:**

- What is the specific, desired outcome of the objective?
- What should the end state look like when the DOC accomplishes this objective?
- Why is it necessary for IDOH to accomplish this objective?
- How will accomplishing this objective improve the overall outcomes of the incident/event?
- How does this objective apply the IDOH Policy Group's strategic priorities?
- How does this objective support the reasons for DOC activation?
- What happens if IDOH does not address this issue? What happens if IDOH does not accomplish this objective?
- How long will it take IDOH to accomplish this objective with current available resources (personnel, equipment, funding, etc.)? How would this timeframe change if IDOH increased its resources?
- Are current resources adequate to accomplish the desired outcome, or does IDOH need to augment current resources to meet the objective?
- How does this objective allow IDOH to use its resources efficiently?
- Is the objective written to allow for regular progress monitoring and evaluation?
- Is the objective specific enough to support tactical planning?

## Tactical Planning Guidance

Once the DOC section chiefs and subject matter experts develop operational objectives, the incident manager assigns DOC sections to work on specific tactical plans. DOC sections develop tactical plans to implement their objectives in coordination with other sections for information and support. (Operations Section staff generally lead the development tactical planning when they are responsible for the implementation and evaluation of plans.)

Tactical plans should include activities and tasks, responsibilities assigned to individual staff members, resource capabilities and needs, and expected task completion deadlines or milestones. DOC staff may use the **Error! Reference source not found.** to develop their tactical plans.

DOC sections can use the following considerations when developing their tactical plans. When it becomes necessary to change tactical plans, including staffing levels, the Section responsible for managing the plan communicates modifications to the Incident Commander and delivers updated plans to the Planning Section.

### **Questions for Consideration:**

- What are the activities necessary to accomplish this objective and reach its desired outcome?
- What are the tasks necessary to accomplish each activity?
- Who is responsible for leading and supporting each task?
- When does each task need to be accomplished?
- Which subject matter experts, IDOH divisions, and/or partners need to be involved in these activities and tasks?
- What resources are necessary to perform each task? Can IDOH use existing resources? How will the DOC obtain existing resources?
- What external resources are necessary to perform the task? How will the DOC obtain these external resources?
- What information is needed initially from internal staff and external partners? What information is needed on an ongoing basis?
- What coordination is necessary to accomplish the objective? Does this objective require unique coordination methods (such as coordination with new partners)?
- Who is responsible for monitoring progress toward accomplishing the objective? How will progress be monitored?

## Access, and Functional Needs Guidance

This section is an excerpt from the Emergency Support Function (ESF) #8 Annex Public Health and Medical Services Plan (March 2022) and can be used to identify populations disproportionately affected or at risk in an incident.



## INCLUSION, ACCESS, AND FUNCTIONAL NEEDS

The State of Indiana works with public, private, and non-profit organizations to build a culture of preparedness and readiness for emergencies and disasters that goes beyond meeting the legal requisites of people with disabilities as defined by the most current version of the Americans with Disabilities Act (ADA) or for individuals with access and functional needs.

IDHS integrates the Federal Emergency Management Agency's (FEMA)'s access and functional needs guidance, which identifies an individual's actual needs during an emergency and awareness of not using negative labels such as "handicapped," "crippled," or "abnormal."



This annex planning guidance is inclusive as it also encompasses people with temporary needs or those who do not identify themselves as having a disability. This includes women who are pregnant, children, older adults, individuals with limited English communication, people with limited transportation access and those with household pets and service animals. Additional awareness which helps ensure inclusive emergency preparedness planning include addressing the needs of children and adults in areas such as:

**SELF-DETERMINATION** – Individuals with access and functional needs are the most knowledgeable about their own needs.

**NO “ONE-SIZE-FITS-ALL”** – Individuals do not all require the same assistance and do not all have the same needs.

**EQUAL OPPORTUNITY, INTEGRATION AND PHYSICAL ACCESS** – All individuals must have the same opportunities to benefit from emergency programs, services, and activities.

**NO CHARGE** – Individuals with access and functional needs may not be charged to cover the costs of measures necessary to ensure equal access and nondiscriminatory treatment.

**EFFECTIVE COMMUNICATION** – Individuals must be given information that is comparable in content and detail to the information given to those without functional needs.

**FOR MORE INFORMATION, PLEASE REFER TO THE INDIANA ACCESS AND FUNCTIONAL NEEDS ANNEX.**



# Appendix F: Department Operations Center Evaluation and Recovery Guidance



## Evaluation Guidance

Section chiefs responsible for implementing operational objectives review and evaluate their progress towards accomplishing objectives at regular intervals, at least once an operational period. DOC staff can use the following considerations when evaluating objectives.

### **Questions for Consideration:**

- How is the DOC measuring progress toward the objective's intended outcome?
- What is the status of this objective?
- Is the DOC on track to accomplish this objective in the desired timeframe?
- Which tactics have been effective in making progress? Are any of the tactics not achieving the desired outcome?
- Does the DOC have the resources necessary to accomplish this objective?
- Are there additional resources necessary to accomplish this objective, such as staff, supplies/equipment or funding?
- Are additional coordination or information sharing efforts needed to accomplish this objective?
- Does the DOC need to coordinate with new partners to accomplish this objective?
- Does the DOC need to alter current tactics or operations to meet the objective successfully?
- Does the DOC need to mitigate a risk to accomplish intended outcomes?
- Does the DOC need to change the objective?
- Did the DOC accomplish the intended outcome?
- If the objective has been completed, what are the next steps?

## Recovery Transition Guidance

During the response phase, Planning Section staff monitor and assess when the DOC can begin to transition to recovery. (Also review the Recovery Transition Process in the Recovery and Deactivation section of the DOC Plan.)

During an activation for an incident/event, the DOC may provide enhanced support and/or resources to local partners. When this enhanced support is no longer required, the DOC begins to develop transition plans so local partners can assume roles and maintain operations without interruption, whenever possible.

### **Transition Criteria:**

The following are examples of criteria that may indicate when IDOH's augmented support for local partners is no longer necessary. DOC staff discuss and develop thresholds for each criteria specific to the incident/event.

- Laboratory throughput numbers drop below a certain threshold
- Daily cases drop below a certain number
- Hospital surge numbers drop below a certain threshold
- Local health departments can maintain adequate workforce numbers

- Local partners order and receive resources directly from manufacturers, federal agencies, or other sources, and the DOC is no longer managing resources for the incident/event above a certain threshold
- Local partners are analyzing or have automated the analysis of their own data related to the incident/event

## A. Recovery Transition Plans

Recovery transition plans may address the following:

- Notifications (e.g., describes how IDOH will notify partner agencies, community organizations, IDOH personnel who support partners in their day-to-day roles, and others of transition)
- Near and long-term strategic recovery priorities and outcomes
- Operational objectives to be accomplished before the withdrawal of enhanced support by IDOH, preparing local partner agencies and communities for the withdrawal of enhanced IDOH support. Support may have included augmented staffing, mobile services, additional funding, targeted outreach, incident/event-specific public education campaigns, call centers, etc.
- Processes for transferring roles and responsibilities
- An approach to ensure consistent engagement with hard to reach populations and populations disproportionately at risk or affected by the incident/event
- Policies and processes for submitting documentation and financial reporting for reimbursement
- IDOH point of contact(s) during transition
- A plan to ensure access to behavioral and mental health support in near- and long-term
- Opportunities to strengthen community resilience for the future

## B. Debrief Considerations

Following DOC deactivation, DEP Planning and Preparedness facilitates a debrief with DOC staff and other participating partners. The following general questions may provide a starting point for the debrief discussions.

- What were the top three strengths of the DOC activation?
- What are top three areas in which the DOC needs to improve before the next activation?
- Did you have a thorough understanding of the incident/event situation throughout the response? Please provide details.
- Were your information needs met during the DOC activation? Please provide details.
- What changes would you make to the DOC plan and attachments, including functional checklists and worksheets?
- Please share any additional feedback to help improve the DOC



# Appendix G: IDOH DOC Divisions Supporting Operations



## IDOH Divisions and Subject Matter Expertise

IDOH divisions may provide subject matter expertise during a DOC activation. During a DOC activation, IDOH subject matter experts share the most up to date information, contributing to the common operating picture (COP). Personnel from IDOH divisions may also be assigned to staff the DOC, supporting the planning and implementation of operational objectives related to their areas of expertise. The table below provides examples of the types of expertise available in each division.

<b>Indiana Department of Health Divisions and DOC support</b>	
<b>Division</b>	<b>DOC subject matter expertise</b>
Infectious Disease Epidemiology and Prevention	Disease surveillance and investigation
Public Health Informatics Division	Comprehensive geospatial support, statistical analysis, application development, and mapping
Zoonotic and Vector-borne Epidemiology Program	Surveillance and prevention of zoonotic and vector-borne diseases in Indiana
HIV/STI/Viral Hepatitis Division	Prevention, intervention and treatment of HIV and other sexually transmitted diseases
Tuberculosis and Refugee Division	Technical assistance and support, education, policy development and surveillance of tuberculosis
Finance Division	Provision of funds and tracking of resources before, during and after an emergency response
Office of Public Affairs	Internal and public-facing communications
Division of Acute Care	Licensure and responsibilities of acute care facilities in Indiana
Division of Long-term Care	Licensure and responsibilities of long-term care facilities in Indiana, including nursing homes, comprehensive care facilities and licensed assisted living facilities
Vital Records Division	Maintaining and issuing vital records and their copies
Environmental Public Health	Prevention and control of environmental health and safety hazards

Food Protection Program	Development of regulations, conducting routine inspections, investigation of foodborne illness complaints and response to food emergencies
Public Health Laboratories	Specific, high quality laboratory tests, test data and test interpretations
Division of Emergency Preparedness	Relevant public health plans; consults with relevant divisions to obtain subject matter expertise
Immunization Program	Vaccinations and vaccine schedules
Division of Chronic Disease, Primary Care and Rural Health	Programs promoting the treatment and prevention of asthma, multiple cancers, cardiovascular diseases and diabetes
Local Health Services (LHS) Commission	Outreach to local health departments. Administer Health First Indiana (HFI) funding to local health departments to perform core public health services
Maternal and Child Health Division	Largest or most prevalent threats facing pregnant women and children
Division of Trauma and Injury Prevention	Development, implementation and provision of oversight of a statewide comprehensive trauma care system
Women, Infants, and Children (WIC)	Nutrition and health screenings and assessments, nutrition education and counseling, breastfeeding promotion and support and referrals to other Indiana health, family and social services



# Appendix H: Department Operations Center Acronyms and Abbreviations



## Acronyms and Abbreviations

The following acronyms and abbreviations appear in the DOC plan, its appendixes, or attachments.

Acronym	Meaning
ADA	Americans with Disabilities Act
AFN	Access and functional needs
CHIRP	Children and Hoosier Immunization Registry Program
CMS	Centers for Medicare and Medicaid Services
COP	Common operating picture
DEP	Division of Emergency Preparedness
DOC	Department Operations Center
EAP	Event action plan
EOC	Emergency Operations Center
ESF	Emergency support function
FAQs	Frequently asked questions
FBI	Federal Bureau of Investigation
FEMA	Federal Emergency Management Agency
FSSA	Indiana Family and Social Services Administration
GIS	Geographic Information System
IAP	Incident action plan
ICS	Incident command system
IDHS	Indiana Department of Homeland Security
IDOH	Indiana Department of Health
IOT	Indiana Office of Technology
JIC	Joint Information Center
LHD	Local health department

NIMS	National Incident Management System
PACE	Primary, alternate, contingent, emergent
PIO	Public information officer
OTC	Office of Technology and Cybersecurity
SBAR	Situation, background, assessment, recommendation
SitRep	Situation report
SMARTIE	Specific, measurable, action-oriented, realistic, time-sensitive, inclusive and equitable
SMEs	Subject matter experts
State EOC (or SEOC)	State Emergency Operations Center



# Annex 1.1: Department Operations Center Worksheets and Forms



## Worksheets and Forms

Department Operations Center (DOC) staff may use or adapt the worksheets and forms in the following table to document and share important information during a DOC activation. Copies of worksheets or forms with an asterisk (\*) are included in the DOC plan.

Name	Description	Adapted ICS Form	Prepared By
DOC Activation Request Worksheet*	Can be used to request a DOC activation	n/a	Director, Division of Emergency Preparedness
Information Sharing Matrix*	Used to identify partners, information needs, and methods for sharing information	n/a	Planning Section
Incident/Event Objectives Form*	Used to identify strategy and operational objectives for each operational period	ICS 202	Planning Section
DOC Communication List*	General list of contact information for all DOC staff	ICS 205A	Finance/ Administration Section
Organization Chart	Depicts the DOC organizational chart and chain of command	ICS 207	Planning Section
Incident/Event Status Summary Form*	Used to collect general incident information for decision making	ICS 209	Planning Section
Incident/Event Check-In Sheet	General sign-in sheets for DOC staff or individuals staffing the DOC, participating in DOC meetings or attending DOC events	ICS 211	Finance/ Administration Section
Resource Request Form (Form Instructions*)	Used to request resources. The DOC uses <a href="#">the standard version of the 213RR ICS Form</a> . The DOC plan includes suggested instructions for the form, which the DOC may provide to local partners and others requesting resources from IDOH.	ICS 213RR	Logistics Section
Activity Log*	Used by DOC sections and/or staff to log significant events or activities during incident	ICS 214	All Sections

Tactical Planning Worksheet*	Used by sections responsible for implementing objectives (most often Operations) to communicate resource needs, tasks and assignments	ICS 215	Operations Section or other sections
Safety Analysis Worksheet*	Identifies risks and risk mitigation strategies to staff/personnel performing tactical actions, operations and other DOC activities. Completed for each tactical plan.	ICS 215A	Safety Officer
Incident Action Plan (IAP)*	A compiled report with multiple forms and other supporting data and information about the incident/event	ICS 209, ICS 207, ICS 202	Planning Section
Situation Report (SitRep)	Summaries of the incident/event and DOC operations for internal and/or external audiences, such as the IDOH Policy Group or local health departments. Different versions may be prepared for different audiences, depending on the audience's information needs. Communications Section staff work with Planning Section staff to obtain up to date information from other forms, including the IAP.	ICS 209 and other forms, as needed	Communications Section



# Annex 1.2: Department Operations Center Activation Request Worksheet



## DOC Activation Request Worksheet

This worksheet can be used to share information about the incident/event, the actual or potential impacts, and the potential advantages of activating the DOC with the IDOH commissioner. The worksheet may be submitted to the IDOH commissioner to request DOC activation.

<b>Activation type:</b>	Choose an item.
Description of incident/event:  Click or tap here to enter text.	
Reasons DOC activation requested:  Click or tap here to enter text.	<i>Include information on situation and scope.</i>
Current incident/event activities:  Click or tap here to enter text.	<i>Include proposed DOC priorities and advantages of DOC activation</i>
Anticipated resource needs:  Click or tap here to enter text.	<i>Actions divisions are currently taking to coordinate or manage incident/event</i>
	<i>Include proposed staffing organization and levels,</i>

	<i>anticipated initial equipment and funding needs, etc.</i>
Description of proposed DOC activation:	
Click or tap here to enter text.	<i>Indicate partial or full staffing, physical or virtual location; meeting cadence, expected duration of activation, etc.</i>



# Annex 1.3: Department Operations Center Information Sharing Matrix



## Information Sharing Matrix

The Planning Section and Communications Section may use this table as a worksheet to identify partners, information needs and methods for sharing information.

Click or tap here to enter text.				
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Click or tap here to enter text.				
Click or tap here to enter text.				
Click or tap here to enter text.				
Click or tap here to enter text.				



# Annex 1.4: Department Operations Center Incident/Event Objectives Form



## Incident/Event Objectives Form

DOC staff may use the Incident/Event Objectives form to document operational objectives or changes to objectives throughout DOC activation. This form becomes a component of the Incident Action Plan once the DOC begins creating the IAP. The Planning Section is responsible for maintaining this form.

### Instructions:

The IDOH Policy Group identifies the "strategic priorities."

For "activities," the DOC briefly lists five to seven tasks staff are performing to accomplish the objectives.

For "status," the DOC reports on the progress staff is making to accomplish the objective, noting when an objective has been completed or revised.

<b>Incident/event name:</b>	Click or tap here to enter text.		
<b>Operational period:</b>	Click or tap to enter a date.		
<b>Strategic priorities:</b>	Click or tap here to enter text.		
<b>Incident/event objectives:</b>	Objective	Activities	Status
	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.
	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.

<b>Prepared by (name, title):</b>	Click or tap here to enter text.
<b>Approved by (name, title):</b>	Click or tap here to enter text.
<b>Date/time approved:</b>	Click or tap to enter a date.



# Annex 1.5: Department Operations Center Communications List



## Communications List

The Finance/Administration Section creates and maintains the contact list for all DOC staff, working with Section Chiefs to review/update the information once per operational period. For example, DOC staff may add reviewing/confirming information in this list to a daily briefings/meetings agenda.

### IDOH Policy Group

Title	Name	Email	Office Phone	Mobile Phone	Other
IDOH Commissioner (or designee)	Click or tap here to enter text.				
Public Information Officer	Click or tap here to enter text.				

### DOC Command

Title	Name	Email	Office Phone	Mobile Phone	Other
Incident Manager	Click or tap here to enter text.				
Access and Functional Needs Advisor	Click or tap here to enter text.				
Safety Officer	Click or tap here to enter text.				
Legal Advisor	Click or tap here to enter text.				

## Operations Section

Title	Name	Email	Office Phone	Mobile Phone	Other
Operations Section Chief	Click or tap here to enter text.				
Click or tap here to enter text.					

## Planning Section

Title	Name	Email	Office Phone	Mobile Phone	Other
Planning Section Chief	Click or tap here to enter text.				
Data and Analytics Expert	Click or tap here to enter text.				
Click or tap here to enter text.					
Click or tap here to enter text.					
Click or tap here to enter text.					



## Logistics Section

Title	Name	Email	Office Phone	Mobile Phone	Other
Logistics Section Chief	Click or tap here to enter text.				
Click or tap here to enter text.					
Click or tap here to enter text.					
Click or tap here to enter text.					
Click or tap here to enter text.					

## Communications Section

Title	Name	Email	Office Phone	Mobile Phone	Other
Communications Section Chief	Click or tap here to enter text.				
Click or tap here to enter text.					
Click or tap here to enter text.					
Click or tap here to enter text.					



## Finance/Administration Section

Title	Name	Email	Office Phone	Mobile Phone	Other
Finance and Admin Section Chief	Click or tap here to enter text.				
Click or tap here to enter text.					
Click or tap here to enter text.					
Click or tap here to enter text.					
Click or tap here to enter text.					



# Annex 1.6: Department Operations Center Resource Request Form



## Resource Request Form

The purpose of the ICS Form 213RR (Resource Request Form) is to order and track resources. The Logistics Section in the DOC maintains this form in order to track the status of resources and determine incident costs.

The Logistics Section receives via email completed copies of the Resource Request Form from local partners and others requesting resources from IDOH. Most partners use [the standard version of the ICS Form 213RR](#). The Logistics Section may set up an automated email reply to provide a point of contact for requesting partners inquire about the status of their request or ask other related questions. The Logistics and Finance/Administration Sections also complete applicable sections of this form.

At the conclusion of a DOC activation, Logistics staff work with the Planning Section to archive completed copies. The following sample instructions for the form are specific to DOC operations. The Logistics Section may customize and share the instructions with partners that anticipate submitting a request.

The following instructions for the [standard ICS 213RR Form](#) may be updated and provided to partners requesting resource support from the DOC. The numbers in the instructions correspond to the numbers on the form.

### Resource Request Form Instructions

1. Incident name – Include name of incident or event
2. Date/time – Date and time that request is submitted
3. Resource request number – Leave blank. [A number will be assigned by the Logistics Section in the Indiana Department of Health (IDOH) Department Operations Center (DOC).]
4. Order – specify:
  - a. Quantity – Number of items requested
  - b. Kind – Leave blank, unless applicable.
  - c. Type – Leave blank, unless applicable.
  - d. Detailed item description – Describe important characteristics of the requested item(s). The description may take up more than one line, if necessary.
  - e. Arrival date and time – Include *requested* time, if necessary. Leave *estimated* time blank.
  - f. Cost – Leave blank

5. Requested delivery/reporting location – Enter delivery location requested
6. Suitable substitutes and/or suggested sources – Enter possible substitute items if specific requested resource is not available. Provide supplier information, if known.
7. Requested by name/position – Name and position of person making the request
8. Priority – The requestor determines the urgency of the request. The urgency will generally be low to routine.
9. Section chief approval – Obtain appropriate section chief signature for request.
10. Logistics order number – Logistics staff in the IDOH Department Operations Center (DOC) enters number, if applicable
11. Supplier phone/fax/email – IDOH Logistics staff enters resource supplier's phone/fax/email
12. Name of supplier/POC – IDOH Logistics staff enters name of resource supplier/contact
13. Notes – IDOH Logistics staff includes any relevant notes regarding the request
14. Approval signature of authorized Logistics representative – IDOH Logistics staff enters approval signature of an authorized Logistics Section representative
15. Date/time – Authorized IDOH Logistics staff adds the day and time that they sign the request
16. Order placed by – IDOH Logistics staff enters name of individual who places order for requested resource(s)
17. Reply/comments from Finance – IDOH Finance/Administration staff includes any notes regarding the request
18. Finance section signature – IDOH Finance/Administration staff enters approval signature of an authorized representative
19. Date/time – Authorized IDOH Logistics staff adds the day and time that they sign the request



1. Incident Name:				2. Date/Time	3. Resource Request Number:	
Requestor	4. Order (Use additional forms when requesting different resource sources of supply.):					
	Qty.      Kind      Type      Detailed Item Description: (Vital characteristics, brand, specs, experience, size, etc.)	Arrival Date and Time		Cost		
		Requested	Estimated			
5. Requested Delivery/Reporting Location:						
6. Suitable Substitutes and/or Suggested Sources:						
7. Requested by Name/Position:		8. Priority: <input type="checkbox"/> Urgent <input type="checkbox"/> Routine <input type="checkbox"/> Low		9. Section Chief Approval:		
Logistics	10. Logistics Order Number:			11. Supplier Phone/Fax/Email:		
	12. Name of Supplier/POC:					
	13. Notes:					
14. Approval Signature of Auth Logistics Rep:			15. Date/Time:			
Finance	16. Order placed by (check box): <input type="checkbox"/> SPUL <input type="checkbox"/> PROC					
	17. Reply/Comments from Finance:					
	18. Finance Section Signature:			19. Date/Time:		

ICS 213 RR, Page 1



# Annex 1.7: Department Operations Center Incident/Event Status Summary



## Incident/Event Status Summary Form

The DOC may use the Incident/Event Status Summary form to document changes to the situation and the impacts of conditions on the department and its partners. The DOC adapts its decisions, operational objectives and activities to the changing situation. The incident manager may utilize this document for Policy Group briefings.

The Planning Section is responsible for gathering information on the situation and maintaining this form. This form becomes a component of the Incident Action Plan (IAP) once the DOC begins creating the IAP.

### Instructions:

For "situation summary," include details such as a brief description of the incident, hazards/risks, impacted or potentially impacted areas, numbers of casualties or fatalities, etc. If the incident/event impacts one or more populations disproportionately, then identify the populations and summarize the effects of the incident/event in this field.

For "major updates" highlight three to five significant changes in the incident/event since DOC completed the previous form.

"Concerns" includes factors that may worsen the situation and cause additional impacts.

"State Emergency Operations Center Status" indicates whether ESF-8 has been activated and the State Emergency Operations Center (State EOC) is requesting support from IDOH.

### Incident/Event Status Summary

<b>Incident/event name:</b>	
<b>Operational period:</b>	
<b>Situation summary:</b>	
<b>Major updates:</b>	
<b>Concerns:</b>	

<b>State Emergency Operations Center status:</b>	
<b>Prepared by (name, title):</b>	
<b>Approved by (name, title):</b>	
<b>Date/time approved:</b>	



# Annex 1.8: Department Operations Center Activity Log



## Activity Log

The DOC may use the Incident/Event Status Summary form to document changes to the situation and the impacts of conditions on the department and its partners. The DOC adapts its decisions, operational objectives and activities to the changing situation. The Incident Manager may utilize this document for Policy Group briefings.

The Planning Section is responsible for gathering information on the situation and maintaining this form. This form becomes a component of the Incident Action Plan (IAP) once the DOC begins creating the IAP.

### Instructions:

For "situation summary," include details such as a brief description of the incident, hazards/risks, impacted or potentially impacted areas, numbers of casualties or fatalities, etc. If the incident/event impacts one or more populations disproportionately, then identify the populations and summarize the effects of the incident/event in this field.

For "major updates" highlight three to five significant changes in the incident/event since DOC completed the previous form.

"Concerns" includes factors that may worsen the situation and cause additional impacts.

"State Emergency Operations Center Status" indicates whether ESF-8 has been activated and the State Emergency Operations Center (State EOC) is requesting support from IDOH.

<b>Incident/event name:</b>	Click or tap here to enter text.
<b>Operational period:</b>	Click or tap to enter a date.
<b>DOC section:</b>	Click or tap here to enter text.
<b>Date/time:</b>	Notable activities/milestones/decisions
Click or tap to enter a date.	Click or tap here to enter text.
Click or tap to enter a date.	Click or tap here to enter text.
Click or tap to enter a date.	Click or tap here to enter text.
Click or tap to enter a date.	Click or tap here to enter text.
Click or tap to enter a date.	Click or tap here to enter text.

Click or tap to enter a date.	Click or tap here to enter text.
Click or tap to enter a date.	Click or tap here to enter text.
Click or tap to enter a date.	Click or tap here to enter text.
Click or tap to enter a date.	Click or tap here to enter text.
Click or tap to enter a date.	Click or tap here to enter text.
Click or tap to enter a date.	Click or tap here to enter text.
<b>Prepared by (name, title):</b>	Click or tap here to enter text.
<b>Approved by (name, title):</b>	Click or tap here to enter text.
<b>Date/time approved:</b>	Click or tap to enter a date.



# Annex 1.9.0: Department Operations Center Tactical Plan Worksheet



## Tactical Plan

The Operations Section, or other DOC sections responsible for implementing DOC objectives, may use this form to develop a tactical plan to accomplish the operational objectives. Also refer to [Appendix E: DOC Operational and Tactical Guidance](#) to customize and complete this worksheet.

### Instructions:

Under "staffing/resources," list the resources necessary to accomplish the tactical plan and indicate any resources that need to be sourced and/or transported. Include details, such as type and number of resources on hand, whether they have been ordered and support necessary to access the resources. These details are important, because they help the DOC operate efficiently, and determine whether it can realistically accomplish the objective using the resources it has or can easily obtain, or if the DOC must consider sourcing new resources.

### Tactical Plan Worksheet - Page 1

Incident/event name:		
Operational period:		
Operational objective:		
Anticipated outcomes:		
Tactics:		
Tasks/activities	Task lead/support	Deadline/anticipated completion date
1.		
2.		
3.		
4.		
Staffing/resources:		
Staffing/resource needed	Availability/location	Actions to obtain staff/resources
1.		
2.		

3.			
4.			
<b>Information sharing:</b>			
Internal/external partner	DOC's info needs	Partner's info needs	Info sharing method

## Tactical Plan Worksheet - Page 2

Evaluation and monitoring:			
Evaluation lead (name/title)			
Evaluation criteria/milestone		Anticipated completion date	
1.			
2.			
3.			
4.			
Risks and mitigation strategies:			
Potential risks to objective/outcome		Potential mitigation measures	Mitigation measures to be implemented
1.			
2.			
3.			
4.			
Prepared by (name, title):			
Approved by (name, title):			



<b>Date/Time approved:</b>	
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# Annex 1.9.1: Department Operations Center Safety Plan Worksheet



## Safety Plan Worksheet

The safety officer leads the development of this plan in collaboration with the Operations Section or other sections responsible for implementing tactical plans. The safety officer completes a separate form for each operational objective. All Safety Plan Worksheets address staff mental/behavioral health, work-rest cycles, physical security of personnel (e.g., lighting and security), weather conditions and personal protective equipment needs.

The safety officer provides a copy of the form to Operations staff or other staff responsible for implementing tactical plans, and to the Planning Section to archive in the DOC file repository. At DOC briefings, the safety officer and/or Operations Section chief briefs staff responsible for implementing tactical plans on safety risks and mitigation strategies.

<b>Incident/event name:</b>		
<b>Operational period:</b>		
<b>Objective:</b>		
<b>Safety Risks and Mitigation Strategies</b>		
<b>Location:</b>		
Hazards/risks	Mitigations	Responsibilities
1.		
2.		
3.		
4.		
<b>Location:</b>		
Hazards/risks	Mitigations	Responsibilities
1.		
2.		
3.		
4.		

Location:			
Hazards/risks	Mitigations	Responsibilities	
1.			
2.			
3.			
4.			



# Annex 1.9.2: Department Operations Center Incident Action Plan (IAP)



## Incident Action Plan

The Incident Action Plan (IAP) compiles multiple forms:

- An overview of the situation ([Annex 1.7: DOC Incident/Event Status Summary Form](#))
- DOC organizational structure ([Annex 1.1: DOC Worksheets & Forms](#))
- A list of DOC operational objectives, progress on efforts to accomplish objectives, and current/planned DOC activities (See [Annex 1.4: Incident/Event Objectives Form](#))
- Other visuals and supporting information, as needed

The Planning Section leads the development of the IAP, summarizing information from the incident manager and DOC sections. The Planning Section assesses and updates the IAP for each operational period. When there are no changes to the IAP for an operational period, the Planning Section validates the existing plan, updates the date and time on the IAP, and submits it to the incident manager for approval. The Planning Section archives copies of each IAP in the shared DOC file repository.

# Annex 2.1: Department Operations Center Policy Group



## IDOH Policy Group

The IDOH Policy Group includes the IDOH State Health Commissioner (or designee) and members of the IDOH executive team. For state-level State Emergency Operations Center (State EOC) activations, state agency partners, the Office of the Governor, and other executives may participate in a separate Executive Policy Group. For more information on the state-level Executive Policy Group, refer to the Multi-agency Coordination section of the DOC Plan.

Primary responsibilities:	<ul style="list-style-type: none"><li>Provide executive-level strategic direction and priorities for the DOC</li><li>Designate a public information officer (PIO), who serves as a member of the Policy Group, to provide strategic guidance on messaging and public information strategies</li><li>Ensure that communication between the Policy Group and the DOC occurs via the Incident Manager. (This helps the DOC follow formal information sharing processes and maintains chain of command in the DOC.)</li><li>Maintain situational awareness by reviewing DOC reports and other information from the incident manager</li><li>Discuss the situation and status of operational objectives with the Incident Manager, continue to provide direction on prioritizing operational objectives especially when resources are scarce</li><li>Review information requests from the DOC</li><li>Communicate updates to policies and other compliance requirements to the incident manager</li><li>Coordinate directly with the Office of the Governor and/or participate in the state-level Executive Policy Group activities</li></ul>
Support responsibilities:	<ul style="list-style-type: none"><li>Authorize large expenditures related to the DOC activation beyond pre-determined large expenditures in IDOH policy</li><li>Support public information and internal/external communication efforts, including strategy development and participation in events</li><li>Participate in post-activation debrief and plan updates</li></ul>
Pre-activation	

<ol style="list-style-type: none"> <li>1. Review DOC activation request and either:           <ol style="list-style-type: none"> <li>a. Authorize activation</li> <li>b. Request the Division of Emergency Preparedness (DEP) to monitor the situation and report back to the Policy Group within a specified timeframe</li> </ol> </li> </ol>
<b>Initial activation</b>
<ol style="list-style-type: none"> <li>1. Identify members of the IDOH executive team who will serve in the Policy Group during the DOC activation           <ol style="list-style-type: none"> <li>a. This group always includes the state health commissioner, or designee who has the authority to provide strategic direction, make policy decisions and commit IDOH resources</li> <li>b. The Policy Group also includes a PIO who provides strategic guidance on messaging and public information strategies to the Policy Group and DOC.</li> </ol> </li> </ol>
<ol style="list-style-type: none"> <li>2. Review the situation status and identify strategic priorities for the DOC activation. These priorities will guide the DOC as staff develop operational objectives. Also, discuss the Policy Group's desired outcomes for DOC activation.           <ol style="list-style-type: none"> <li>a. Reference the <b>Error! Reference source not found.</b> in the DOC Plan for considerations and questions to support the Policy Group's discussion</li> <li>b. Have the IDOH PIO facilitate an initial discussion with the Policy Group on strategic guidance for public information messaging and efforts</li> </ol> </li> </ol>
<ol style="list-style-type: none"> <li>3. Communicate the Policy Group's strategic priorities to the DOC Incident Manager.           <ol style="list-style-type: none"> <li>a. Since the DOC will list priorities in its <u>Incident Action Plan</u>, providing the priorities in writing is preferred.</li> </ol> </li> </ol>
<ol style="list-style-type: none"> <li>4. Identify the format and frequency for the Policy Group to receive updates from the DOC Incident Manager on the situation and DOC progress towards the Policy Group's desired outcomes.           <ol style="list-style-type: none"> <li>a. For example, the DOC may provide updates to the Policy Group in the form of in person or virtual briefings or situation reports.</li> </ol> </li> </ol>
<b>Ongoing activation</b>
<ol style="list-style-type: none"> <li>5. Review/approve requests from the Incident Manager to redirect IDOH personnel from day-to-day operations to staff the DOC.</li> <li>6. Maintain situational awareness, reviewing reports and other documents, and participating in Policy Group briefings, as needed.</li> </ol>



<p>7. Discuss the situation and status of operational objectives with the incident manager, providing direction on prioritizing operational objectives when resources are scarce, and communicating updates on policies and other compliance requirements to the incident manager.</p>
<p>8. Coordinate directly with the Office of the Governor and/or participate in the state-level Executive Policy Group activities, communicating strategic direction, policies, intelligence, and other information to the DOC incident manager.</p> <ol style="list-style-type: none"> <li>For all meetings and 1:1 conversations related to the DOC activation, Policy Group members are accompanied by a DOC staff member who takes notes and records action items and next steps.</li> </ol>
<p>9. The IDOH public information officer (PIO) continues to inform public information strategies (see PIO functional checklist in the DOC Plan for additional responsibilities).</p>
<p>10. If needed, authorize expenditures over the amount pre-determined in IDOH policy.</p>
<p><b>Deactivation</b></p>
<ol style="list-style-type: none"> <li>Review the incident manager's request to deactivate the DOC.</li> <li>Participate in post-DOC activation debriefs and provide input on updates to the DOC plan.</li> </ol>



# Annex 2.2: Department Operations Center Response Manager



## Response Manager

The response manager leads DOC. The response manager and DOC are advised by AFN advisor, Legal Affairs, and the safety officer. (These roles are staffed for every DOC activation.) If the response manager designates a deputy response manager for a DOC activation, they review the following response manager checklist together, the response manager assigns the deputy specific tasks, and they determine a process for updating the incident manager on the deputy's progress.

Primary responsibilities:	<ul style="list-style-type: none"><li>Coordinate with the IDOH Policy Group to receive strategic guidance on DOC priorities</li><li>Meet with the public information officer (PIO) and Communications Section chief to discuss public information/communications strategic guidance for the DOC</li><li>Communicate executive priorities and policies to DOC staff</li><li>Facilitate DOC meetings with section chiefs and subject matter experts, and others</li><li>Approve DOC staffing levels and staffing chart</li><li>Approve operational objectives and tactical plans, keeping informed on progress on objectives, monitoring for overall organizational effectiveness, suggesting and making modifications as needed</li><li>Approve <u>Incident Action Plans</u> and Situation Reports</li><li>Maintain understanding of all DOC requirements, policies and limitations, including financial and resource limitations</li><li>Identify staff to coordinate consistency and fairness in health services, legal, and safety functions on behalf of the DOC</li><li>Ensure that all DOC sections have situational awareness and visibility across DOC operations and activities to identify potential issues or concerns</li><li>Assign staff to ESF-8 representative position in the State Emergency Operations Center, when activated, and identify authorities</li><li>Oversee efforts to support the mental/behavioral health of DOC staff</li></ul>
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Support responsibilities:	<ul style="list-style-type: none"> <li>• Receive authorization from IDOH Policy Group to activate or deactivate the DOC</li> <li>• Help de-conflict potential issues in tactical plans</li> <li>• Provide ESF-8 representative information about DOC activities to share information with the State Emergency Operations Center</li> <li>• Work with Operations and other DOC staff to assign liaisons, as needed, which may include coordination with other activated DOCs or Emergency Operations Centers</li> <li>• Lead the development of advisory committees or other subject matter expert groups to advise DOC activities</li> <li>• Work with Finance/Administration Section to understand and ensure that DOC staff are implementing requirements for insurance and federal reimbursement programs</li> <li>• Participate in post-activation debrief and plan updates</li> </ul>
General information needs:	<ul style="list-style-type: none"> <li>• Strategic priorities (and updates to priorities) from IDOH Policy Group (including public information officer) and state level, governor-led Executive Policy Group</li> <li>• Limitations, authorities and policies as determined by Policy Group</li> <li>• Broad understanding of all DOC operations, accomplishments, issues, resource needs and risks, including details and status of operational objectives and tactical plans</li> <li>• Situation status</li> <li>• Information about local, state and federal partners' response to the incident/event</li> <li>• Information about populations affected by the incident/event, including people with disabilities and others disproportionately impacted by the situation</li> <li>• Whether overtime is approved for DOC staff</li> <li>• Information on funding available to support DOC operations</li> <li>• Other information requested or reported during DOC briefings and other meetings</li> </ul>
Initial Activation	



1. The IDOH Policy Group assigns an incident manager (lead coordinator) of the IDOH DOC.
  - a. This position is generally staffed by the director for the Division of Emergency Preparedness.
  - b. Policy Group provides strategic guidance on DOC priorities, including strategic guidance on messaging and public information activities in coordination with the IDOH public information officer (PIO).
2. Gather information about the incident/event and IDOH's efforts to date to manage the incident/event.
3. Read through all functional checklists, including this one.
4. Determine whether DOC staff will work from a physical location or virtual (or hybrid model).
5. Identify:
  - a. Advisors for AFN, Safety, Legal
  - b. Deputy response manager (if needed)
  - c. Logistics Section chief
  - d. Planning Section chief
  - e. Finance/Administration Section chief
  - f. Operations Section chief
6. Contact DOC management staff and section chiefs with an overview of the incident/event, details about when and where to attend the DOC Activation Meeting, and information on how to obtain copies of DOC plans and tools (including checklists).
  - a. The Planning Section chief or staff may support these calls.
7. Work with Planning Section Chief to obtain strategic guidance on DOC priorities and desired outcomes from IDOH Policy Group.
8. Participate in a meeting with the IDOH PIO and Communications Section chief to discuss strategic messaging and priorities for communications.
  - a. This discussion may include messaging guidance, requirements for approvals, key public information events/efforts (e.g., the DOC will create a public education campaign) to inform the development of operational objectives.
  - b. Since the DOC will list priorities in the Incident Action Plan, it is preferred that these priorities are in writing.



9. Working with Planning Section staff, create a document (or update/save an existing document) with strategic guidance on DOC priorities from the IDOH Policy Group.
10. Work with the Policy Group to receive approvals for IDOH personnel to staff the DOC.
11. Coordinate with DOC section chiefs to identify additional staff who should be involved in preliminary DOC planning discussions. <ul style="list-style-type: none"> <li>a. Ensure that Planning has included data and analytics subject matter expertise in its section.</li> </ul>
12. In coordination with the Planning Section chief, develop an agenda for the DOC activation meeting and invite DOC participants to the meeting. <ul style="list-style-type: none"> <li>a. The agenda for the DOC activation meeting is to discuss why the DOC has been activated, to review strategic priorities from the IDOH Policy Group, and to discuss initial activities and the scope of the DOC activation.</li> <li>b. Topics also include an overview of DOC staffing, operational periods, and an initial meeting schedule.</li> <li>c. The incident manager may have additional topics to add to this list, such as the development of operational objectives if all DOC sections and the appropriate subject matter experts are present. (Alternately, the incident manager may schedule a separate meeting to develop DOC operational objectives to ensure that the appropriate staff are available to participate in this important planning discussion.)</li> </ul>
13. Work with the Planning Section chief to develop a duration for DOC operational periods and a <b><u>Error! Reference source not found.</u></b> for future DOC discussions. <ul style="list-style-type: none"> <li>a. Establish a meeting schedule ("battle rhythm") so all DOC staff, subject matter experts, and liaisons, understand when meetings will occur.</li> </ul>
14. Facilitate the DOC activation meeting. <ul style="list-style-type: none"> <li>a. Planning staff will provide a sign-in sheet and ensure that all meeting participants sign in.</li> <li>b. Planning staff will take minutes during the meeting, especially noting action items, assignments, deadlines, risks and mitigation measures, decisions, policies and requirements, and other significant information.</li> <li>c. Planning staff will provide information and training on required ICS or other forms to be used during the activation.</li> <li>d. Planning staff will take minutes during the meeting.</li> <li>e. Planning staff will archive a copy of the sign-in sheet and meeting minutes in the file repository and provide access to DOC staff.</li> </ul>



15. Receive DOC operational objectives from the Planning Section and work with DOC staff to revise objectives and/or approve the objectives.
16. Discuss initial resource and staffing needs with section chiefs. <ul style="list-style-type: none"> <li>a. Note that depending on the incident/event, Logistics and/or Operations staff may have resource management responsibilities. It is the responsibility of the Logistics Section chief to maintain overall situational awareness of DOC logistics functions and activities.</li> </ul>
17. Receive the DOC staffing chart from the Planning Section and work with DOC staff to revise staffing plans and/or approve the chart. <ul style="list-style-type: none"> <li>a. Work with Finance/Administration Section chief and Policy Group to identify and request IDOH personnel to staff the DOC.</li> </ul>
18. Receive from the Planning Section information on other agencies/organizations responding to the incident/event, and which external partners have activated their emergency operations center or equivalent incident management structures.
19. Review tactical plans from Planning. <ul style="list-style-type: none"> <li>a. Discuss any current or potential issues or risks to implementing the plan with the DOC Section Chiefs.</li> <li>b. Ensure that the Safety Officer has worked with the Sections to develop Safety Analyses for all tactical plans.</li> <li>c. Ensure that the Access &amp; Functional Needs Advisor has contributed to the development of tactical plans.</li> <li>d. Work with Planning Section staff to provide approved tactical plans to all DOC staff.</li> </ul>
20. Review and approve the <u>Incident Action Plan</u> (IAP) from the Planning Section. The IAP may include: <ul style="list-style-type: none"> <li>a. Operational objectives</li> <li>b. DOC organizational chart</li> <li>c. Incident/event status summary</li> <li>d. Any additional important summary information about the incident/event.</li> </ul>
21. Ensure that DOC staff understand limitations and have processes in place to comply with financial requirements, in coordination with Finance/Administration Section chief. <ul style="list-style-type: none"> <li>a. This is especially important if the State of Indiana is using or may in the future use federal funding or insurance claims to fund a portion of the response and recovery efforts.</li> </ul>



- b. For some State EOC activations, the Finance/Administration may be required to develop a budget of anticipated costs to inform the State EOC's future planning efforts.

#### Ongoing Activation

- 22. Coordinate with the Policy Group and Planning staff to document information from IDOH and other State executives.
  - a. This may include providing Planning staff to accompany IDOH executives and take notes at meetings (e.g., IDOH Policy Group meetings, State Executive Policy Group meetings, meetings with the Governor's Office, etc.) and share important information with the response manager and section chiefs.
  - b. Important information includes strategic guidance on priorities, partnerships, policies and other requirements, resource limitations, directives, and other information that has the potential to effect DOC systems, operations, and activities.
- 23. If needed, create (or designate a DOC staff member to create) an advisory committee or policy group of stakeholders and/or partners to provide insight and subject matter expertise to the DOC.
- 24. Establish a **Error! Reference source not found.** to brief the Policy Group regularly.
  - a. Continue to gather information on strategic priorities.
    - i. This includes receiving strategic guidance on messaging and public information activities from the IDOH public information officer.
  - b. Continue to share information with the Policy Group about the incident/event and its affects or potential impacts on IDOH, Hoosiers (including populations disproportionately at risk), and IDOH partners.
  - c. Continue to obtain approvals for additional IDOH personnel to staff the DOC.
- 25. Continue to participate in meetings with the IDOH PIO and Communications Section chief whenever there are updates to strategic messaging and priorities for communications.
- 26. If necessary, establish a meeting schedule and meet with management staff (including Safety, AFN, and Legal) regularly to discuss the situation status, progress on DOC efforts and current/potential information or resource needs.
- 27. Facilitate **Error! Reference source not found.**:
  - a. Ensure that the appropriate DOC staff and subject matter experts attend meetings.
  - b. Planning staff maintains sign-in sheets.
  - c. Provide updates on the situation status.



- d. Provide updates on IDOH Policy Group guidance and policy matters.
- e. Section chiefs provide updates on their functional areas and status of operational objectives, for example:
  - i. Operations updates on progress on operational objectives.
  - ii. Operations updates on requests for information, resources, and other types of support and coordination from local and state partners.
  - iii. Health Equity updates on identifying stakeholders and meeting the needs of Hoosiers who are disproportionately impacted by the incident/event.
  - iv. Logistics updates on resource capabilities.
  - v. Planning updates on data analysis and visualization for DOC and external partners.
  - vi. Legal updates on potential risks and compliance matters.
  - vii. Communications updates on outreach initiatives, common questions, messaging, rumors/misinformation, products, events, and coordination with other partners.
  - viii. Communications updates on communication with internal staff.
  - ix. Finance/Administration updates on expenses, financial tracking, and potential Federal/additional funding.
- f. ESF-8 Representative provides updates from State Emergency Operations Center.
- g. Continue to review and approve the IAP and other reports (e.g., Situation Report) once an operational period.

- 28. Meet with management staff and section chiefs to discuss additional details, when needed.
  - a. In addition to the topics generally covered in DOC meetings, the incident Manager may also discuss long-range (future) planning with Planning staff.
- 29. Monitor Management staff schedules/work hours, checking on the need for alternate/back-up staffing and time-off.
- 30. When new individuals report to the DOC to staff DOC Management, provide a status briefing, job coaching and tools.
- 31. Work with Finance/Administration staff to ensure that documentation of DOC actions meets the requirements of insurance and federal reimbursement programs.
  - a. This may involve coordination with the State Emergency Operations Center.



32. In coordination with Communications Section, develop public information policies for the DOC (e.g., refer all media inquiries to Communications staff).
33. Coordinate with the safety officer to educate DOC staff on safety practices in the DOC. <ul style="list-style-type: none"> <li>a. Ensure that the DOC has established and is implementing practices to support the mental/behavioral health of IDOH staff.</li> </ul>
34. Support Planning staff's efforts to ensure that DOC sections are maintaining documentation and completing required forms (including <b>Error! Reference source not found.</b> ) with the appropriate level of detail.
35. Direct the transition of the DOC from response to recovery activities and coordinate with Planning staff on the development of a transition plan or recovery plan. <ul style="list-style-type: none"> <li>a. This may include the development of recovery-focused operational objectives, increased resources for documentation and record keeping, assessing the cumulative impact of the incident/event on IDOH and its external partners, etc.</li> <li>b. Inform the Policy Group of the DOC's transition from response to recovery.</li> </ul>
36. Request that the Policy Group authorize the deactivation of the DOC when it is no longer necessary to use the DOC structure and systems to manage the incident/event.
<b>Deactivation</b>
37. Inform the DOC staff that the DOC will be deactivated.
38. Work with DOC staff to establish processes and systems to continue to share information about the incident/event following DOC deactivation, if necessary. <ul style="list-style-type: none"> <li>a. In most cases, IDOH personnel will revert to their day-to-day communication processes and structures.</li> </ul>
39. Work with DOC staff to inform external partners that the DOC will be deactivated.
40. Establish release priorities for critical resources that include check out and debrief procedures for personnel working the event.
41. Support Planning staff's efforts to gather and finalize records and documentation.
42. Support the Division of Emergency Preparedness' efforts to conduct debriefs with DOC staff and external partners and update the DOC plan and tools.



# Annex 2.3: Department Operations

## Center Legal Advisor



### Legal Advisor

In addition to participating in selected activities described in the response manager/DOC management checklist, the legal advisor also performs the following responsibilities:

Primary responsibilities:	<ul style="list-style-type: none"><li>Provide legal opinion/interpretation on requests from DOC staff on actions which may have impacts on policies and authorities (e.g., evacuations, quarantines, etc.)</li><li>Review rules, regulations and laws required for resource acquisition or management</li><li>Review and/or prepare templates for orders, policies and other actions</li><li>In coordination with the safety officer, advise the incident manager of any conditions and actions that might result in liability</li><li>Review future plans for potential risks or other concerns</li><li>Work with the AFN advisor to ensure DOC's compliance with the Americans with Disabilities Act (ADA) and other legal requirements</li><li>Keep the DOC staff informed and provide policy guidance and clarification</li></ul>
General information needs:	<ul style="list-style-type: none"><li>Local, state, and federal policies, regulations, procedures related to the incident/event</li><li>Direction from IDOH Policy Group, as needed</li><li>Information about potential risks</li><li>General understanding of DOC operations, including operational objectives</li><li>Questions from DOC staff about policies, regulations, etc.</li></ul>

# Annex 2.4: Department Operations Center Public Information Officer (PIO)



## Public Information Officer (PIO)

The IDOH Public Information Officer is in a unique position of both providing guidance on messaging and public information strategies to the Policy Group and DOC, while also supporting the implementation of DOC operational objectives. The PIO discusses public information strategic guidance and outcomes with the Policy Group, and DOC response manager. On a tactical level, the PIO works with the Operations Section chief, who is responsible for coordinating plans to accomplish operational objectives related to public information and other internal/external communications.

Primary responsibilities:	<ul style="list-style-type: none"><li>Provide strategic guidance on messaging and public information strategies to the Policy Group and DOC</li><li>Maintain situational awareness about the incident/event, reviewing reports and other documentation from the DOC</li><li>Participate in meetings with the response manager and Operations Section chief to discuss public information strategic guidance and outcomes</li><li>Determine requirements for public information approvals for DOC activation and communicate directions to response manager and Operations Section chief</li><li>Provide strategic guidance on public information events, such as press conferences, to the Operations Section chief</li><li>Designate staff and/or serve as an IDOH spokesperson with the authority to speak with media</li><li>Obtain quotes and any necessary public information approvals from Policy Group members</li><li>Support media and social media monitoring by sharing information, as available, with the Communications Section chief</li><li>Consult with the Operations or Planning Section chief on the DOC's approach to controlling misinformation and rumors</li><li>Help ensure that public information activities integrate the needs of people with disabilities and other populations that may be disproportionately at-risk or impacted by the incident/event</li></ul>
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<p>Support responsibilities:</p>	<ul style="list-style-type: none"> <li>Provide suggestions for IDOH executives and subject matter experts to support public information activities, such as media interviews or webinars</li> <li>In coordination with the Operations Section chief and ESF-8 representative, participate in the Joint Information Center at the State Emergency Operations Center, when activated and necessary</li> <li>Participate in post-activation debrief and plan updates</li> </ul>
<p>Pre-activation</p>	<ol style="list-style-type: none"> <li>Participate in Policy Group discussions to consider activating the DOC.</li> </ol>
<p>Initial activation</p>	<ol style="list-style-type: none"> <li>Review the situation status and identify the DOC's strategic priorities for public information, internal communications, and communications with external partners. These priorities will guide the DOC's operational objectives.             <ol style="list-style-type: none"> <li>Refer to the considerations in <b>Error! Reference source not found.</b> in the DOC plan.</li> <li>Confirm strategic guidance with Policy Group members, including the IDOH commissioner or designee.</li> </ol> </li> </ol>
<p>Ongoing activation</p>	<ol style="list-style-type: none"> <li>Participate in a meeting with the DOC response manager and Operations Section chief to discuss strategic messaging and priorities for communications.             <ol style="list-style-type: none"> <li>This discussion may include messaging guidance, requirements for approvals, key public information events/efforts (e.g., the DOC will create a public education campaign), and related topics to inform the development of operational objectives.</li> <li>Since the DOC will list priorities in the <u>Incident Action Plan</u>, providing the priorities in writing is preferred.</li> </ol> </li> </ol>
	<ol style="list-style-type: none"> <li>Continue to monitor the situation status, reviewing reports from the DOC and monitoring media/social media sources.</li> <li>Whenever there is an update to the DOC's strategic priorities for public information, internal communications and communications with external partners, meet with the DOC response manager and Operations Section chief to discuss priorities and guidance.</li> <li>Once the Operations Section chief has developed communications-focused operational objectives and the tactical plans to accomplish the objectives, review with the section chief and discuss how the PIO will support implementation of objectives/plans.</li> <li>Support the implementation of tactical plans.</li> </ol>



<ul style="list-style-type: none"> <li>a. This may include obtaining approvals or quotes from IDOH Policy Group members, speaking with the media, facilitating a press conference, participating in meetings with the DOC AFN Advisor, suggesting subject matter experts for communication events (e.g., webinars), consulting on rumor/misinformation strategies, or other activities as defined in tactical plans.</li> <li>b. When supporting the implementation of tactical plans, the PIO coordinates directly with the Operations Section Chief.</li> <li>c. It is the responsibility of the Operations Section Chief to communicate updates to operational objectives or tactical plans to the incident manager and Planning Section chief.</li> </ul>
<p>8. Identify spokespersons for IDOH (or serve as spokesperson) and share names and contact information for approved individuals with Operations Section chief.</p>
<p>9. In coordination with the Operations Section Chief and ESF-8 Representative, participate in the Joint Information Center (JIC) at the State Emergency Operations Center, when activated and necessary.</p> <ul style="list-style-type: none"> <li>a. For example, support may include responding to inquiries from media received via the State Emergency Operations Center.</li> </ul>
<p>10. Advise the Communications Section chief on the development of a recovery transition plan or a demobilization plan, if applicable.</p>
<p><b>Deactivation</b></p>
<p>11. Participate in the Policy Group's review of the incident manager's request to deactivate the DOC.</p>
<p>12. Participate in post-DOC activation debriefs and provide input on updates to the DOC plan.</p>



# Annex 2.5: Department Operations Center Access and Functional Needs Advisor



## Access & Functional Needs (AFN) Advisor

The Access and Functional Needs (AFN) Advisor is a response manager (RM) appointed role within the DOC Command Staff section of **every** DOC activation. This individual serves as a consultant with every DOC staff member, ensuring that every citizen potentially affected by the incident and indiscriminate of the condition, ability or level of support required, is afforded equal access to all DOC activities and decisions.

Primary responsibilities:	<ul style="list-style-type: none"><li>• Develop agreements with various entities to provide resources and services to people with disabilities and individuals with access and functional needs during disaster response activities</li><li>• Coordinate with local, state, and federal agencies, including NGO's and private sector organizations, to identify and develop strategies and processes to expand support to children and adults with access and functional needs.</li><li>• Identify communication practices and the local and state resources necessary to support individuals with limited English proficiency, people who are deaf, hard of hearing, blind/low vision, have cognitive/intellectual or developmental disabilities, and individuals who have limited or no ability to read or write, and who are eligible for mass care/emergency assistance services.</li><li>• Coordinate with the state's Office of Civil Rights to ensure equal access to resources and services for all disaster evacuees and survivors</li><li>• Coordinate with all partner organizations to support states, local governments, and tribes in monitoring, analyzing, and validating the need for human and material resources, programs, and services.</li><li>• Coordinate with other state agencies and nongovernmental veterinary and animal welfare organizations to support life-sustaining resources for household pets, service and support animals.</li><li>• Provide subject matter expertise to task forces responsible for identifying resources for survivors to maintain independence in MC/EA programs and services.</li></ul>
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	<ul style="list-style-type: none"> <li>• Ensure the availability of interpreters, translators and related technologies</li> </ul>
General information needs:	<ul style="list-style-type: none"> <li>• Local, state, and federal policies, regulations, procedures related to the incident/event</li> <li>• Direction from, and reporting to, IDOH Policy Group, as needed</li> <li>• Information about potential risks</li> <li>• General understanding of DOC operations, including operational objectives</li> <li>• Questions from DOC staff about policies, regulations, etc.</li> <li>• Individuals or populations with access and functional needs may include: <ul style="list-style-type: none"> <li>○ People with behavioral health needs</li> <li>○ Pediatric populations, including infants, children, and adolescents</li> <li>○ Older adults</li> <li>○ People who are pregnant</li> <li>○ People with disabilities</li> <li>○ Minorities and other populations with a disproportionate burden of disease and disability</li> <li>○ People from underserved populations, including rural and frontier populations</li> <li>○ Tribal communities</li> <li>○ People with limited English proficiency and non-English speaking populations</li> <li>○ People with limited access to transportation, and/or limited access to financial resources</li> <li>○ People with pre-existing health conditions</li> </ul> </li> </ul>



# Annex 2.6: Department Operations

## Center Safety Officer



### Safety Officer

In addition to participating in selected activities described in the response manager/DOC management checklist, the safety officer also performs the following responsibilities:

Primary responsibilities:	<ul style="list-style-type: none"><li>• Ensure that all facilities used by IDOH personnel are in safe operating condition and free from environmental threats (e.g., air purity, water potability, etc.)</li><li>• Be familiar with particularly hazardous conditions at facilities used by IDOH personnel</li><li>• Examine potential safety issues where the DOC is conducting operations, develop risk mitigation strategies, and work with DOC staff to implement risk mitigation measures<ul style="list-style-type: none"><li>○ Safety analysis includes staff mental/behavioral health, work-rest cycles, physical security of personnel (e.g., lighting and security), weather conditions, and personal protective equipment needs</li></ul></li><li>• Work with DOC Sections to complete (or consider the need for) a <b>Error! Reference source not found.</b> for each tactical plan</li><li>• Monitor operational procedures and activities in the DOC to ensure they are being conducted in a safe manner, considering the existing situation and conditions</li><li>• Stop and/or modify all unsafe operations</li><li>• In coordination with the legal advisor, advise the incident manager of any conditions and actions that might result in liability</li></ul>
General information needs:	<ul style="list-style-type: none"><li>• Local, state, and federal policies and procedures that address safety</li><li>• Contact information for site leaders who can discuss safety issues and concerns</li><li>• Tactical plan details and any site-specific operational plans</li><li>• Information about facilities (security features, capacity, hazards, etc.)</li><li>• Weather forecasts and other environmental information</li></ul>

# Annex 2.7: Department Operations Center

## Finance & Administration Section



### Finance & Administration Section

Primary responsibilities:	<ul style="list-style-type: none"><li>Identify potential funding sources made available to support associated response operations that initiate DOC activation</li><li>Track funding sources for DOC operations and activities and ensure appropriate record keeping required for eligibility</li><li>Provide information on policies, guidelines and other requirements for funding sources and contracting</li><li>Manage accounting and purchasing processes and maintain related documentation</li><li>Assess short- and long-term financial impacts and recommend actions</li><li>Manage the reimbursement process for federal recovery programs</li><li>Participate in DOC meetings</li><li>Support the mental/behavioral health of Finance/Administration Section staff</li></ul>
Support responsibilities:	<ul style="list-style-type: none"><li>Handle security and access controls for all IDOH leased facilities in coordination with the IDOH Administrative Services Division</li><li>Support decision making with cost-benefit analyses, and other financial analysis</li><li>Support all DOC staff with tracking expenses and contracting requirements</li></ul>
General information needs	<ul style="list-style-type: none"><li>IDOH, state, and federal requirements for approvals</li><li>Guidance from IDOH Policy Group on funding limitations or availability</li><li>Policies, requirements, forms, and limitations for grant programs, reimbursement programs, and other funding sources</li><li>Vendor and contracts information</li><li>Resource needs/budgets identified in tactical plans</li><li>Anticipated (future) funding needs</li></ul>

Initial activation
1. The response manager assigns a section chief (lead coordinator) for Finance/Administration, and instructs the chief to report to a physical location or virtually staff the DOC.
2. Read through this checklist.
3. Receive from the response manager or designee:
<ul style="list-style-type: none"> <li>a. A brief overview of the incident</li> <li>b. A copy of this checklist, the DOC plan, and any additional tools and required forms</li> <li>c. Day/time of the DOC activation meeting</li> </ul>
4. Designate a dedicated time keeping cost code for IDOH staff to document all hours spent responding to the event that precipitated DOC activation.
<ul style="list-style-type: none"> <li>a. At a minimum, this should be used by all DOC staff, supporting SMEs, and the Executive Policy group for all activation associated activities, and be made available to all IDOH staff supporting response operations in any capacity.</li> <li>b. Ensure all existing overtime, hazardous duty, and/or bonus pays identified in current labor policies are activated.</li> </ul>
5. In coordination with the response manager and depending on the incident/event situation, identify additional Finance/Administration staff who should be involved in preliminary DOC planning discussions and Finance/Administration Section activities.
<ul style="list-style-type: none"> <li>a. Provide a copy of the DOC plan and/or the Finance/Administration Section checklist.</li> </ul>
6. Prepare for the DOC activation meeting.
<ul style="list-style-type: none"> <li>a. Invite the appropriate Finance/Administration staff to the DOC activation meeting.</li> <li>b. Identify all current and potential sources of funding for DOC operations and activities, and details on requirements, limitations, etc.</li> <li>c. Be prepared to discuss initial information regarding funding sources for DOC operations, financial tracking, and related topics.</li> <li>d. Prepare a sign-in sheet for DOC staff attending the meeting (may use <a href="#">Incident/Event Check-in sheet</a>).</li> </ul>
7. Participate in the DOC activation meeting.



- a. The agenda for the DOC activation meeting is to discuss why the DOC has been activated, to review strategic priorities from the IDOH Policy Group, and to discuss initial activities and the scope of the DOC activation.
- b. The incident manager may have additional topics to add to this list, such as the development of operational objectives if all DOC sections and the appropriate subject matter experts are present. (Alternately, the incident manager may schedule a separate meeting to develop DOC operational objectives to ensure that the appropriate staff are available to participate in this important planning discussion.)
- c. Provide the dedicated time keeping code for response supporting IDOH staff.
- d. Ensure all DOC staff complete the sign-in sheet for the meeting.
- e. Following the DOC activation meeting, provide an update to any subject matter experts who did not attend the meeting.

8. Discuss DOC staff overtime policies with the incident manager.

- a. Obtain the appropriate approvals from the Strategic Hiring Committee within the State Personnel Department.
- b. Communicate overtime policies to all DOC staff.

9. If the State EOC is activated, work with IDOH's ESF-8 Representative, to determine whether the DOC must prepare and submit a report on the estimated funding needs for the duration of the emergency response. (See the State Emergency Operations Plan for more information.)

10. Begin completing the required DOC forms, including the **Error! Reference source not found.**, asking Planning staff for clarification.

11. Contribute to the development of DOC operational objectives with the DOC Section Chiefs and subject matter experts.

- a. Ensure that Finance/Administration functions are accurately represented in objectives, if applicable.

12. Discuss financial and administrative needs for resource and staffing with Logistics and Operations.

13. Obtain copies of the Incident Action Plan from Planning staff, which may include:

- a. Operational objectives
- b. DOC organizational chart
- c. Incident/Event Status Summary
- d. Any additional important summary information about the incident/event



<p>14. Ensure that DOC staff understand limitations and have processes in place to comply with financial documentation requirements.</p> <p>a. Provide clarification as requested.</p>
<b>Ongoing Activation</b>
<p>1. Obtain and maintain contact information (name, email, phone numbers, etc.) for all DOC staff.</p> <p>a. May use <b>Error! Reference source not found.</b></p>
<p>2. Maintain Incident/Event Check-In sheets to record DOC staff or individuals staffing the DOC who participate in DOC meetings or attend DOC events.</p> <p>a. May use <a href="#">Incident/Event Check-in Sheet</a>.</p> <p>b. Provide completed forms to Planning Section for record keeping.</p>
<p>3. Participate in DOC meetings, providing updates on Finance/Administration Section's activities.</p>
<p>4. Meet with the Incident Manager as requested to provide updates on the status of Finance/Administration activities.</p>
<p>5. Establish a meeting schedule and meet with Finance/Administration staff regularly to discuss the situation status, progress on the Section's efforts and current/potential information or resource needs.</p>
<p>6. Develop cost-benefit analyses or other financial analyses, as requested, to determine fiscal impacts, support operational planning, and inform decision making.</p>
<p>7. Coordinate accounts purchasing, invoicing, and payment processes that support DOC operations and activities.</p>
<p>8. Coordinate activating existing contracts or bidding new contracts with IDOH vendors.</p> <p>a. When vendor contracts are not directly managed by Finance/Administration, the Section is responsible for maintaining visibility on all contracting and ensuring compliance with state and federal guidance on contracting to ensure expenses are eligible for any potential grants and funds made available for the activation related response operations.</p>
<p>9. On security and access control requests from DOC staff for IDOH's leased facilities, coordinate with IDOH Administrative Services Division.</p> <p>a. This Division also handles arrangements for any location within Indiana Government Center.</p>
<p>15. Contribute to the Planning Section's development of long-range (future) plans for DOC operations and activities.</p> <p>a. Provide information on anticipated funding sources, risks, and funding limitations.</p> <p>b. Advise on plans to mitigate risks.</p>
<p>16. Contribute to the Incident Action Plan updates once an operational period.</p>
<p>17. Monitor Finance/Administration staff schedules/work hours, checking on the need for alternate/back-up staffing and time-off.</p>
<p>18. When new individuals report to the DOC to staff the Finance/Administration Section, provide a status briefing, job coaching, and tools.</p>
<p>19. Work with DOC staff to ensure that documentation of DOC actions meets the requirements of insurance and federal reimbursement programs.</p>



20. Inform the Incident Manager immediately if a request for support is received directly from the Policy Group, so the Incident Manager can coordinate all executive-level guidance and support with the appropriate DOC staff.
21. Ensure that Finance/Administration staff understand public information policies (e.g., refer all media inquiries to Communications staff).
22. Coordinate with the Safety Officer to educate Finance/Administration staff on safety practices in the DOC. <ul style="list-style-type: none"> <li>a. Ensure that the DOC has established and is implementing practices to support the mental/behavioral health of Finance/Administration staff.</li> </ul>
23. Calculate estimated reimbursement/cost recovery from federal programs and insurance.
24. Support transition from response to recovery activities at the direction of the Incident Manager, including continuation of documentation collection necessary for response/recovery related grant/funding reimbursement programs.
<b>Deactivation</b>
25. Receive notice that the DOC will deactivate from the Incident Manager.
26. Inform Finance/Administration staff of deactivation.
27. Direct the transition of post-incident accounting to day-to-day operations.
28. Work with Planning staff to archive copies of all Finance/Administration files.
29. Participate in post-DOC activation debriefs and provide a summary report of fiscal impacts of the incident/event.
30. Provide input on updates to the DOC Plan and related tools.





# Annex 2.8: Department Operations

## Center Logistics Section



### Logistics Section

Primary responsibilities:	<ul style="list-style-type: none"><li>Participates in DOC meetings</li><li>Contributes to the development of operational objectives</li><li>Assists DOC staff in identifying and developing resource needs and requests</li><li>Coordinates and facilitates information sharing among Logistics staff, and other DOC staff performing resource management functions, to maintain overall situational awareness for logistics</li><li>Identifies sources for requested or anticipated resources</li><li>Receives, validates, and processes resource requests</li><li>Coordinates and tracks the movement of resources from sourcing through delivery</li><li>Coordinates and tracks FirstNet capable devices and uplifting for communications</li><li>Coordinates demobilization and return of resources to IDOH</li><li>Communicates resource management issues and status to incident manager</li><li>Creates operational communications plans</li><li>Support the mental/behavioral health of Logistics Section staff</li></ul>
Support responsibilities:	<ul style="list-style-type: none"><li>Assist in the development of the <u>Incident Action Plan</u> and Situation Report(s)</li><li>Participate in post-activation debrief and plan updates</li></ul>
General information needs:	<ul style="list-style-type: none"><li>DOC operational objectives and tactical plans, including information on current/future resource needs and deadlines</li><li><u>Incident Action Plans</u></li><li>Resource availability, including:<ul style="list-style-type: none"><li>Resources available via the State Emergency Operations Center (coordinate this information with the ESF-8 Representative)</li></ul></li></ul>

	<ul style="list-style-type: none"> <li>○ Resources available to borrow via state interagency agreements</li> <li>● Information about resource management activities performed by Operations staff, if applicable</li> <li>● Current and projected resource shortages</li> <li>● IDOH procurement policies and processes</li> <li>● Information about facilities used to support DOC resource management operations</li> <li>● Contractor agreements, limitations, and availability to support DOC operations</li> <li>● Interagency agreements, limitations, and availability to support DOC operations</li> <li>● Details for Information Technology support, such as a scope of work and requirements, points of contacts for questions, risk factors, available funding, requirements for coordination with partners, timelines/deadlines, etc.</li> </ul>
Initial activation	
	<ol style="list-style-type: none"> <li>1. The response manager assigns a Section Chief (lead coordinator) for Logistics, and instructs the chief to report to a physical location or virtually staff the DOC.</li> </ol>
	<ol style="list-style-type: none"> <li>2. Receive from the response manager or designee (such as the Planning Section chief): <ol style="list-style-type: none"> <li>a. A brief overview of the incident</li> <li>b. A copy of this checklist, the DOC Plan, and any additional tools and required forms</li> <li>c. Day/time of the DOC activation meeting</li> </ol> </li> </ol>
	<ol style="list-style-type: none"> <li>3. Read through this checklist</li> </ol>
	<ol style="list-style-type: none"> <li>4. In coordination with the incident manager and depending on the incident/event situation, activate additional Logistics staff who should be involved in preliminary DOC planning discussions and Logistics Section activities <ol style="list-style-type: none"> <li>a. Include staff with specific subject matter expertise and/or skills</li> <li>b. Provide a copy of the DOC Plan and/or the Logistics Section Checklist</li> </ol> </li> </ol>
	<ol style="list-style-type: none"> <li>5. Meet with Operations Section chief to determine whether Operations staff anticipates managing aspects of resource management directly</li> </ol>



<p>a. If Operations staff will handle logistics functions, establish a system for sharing information so that the Logistics Section chief can maintain overall situational awareness of DOC logistics efforts</p>
<p>6. Invite the appropriate Logistics staff (including subject matter experts) to the DOC activation meeting</p>
<p>7. Participate in the DOC activation meeting</p> <ol style="list-style-type: none"> <li data-bbox="393 445 1405 561">The agenda for the DOC activation meeting is to discuss why the DOC has been activated, to review strategic priorities from the IDOH Policy Group, and to discuss initial activities and the scope of the DOC activation</li> <li data-bbox="393 593 1405 709">Following the DOC activation meeting, provide an update to any subject matter experts who were did not attend the meeting (and if relevant, invite them to the meeting to establish objectives).</li> </ol>
<p>8. Establish/monitor an email account to receive emails from local partners and others requesting resources from IDOH</p> <ol style="list-style-type: none"> <li data-bbox="300 846 1388 920">Determine whether to update and send <b>Error! Reference source not found.</b> for <a href="#">ICS Form 213RR</a> to partners that may request resources from IDOH</li> <li data-bbox="300 952 1388 1068">Determine whether to set up an automated email reply to provide a point of contact for requesting partners to inquire about the status of their request or ask other questions</li> </ol>
<p>9. Begin completing the required DOC forms, including the <b>Error! Reference source not found.</b>, asking Planning staff for clarification</p>
<p>10. Ensure that Logistics staff understand limitations and have processes in place to comply with financial requirements, asking Finance/Administration Section chief for clarification.</p> <ol style="list-style-type: none"> <li data-bbox="300 1311 1416 1427">This is especially important if the State of Indiana is using or may in the future use federal funding or insurance claims to fund a portion of the response and recovery efforts</li> </ol>
<p>11. If the DOC has designated an ESF-8 representative to the State Emergency Operations Center (State EOC), request information on state-level policies or other requirements that may affect the Logistics Section's activities.</p> <ol style="list-style-type: none"> <li data-bbox="300 1613 1356 1687">Coordinate resource requests with the ESF-8 representative and State EOC, as necessary</li> </ol>
<p>12. Contribute to the development of DOC operational objectives</p> <ol style="list-style-type: none"> <li data-bbox="300 1776 1405 1892">If all DOC sections and the appropriate subject matter experts are present DOC at activation meeting, the incident manager may facilitate a discussion to develop DOC operational objectives. Alternately the incident manager may schedule a</li> </ol>



	<p>separate meeting to develop DOC operational objectives to ensure that the appropriate staff are available to participate in this important planning discussion.</p> <p>b. Assist other DOC sections, especially Operations, in anticipating and identifying resource needs</p> <p>i. Provide information on available resources, resources that can be easily obtained, potential need for mutual aid, and resources that cannot be easily obtained. This is important to help the DOC create realistic operational objectives based on the resources they have or can easily obtain.</p>
13.	Contribute to and review tactical plans from Operations and other DOC sections for resource needs and related assumptions
14.	Support the safety officer's efforts to develop a <b>Error! Reference source not found.</b> for each physical location where logistics staff conducts activities
Ongoing activation	
15.	<p>Discuss, establish, and implement a system(s) for:</p> <ol style="list-style-type: none"> <li>Receiving resource requests</li> <li>Communicating the status of resources and requests (to DOC staff and the requestor)</li> <li>Transporting resources</li> <li>Tracking resources</li> <li>Acquiring additional/new resources</li> <li>Restocking/returning resources</li> </ol>
16.	With approval from the response manager, activate contracts with vendors to support logistics functions as necessary
17.	Work with Finance/Administration staff to determine costs for resources, negotiating a best offer for services whenever possible
18.	Establish a meeting schedule and meet with Logistics staff regularly to discuss the situation status and progress on logistics systems and activities, and identify additional needs
19.	<p>Participate in DOC meetings, providing updates on Logistics Section's activities, potential risks to logistics functions and additional needs, among other topics</p> <ol style="list-style-type: none"> <li>Meet with the response manager as requested to provide updates on the status of Logistics activities</li> </ol>



20. Monitor Logistics staff's activities, gathering information on the status of resource requests, resource availability, anticipated resources, vendor support, information requests from internal or external partners, etc.
21. Continue to coordinate with Operations Section chief or designee to share information about resource management activities
22. Retrieve information and reports from Planning Section to monitor anticipated resource needs and potential obstacles to obtaining resources in long-range (future) plans, working with Operations and Planning
23. Coordinate with resource providers, mutual aid partners, and vendors to obtain resources
24. Coordinate with Finance/Administration staff on contracting, purchasing, and financial documentation of resources, complying with all policies and requirements <ul style="list-style-type: none"> <li>a. Determine the Logistics Section's purchasing authority limitations</li> </ul>
25. Monitor progress of commodity requirements and establish initial asset visibility tracking for all deployed resources
26. Discuss ongoing resource and staffing needs with the response manager and DOC section chiefs, supporting resource management functions and maintaining overall situational awareness of logistics efforts
27. Identify other agencies/organizations managing state/local resources and establish processes for sharing information <ul style="list-style-type: none"> <li>a. Coordinate with the ESF-8 representative when the State EOC and ESF-8 are activated</li> <li>b. Ensure that IDOH logistics activities account for external partners' efforts</li> <li>c. Coordinating logistics with partners' efforts helps the state prioritize scarce resources, deconflict resource requests, and minimize duplication of resources</li> </ul>
28. Work with DOC sections and ESF-8 representative to de-conflict requests for limited resources
29. Provide regular updates on Logistics Section activities to the Planning Section (e.g., once an operational period), to inform the <u>Incident Action Plan</u>
30. Coordinate with DOC section chiefs, liaisons, and/or ESF-8 representative to de-conflict requests for and help prioritize limited resources
31. Monitor Logistics staff schedules/work hours, checking on the need for alternate/back-up staffing and time off



32. When new individuals report to the DOC to staff the Logistics Section, provide a status briefing, job coaching, and tools
33. Inform the response manager immediately if a request for support is received directly from the Policy Group, so the incident manager can coordinate all executive-level guidance and support with the appropriate DOC staff
34. Continue to identify need for liaisons to support information sharing and coordination on logistics functions
35. In coordination with Operations Section and PIO, review public information policies with Logistics staff (e.g., refer all media inquiries at field sites to PIO)
36. Coordinate with the safety officer to educate Logistics staff on safety practices at warehouse facilities or other locations and in the DOC <ul style="list-style-type: none"> <li>a. Ensure the DOC has established and is implementing practices to support the mental/behavioral health of IDOH staff</li> </ul>
37. Ensure Logistics staff are maintaining documentation and completing required forms (including <b>Error! Reference source not found.</b> ), requesting clarification from Planning staff when needed
38. Support transition from response to recovery activities at the direction of the incident manager
<b>Deactivation</b>
39. Receive notice that the DOC will deactivate from the incident manager
40. Inform Logistics staff and liaisons of deactivation <ul style="list-style-type: none"> <li>a. Work with Planning staff to complete final forms and archive remaining documentation</li> <li>b. Work with the incident manager and/or Logistics to return and/or restock resources, as needed</li> </ul>
41. Demobilize and return resources to IDOH, as needed
42. Establish processes and systems to continue to share information about the incident/event following DOC deactivation, if necessary
43. Participate in post-DOC activation debriefs
44. Provide input on updates to the DOC Plan and related tools



# Annex 2.9: Department Operations Center Operations Section



## Operations Section

Primary responsibilities:	<ul style="list-style-type: none"><li>Contribute to the development of operational objectives</li><li>Develop tactical plans to accomplish objectives when Operations is responsible for the implementation of the plans</li><li>Monitor progress toward accomplishing operational objectives</li><li>Coordinate and deconflict DOC activities to ensure alignment toward common objectives</li><li>Coordinate and facilitate information sharing among Operations staff, including field staff and liaisons</li><li>Request and/or manage resources to support Operations activities</li><li>Participate in DOC meetings, engaging subject matter experts as needed</li><li>Support the mental/behavioral health of Operations Section staff</li></ul>
Support responsibilities:	<ul style="list-style-type: none"><li>Assist Planning and Communications in the development of the <u>Incident Action Plan</u> and Situation Report(s)</li><li>Participate in post-activation debrief and plan updates</li></ul>
General information needs:	<ul style="list-style-type: none"><li>Information about the situation and DOC's strategic priorities to develop operational objectives and tactical plans</li><li>Contacts for local, state, and federal agency partners involved in the incident/event and information on their roles, policies/guidance, operational objectives, tactics, concerns, and needs</li><li>Populations affected or at risk from the incident/event, including agencies and community partners that serve affected populations and anticipated language or cultural barriers to supporting populations</li><li>Available or anticipated resources to support DOC operations</li><li>Depending on the operational area, different subject matter experts may have specific information needs. For example:</li></ul>

	<ul style="list-style-type: none"> <li>○ Laboratory testing: packing/shipping requirements for a pathogen, specimen requirements, etc.</li> <li>○ Food safety: source of contamination, geographic information about the outbreak, medical reports, lab reports, epidemiological data, etc.</li> <li>○ Mobile units: local partners' needs, location information, etc.</li> <li>● Information about available resources, including staffing</li> <li>● Resource/supply requirements (storage, transport, shelf life, dispensing, etc.)</li> <li>● Location/facility details and potential safety concerns</li> </ul>
Initial activation	
	<ol style="list-style-type: none"> <li>1. The response manager assigns a section chief (lead coordinator) for Operations, and instructs the chief to report to a physical location or virtually staff the DOC</li> <li>2. Receive from the response manager or designee (such as the Planning Section chief): <ol style="list-style-type: none"> <li>a. A brief overview of the incident</li> <li>b. A copy of this checklist, the DOC Plan, and any additional tools and required forms</li> <li>c. Day/time of the DOC activation meeting</li> </ol> </li> <li>3. Read through this checklist</li> <li>4. In coordination with the response manager and depending on the incident/event situation, identify additional Operations staff who should be involved in preliminary DOC planning discussions (including the DOC activation meeting) and Operations Section activities <ol style="list-style-type: none"> <li>a. Include staff with specific subject matter expertise and/or skills</li> <li>b. Provide a copy of the DOC Plan and/or the Operations Section Checklist</li> </ol> </li> <li>5. Invite the identified Operations staff, including subject matter experts, to the DOC activation meeting</li> <li>6. Participate in the DOC activation meeting <ol style="list-style-type: none"> <li>a. The agenda for the DOC activation meeting is to discuss why the DOC has been activated, to review strategic priorities from the IDOH Policy Group, and to discuss initial activities and the scope of the DOC activation</li> <li>b. The response manager may have additional topics to add to this list, such as the development of operational objectives if all DOC sections and the necessary subject</li> </ol> </li> </ol>



<p>matter experts are present. (Alternately, the response manager may schedule a separate meeting to develop DOC operational objectives to ensure that the appropriate staff are available to participate in this important planning discussion).</p> <p>c. Following the DOC activation meeting, provide an update to any subject matter experts who did not attend the meeting and, if relevant, invite them to the meeting to establish objectives.</p>
<p>7. Contribute to the development of DOC operational objectives with the DOC Section chiefs and subject matter experts</p> <ul style="list-style-type: none"> <li>a. Objectives should be specific, measurable, action-oriented, realistic, time-sensitive, inclusive and equitable (SMARTIE)</li> <li>b. Work with the AFN Advisor to ensure operational objectives are equitable and inclusive</li> <li>c. Ensure that objectives are written so they can be measured and evaluated</li> <li>d. Establish a system within the Operations Section for tracking progress towards objectives</li> </ul>
<p>8. Begin completing the required DOC forms, asking Planning staff for clarification as required.</p>
<p>9. Ensure that Operations staff understand funding resource limitations and have processes in place to comply with financial requirements, asking Finance/Administration Section Chief for clarification.</p> <ul style="list-style-type: none"> <li>a. This is especially important if the State of Indiana is using or may in the future use federal grants/funding or insurance claims to fund any portion of the response and recovery efforts</li> </ul>
<p>10. Provide draft operational objectives to Planning staff</p> <ul style="list-style-type: none"> <li>a. Planning staff will review the objectives to confirm that they are SMARTIE, and that objectives are written so they can be measured and evaluated</li> <li>b. Planning is responsible for adding the updated/finalized objectives to the <u>Incident Action Plan (IAP)</u></li> </ul>
<p>11. Work with Operations staff to develop a tactical plan for each operational objective or each activity</p> <ul style="list-style-type: none"> <li>a. Tactical plans outline the steps or activities to accomplish the objective and associated resource/staffing/information needs, timelines, responsibilities and evaluation criteria. (Tactical plans are similar to a project management plan).</li> <li>b. Operations may use the <u>Tactical Planning Worksheet</u> to record tactical plans</li> </ul>



<p>12. Discuss additional resource and staffing needs with the response manager and the Logistics Section chief or designee</p> <ul style="list-style-type: none"> <li>a. If Operations staff will be responsible for acquiring, managing, tracking, and restocking resources for the Operations Section's activities, develop a system for sharing resource information/updates with the Logistics Section, so Logistics can maintain situational awareness of all DOC resource management efforts</li> </ul>
<p>13. Provide tactical plans to the Planning Section, which is responsible for maintaining documentation, developing the <u>Incident Action Plan</u> and using plans to inform long-range (future) planning.</p>
<p>14. Support the safety officer's efforts to develop a <b>Error! Reference source not found.</b> for each tactical plan</p>
<p>15. Identify other agencies/organizations responding to the incident/event, and whether external partners have activated their emergency operations centers or equivalent incident management structures.</p> <ul style="list-style-type: none"> <li>a. Share this information with the Planning Section</li> <li>b. Establish a system or process for coordinating with partners' emergency operations center or equivalent incident management structures</li> </ul>
<p>16. Identify need for liaisons and liaison officers to support information sharing and coordination on operational objectives. (See Information Sharing section in the Concept of Operations in the DOC Plan for more information about liaisons).</p>
<ul style="list-style-type: none"> <li>a. Liaison officers are part of the Operations Section and are IDOH DOC staff who coordinate outreach efforts with external partner/agency groups (e.g., liaison officer for long-term Care facilities)</li> <li>b. Liaisons to the DOC are representatives of external partners/agencies that coordinate with the DOC for information sharing, resource sharing, and/or operational coordination (e.g., the DOC may have liaisons from the Indiana Hospital Association or the Indiana University School of Public Health, among other partners)</li> </ul>
<p>Ongoing activation</p>
<ol style="list-style-type: none"> <li>1. Establish a <b>Error! Reference source not found.</b> cadence and meet with Operations staff regularly to discuss the situation status and progress on operational objectives, and identify additional needs. <ul style="list-style-type: none"> <li>a. Needs may include additional subject matter expertise, resources (supplies, equipment, facilities, communications/technology, etc.), staffing, information/data analysis, or revised operational objectives</li> </ul> </li> </ol>



	<p>b. Consult with the AFN advisor to identify disproportionate impacts to populations and their related needs</p>
	<p>2. Monitor Operations staff's implementation of operational objectives, gathering information on the section's progress on objectives, additional needs (e.g., for resources and staffing), information requests from internal or external partners, etc.</p>
	<p>3. Participate in DOC meetings, providing updates on Operations Section's progress on operational objectives, potential risks to accomplishing objectives, and additional needs, among other topics.</p>
	<p>a. Meet with the response manager as requested to provide updates on the status of Operations activities</p>
	<p>4. Provide regular updates on Operations Section activities and objectives to the Planning Section (e.g., once an operational period), to inform the <u>Incident Action Plan</u>.</p>
	<p>a. Work with the AFN advisor to measure progress on supporting populations disproportionately impacted or at-risk from the incident</p>
	<p>5. When it becomes necessary to change/alter tactical plans (including staffing levels), communicate modifications to the response manager and deliver updated tactical plans to the Planning Section</p>
	<p>6. Monitor Operations staff schedules/work hours, checking on the need for alternate/back-up staffing and time off</p>
	<p>7. When new individuals report to the DOC to staff the Operations Section, provide a status briefing, job coaching, and tools (or assign Operations staff to provide support)</p>
	<p>8. Continue to identify needs for liaisons and Liaison Officers to support information sharing and coordination on operational objectives</p>
	<p>9. Identify likely future needs based on available information about the incident/event from Operations staff and partners, and current operations</p>
	<p>a. Working with Operations staff, continue to anticipate issues and risks throughout the DOC activation</p> <p>b. Work with the AFN advisor to understand potential issues/risks around equity and inclusion</p>
	<p>10. Review long-range/future plans with Planning staff to validate and monitor planning assumptions and potential risks</p>
	<p>11. Inform the response manager immediately if a request for support is received directly from the Policy Group, so the response manager can coordinate all executive-level guidance and support with the appropriate DOC staff</p>



12. In coordination with the Operations Section and PIO, review public information policies with Operations staff (e.g., refer all media inquiries to the DOC and in the field to Communications staff)
13. Coordinate with the safety officer to educate Operations staff on safety practices in the field and in the DOC <ul style="list-style-type: none"> <li>a. Ensure the DOC has established and is implementing practices to support the mental/behavioral health of IDOH staff</li> </ul>
14. Ensure Operations staff are maintaining documentation and completing required forms (including <b>Error! Reference source not found.</b> ), requesting clarification from Planning staff when needed
15. Support transition from response to recovery activities at the direction of the response manager
<b>Deactivation</b>
16. Receive notice that the DOC will deactivate from the response manager
17. Inform Operations staff and DOC liaisons of deactivation <ul style="list-style-type: none"> <li>a. Work with Planning staff to complete final forms and archive remaining documentation</li> <li>b. Work with the response manager and/or Logistics to return and/or restock resources, as needed</li> </ul>
18. Establish processes and systems to continue to share information about the incident/event following DOC deactivation, if necessary
19. Participate in post-DOC activation debriefs
20. Provide input on updates to the DOC Plan and related tools



## Planning Section

This checklist is followed by a list of primary and support responsibilities for Data & Analytics since that function coordinates with the Planning Section as it supports multiple DOC sections.

Primary Responsibilities:	<ul style="list-style-type: none"><li>• Accurately record and document the DOC decisions, plans, operations/activities, accomplishments, and products, organizing and maintaining a file repository</li><li>• Coordinate data analysis and visualization, providing support to DOC Sections and external partners</li><li>• Lead efforts to assess and develop long-range (future) plans</li><li>• Lead the development of <u>Incident Action Plan</u>, which summarizes DOC staffing charts, situation status, and operational objectives</li><li>• Lead the development of Event Action Plan (Similar to IAP main difference is EAP is for a pre-identified and planned event) when/if necessary</li><li>• Lead the after-action reporting process and follow-on update to the DOC Plan and supporting tools, integrating lessons learned from the DOC activation</li><li>• Participate in DOC meetings</li><li>• Coordinates DOC “battle rhythm” scheduling with Response Manager; sends battle rhythm/meeting invites to DOC staff</li><li>• Coordinates and reserves conference room reservations in conjunction with Logistics Section</li><li>• Support the mental/behavioral health of Planning Section staff</li></ul>
Support Responsibilities:	<ul style="list-style-type: none"><li>• Coordinate information sharing across DOC Sections; creating and utilizing specified DOC Microsoft Teams Channel (all DOC staff has a responsibility to share information with each other)</li><li>• Work with the Response Manager to obtain and organize DOC direction and guidance from IDOH and State executives</li><li>• Work with Finance/Administration to ensure records meet the requirements of insurance and federal reimbursement programs</li><li>• Support the development of the Situation Status Report</li></ul>

	<ul style="list-style-type: none"> <li>Participate in post-activation debrief and plan updates</li> </ul>
General Information Needs:	<ul style="list-style-type: none"> <li>Information from DOC sections to develop reports, including the IAP or Situation Reports, such as: <ul style="list-style-type: none"> <li>Activity logs</li> <li>Status of operational objectives and tactical plans</li> <li>Metrics from Operations or other DOC Sections used to evaluate the situation status</li> <li>Resource distribution status and statistics from the Logistics Section</li> <li>Dashboards used for information sharing and/or situation analysis</li> </ul> </li> </ul>
Initial Activation	
<ol style="list-style-type: none"> <li>The Response Manager assigns a Section Chief (lead coordinator) for Planning, and instructs the Chief to report to a physical location or virtually staff the DOC.</li> <li>Read through this checklist.</li> <li>Receive from the Response Manager: <ol style="list-style-type: none"> <li>A brief overview of the incident</li> <li>A copy of this checklist, the DOC Plan and any additional tools and required forms</li> <li>Day/time of the DOC Activation Meeting.</li> </ol> </li> <li>Using details provided by the Response Manager, create a document (or save/update an existing document) with strategic guidance on DOC priorities from the IDOH Policy Group.</li> <li>If requested by the Response Manager, provide an incident overview, copies of plans and other tools, and details on the DOC Activation Meeting to other DOC staff.</li> <li>In coordination with the Response Manager and depending on the incident/event situation, identify additional Planning staff who should be involved in preliminary DOC planning discussions and Planning Section activities. <ol style="list-style-type: none"> <li>Include Data &amp; Analytics and other staff with specific subject matter expertise and/or skills</li> </ol> </li> </ol>	



<p>b. Provide a copy of the DOC Plan and/or the Planning Section Checklist</p> <p>7. Invite the appropriate Planning staff (including a Data &amp; Analytics subject matter expert) to the DOC Activation Meeting.</p> <p>8. Establish a file repository and an online system for archiving files throughout the DOC activation.</p> <ul style="list-style-type: none"> <li>a. Ensure that all DOC staff have access.</li> <li>b. Confirm security measures to protect the integrity of the repository and any confidential information.</li> </ul> <p>9. Identify the <b><u>Error! Reference source not found.</u></b> that DOC staff will use during the activation, such as an <b><u>Error! Reference source not found.</u></b>, <u>Incident Action Plan (IAP)</u>, Situation Reports, and other forms, as needed.</p> <p>10. In coordination with the Response Manager, develop an agenda for the <b><u>Error! Reference source not found.</u></b></p> <ul style="list-style-type: none"> <li>a. The agenda for the DOC Activation Meeting is to discuss why the DOC has been activated, to review strategic priorities from the IDOH Policy Group, and to discuss initial activities and the scope of the DOC activation.</li> <li>b. The Response Manager may have additional topics to add to this list, such as the development of operational objectives if all DOC sections and the necessary subject matter experts are present. (Alternately, the Response Manager may schedule a separate meeting to develop DOC operational objectives to ensure that the appropriate staff are available to participate in this important planning discussion.)</li> <li>c. Be prepared to provide copies of and discuss any required forms or worksheets to be used during the activation.</li> <li>d. Have instructions and/or sample forms available for DOC staff.</li> </ul> <p>11. Work with Response Manager to develop a duration for DOC operational periods and a meeting schedule for future DOC discussions.</p> <p>12. Participate in the DOC Activation Meeting.</p> <ul style="list-style-type: none"> <li>a. Provide a sign-in sheet and ensure that all meeting participants sign in.</li> <li>b. Take minutes during the meeting, especially noting action items, assignments, deadlines, risks and mitigation measures, decisions, policies and requirements, and other significant information.</li> <li>c. Provide information and training on required ICS or other forms to be used during the activation.</li> </ul>
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<ul style="list-style-type: none"> <li>d. Communicate information on operational periods and meetings with DOC staff.</li> <li>e. Archive a copy of the sign in sheet and meeting minutes in the file repository and provide access to DOC staff and others.</li> </ul>
<p>13. Following the DOC Activation Meeting, support DOC sections in providing an update to any subject matter experts who did not attend the meeting.</p> <ul style="list-style-type: none"> <li>a. This may include providing a copy of meeting minutes and copies of any required forms.</li> </ul>
<p>14. Receive draft DOC operational objectives from the Section Chiefs responsible for objectives and work with them to refine objectives.</p> <ul style="list-style-type: none"> <li>a. Ensure that the objectives are specific, measurable, action-oriented, realistic, time-sensitive (SMART).</li> <li>b. Ensure that objectives are written so they can be measured and evaluated.</li> <li>c. Work with DOC Section Chiefs and subject matter experts to update objectives if they do not meet the SMART criteria.</li> </ul>
<p>15. Discuss additional resource and staffing needs with the Manager and Logistics Section staff.</p>
<p>16. Receive staffing plans from DOC Sections and compile plans to create a DOC staffing chart.</p> <ul style="list-style-type: none"> <li>a. Work with Operations staff and other sections to identify liaisons and/or Liaison Officers to include in the chart.</li> <li>b. Use different design elements (e.g., dotted lines or gray boxes) to denote entities that provide guidance or coordinate closely with the DOC, such as the IDOH Policy Group, the State Emergency Operations Center, and liaisons or stakeholder audiences.</li> <li>c. Obtain approval on the DOC Staffing Chart from the Response Manager.</li> </ul>
<p>17. Receive from DOC Section Chiefs information on other agencies/organizations responding to the incident/event, and which external partners have activated their Emergency Operations Center or equivalent incident management structure. Summarize this information in the <b><u>Error! Reference source not found.</u></b>, a component of the <u>Incident Action Plan</u>.</p>
<p>18. Receive and archive in file repository copies of <b><u>Error! Reference source not found.</u></b> from the Section Chiefs responsible for planning and implementing operational objectives, especially the Operations Section Chief.</p>
<p>19. Complete the <u>Incident Action Plan</u> (IAP), which may include:</p>



<ul style="list-style-type: none"> <li>a. <b><u>Error! Reference source not found.</u></b></li> <li>b. DOC organizational chart</li> <li>c. <b><u>Error! Reference source not found.</u></b></li> <li>d. Any additional important summary information about the incident/event</li> </ul>
20. Obtain approval on the IAP from the Response Manager, provide a copy to DOC staff, and archive a copy in the file repository.
21. Ensure that Planning staff understand documentation needs and have processes in place to comply with financial requirements, asking Finance/Administration Section Chief for clarification. <ul style="list-style-type: none"> <li>a. This is especially important if the State of Indiana may be eligible for federal funding or insurance claims to fund a portion of the response and recovery efforts.</li> </ul>
<b>Ongoing Activation</b>
22. Coordinate with Response Manager and the Policy Group to document information from IDOH and other State executives. <ul style="list-style-type: none"> <li>a. This may include providing Planning staff to accompany IDOH executives and take notes at meetings (e.g., IDOH Policy Group meetings, State Executive Policy Group meetings, meetings with the Governor's Office, etc.) and share important information with the Response Manager and DOC Section Chiefs.</li> <li>b. Important information includes strategic guidance on priorities, partnerships, policies and other requirements, resource limitations, directives, etc. that has the potential to effect DOC systems, operations, and activities.</li> </ul>
23. Establish a meeting schedule and meet with Planning staff regularly to discuss the situation status, progress on planning efforts and current/potential information or resource needs. <ul style="list-style-type: none"> <li>a. Help develop and distribute meeting agenda, as requested by Response Manager.</li> </ul>
24. Support the Response Manager in planning a <b><u>Error! Reference source not found.</u></b> and participating in DOC meetings: <ul style="list-style-type: none"> <li>a. Maintaining and archiving sign-in sheets.</li> <li>b. Providing updates on Planning Section's activities.</li> <li>c. Working with DOC staff to identify data inventory, analysis, visualization, and other related data needs for internal/external partners.</li> <li>d. Discuss potential risks, planning assumptions, potential resource needs/shortages, etc. for long-range (future) planning.</li> </ul>



<ul style="list-style-type: none"> <li>e. Record progress on operational objectives.</li> <li>f. Taking and filing copies of minutes.</li> </ul>
<p>25. Meet with DOC Section Chiefs regularly to identify information needs, support the DOC's responses to internal, external, and executive-level requests for information.</p>
<p>26. Meet with the Response Manager as requested to provide updates on the status of Planning activities.</p>
<p>27. Gather information for and develop long-range (future) plans for DOC operations and activities, working closely with DOC staff.</p> <ul style="list-style-type: none"> <li>a. Long-range plans include information on anticipated activities, resource needs, changes to the situation status, information sharing, data needs, etc.</li> <li>b. Identify whether response or recovery efforts in neighboring jurisdictions/states could impact the State of Indiana (e.g., by requesting similar resources).</li> <li>c. Discuss potential capability/resource gaps and potential risks with the Response Manager and other Section Chiefs.</li> <li>d. Develop plans to mitigate risks.</li> </ul>
<p>28. Continue to update the IAP once an operational period.</p> <ul style="list-style-type: none"> <li>a. Consult with DOC Sections to develop a list of key issues to be addressed in the IAP, including operational objectives that will be accomplished in the next Operational Period.</li> <li>b. Provide copies of the IAPs to DOC staff by the start of the Operational Period.</li> <li>c. Archive copies of the IAP in the file repository.</li> </ul>
<p>29. Inform the Response Manager immediately if a request for support is received directly from the Policy Group, so the Response Manager can coordinate all executive-level guidance and support with the appropriate DOC staff.</p>
<p>30. Support the communications staff and PIO with information for the development of Situation Status Report(s) for internal/external partners, such as IDOH Policy Group or local health departments.</p> <ul style="list-style-type: none"> <li>a. Ensure communications staff have access to all DOC reports and data visualization products.</li> </ul>
<p>31. Display information in the DOC on situation status (e.g., using maps and other visual aids).</p>
<p>32. Gather data from multiple internal/external sources. Sources/databases may include (this is not a comprehensive list):</p>



	<ul style="list-style-type: none"> <li>a. CHIRP</li> <li>b. Division of Long-term Care</li> <li>c. FSSA</li> <li>d. Vital Records (birth/death certificates)</li> <li>e. Residential Care Facility Program</li> <li>f. Comprehensive Care Facility Licensing and Certification Program</li> <li>g. Environmental Public Health</li> <li>h. Laboratory Services</li> <li>i. Centers for Medicare &amp; Medicaid Services (CMS)</li> </ul>
33.	<p>Receive requests for support for data analysis and visualization from DOC staff and external partners.</p> <ul style="list-style-type: none"> <li>a. Coordinate with DOC Section Chiefs (especially Operations and communications staff) on their needs for data analysis and visualization.</li> <li>b. Develop a standard system (e.g., online data request form) for receiving requests for data and related support from external partners.</li> <li>c. Develop a system for coordinating with the State's Management Performance Hub (MPH) when requests for data and related support involves multiple state agencies.</li> <li>d. Work with federal agencies, such as the FBI or U.S. Department of Homeland Security, as appropriate to coordinate information sharing, data security, etc.</li> </ul>
34.	<p>Support the information needs of DOC staff by developing systems, processes, and methods to analyze, visualize, and communicate data related to the incident/event.</p> <ul style="list-style-type: none"> <li>a. Planning staff may work with partners (e.g., Indiana Hospital Association, Regenstrief Institute, Indiana Health Exchange, and others) to share data and collaborate on visualization tools, such as dashboards or maps.</li> <li>b. Refer to IDOH Memoranda of Understanding for data collaboration with external partners.</li> <li>c. If applicable, work with the Data Governance Board on policies or best practices for collecting new data, and/or the Data Release Committee on policies and procedures for cataloging data and data quality standards (or refer to guidance/policy documents previously developed by these entities).</li> </ul>
35.	<p>Monitor Planning staff schedules/work hours, checking on the need for alternate/back-up staffing and time-off.</p>



<p>36. When new individuals report to the DOC to staff the Planning Section, provide a status briefing, job coaching, and tools.</p>
<p>37. Work with Finance/Administration staff to ensure that documentation of DOC actions meets the requirements of insurance and federal reimbursement programs.</p> <ul style="list-style-type: none"> <li>a. This may involve coordination with the State Emergency Operations Center as well.</li> </ul>
<p>38. When requested, work with Operations staff to help identify technical or other subject matter experts to support/inform DOC operations and activities.</p>
<p>39. In coordination with communications staff and PIO, review public information policies with Planning staff (e.g., refer all media inquiries to communications staff or PIO).</p>
<p>40. Coordinate with the Safety Officer to educate Planning staff on safety practices in the DOC.</p> <ul style="list-style-type: none"> <li>a. Ensure that the DOC has established and is implementing practices to support the mental/behavioral health of IDOH staff.</li> </ul>
<p>41. Ensure DOC staff, including Planning staff, is maintaining documentation and completing required forms (including <b>Error! Reference source not found.</b>) with the appropriate level of detail.</p> <ul style="list-style-type: none"> <li>a. Respond to requests for clarification from DOC staff.</li> </ul>
<p>42. Support transition from response to recovery at the direction of the Response Manager.</p> <ul style="list-style-type: none"> <li>a. Support may include the development of a <b>Error! Reference source not found.</b></li> </ul>
<p><b>Deactivation</b></p>
<p>43. Receive notice that the DOC will deactivate from the Response Manager.</p>
<p>44. Inform Planning staff of deactivation.</p> <ul style="list-style-type: none"> <li>a. Work with DOC staff to complete final forms and organize/archive remaining documentation in the file repository.</li> </ul>
<p>45. Establish processes and systems to continue to share information about the incident/event following DOC deactivation, if necessary.</p>
<p><b>Activities performed by Planning or Division of Emergency Preparedness</b></p>
<p>46. Coordinate post-DOC activation debriefs with each DOC Section and external partner representatives (including state agency partners and external liaisons).</p> <ul style="list-style-type: none"> <li>a. This may include DOC team self-evaluations and/ or team critique of performance in a closed survey format for the after-action report.</li> </ul>
<p>47. Lead the update to the DOC Plan and related tools, integrating lessons learned from the DOC activation.</p>



- a. Coordinate updates with DOC staff.
- b. Obtain approval of plan updates from the director of the Division of Emergency Preparedness.
- c. Share the updated plan and related tools with IDOH staff.

