Dover Board of Health

All-Hazards Public Health Emergency Response Framework

Last Updated: 12/23/25

This plan was developed in coordination with the Region 4AB Public Health Emergency Preparedness (PHEP) Coalition with funding support by the PHEP Cooperative Agreement from the Centers for Disease Control and Prevention (CDC).

Table of Contents

RECORD OF CHANGES **5**

I. OVERVIEW **6**

A. PURPOSE 6
B. SCOPE 7
C. SITUATION 7
D. HAZARD ANALYSIS 9
E. PLANNING ASSUMPTIONS 9
F. PLAN MAINTENANCE 11

II. CONCEPT OF OPERATIONS **12**

A. OVERVIEW 12
B. OVERARCHING LOCAL PUBLIC HEALTH ROLE IN THE EMERGENCY MANAGEMENT CYCLE 13
C. ROLE OF THE MDPH REGION 4AB HEALTH & MEDICAL COORDINATING COALITION (HMCC) 15
D. ADDITIONAL RESPONSE PARTNER ROLES 17
E. SHARED SERVICE ARRANGEMENTS 18

III. INCIDENT MANAGEMENT **19**

A. INCIDENT RECOGNITION 19
B. ACTIVATION 19
C. DEPARTMENT OPERATIONS CENTER / EMERGENCY OPERATIONS CENTER 20
D. ACTIVATION LEVELS 20
E. DOC ACTIVATION NOTIFICATIONS 21
F. INCIDENT COMMAND SYSTEM 21
G. INITIAL RESPONSE 24
H. SUSTAINED RESPONSE 24
I. ISSUANCE OF LOCAL PUBLIC HEALTH ORDER 24
J. FINANCE AND ADMINISTRATION 25
K. DEACTIVATION/DEMOBILIZATION 27

IV. INFORMATION MANAGEMENT **29**

A. INFORMATION MANAGEMENT 29
B. INFORMATION SHARING 31
C. EMERGENCY PUBLIC INFORMATION AND WARNING 33

V. BIOSURVEILLANCE **35**

A. PUBLIC HEALTH LABORATORY TESTING 35
B. PUBLIC HEALTH SURVEILLANCE 35
C. PUBLIC HEALTH EPIDEMIOLOGICAL INVESTIGATION 36
D. CONTACT TRACING 36

V. COUNTERMEASURES AND MITIGATION....36

A. MEDICAL COUNTERMEASURE DISPENSING AND ADMINISTRATION....37
B. MEDICAL MATERIEL MANAGEMENT AND DISTRIBUTION....37
C. NONPHARMACEUTICAL INTERVENTIONS....39
D. RESPONDER SAFETY AND HEALTH....43

VII. SURGE MANAGEMENT....45

A. FATALITY MANAGEMENT....45
B. MASS CARE....46
C. MEDICAL SURGE....47
D. VOLUNTEER MANAGEMENT....48
EQUITY IN PUBLIC HEALTH RESPONSE....49

APPENDIX A....54

LOCAL PUBLIC HEALTH DECISION MATRIX....54

APPENDIX B....55

CONTACT LIST....55

APPENDIX C....56

MEMORANDUM OF AGREEMENT/UNDERSTANDING....56

APPENDIX D....57

RELEVANT LAWS AND REGULATIONS....57
STATE GOVERNMENT....59
***Massachusetts Civil Defense Act*....59**
LOCAL GOVERNMENT....59

APPENDIX E....61

CDC PUBLIC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE CAPABILITIES....61

APPENDIX F....68

PUBLIC HEALTH ACCREDITATION BOARD (PHAB) REQUIREMENTS....68

APPENDIX G....71

MRC REGION 4AB REQUEST FOR ASSISTANCE....71

Record of Changes

The Massachusetts Region 4AB Public Health Emergency Preparedness (PHEP) Coalition developed and issued this plan as a template for customization and use by local Boards of Health and Health Departments. The Region 4AB PHEP Coalition will periodically review, update, and re-issue the template based on feedback from the Coalition and advances in practice.

The Dover Board of Health will review and update the plan annually. Changes to the plan are tracked below by documenting the date, name of the person who changed the document, and a brief description of the change. A new version number should be assigned when local changes are made to the plan (e.g., 1.2, 1.3) and when the Region 4AB PHEP Coalition revises the plan template (e.g. 2.0, 3.0). The record reflects any significant change made to the plan in the prior five years with the most recent change recorded at the top of the record. The revision date (footer) is updated following any change to the plan. When a significant change is made to the plan, the signatories must re-acknowledge their approval and the plan should be redistributed to the agencies listed in the Record of Distribution.

Version	Date	Name	Description
1.1	12/23/2025	Gael Versa, RN, Public Health Nurse	Plan customized to document local information and details.
1.0	12/1/2025	Region 4AB PHEP Coalition	Release of plan template 1.0.

I. Overview

Massachusetts cities and towns, each with a local board of health and/or health department, must provide a comprehensive set of public health services as required by state law and Massachusetts Department of Public Health (MDPH) regulations. Local boards of health carry out many duties, including but not limited to:

Protecting food supply
Inspections of restaurants and other food establishments.

Managing wastewater and solid waste
Permitting and inspection of septic systems, landfills, and other solid waste facilities.

Controlling disease and protecting workers
Reporting and responding to communicable diseases; addressing occupational health and safety violations, foodborne illness, and rabies.

Inspecting public places
Overseeing pools, beaches, camps, hotels, and mobile home parks.

Enforcing housing health standards
Enforcing lead poisoning regulations and sanitary code.

Enforcing tobacco control laws
Enforcing no-smoking and related regulations.

Preparing for emergencies
Developing, testing, and promoting awareness of emergency preparedness plans for a wide range of hazards.

Performing other health duties
Issuing burial permits, regulating pesticides, inspecting bodywork and tattoo parlors, and issuing health reports.

This framework provides the Dover Board of Health with a foundational structure to prepare for, respond to, and recover from all-hazards public health emergencies.

A. PURPOSE

This plan explains Dover Board of Health's roles and responsibilities to plan for, respond to, and recover from a wide range of public health emergencies and hazards. It also outlines key public health emergency response functions and tasks, as defined in local, state, and federal guidance.

B. SCOPE

This plan applies to the Dover Board of Health. It provides direction and guidance for incidents that impact or could impact the department and/or public health in Dover. The plan is flexible and scalable for emergencies of any type, size, and scope.

This plan **does not replace** the Dover Comprehensive Emergency Management Plan (CEMP). It supports the CEMP by detailing responsibilities for Emergency Support Function #8 (ESF-8) – Public Health and Medical Services.

This plan uses the Incident Command System (ICS) and the National Incident Management System (NIMS), which are national standards established under Homeland Security Presidential Directive 5 (HSPD-5) and Presidential Policy Directive 8 (PPD-8). It also aligns with the Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness and Response Capabilities (see Appendix E) and the Public Health Accreditation Board (PHAB) Emergency Operations Plan (EOP) requirements (see Appendix F).

C. SITUATION

The Dover Board of Health serves the Town of Dover, located in Norfolk County in Massachusetts.

- **Location:** 15-18 miles southwest of Boston and surrounded by the communities of Sherborn, Wellesley, Needham, Westwood, Walpole, Medfield and Natick.
- **Population:** According to the 2020 United States Census, the population of Dover is approximately 5923, and includes 781 households.
- **Community Profile: Median Age:** Approximately 46.6 years. * **Age Distribution:** There is a notable concentration of **families with school-aged children**, but the trend shows a **growing senior population** (16.4% are 65 years and over). * **Race/Ethnicity:** Predominantly White (79.9% White alone), with the largest minority group being Asian (11.5% Asian alone). * **Foreign-Born:** About 15.4% of the population is foreign-born. * **Primary Languages:** The most common language spoken is English, with other important languages including **Chinese** and **German/Yiddish**. *.
- **Critical Infrastructure:**
    - **Healthcare and Public Health:**
        - **Public Health Oversight:** The town's **Board of Health (BOH)**, located in the Dover Townhouse, is responsible for preventing contagious disease, regulating food permits, private well permits, and septic systems.

        - **Healthcare Services:** The BOH contracts with the **Natick Walpole Visiting Nurse Association** to provide health clinic services, including **Senior Health Assessment and Education Clinics** coordinated with the Council on Aging.
        - **Emergency Preparedness:** The BOH runs an **Emergency Preparedness Program**, which includes efforts in **Infectious Disease** and **Mosquito Control**.
    - **Emergency Services:**
        - **Public Safety:** The town is served by the **Dover Police Department** and the **Dover Fire Department**, which also provides **Ambulance/Emergency Medical Services**.
        - **Emergency Management:** The town has an **Emergency Management** function, which can be reached via the non-emergency public safety number. The town also utilizes a **Community Notification and Reverse 911** system for alerts.
        - **Other Services:** Services for seniors and the School Resource Officer program are noted public safety features.
- **Geographic Features:** Located on the south banks of the Charles River. Zoning is almost all 1 acre or larger. Concerns for natural hazards tend to focus on **flooding**, **extreme heat**, **drought**, and **nor'easters**.

D. HAZARD ANALYSIS

The top hazards identified in the 12/16/2025 assessment for Dover are:

1. Water and Wastewater:
    - Water Supply: The majority of households in Dover, about two-thirds, rely on private wells located on residential properties.
    - Public Water Systems (PWS): A smaller number of households and commercial/public buildings, mainly in or near the Town center, are served by public water systems, including:
        - Aquarion Water Company
        - Glen Ridge Resident Trust (sourced from Natick Public Works)
        - Meadowbrook Water Trust (sourced from Natick Public Works)
        - County Street, RWater Supply: The majority of households in Dover, about two-thirds, rely on private wells located on residential properties.
    - Wastewater: The BOH is responsible for regulating and permitting septic systems and private sewage systems. [1]
2. **Energy/Utilities:** Emergency service for electricity is generally handled by the regional provider, Nstar (now Eversource).
3. **Transportation:** Aging infrastructure, particularly related to stormwater management and road safety (like on Dedham Street), is a noted focus for local projects to ensure routes remain safe and passable for residents and emergency vehicles.

E. PLANNING ASSUMPTIONS

Roles and Responsibilities

- Dover Board of Health staff are familiar with this plan and understand their roles and responsibilities during an emergency.
- Effective response requires coordination with healthcare, human services, social services, emergency management, law enforcement, and other community partners.
- External partners develop and maintain their own emergency plans. This framework does **not** replace those plans.

Emergency Operations

- The Dover Board of Health will experience incidents that impact public health and the health system infrastructure.
- Under its legal authorities, Dover Board of Health:
    - Will implement necessary steps to protect the health of the residents of the Town of Dover;
    - Conduct epidemiological surveillance and investigations;
    - Issue public information and risk messages;
    - Support treatment and prophylaxis; and
    - Take actions to control disease and environmental hazards.
- When needed and allowed by state or local law, Dover Board of Health may implement measures to contain and control communicable disease or limit exposure to environmental hazards.
- Some emergencies may require the activation and dispensing of medical countermeasures.

Declarations of Emergency and Legal Authorities

- When warranted, the Dover Board of Selectman, Town Administrator, or Board of Health Director may declare a local State of Emergency for the Town of Dover under Massachusetts General Laws. The Governor of Massachusetts has the authority to declare a state of emergency that can cover a specific municipality, multiple communities, or the entire Commonwealth.
- The Chief of Police or Fire may order or recommend evacuations and/or shelter-in-place for residents and/or businesses.
- During a public health emergency, the Dover Board of Health Director and Public Health Nurse may take actions to mitigate health impacts, save lives, protect property and the environment, and restore essential services and facilities. This may include issuing local public health orders.
- Some situations may require temporary legal or policy changes to maintain public health or healthcare services (e.g., licensure or regulatory waivers, Emergency Use Authorizations (EUAs)).

Information Sharing and Public Messaging

- During disasters, demand for health information and medical services increases.
- The Town of Dover uses established alert and warning systems to detect public health threats and to communicate with staff, partners, and the public.
- Leaders may need to make decisions with incomplete information and will update guidance as new facts become available.
- Communications will be clear, timely, and accessible for all audiences.

Response Resource Sharing

- The Dover Board of Health will first use its own staff, supplies, and equipment to respond to an emergency.
- When local resources are depleted (or nearly depleted), mutual aid may be requested from nearby communities and partners under existing Memorandums of Understanding (MOUs) and/or Mutual Aid Agreements (MAAs) (see Appendix C).
- Some emergencies may also impact neighboring jurisdictions, which can limit mutual aid availability. If local and partner resources are also depleted, the Dover Board of Health may request additional assistance through the local Emergency Management Director (EMD), the MDPH Region 4AB Health and Medical Coordinating Coalition (HMCC), the Massachusetts Department of Public Health (MDPH), and/or the Massachusetts Emergency Management Agency (MEMA).
- Routine public health activities that are not essential to the response (e.g., restaurant inspections) may be temporarily suspended during complex and/or extended emergencies. See the Continuity of Operations Plan (COOP) for more information.

F. PLAN MAINTENANCE

Dover Board of Health coordinates the development and maintenance of this plan. The plan will be updated when laws, policies, operations, or staffing change and after exercises or real events to incorporate lessons learned. All updates will be tracked in the plan's Record of Changes. Each Division/Agency, staff member, and stakeholder with responsibilities assigned in the framework shall review the plan annually.

II. Concept of Operations

A. OVERVIEW

Under its legal authorities, Dover Board of Health will implement steps to protect the health of Town of Dover residents. Key actions include:

- Epidemiological surveillance and investigation
- Public information and risk communications
- Treatment and prophylaxis
- Disease mitigation and control actions

This section identifies the roles, responsibilities, and authority to respond to an incident that impacts public health.

When Public Health is the Lead Agency

Public Health may lead an emergency response when the emergency primarily impacts public health, including:

- Infectious disease outbreaks
- Environmental health emergencies
- Health-related shelter operations

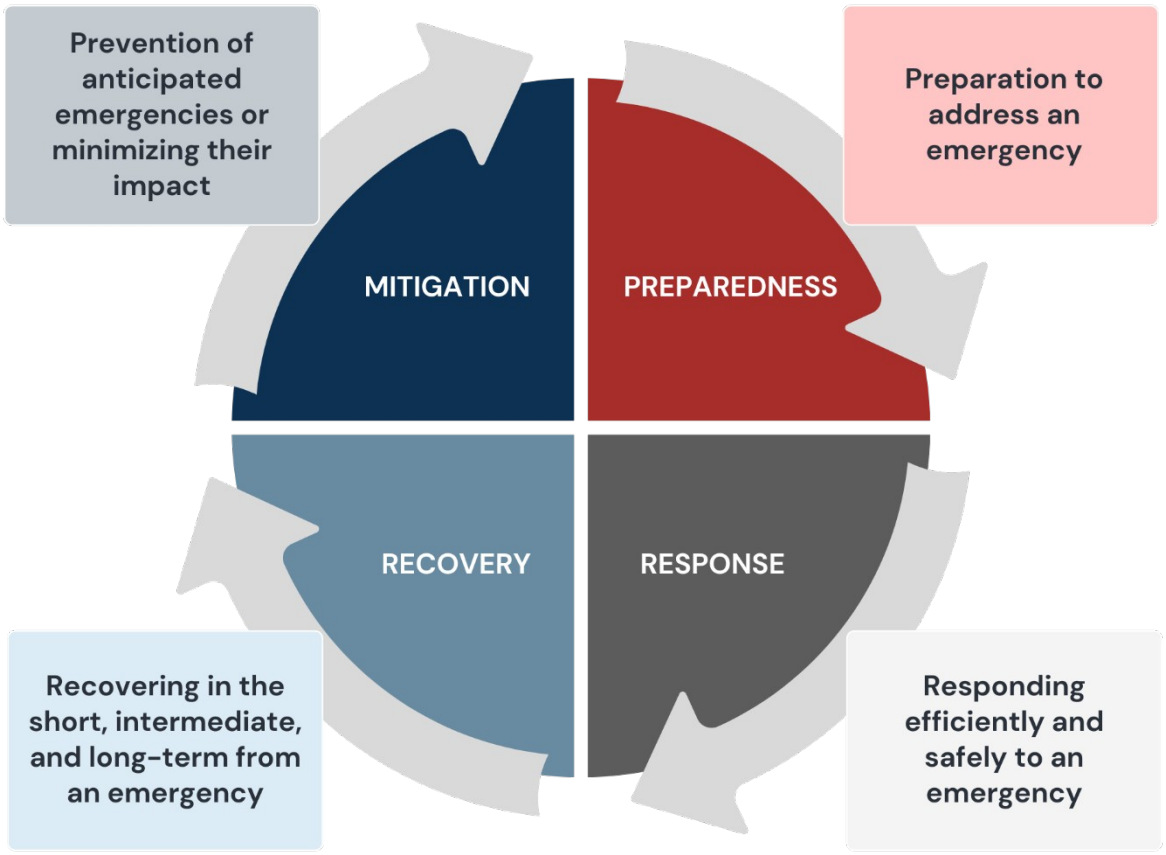
When Public Health is a Supporting Agency

If another department has primary responsibility, Public Health provides health expertise and support. The lead agency may request a public health representative in the Emergency Operations Center (EOC). **Example:** In a major flood, the Emergency Management Director (EMD) may lead and request Public Health support for environmental health guidance, disease prevention recommendations, and health messaging coordination.

B. OVERARCHING LOCAL PUBLIC HEALTH ROLE IN THE EMERGENCY MANAGEMENT CYCLE

Prevention and Mitigation

- Conduct public health inspections at public sector facilities
- Coordinate immunization programs
- Coordinate with the EMD to identify community risks and hazards
- Provide public education on disease prevention and healthy behaviors



Preparedness

- Ensure public health staff assigned to the EOC are trained
- Maintain readiness of public health personnel, equipment, and supplies for disaster response
- Develop and update public health emergency plans and operating procedures
- Coordinate with healthcare facilities to ensure readiness of staff, equipment, and supplies
- Train staff in disease detection, evaluation and prevention
- Protect the community's food and water supplies
- Coordinate health and medical planning with the EMD
- Coordinate pandemic planning with MDPH and local health partners
- Maintain plans for mass vaccination and medication dispensing
- Advise on control of disease vectors (e.g., insects, rodents)
- Recruit, train, and activate the Medical Reserve Corps (MRC)
- Coordinate with the EMD to plan support for individuals with access and functional needs

Response

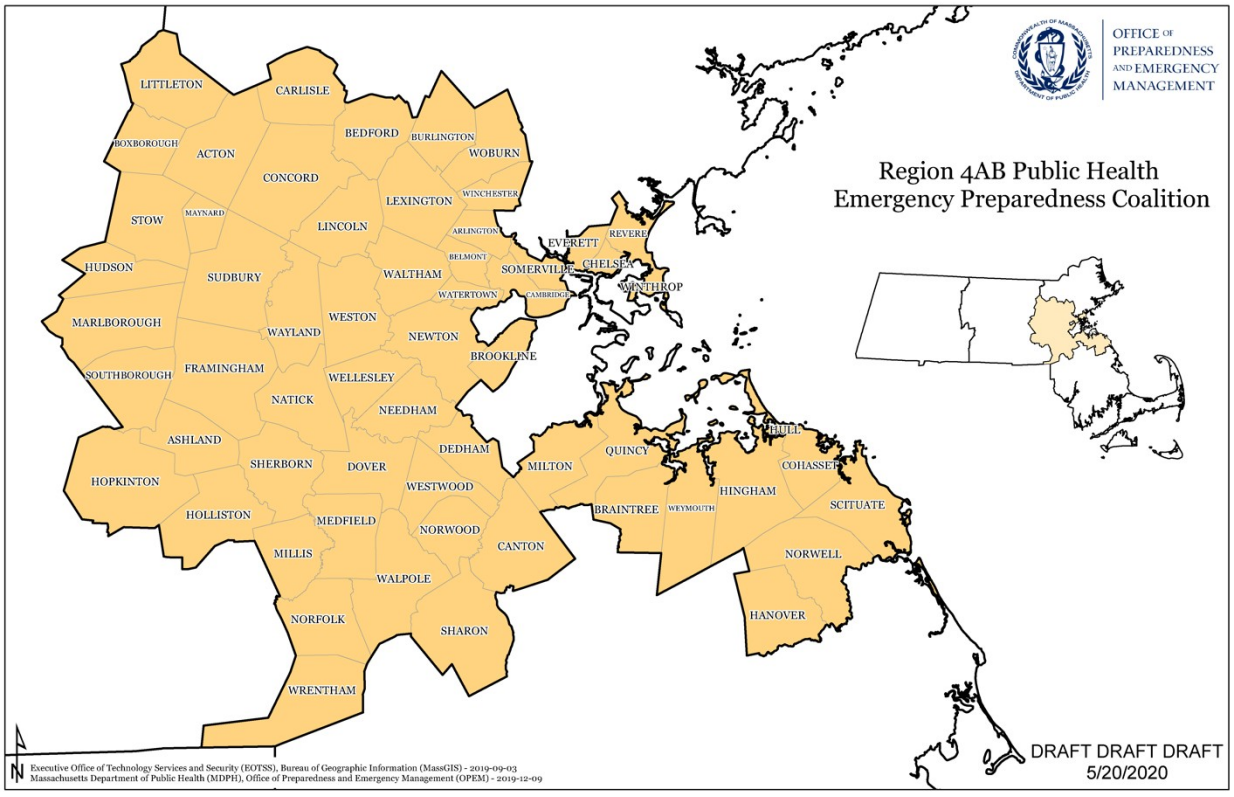
- Provide trained EOC representative(s) to coordinate public health and medical resources
- Monitor the status of public health and healthcare facilities
- Coordinate with the water/sewer department to address potential contamination
- Investigate and correct sanitation problems during disasters
- Ensure safe waste disposal, food and water testing, and pest and vector control as needed
- Coordinate with the Chief Medical Examiner on mortuary services, including temporary morgues and victim identification
- Identify and address health hazards in affected areas
- With MDPH authorization, implement isolation and quarantine measures
- Issues health advisories to inform the public and partners
- Activate and manage Emergency Dispensing Sites (EDSs) for medical countermeasures
- Monitor food safety and sanitation in emergency shelters and mass care facilities
- Coordinate testing of diseased animals

- Advise on biohazards, hazardous materials, and radiological materials
- Liaises with state and federal health and environmental agencies
- Coordinate with the EMD to provide transportation services for individuals with access and functions needs

Recovery

- Coordinate with the EMD to assess damages and public health impacts
- Coordinate with the debris management agencies to identify, prioritize, and safely remove debris that poses health risks (e.g., medical waste, asbestos, chemicals, mold)

C. ROLE OF THE MDPH REGION 4AB HEALTH & MEDICAL COORDINATING COALITION (HMCC)



Massachusetts has six regional HMCCs that support cross-disciplinary planning and emergency response across public health and healthcare sectors. The Region 4AB HMCC, also known as the

Metro Regional Preparedness Coalition (MRPC), is sponsored by the Cambridge Health Alliance (CHA). It serves 60 communities and 13 hospitals across five counties (Middlesex, Norfolk, Plymouth, Suffolk, and Worcester) covering the Metro-Boston and Metro-West areas.

> The MRPC's mission is "to enhance regional health and medical readiness for emergency events through collaborative, multidisciplinary planning necessary to foster a coordinated and

During emergencies, the MRPC helps maintain a common operating picture through shared information and supports resource management across local and regional partners, especially within the healthcare system.

Key roles of the MRPC include:

- Coordinate with local, regional, and state partners in public health, healthcare, and emergency management.
- Provide technical assistance for multi-agency coordination, incident management, and resource sharing.
- Participate in regional health and medical risk assessments, mitigation activities, training, and exercises.
- Maintain a regional resource inventory.
- Collect and share essential elements of information (EEIs) to support situational awareness.
- Coordinate resource requests during incidents.
- Support recovery operations following emergencies.
- Conduct after-action reviews and develop improvement plans.

For more details, refer to the current *Massachusetts Region 4AB, Metro Regional Preparedness Coalition (MRPC), Health and Medical Coordination Coalition (HMCC) Response Plan.*

D. ADDITIONAL RESPONSE PARTNER ROLES

Level of Support	Partner Organization	Response Roles
Local	Emergency Management Director (EMD)	Lead or support local incident command; operate incident support facilities (e.g., EOC); coordinate resource requests and purchasing; support information sharing and public messaging; ensure that the needs of at-risk populations are addressed.
Local	Other Local Government Departments	Carry out assigned tasks to support public health emergency response; maintain their own response plans and procedures and share them with the LBOH and EMD.
Local	Non-Governmental Health Partners (hospitals, long-term care, behavioral health, community health centers)	Support predefined roles during a public health emergency (e.g., ESF-8, sheltering, mass care); share response plans and procedures with the LBOH and EMD.
Local	Other Community Partners (utilities, colleges, K-12 schools, community-based organizations)	Provide support to meet specific objectives (e.g., continuity of services, facilities, volunteers, outreach).
Regional	HMCC (Region 4AB/MRPC)	Provide ESF #8 technical assistance; help coordinate resource requests; liaise with state partners; assist with Medical Reserve Corps (MRC) activation; offer operational support for complex or extended responses.
Regional	Hazardous Materials (HAZMAT) Emergency Response Division	Identify hazardous substances; contain and mitigate spills or exposures; conduct decontamination; provide technical expertise, environmental sampling, and risk assessment; coordinate with state agencies.
State	MDPH	Provide policy guidance and subject matter expertise; provide staffing and coordination support when local resources are strained.

Level of Support	Partner Organization	Response Roles
State	MEMA	Support local emergency management with ICS and EOC guidance; help coordinate local ESF-8 resource requests; assist with FEMA cost recovery assistance requests (when applicable).

E. SHARED SERVICE ARRANGEMENTS

The MDPH Office of Local and Regional Health *Public Health Excellence (PHE) Grant Program* funds Shared Service Arrangements, where cities and towns share staff, resources, and services to strengthen local public health regardless of community size or budget.

Shared public health services for Dover:

- **Participating communities:** Dover, Needham, Medfield, and Sherborn
- **Lead/host agency:** Needham Health Department
- **Shared services:** e.g., inspections, epidemiology, nursing, health education, date/reporting, emergency preparedness
- **Points of contact:** Timothy McDonald, Health Director, Town of Needham, tmcdonald@needhamma.gov
- **Governance/MOU:** SSA Advisory Board chaired by the manager of SSA with representation from Needham, Medfield, Dover, and Sherborn. SSA is funded by a 3-year Public Health Excellence Grant from the Massachusetts Department of Public Health and administered by the Town of Needha.
- **Emergency use:** During incidents shared staff and resources may be activated to support response operations in coordination with Dover Board of Health and the EMD.

III. Incident Management

A. INCIDENT RECOGNITION

When an incident occurs or is identified through epidemiological analysis, Dover Board of Health will:

- Assess the situation and potential public health impacts;
- Issue public warnings or guidance, if needed;
- Determine whether to activate a Department Operations Center (DOC);
- Alert DOC staff and notify internal and external partners;
- Conduct DOC operations:
- Plan for recovery and deactivation/demobilization.
- Coordinate with local EMD and municipal officials.

B. ACTIVATION

The DOC supports a coordinated, department-level response to incidents that impact the public health of Dover and/or the health system.

When notified of an incident or when an incident is detected, the Dover Board of Health will conduct an incident assessment, set early health and medical objectives, determine whether to activate the DOC, and establish the initial course of action.

The Dover Town Administrator may activate the DOC in full or in part and may implement relevant parts of this plan.

How activation request may arise

- The **Dover Manager or Emergency Management Director** may request DOC activation to coordinate ESF-8 activities.
- Dover Board of Health may receive information from healthcare partners or the community that prompts a recommendation to activate.
- A Dover Board of Health program may recommend activation based on incident conditions and the need for a coordinated response.

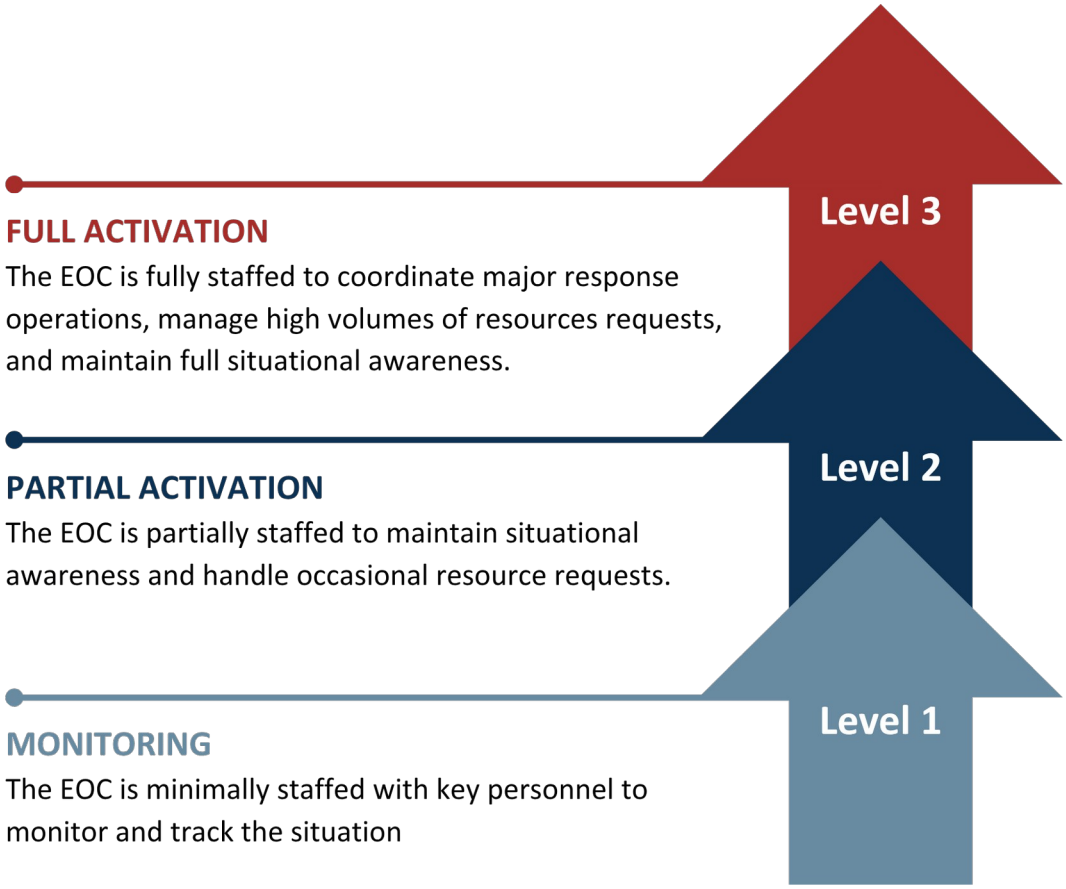
C. DEPARTMENT OPERATIONS CENTER / EMERGENCY OPERATIONS CENTER

An EOC is the central location for coordinating emergency response. It manages information, resources, and support for on-scene operations. In Dover, the EOC is located at 5 Springdale Avenue. The Town Administrator has the authority to activate the EOC and may request Dover Board of Health staff to fill pre-identified roles. See the Dover Comprehensive Emergency Management Plan for activation procedures and authorities.

The Public Health DOC may be activated instead of, or in addition to, the municipal EOC. The DOC coordinates public health functions and supports ESF-8 activities during an emergency.

D. ACTIVATION LEVELS

The Dover EOC uses three activation levels that increase in scope and staffing as an incident escalates:



Public Health staff may be requested at any level to support coordination efforts. If Dover Board of Health activates a Public Health DOC, it will follow these same activation levels.

E. DOC ACTIVATION NOTIFICATIONS

When the DOC is activated, the Dover Board of Health (or designee) will notify DOC personnel and stakeholders.

Notify DOC personnel

Send an alert that includes:

- Brief incident summary
- Assembly/briefing time and location (or virtual link)
- How to check in (e.g., roll call, sign-in)
- Special instructions (e.g., travel routes, safety instructions, required PPE/equipment)

Activated personnel report directly and promptly to the DOC (or virtual DOC), attend the initial briefing, and begin operations.

Notify partners and stakeholders

Issue a message announcing the DOC activation and how to communicate with the DOC (primary phone, email, radio channel, and situation report schedule).

Notify:

- Municipal leadership and department heads
- 911 Dispatch
- MRPC Duty Officer
- Neighboring communities: Wellesley, Sherborn, Westwood, Walpole, Needham, Natick, and Medfield.
- Hospitals and healthcare partners: Beth Israel Needham, Newton Wellesley Hospital Community Collaborative, and Walpole VNA
- Other critical infrastructure/partners

Refer to Appendix B for Contact List.

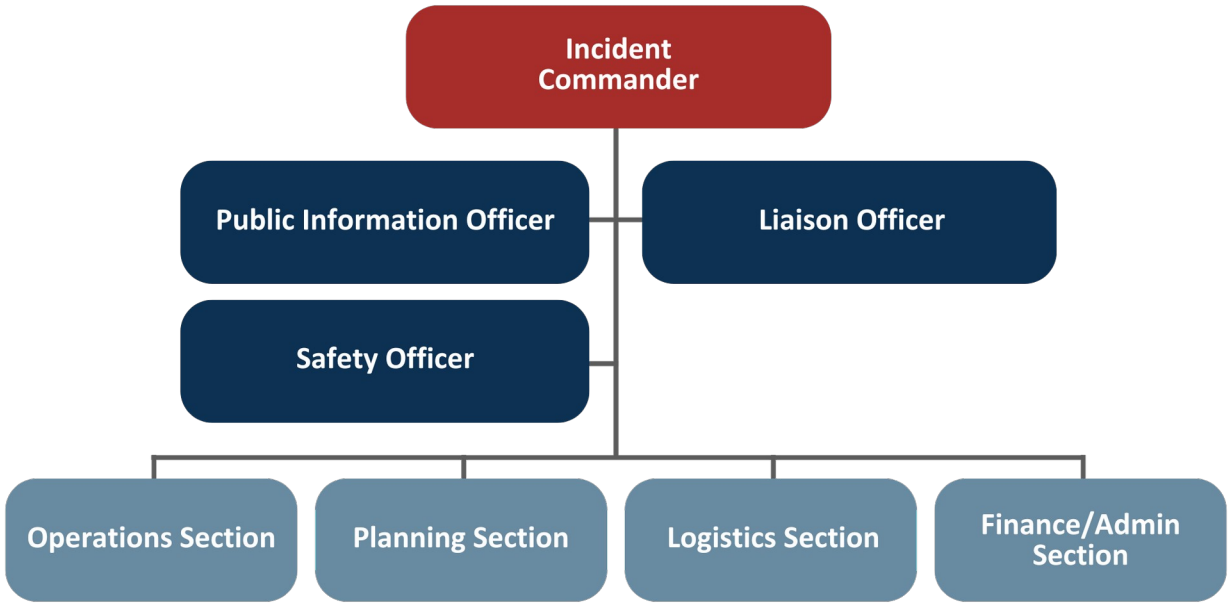
F. INCIDENT COMMAND SYSTEM

The National Incident Management System (NIMS) is the national approach for how government, nongovernmental organizations, and the private sector work together to prevent, protect against, mitigate, respond to, and recover from incidents. A key component of NIMS is the Incident Command System (ICS), which provides a common structure that organizes personnel, facilities, equipment, procedures, and communications for effective and efficient incident management.

Public Health use of ICS

When Dover Board of Health is the lead for an incident:

- The Town Administrator (or designee) assigns an Incident Commander (IC) to manage and direct the department's response and recovery.
- The IC coordinates public health operations on behalf of the Dover Board of Health.
- The IC activates Command Staff and General Staff positions as needed.
- All DOC staffing and actions follow ICS and NIMS principles.



Section	Responsibilities
Command	Support the Incident Commander (IC) in directing, ordering, and controlling response personnel and resources. These positions often include the Public Information Officer, Safety Officer, Liaison Officer, and other positions as required. ● **Public Information Officer (PIO):** Leads public and media communications; develops and maintains communication plans, protocols, messages, and public health education materials. ● **Safety Officer (SO):** Protects health, mental health, and safety of DOC staff and field staff; identifies hazards and unsafe situations, develops

Section	Responsibilities
	corrective measures, implements safety actions, and stops unsafe practices immediately. ● **Liaison Officer (LO):** Coordinates with assisting agencies, organizations, and EOCs; maintains a common operating picture; processes information and resource requests. Note: Additional command roles may be added as needed.
Planning	Collects, analyzes, documents, and shares incident information; develops the Incident Action Plan (IAP); provides situational awareness and status updates to Command, Operations, and Logistics.
Operations	Directs and coordinates response activities to meet incident objectives and carry out the IAP(s).
Logistics	Obtains and tracks facilities, services, personnel, equipment, and materials that support operations.
Finance and Administration	Manages costs, contracts, and documentation; supports reimbursement and MEMA cost-recovery claims and applications.
Policy Group	Provides executive guidance and strategic direction to the IC: ● Develops and implements response and recovery policies ● Weighs political, legal, and social implications of policy implementation. ● Reviews and evaluates public health response and recovery operations.

Note: When Dover Board of Health is a supporting agency, staff may fill comparable role(s) in the Dover EOC.

G. INITIAL RESPONSE

The initial response covers the first 24 hours after the DOC is activated. During the initial response, the Dover Board of Health will:

- Use the Incident Assessment Form (Appendix A) to identify public health impacts, population impacts, response needs, and any urgent actions.
- Set initial objectives, assign roles, and establish communication methods (phone, email, radio, situation reports).
- Begin documentation and keep a running log of key decisions.

If activated to support the Dover EOC, staff will complete required ICS forms and follow directions from the EOC Manager and/or Incident Commander.

H. SUSTAINED RESPONSE

Sustained operations begin after the first Incident Action Plan (IAP) is developed, approved, and briefed. They continue for as long as needed to support response and recovery. During this phase, Dover Board of Health will:

- Run 24-hour or multi-shift operations (if needed) with clear handoffs.
- Update the IAP each operational period and brief all staff.
- Maintain situational awareness, regular reports, and partner coordination.
- Track resources, costs, and staff time; request mutual aid as needed.
- Protect staff health and safety (rest, rotation, behavioral health).
- Plan and start demobilization while transitioning to recovery.

Sustained response ends when operational objectives are met, recovery operations take over, and the DOC Deactivation/Demobilization Plan is carried out.

I. ISSUANCE OF LOCAL PUBLIC HEALTH ORDER

Under Massachusetts General Laws Chapter 111, Section 31, local boards of health may issue reasonable regulations and orders to protect public health and safety. The orders can address sanitation, nuisances, disease control, and/or other mitigation measures during a health emergency. If needed, the Dover Board of Health should consult with Dover Counsel before issuing or enforcing a public health order.

Municipalities may also declare a local state of emergency when local resources are overwhelmed. Only the Chief Elected/Appointed Official may issue the declaration, which can authorize:

- Emergency spending or procurement
- Public safety orders such as evacuation, curfew, quarantine, or shelter in place directives

For more information, see the Dover CEMP.

J. FINANCE AND ADMINISTRATION

The Finance and Administrative Section supports DOC operations by tracking expenses, personnel time, and resources throughout response and recovery. All activities follow established financial and procurement procedures.

Financial Management

The **Finance Section** manages all financial transactions related to the response and recovery. This includes maintaining accurate records and supporting documentation for all expenditures. Eligible costs may be reimbursed by state or federal agencies, depending on the scope of the emergency and any declared disaster by the Governor of Massachusetts or the President of the United States.

- **Emergency Purchasing**
  When a threat to public health, welfare, property, or safety exists, and normal procurement procedures are impractical, the Chief Procurement Officer may authorize emergency purchases. Such purchases should involve as much competition that is practicable under the circumstances. See the Town of Dover procurement policies for additional details.
- **Nonexpendable Resources Accounting**
  Nonexpendable resources (e.g., capital asset items, equipment, vehicles, trailers, etc.) used during a response must be:
    - Tracked and documented during the response,
    - Restored to full working condition, and
    - Returned to their original division, office, or program after use.

  Items obtained through mutual aid must be returned to the providing organization as outlined in the agreement. Fixed facilities used in response must also be restored to their full functional capability.
- **Expendable Resource Accounting**
  Expendable Resources (e.g., water, food, fuel, and other single-use supplies) must be fully documented and replenished by Dover Board of Health or as specified in funding agreements. Restocking occurs through the same source or vendor from which a resource was issued.
- **Reimbursement**
  Reimbursement helps to recover funds spent on disaster response and recovery. When possible, use pre-established reimbursement agreements. Key activities include:

- Collecting and verifying invoices and supporting documents
- Tracking and reconciling all expenses
- Validating costs against the scope of the work
- Securing proper authorizations
- Using correct forms, software, and reporting procedures

Administration

Effective response requires timely, accurate reporting and continuous recordkeeping. All records and reports must follow NIMS principles.

- **Documentation**
  Create a complete, accurate record of response and recovery activities. This record supports decision-making, improves future plans, and enables cost recovery. Include (as applicable):
  - Situation reports, narratives, and operational logs
  - Damage assessments and maps
  - IAPs
  - Personnel time, resource use, and expense records

  Send copies of all response and recovery documents to the DOC Planning Section for the official disaster record.

- **Cost Recovery**
  Some response and recovery costs may be reimbursable if state and/or federal criteria are met.
  - Start cost tracking at the onset of the incident.
  - For each department or program, track its disaster-related expenses and report them to the DOC Finance Section.
  - Use approved forms, system, and procedures to ensure eligibility.

K. DEACTIVATION/DEMOBILIZATION

Deactivation of the DOC occurs as response and recovery activities wind down. The DOC IC recommends deactivation or a change in the activation level to the EDS Director who approves the decision.

Demobilization Process

- The DOC staff prepares a Demobilization Plan, which outlines how positions, activities, and responsibilities will be phased out or reassigned. The Demobilization Plan must be approved by the EDS Director.
- Tasks may return to routine departments or programs once emergency operations end.
- Equipment and supplies must be returned, replenished, or restored to original supply and condition. All returned items should be inspected, cleaned, and inventoried.

Staff and Health Support

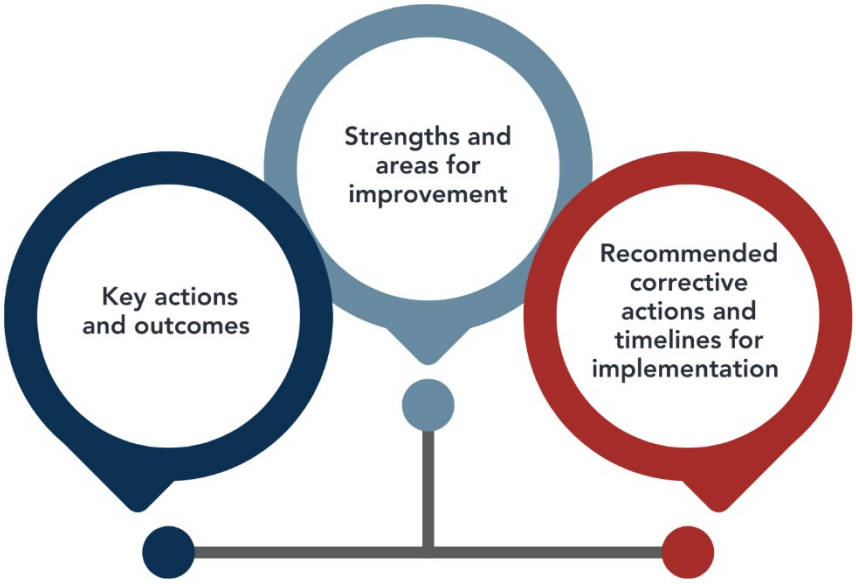
Following demobilization, hold post-incident debriefings for all staff. Provide information on available occupational and mental health services and, if needed, establish a program to monitor the short- and long-term health impacts on personnel.

Records and Close Out Activities

Collect and organize response information, resource data, and damage assessment information for the permanent record. Complete financial reconciliation, including resources used, equipment use, personnel time, and disaster-related expenses, to support potential state or federal reimbursement.

After-Action Review

Develop an After-Action Report (AAR) and Improvement Plan (IP) to document:


Strengths and areas for improvement
Key actions and outcomes
Recommended corrective actions and timelines for implementation

IV. Information Management

A. INFORMATION MANAGEMENT

Alert and Notification

Notify Dover Board of Health immediately when any of the following occur:

- Threats to public health or safety (e.g., outbreaks, contamination, mass exposure).
- Reportable diseases[1] as required by *Chapter 105*, *Code of Massachusetts Regulations (CMR)*, *Section 300.000: Reportable Diseases*, *Surveillance*, *and Isolation & Quarantine Requirements*.

How to report (24/7)

- **Phone:** 508-785-0032 | **After-hours:** 508-934-9283
- **Email (non-urgent only):**gversa@doverma.gov
- **State systems (if applicable):** e.g., MAVEN, WebEOC
- Provide: who is reporting, what happened, when/where, people affected, immediate actions taken, and callback number.
- For life-threatening emergencies, call 911 first, then notify Dover Board of Health.

Operational Communications

Effective response depends on clear, reliable communication among staff, partners, vendors, and stakeholders.

Communication Methods

Dover Board of Health uses the following communication methods:

- Email distribution lists
- Calling lists (phone trees)
- Municipal Emergency Notification System
- Text messaging

[1] https://www.mass.gov/lists/infectious-disease-reporting-and-regulations-for-health-care-providers-and-laboratories

During an activation, the Dover Board of Health will share updated contact information and designate primary and alternate points of contact.

The Dover Emergency Management Department manages public alert and warning systems. See the CEMP for details on system authority and use.

- **Communication with Region 4AB HMCC**
  The MRPC provides 24/7/365 coverage through its Duty Officer to support regional coordination and information sharing. Notify the MRPC Duty Officer of any emergency or potential incident that could have regional impacts and/or exceed local response capacity. Examples include, but are not limited to:
  - Mass Casualty Incidents (MCIs)
  - Hazardous materials spills
  - Public Health emergencies
  - Major facility damage or service interruption requiring evacuation

For procedures, see the *MRPC 24/7/365 Duty Officer Standard Operating Procedures*.

24/7/365 MRPC Duty Officer: (857) 239-0662

- **Communication with MDPH**
  The Massachusetts Department of Public Health (MDPH) Office of Preparedness and Emergency Management (OPEM) maintains a 24/7 Duty Officer to manage large-scale public health and healthcare emergencies.

  Notify the MDPH OPEM Duty Officer ***prior to*** notifying the MRPC Duty Officer when any of the following occur:
  - A hospital declares Code Black
  - A MassMAP activation is requested
  - A CMED notification to OPEM (e.g., Mass Casualty Incident)

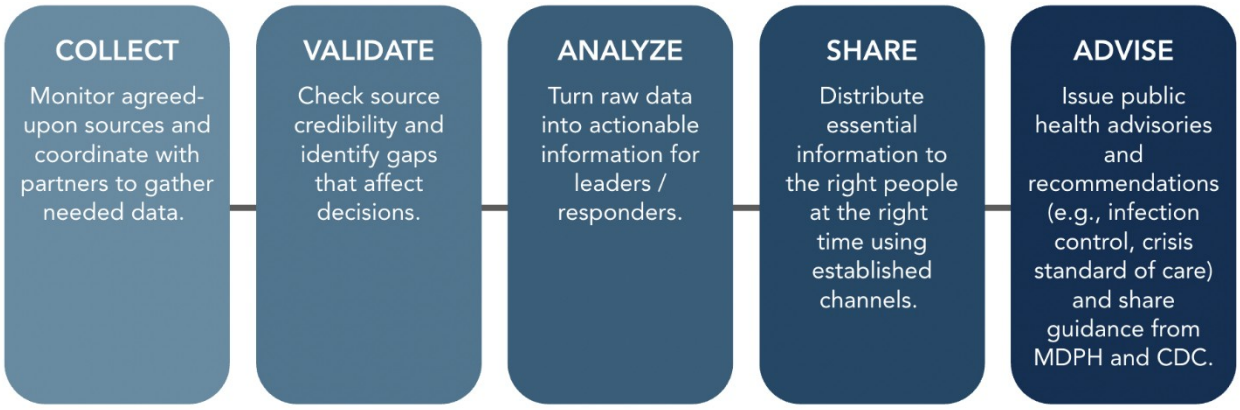
  Otherwise, notify the MRPC Duty Officer first.

24/7/365 MDPH OPEM Duty Officer: (617) 339-8391

B. INFORMATION SHARING

Clear and timely information and situational awareness data ensures a common operating picture.

How Dover Board of Health manages information



Common information sources

Sharing Tools

Information Systems and Their Use

Tool	What it's for	Key Notes
Web Emergency Operations Center (WebEOC)	Health and medical incident management; maintaining situational awareness and a common operating picture.	MDPH and MEMA run separate WebEOC systems. MDPH WebEOC is not monitored 24/7. Local Boards of Health (LBOH) use it to share information with partners and document actions for accountability and potential reimbursement.
Health and Homeland Alert Network (HHAN)	Secure alerts and information sharing with public health and healthcare partners (e.g., disease updates, clinical guidance, standing orders).	Used by MDPH and all 351 municipalities. Designed for timely, targeted alerts and protected communications.
Massachusetts Virtual Epidemiologic Network (MAVEN)	Statewide disease surveillance and case management; captures lab, clinical, and public health data.	Supports electronic lab reporting (ELR) and sends automatic 24/7/365 notifications to state and local officials for events needing attention. By law, LBOH, providers, and labs must report notifiable diseases in MAVEN.

C. EMERGENCY PUBLIC INFORMATION AND WARNING

Dover Board of Health develops, coordinates, and disseminates information, alerts, warnings, and notifications during any incident with public health impacts.

What we communicate	Messages should: ● Use plain language (about a 6th-grade reading level). ● Be clear, concise, and actionable. ● Match the urgency of the situation. ● Align with state and federal guidance. ● Include supporting materials (FAQs, graphics, translations) as needed.
Who speaks	● The Public Information Officer (PIO) or designee is the only person authorized to speak to the media. ● The PIO coordinates message development with subject matter experts.
How we reach people	Choose the best channels for the audience and access needs: ● News releases and media briefings ● Website updates and dashboards ● Social media posts ● Public service announcements and paid ads ● Talking points for officials and call centers ● Multilingual and accessible formats (e.g., large print, ASL, captioning)
Reaching at-risk groups	Identify populations at greater risk and tailor messages and delivery methods (e.g., language access, trusted messengers, community partners).
Addressing misinformation	● Monitor media and social media for rumors and errors. ● Correct misinformation quickly - preferably before the next news cycle. ● Share consistent updates and point to official sources (MDPH, CDC).

Message Development, Approval, and Distribution

Public information staff use the steps below to create clear, accurate, and timely messages. See the Dover Board of Health Crisis and Emergency Risk Communication (CERC) Plan for detailed roles, templates, and workflows.

Develop the message	• Work with subject matter experts (SMEs) to draft plain language content with clear actions.
	• Apply CERC principles (see Appendix C): be first, be right, be credible, express empathy, promote action, show respect.
	• Consider:
	  ○ Who is speaking (spokesperson)
	  ○ How fast the message is needed (time pressure)
	  ○ Why you're communicating (purpose and desired action)

Validate the information	• Confirm facts, numbers, sources, and dates with SMEs. • Align with MDPH/CDC guidance and local policies.
Tailor for the audience	• Identify at-risk and vulnerable groups. • Provide translation and accessible formats (e.g., large print, captions, plain language). • Choose trusted messengers and partners to extend reach.
Approve and release	• PIO or designee drafts the content. • SME(s) review for technical accuracy. • EOC Manager or designated authority approves. • PIO distributes through approved channels (website, social media, media release, alert system, call scripts).
Monitor and update	• Track public questions, uptake, and misinformation. • Correct errors quickly and update messages as conditions change.

V. Biosurveillance

A. PUBLIC HEALTH LABORATORY TESTING

The Massachusetts State Public Health Laboratory provides laboratory services for diagnosis, surveillance, investigation, and prevention of public health threats. Guidance on specimen collection, packaging, transportation, and submission is available on their website and in current plans, policies, and procedures.[2]

Dover Board of Health may use surge strategies during a public health emergency, such as:

- Utilizing Public Health Nurses to collect specimens.
- Partnering with local commercial laboratories for overflow testing.

B. PUBLIC HEALTH SURVEILLANCE

Public health surveillance involves collecting, analyzing, and interpreting health data to monitor disease trends, identify outbreaks, and guide public health actions.

The Massachusetts Virtual Epidemiological Network (MAVEN)[3] is a secure, web-based system used by the Massachusetts Department of Public Health Bureau of Infectious Disease and Laboratory Sciences (MDPH-BIDLS) and local boards of health to manage reportable disease data. MAVEN:

- Automates disease reporting from clinicians and laboratories.
- Integrates with the Health Information Exchange (HIE) for rapid electronic notifications.
- Supports case investigation, follow-up, and reporting.

When a reportable disease is diagnosed and/or confirmed, it is entered into MAVEN and routed to the local health department where the individual resides. Data are used to:

- Detect and control disease outbreaks.
- Ensure patients receive proper treatment.
- Provide testing and preventative care to exposed individuals.

MDPH also issues regular surveillance reports[4] on arboviruses, foodborne illness, influenza activity, and other infectious diseases.

---

[2] https://www.mass.gov/state-public-health-laboratory-services

[3] https://www.maven-help.maventrainingsite.com/

[4] https://www.mass.gov/lists/infectious-disease-data-reports-and-requests

MAVEN is the primary source of public health data and surveillance, exclusive to those who are trained and authorized to do case investigation.

C. PUBLIC HEALTH EPIDEMIOLOGICAL INVESTIGATION

An epidemiological investigation identifies the cause of illness and guides control measures to prevent further spread.

The Dover Board of Health, Public Health Nurse will follow established procedures, for **case investigation** including:

- Developing a case definition to consistently classify cases.
- Developing a questionnaire to collect demographic, clinical, and exposure information.
- Interviewing cases in person, by phone, or through a secure self-reporting tool.

If applicable, MDPH may provide standardized tools or questionnaires. Once data are analyzed, findings will be used to determine the source of infection and to implement control measures.

D. CONTACT TRACING

During an epidemiological investigation, Dover Board of Health may conduct contact tracing, identify and notify people who were recently exposed to an infected individual.

Contact tracers will:

- Reach out to exposed individuals to provide guidance on testing, isolation, or other precautions.
- Follow up during the incubation period to monitor for symptoms or positive results.
- Use standardized scripts, data collection forms, and guidance materials developed and approved by MDPH/CDC.
- Provide contacts with instructions on what to do if they develop symptoms and who to notify if they become symptomatic.

V. Countermeasures and Mitigation

A. MEDICAL COUNTERMEASURE DISPENSING AND ADMINISTRATION

Dover Board of Health is responsible for dispensing and administering medical countermeasures (MCMs), such as vaccines, antiviral drugs, antibiotics, and antitoxins, to protect affected populations during a public health emergency in accordance with state and federal guidelines.

When needed, Dover Board of Health will activate and operate Emergency Dispensing Sites (EDSs) to dispense or administer MCMs. Key responsibilities include:

- **Site identification and setup:** Select accessible, high-capacity locations for EDS operations.
- **Infrastructure readiness:** Ensure medical supplies, equipment, staffing, and communication systems are in place.
- **Staffing and training:** Recruit, train, and deploy healthcare workers, public health nurses, and support staff.
- **Supply and logistics:** Coordinate the receipt, storage, and delivery of medical countermeasures.
- **Data tracking:** Record doses dispensed, individuals served, and any adverse reactions.
- **Safety and security:** Coordinate with law enforcement to protect staff, clients, and assets.
- **Infection control:** Follow PPE, sanitation, and distancing protocols to prevent disease spread.
- **Privacy compliance:** Handle all medical data in accordance with HIPAA and other privacy laws.
- **Reporting:** Maintain accurate records of EDS activities and share data with MDPH as required.

The Town of Dover Board of Health director has identified the Lindquist Commons to be used as an EDS. Additional sites include the Dover Town Hall and Caryl Community Center.

Dover is staffed with a full time Public Health Nurse shared with the Town of Sherborn.

B. MEDICAL MATERIEL MANAGEMENT AND DISTRIBUTION

Dover Board of Health will acquire, manage, transport, track, and recover medical materiel during a public health emergency. This includes items such as pharmaceuticals, vaccines, gloves, masks, ventilators, and other medical equipment.

When activated, the DOC coordinates all resources assigned to public health operations - whether requested from the field, directed through DOC mission tasking (e.g., EDS), or supporting other response or recovery activities.

Dover Board of Health maintains a limited supply of equipment and materials used for day-to-day operations. Additional supplies, personnel, and funding may be obtained through:

- Local or regional caches (e.g., MRPC)
- Mutual aid agreements
- Vendor contracts
- Other government agencies or jurisdictions
- Nonprofits, NGOs, or private-sector partners
- Donations or volunteers

Resource Requests

If existing inventory cannot meet operational needs, Dover Board of Health will use vendor agreements, mutual aid, or regional coordination through the MRPC.

- **Resource Request to Dover EOC**
  When the EOC is activated, resource requests are coordinated through the Logistics Section. The EOC may:
  - Fulfill requests locally, or
  - Submit requests to MEMA by phone, radio (to the Regional Office or HQ), or through the MEMA WebEOC.

  See the Dover CEMP for full procedures.

- **Resource Request to MRPC**
  The MRPC manages regional caches of PHEP, MRC, and HPP supplies stored in Waltham, MA. The MRPC can also coordinate resource sharing among regional partners or with the state.

  Submit requests to the MRPC Duty Officer per the MRPC Response Plan:
  - mrpcdutyofficer@challiance.org | (857) 239-0662

Resource Accountability

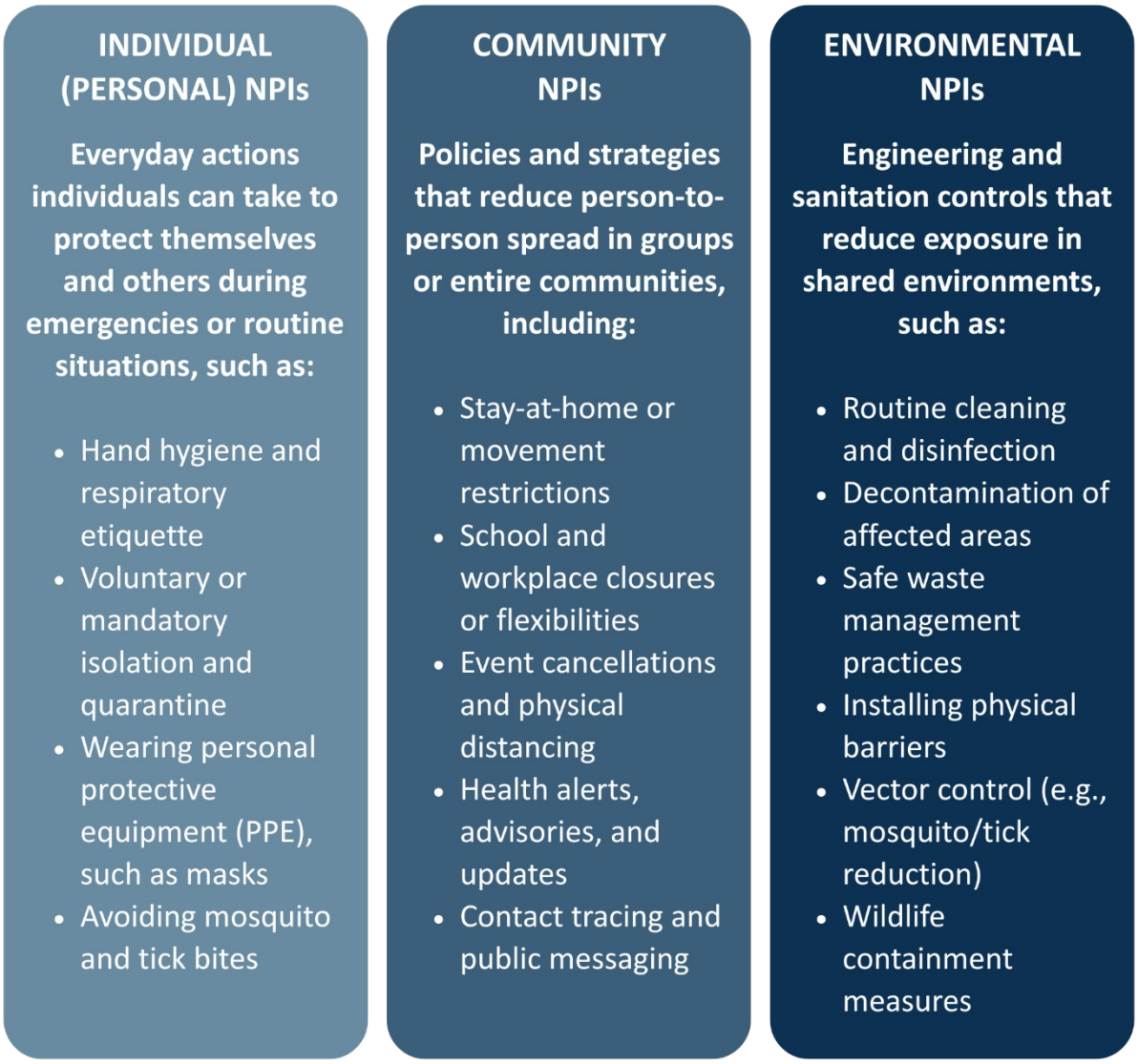
The requesting agency will manage and document all received resources.

- Inspect and inventory all items upon receipt.
- Keep bills of lading or shipping documents and track where items are deployed.
- Return demobilized resources to their original facility after inspection for damage, cleanliness, and serviceability.
- Replace any items that cannot be returned with those of equal quality and quantity.
- If eligible, coordinate with the Dover Emergency Management Department and MEMA for cost recovery or reimbursement of emergency-related expenses.
- Maintain all records and documentation for potential state or federal reimbursement audits.

C. NONPHARMACEUTICAL INTERVENTIONS

Nonpharmaceutical interventions (NPIs) are actions - other than medical treatments like vaccines or medications - that people and communities can take to help prevent or slow the spread of illness. NPIs can target individuals, groups, or environments and are often the first line of defense when vaccines or medicines are not available.

Types of NPIs



Key Definitions

- **Isolation:** Separating people who are ill with a contagious disease to prevent transmission.
- **Quarantine:** Separating people who are not sick but may have been exposed until it is clear they are not contagious (typically one incubation period).
- **Physical distancing:** Increasing space between individuals in settings where close contact occurs.

Implementation Notes

- Individual and environmental NPIs are the most practical and commonly used.
- Community-wide NPIs may be necessary during severe outbreaks or widespread hazards to protect public health.
- All NPIs should be based on public health guidance and tailored to the type, scale, and severity of the incident.

Interventions that may be considered for biological or infectious disease outbreaks include, but are not limited to, the following:

Individual/ Personal NPIs	Community NPIs	Environmental NPIs
• Voluntary Self-Isolation • Mandatory Isolation • Voluntary Self-Quarantine Mandatory Quarantine • Cough Etiquette • Hand Hygiene • Personal Protective Equipment (PPE): Respiratory Protection (Masking) • Mosquito and Tick Bite Prevention	• Patient and/or Staff Cohorting • Stay-At-Home Order • Restrictions on Movement and Travel • Workplace and/or School Flexibilities • Travel Advisories & Warnings • Health Alerts, Advisories, & Updates • Evacuation/Relocation • Facility Closures • Mass Gathering Cancellations or Postponement • Physical Distancing • Public Health Surveillance • Contact Tracing • Public Health Messaging & Education	• Routine Surface/Object Cleaning • Decontamination • Waste Management • Creation of Physical Barriers • Mosquito & Tick Control (Source Reduction) • Environmental and Wildlife Containment

D. RESPONDER SAFETY AND HEALTH

Dover Board of Health will support protecting the physical and mental health of responders and volunteers before, during, and after a public health emergency.

Key Responsibilities

- **Identify hazards and risks:** Determine potential dangers responders may face and who is most at risk.
- **Mitigate risks:** Develop and implement health and safety measures (e.g., PPE, safe work practices).
- **Monitor evolving needs:** Adjust safety measures as conditions change.
- **Conduct safety briefings:** Provide ongoing safety updates and reminders for deployed staff.
- **Document incidents:** Record and address any injuries, exposures, or adverse events.
- **Follow up after demobilization:** Monitor responders for any short- or long-term health or behavioral effects.

Risk Awareness

All responders must understand that no level of risk is acceptable unless the potential benefit outweighs the danger. Risk is part of disaster response, but it can be reduced through awareness, preparation, and mitigation.

Common Safety and Health Hazards

- **Safety hazards:** Uneven or wet surfaces, low lighting, damaged structures, debris, live electrical wires, traffic, or severe weather.
- **Health hazards:** Poor air quality, exposure to hazardous materials, repetitive motion injuries, heat or cold stress, or infectious disease exposure.
- **Behavioral health hazards:** Fatigue, burnout, stress, anxiety, and reduced morale during or after deployment.

Post-Deployment Support

After an activation, Dover Board of Health will assess whether responders experienced adverse physical or mental effects and identify trends that could signal broader risks. The agency will provide or coordinate:

- Medical and behavioral health support for affected staff.
- Referrals through [Human Resources/Risk Management] for post-exposure care or counseling.
- Access to the Employee Assistance Program (EAP) and other available wellness resources.

A culture of safety and self-care is essential—responders should be encouraged to seek help early and report safety or health concerns immediately.

VII. Surge Management

A. FATALITY MANAGEMENT

The Massachusetts Office of the Chief Medical Examiner (OCME) has legal authority over deaths that are violent, suspicious, or unexplained. Deaths in healthcare facilities follow normal reporting and are usually handled through funeral homes.

Public health is not the lead agency but plays key supporting roles, including:

A mass fatality incident refers to when more dead bodies or body parts can be located, identified, and processed for final disposition by available response resources.

Coordinate with OCME
- Establish contact and confirm protocols.
- Share casualty counts and situational updates.
- Support planning for temporary morgue needs based on local capacity.

Support temporary morgue operations (OCME/MEMA lead)
- Help identify suitable, safe locations.
- Assist with setup (refrigeration, sanitation, security, safe traffic flow).
- Ensure availability of PPE, staffing support, shift rotation, and responder well-being resources.

Assist victim identification (OCME/forensics lead)
- Work with law enforcement and OCME to follow identification protocols.
- Support victim registration and complete, accurate documentation.
- Coordinate family notifications and services with the Red Cross or other assistance organizations.

Maintain compliance and records
- Ensure adherence to public health, safety, and environmental requirements.
- Keep detailed logs (chain of custody, identification status, transfers).
- Provide regular status reports to MDPH, OCME, and other designated agencies

Provide family and responder support
- Coordinate culturally sensitive behavioral health services for families, survivors, and responders.
- Help gather antemortem information when requested.

B. MASS CARE

Mass care involves coordinating with partner agencies to meet the public health, healthcare, behavioral health, and human services needs of people in congregate settings (not including shelter-in-place locations).

Public health is not the lead agency but plays key supporting roles, including:

Food and Water Safety

- Inspect kitchens and storage areas for compliance with 105 CMR 590 (cold food ≤ 41°F; hot food ≥ 135°F).
- Verify food handlers follow hygiene practices, including proper handwashing and glove use.
- Ensure all food preparation and storage areas are clean and sanitized.
- Confirm food is purchased from licensed and approved suppliers.
- Test water quality and ensure continued access to safe, potable water.

Sanitation and Waste Management

- Provide cleaning supplies and train staff on sanitation procedures (wash ≥ 110°F; sanitize ≥ 171°F or use approved chemical sanitizer).
- Implement pest control measures and ensure safe waste collection and disposal.
- Maintain clean facilities to prevent contamination and pests.

Medical and Healthcare Coordination

Dover Board of Health does not provide direct medical care in shelters but will:

- Work with community partners and healthcare providers to identify needs.
- Coordinate or facilitate contracted medical services as required.
- Support victim registration and complete, accurate documentation.
- Coordinate faminotifications and services with the Red Cross or other assistance organizations.

Mental and Behavioral Health

- Provide access to counseling and crisis support for sheltered or isolated individuals.
- Share information on stress management and coping strategies.
- Coordinate with local behavioral health partners for additional support.

Access and Functional Needs

- Collaborate with the Emergency Management Director (EMD) to arrange transportation and support services for individuals with access or functional needs.

C. MEDICAL SURGE

Medical surge is the ability of the healthcare system to provide adequate evaluation and care when demand exceeds normal capacity. It includes staying operational during a hazard and restoring services quickly after disruptions.

Healthcare facilities manage their own surge plans. Dover Board of Health supports them by sharing information, coordinating resources (including medical countermeasures), and conducting surveillance and investigations.

Event Recognition

Dover Board of Health may identify a surge through indicators such as:

- A confirmed case of a rare or highly infectious disease
- Unusual clusters of illness
- A mass-casualty incident
- A prolonged or severe infectious disease season

Hospitals or 911/EMS may also report surge conditions directly.

Preparedness

Dover Board of Health works with the Region 4AB HMCC, MDPH, and local health partners to plan for surge.

- Participate in Region 4AB HMCC meetings and activities.
- Coordinate with local planning groups (e.g., LEPC) and healthcare partners.
- Maintain a current list of facilities in Dover:
    - [Hospitals / urgent care / long-term care / dialysis / behavioral health, with type/level of care and contact info.]

Response Actions

During a surge, Dover Board of Health may:

- Support triage and patient tracking; monitor bed status and facility impacts.
- Serve as a liaison between healthcare providers and local/regional/state partners.
- Assist with patient evacuation and repatriation, including transfers to definitive care.
- Help implement family reunification processes for transferred patients.
- Coordinate logistics for medical countermeasures and provide technical guidance.
- Medical surge is the ability of the healthcare system to provide adequate evaluation and care.

- Organize or connect facilities to support services (e.g., casualty management, behavioral health).
- Identify needs for emergency resources and equipment and assist with requests.
- Identify at-risk or disproportionately impacted populations and share protective actions (e.g., evacuation routes, shelter-in-place, decontamination).

D. VOLUNTEER MANAGEMENT

Dover Board of Health works with emergency management and partner organizations to identify, recruit, register, train, and deploy volunteers to support public health preparedness, response, and recovery activities. Common volunteer resources include the Medical Reserve Corps (MRC) and other community-based groups.

Dover is a part of the Middlefolk MRC, which includes the following communities:

- Ashland
- Dover
- Framingham
- Holliston
- Hopkinton
- Medfield
- Millis
- Norfolk
- Sherborn
- Wrentham

Activation and Coordination

When additional personnel are needed, the Volunteer Coordinator (or designee) will:

- Notify and mobilize volunteers.
- Verify credentials, training, and background checks (e.g., CORI/SORI).
- Assign roles and responsibilities.
- Coordinate deployment logistics, including site access and reporting.

Volunteer Management Tasks

When utilizing volunteers, Dover Board of Health should consider the following tasks:

- Establish and staff a check-in/check-out process.
- Prepare required forms and maintain documentation.
- Set up and mark staging or intake areas.
- Verify photo IDs and professional licenses/certifications.
- Assign duties based on skills and qualifications.
- Provide role-specific identification and communication tools (e.g., radios).
- Track attendance and report “no-shows” to plan for coverage.

Partnerships and Additional Resources

The Region 4AB MRC Coordinator can provide support in coordinating volunteer requests. See Appendix G for the MRC Region 4AB Request for Assistance form.

Additional volunteer resources may also be available through the American Red Cross, Voluntary Organizations Active in Disasters (VOAD), and other community-based organizations.

EQUITY IN PUBLIC HEALTH RESPONSE

About 200 people (4.1% of residents under age 65) in Dover have access or functional needs that can affect their ability to get medical care or emergency services.

Dover Board of Health is committed to equitable preparedness, response, and recovery. This includes actions to:

- Create policies and procedures that reflect our community’s diversity and unique needs.
- Engage a wide range of community partners and trusted messengers.
- Provide culturally and linguistically appropriate information and services.

KEY TERMS

Access and Functional Needs (AFN)

Access needs: People need resources—such as information, social services, or transportation—in accessible formats and venues.
Functional needs: People may have limitations that require assistance before, during, or after an emergency to maintain health, safety, or independence.

At-Risk Populations

Under federal law (PAHPAIA), “at-risk” includes people with temporary or permanent AFN that may limit access to care. Examples include:

- Children; pregnant people; older adults
- People with disabilities or chronic conditions; those dependent on medications
- People with limited English proficiency or from diverse cultures
- People with limited transportation; those living in poverty or unhoused
- LGBTQ+ individuals and other groups who may face barriers to care

The largest at-risk population groups within Dover are:

1. Children; pregnant people; older adults
2. People with disabilities or chronic conditions; those dependent on medications
3. People with limited English proficiency or from diverse cultures

Using the CMIST Framework

At-risk individuals may have a number of additional needs that must be considered in planning for, responding to, and recovering from a disaster or public health emergency. The CMIST Framework is a recommended approach for integrating the AFN of these individuals. CMIST is an acronym for the following five categories: Communication, Maintaining Health, Independence, Support and Safety, and Transportation.

Practical Strategies for Equity

- **Identify and map needs:** Use current census, social services, and local data tools.
- **Tailor communications:** Provide plain language, translations, accessible formats, and use trusted messengers.

- **Coordinate services:** Work with emergency support partners and community-based organizations to ensure **accessible** resources.
- **Target outreach:** Reach people who may not use traditional systems (e.g., homebound, unhoused).
- **Train responders:** Provide training on cultural competence, disability awareness, and trauma-informed care.
- **Engage the community:** Hold forums, surveys, and feedback sessions to find gaps and improve services.
- **Build resilience:** Offer preparedness education and resources before, during, and after incidents.

Disproportionately Impacted Populations

Groups that face greater harm from social, health, or environmental factors (e.g., low-income communities, racial/ethnic minorities, older adults, LGBTQ+ people, people with chronic illness, or communities with low trust in government, including some Indigenous communities). Planning should address both at-risk and disproportionately impacted groups.

Hazard	Anticipated Disproportionately Impacted Populations
Extreme Temperatures	Extreme heat events are projected to increase over the next decades. Massachusetts can expect an average of 10-28 days per year with temperatures over 90°F by 2050. Region 4AB communities can see 19-31 days over 90°F. Heat waves, or three days over 90°F in a row, are among the world's most dangerous natural hazards. 1 In 2020, 101, or 18%, of the overall 565 heat stress-related emergency department visits in MA were in Region 4AB. a Extreme heat stresses the body's ability to regulate temperature, leading to heat exhaustion, heat stroke, and worsening of chronic medical conditions such as asthma, COPD, heart disease, kidney disease, and diabetes. Extreme heat has been shown to increase risk of death from all-causes.2 When combined with high humidity, it is even more difficult for the body to cool off and heat-related illnesses can be more severe

Hurricane	Over the past few decades, hurricanes have become more frequent and severe. Experts predict this trend will continue.[1] Since 2000, Massachusetts has experienced six hurricanes that caused significant health impacts and infrastructure damage. Four of those hurricanes occurred since 2020.[2] In 2023, the Atlantic Basin (the section of the Atlantic Ocean along the Eastern Seaboard) saw 20 storms, including seven hurricanes. Of those, three were "major" hurricanes (Category 3 or higher on the Saffir-Simpson scale).[3] These extreme storms often hit hardest for people with health conditions or those facing social and economic challenges. People and communities may face both immediate challenges after a hurricane and ongoing issues throughout the recovery process.

Public Health Resources for Equity Planning

The table below includes a list of MDPH resources that may also be used to build a representative situation overview summary in preparation for future public health emergency response efforts.

Table 4: Public Health Planning Tools

Resource Name	Definition	Link
CMIST Framework	The CMIST Framework provides a flexible, crosscutting approach for planning to address a broad set of common A&FN without having to define a specific diagnosis, status, or label. CMIST consists of five categories (communication, maintaining health, independence, support and safety, and transportation)	Supporting At-Risk Individuals with Access & Functional Needs in Emergencies
MDPH Public Health Planning Toolkit for At-Risk Individuals with A&FN	The MDPH Public Health Planning Toolkit for At-Risk Individuals with A&FN provides a list of tools and resources to assist LBOH in supporting at-risk individuals and those who have A&FN before, during, and after a public health disaster	MDPH Public Health Planning Toolkit for At Risk Individuals with A&FN

Resource Name	Definition	Link
MDPH Population Health Information Tool	The Population Health Information Tool (PHIT) provides up-to-date, easy-to-understand public health and racial equity data for each community in Massachusetts	Population Health Information Tool | Mass.gov

Appendix A

LOCAL PUBLIC HEALTH DECISION MATRIX

Incident date: 1/1/2026

Incident type: [Insert Response]

Incident description: [Insert Response]

Reported by: [Insert Name]

Lead agency: [Agency Name]

Decision to Activate:

- ☐ **No Activation Necessary**
- ☐ **Level 1 – Monitoring**
- ☐ **Level 2 - Partial Activation**
- ☐ **Level 3 - Full Activation**

What are the public health impacts? [Insert Response]

Which populations are impacted? [Insert Response]

- Highest risk? [Insert Response]
- Disproportionately impacted? [Insert Response]

What public health actions are needed? [Insert Response]

What health and medical resources are needed? [Insert Response]

What public information is needed? [Insert Response]

Appendix B

CONTACT LIST

Agency Name/Role	Point of Contact	Phone	Email

Appendix C

MEMORANDUM OF AGREEMENT/UNDERSTANDING

Appendix D

RELEVANT LAWS AND REGULATIONS

Federal Government

Table 1: Federal Laws and Regulations

Law/Regulation	Contents
Interstate Quarantine *Title 42, Code of Federal Regulations Part 70*	Authorizes the detention, isolation, quarantine, or conditional release of individuals for the purpose of preventing the introduction, transmission, and spread of the communicable disease listed in an Executive Order
Foreign Quarantine *Title 42, Code of Federal Regulations Part 71*	Authorizes the Director of the Centers for Disease Control and Prevention (U.S. CDC) to order the isolation, quarantine, or placement of a person under surveillance and may order other actions as considered necessary to prevent the introduction, transmission, or spread of the listed communicable diseases
Public Readiness and Emergency Preparedness Act (PREP Act) *As Amended - Public Law 109-148*	Authorizes the Secretary of the Department of Health and Human Services (HHS) to issue a declaration that provides immunity from liability (except for willful misconduct) for claims of loss caused, arising out of, related to, or resulting from the administration or use of countermeasures to diseases, threats, and conditions determined to constitute a present or creditable risk of a future public health emergency
Regulations to Control Communicable Diseases *Title 42, Code of Federal Regulations Part 264*	Authorizes the U.S. Surgeon General to make and enforce regulations to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the United States, or from one state to another
Suspension of Entries and Imports from Designated Places to Prevent Spread of Communicable Disease	Whenever it is determined that there is serious danger of the introduction of a disease into the U.S., and that this danger is increased by the introduction of persons or property from the country of origin and that a suspension of the right to introduce such persons and property is required in the interest of the

Law/Regulation	Contents
Title 42, Code of Federal Regulations Part 265	public health, the U.S. Surgeon General, in accordance with regulations approved by the President, shall have the power to prohibit the introduction of persons and property from such countries or places to avert danger - for any period of time the U.S. Surgeon General deems necessary
Pandemic and All-Hazards Preparedness Act (PAHPA) *Pub. Law No. 109–417*	Establishes the Assistant Secretary for Preparedness and Response (ASPR) with authority over the advanced development and acquisition of medical countermeasures. Also establishes the National Health Security Strategy (NHSS) to coordinate preparedness activities across agencies and organizations to reduce the social and economic cost of public health incidents
Public Health Service Act *Section 319, Public Health Emergencies*	Authorizes the Secretary of HHS to determine whether a Public Health Emergency exists. If the Secretary determines that a disease or disorder exists as a public health emergency, they are authorized to take appropriate actions consistent with other authorities to respond to the emergency, temporarily suspend or modify certain legal requirements, and expand available funds in the Public Health Emergency Fund for the response
Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act) *As Amended - Pub. Law 93-288*	Provides authority for response and recovery assistance under the Federal Response Plan, which empowers the President to direct any federal agency to utilize its authorities and resources in support of state and local disaster assistance efforts

State Government

Massachusetts Civil Defense Act

Table 2: State Laws and Regulations

Law/Regulation	Contents
Massachusetts Civil Defense Act	Requires every Massachusetts city and town to establish a local Emergency Management Agency (EMA) and appoint an official to oversee the program (Emergency Management Director, or EMD). The EMD, with assistance from other local officials (e.g., the Health Officer/Agent), is often responsible for directing evacuations, opening shelters, coordinating the actions of local departments and agencies, mobilizing resources, activating mutual aid agreements, requesting state assistance, and other actions, in accordance with local emergency plans and procedures

Local Government

Over the years, the Massachusetts Legislature has enacted numerous statutes that authorize LBOH to address a broad range of health, sanitation, and environmental issues at the community level. The following is a general, non-exhaustive list of those statutes.

Table 3: Local Laws and Regulations

Law/Regulation Type	Contents
General Health Protection and Regulation	● Adopt and enforce any reasonable health regulations - *M.G.L. c.111, s.31* ● Issue an order reciting the existence of an emergency and requiring that such action be taken as the board deems necessary to meet the emergency - *State Sanitary Code, Chapter 1, 105 CMR 400.200(B), pursuant to M.G.L. c.111, s.127A; and State Environmental Code, Title I, 310 CMR 11.05(1)*
Health Care and Disease Control	● Direct the operation of and adopt rules for city and town medical dental and health clinics - M.*G.L. c.111, s.50 and hospitals, M.G.L. c.111, s.92* ● Require vaccination of inhabitants of the city or town - *M.G.L. c.111,*

Law/Regulation Type	Contents
	s.181 ● In cities, and in towns with a population greater than ten thousand, establish public sanitary stations - *M.G.L. c.111, s.33* ● Direct the isolation and quarantine of individuals and property relative to communicable disease - *Chapter 111 sections 92-121A*
Food Safety	● Inspect and condemn all unfit meat, fish vegetables, produce, fruit or provisions of any kind - *M.G.L.. c.94, s.146; 105 CMR 590.059* ● Adopt and enforce regulations related to the keeping and exposure of food for sale - *M.G.L. c.94, 2.146* ● Upon determination that drinking water in a dwelling or food service establishment is unsafe, order discontinuance of use or order provisions of a new source - *M.G.L. c.111, s.122A*
Miscellaneous	Adopt and enforce regulations to control air pollution - *M.G.L. c.111, s.31C*

Appendix E

CDC PUBLIC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE CAPABILITIES

The CDC Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health describe the components necessary to advance jurisdictional public health preparedness and response capacity.

Domain	Capability
Community Resilience	Community Preparedness
	Community Recovery
Incident Management	Emergency Operations Coordination
Information Management	Emergency Public Information and Warning
	Information Sharing
Countermeasures and Mitigation	Medical Countermeasure Dispensing and Administration
	Medical Materiel Management and Distribution
	Nonpharmaceutical Interventions
	Responder Safety and Health
Surge Management	Fatality Management
	Mass Care
	Medical Surge
	Volunteer Management
Biosurveillance	Public Health Laboratory Testing
	Public Health Surveillance and Epidemiological Investigation

Capability 1: Community Preparedness

Community preparedness is the ability of communities to prepare for, withstand, and recover from public health incidents in both the short and long term. Through engagement and coordination with a cross-section of state, local, tribal, and territorial partners and stakeholders, the public health role in community preparedness is to:

- Support the development of public health, health care, human services, mental/behavioral health, and environmental health systems that support community preparedness
- Participate in awareness training on how to prevent, respond to, and recover from incidents that adversely affect public health

- Identify at-risk individuals with access and functional needs that may be disproportionately impacted by an incident or event
- Promote awareness of and access to public health, health care, human services, mental/behavioral health, and environmental health resources that help protect the community's health and address the access and functional needs of at-risk individuals
- Engage in preparedness activities that address the access and functional needs of the whole community as well as cultural, socioeconomic, and demographic factors
- Convene or participate with community partners to identify and implement additional ways to strengthen community resilience
- Plan to address the health needs of populations that have been displaced because of incidents that have occurred in their own or distant communities, such as after a radiological or nuclear incident or natural disaster

Functions: This capability consists of the ability to perform the functions listed below.

- Function 1: Determine risks to the health of the jurisdiction
- Function 2: Strengthen community partnerships to support public health preparedness
- Function 3: Coordinate with partners and share information through community social networks
- Function 4: Coordinate training and provide guidance to support community involvement with preparedness efforts

Capability 2: Community Recovery

Community recovery is the ability of communities to identify critical assets, facilities, and other services within public health, emergency management, health care, human services, mental/behavioral health, and environmental health sectors that can guide and prioritize recovery operations. Communities should consider collaborating with jurisdictional partners and stakeholders to plan, advocate, facilitate, monitor, and implement the restoration of public health, health care, human services, mental/behavioral health, and environmental health sectors to at least a day-to-day level of functioning comparable to pre-incident levels and to improved levels, where possible.

- Function 1: Identify and monitor community recovery needs
- Function 2: Support recovery operations for public health and related systems for the community
- Function 3: Implement corrective actions to mitigate damage from future incidents

Capability 3: Emergency Operations Coordination

Emergency operations coordination is the ability to coordinate with emergency management and to direct and support an incident or event with public health or health care implications by establishing a standardized, scalable system of oversight, organization, and supervision that is consistent with jurisdictional standards and practices and the National Incident Management System (NIMS).

- Function 1: Conduct preliminary assessment to determine the need for activation of public health emergency operations
- Function 2: Activate public health emergency operations
- Function 3: Develop and maintain an incident response strategy
- Function 4: Manage and sustain the public health response
- Function 5: Demobilize and evaluate public health emergency operations

Capability 4: Emergency Public Information and Warning

Emergency public information and warning is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management personnel.

- Function 1: Activate the emergency public information system
- Function 2: Determine the need for a Joint Information System
- Function 3: Establish and participate in information system operations
- Function 4: Establish avenues for public interaction and information exchange
- Function 5: Issue public information, alerts, warnings, and notifications

Capability 5: Fatality Management

Fatality management is the ability to coordinate with organizations and agencies to provide fatality management services. The public health agency role in fatality management activities may include supporting:

- Recovery and preservation of remains
- Identification of the deceased
- Determination of cause and manner of death
- Release of remains to an authorized individual
- Provision of mental/behavioral health assistance for the grieving

The role may also include supporting activities for the identification, collection, documentation, retrieval, and transportation of human remains, personal effects, and evidence to the examination location or incident morgue.

Functions: This capability consists of the ability to perform the functions listed below.

- Function 1: Determine the public health agency role in fatality management
- Function 2: Identify and facilitate access to public health resources to support fatality management operations
- Function 3: Assist in the collection and dissemination of antemortem data
- Function 4: Support the provision of survivor mental/behavioral health services
- Function 5: Support fatality processing and storage operations

Capability 6: Information Sharing

Information sharing is the ability to conduct multijurisdictional and multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, tribal, and territorial levels of government and the private sector. This capability includes the routine sharing of information as well as issuing of public health alerts to all levels of government and the private sector in preparation for and in response to events or incidents of public health significance.

- Function 1: Identify stakeholders that should be incorporated into information flow and define information sharing needs
- Function 2: Identify and develop guidance, standards, and systems for information exchange
- Function 3: Exchange information to determine a common operating picture

Capability 7: Mass Care

Mass care is the ability of public health agencies to coordinate with and support partner agencies to address within a congregate location (excluding shelter-in-place locations) the public health, health care, mental/behavioral health, and human services needs of those impacted by an incident. This capability includes coordinating ongoing surveillance and assessments to ensure that health needs continue to be met as the incident evolves.

- Function 1: Determine public health role in mass care operations
- Function 2: Determine mass care health needs of the impacted population

- Function 3: Coordinate public health, health care, and mental/behavioral health services
- Function 4: Monitor mass care population health

Capability 8: Medical Countermeasure Dispensing and Administration

Medical countermeasure dispensing and administration is the ability to provide medical countermeasures to targeted population(s) to prevent, mitigate, or treat the adverse health effects of a public health incident. This capability focuses on dispensing and administering medical countermeasures, such as vaccines, antiviral drugs, antibiotics, and antitoxins.

- Function 1: Determine medical countermeasure dispensing/administration strategies
- Function 2: Receive medical countermeasures to be dispensed/administered
- Function 3: Activate medical countermeasure dispensing/administration operations
- Function 4: Dispense/administer medical countermeasures to targeted population(s)
- Function 5: Report adverse events

Capability 9: Medical Materiel Management and Distribution

Medical materiel management and distribution is the ability to acquire, manage, transport, and track medical materiel during a public health incident or event and the ability to recover and account for unused medical materiel, such as pharmaceuticals, vaccines, gloves, masks, ventilators, or medical equipment after an incident.

- Function 1: Direct and activate medical materiel management and distribution
- Function 2: Acquire medical materiel from national stockpiles or other supply sources
- Function 3: Distribute medical materiel
- Function 4: Monitor medical materiel inventories and medical materiel distribution operations
- Function 5: Recover medical materiel and demobilize distribution operations

Capability 10: Medical Surge

Medical surge is the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community. It encompasses the ability of the health care system to endure a hazard impact, maintain or rapidly recover operations that were compromised, and support the delivery of medical care

and associated public health services, including disease surveillance, epidemiological inquiry, laboratory diagnostic services, and environmental health assessments.

- Function 1: Assess the nature and scope of the incident
- Function 2: Support activation of medical surge
- Function 3: Support jurisdictional medical surge operations
- Function 4: Support demobilization of medical surge operations

Capability 11: Nonpharmaceutical Interventions

Nonpharmaceutical interventions are actions that people and communities can take to help slow the spread of illness or reduce the adverse impact of public health emergencies. This capability focuses on communities, community partners, and stakeholders recommending and implementing nonpharmaceutical interventions in response to the needs of an incident, event, or threat. Nonpharmaceutical interventions may include

- Isolation
- Quarantine
- Restrictions on movement and travel advisories or warnings
- Social distancing
- External decontamination
- Hygiene
- Precautionary protective behaviors

Functions: This capability consists of the ability to perform the functions listed below.

- Function 1: Engage partners and identify factors that impact nonpharmaceutical interventions
- Function 2: Determine nonpharmaceutical interventions
- Function 3: Implement nonpharmaceutical interventions
- Function 4: Monitor nonpharmaceutical interventions

Capability 12: Public Health Laboratory Testing

Public health laboratory testing is the ability to implement and perform methods to detect, characterize, and confirm public health threats. It also includes the ability to report timely data, provide investigative support, and use partnerships to address actual or potential exposure to threat agents in multiple matrices, including clinical specimens and food, water, and other environmental samples. This capability supports passive and active surveillance when preparing

for, responding to, and recovering from biological, chemical, and radiological (if a Radiological Laboratory Response Network is established) public health threats and emergencies.

- Function 1: Conduct laboratory testing and report results
- Function 2: Enhance laboratory communications and coordination
- Function 3: Support training and outreach

Capability 13: Public Health Surveillance and Epidemiological Investigation

Public health surveillance and epidemiological investigation is the ability to create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological investigation processes. It also includes the ability to expand these systems and processes in response to incidents of public health significance.

- Function 1: Conduct or support public health surveillance
- Function 2: Conduct public health and epidemiological investigations
- Function 3: Recommend, monitor, and analyze mitigation actions
- Function 4: Improve public health surveillance and epidemiological investigation systems

Capability 14: Responder Safety and Health

Responder safety and health is the ability to protect public health and other emergency responders during pre-deployment, deployment, and post-deployment.

- Function 1: Identify responder safety and health risks
- Function 2: Identify and support risk-specific responder safety and health training
- Function 3: Monitor responder safety and health during and after incident response

Capability 15: Volunteer Management

Volunteer management is the ability to coordinate with emergency management and partner agencies to identify, recruit, register, verify, train, and engage volunteers to support the jurisdictional public health agency's preparedness, response, and recovery activities during pre-deployment, deployment, and post deployment.

- Function 1: Recruit, coordinate, and train volunteers
- Function 2: Notify, organize, assemble, and deploy volunteers
- Function 3: Conduct or support volunteer safety and health monitoring and surveillance
- Function 4: Demobilize volunteers

Appendix F

PUBLIC HEALTH ACCREDITATION BOARD (PHAB) REQUIREMENTS

PHAB Measure 2.2.1 A: Maintain a public health emergency operations plan (EOP).

MEASURE 2.2.1 A: Required Documentation 1	Guidance	Number of Examples 1 plan	Dated Within 3 years
d. At least two processes in place to meet the needs of individuals at higher risk (identified in required element c). e. The lead role agency(ies), as well as the responsibilities of the health department (if any) specific to the following areas: i. Medical countermeasures ii. Mass care iii. Mass fatality management iv. Mental/behavioral health v. Non-pharmaceutical interventions, including legal authority to isolate, quarantine, and, as appropriate institute social distancing	Various approaches may be used to identify individuals who are at higher risk. For example, populations who are disproportionately affected by conditions that contribute to poorer health outcomes identified in the state/Tribal/community health assessment could be layered into a risk assessment compiled by emergency management to develop a more complete picture of who would be particularly at risk during public health emergencies. The identification of individuals who are at higher risk could be completed in collaboration with others (e.g., other governmental agencies or healthcare coalitions). The documentation could be, for example, within the EOP, a separate annex, or another attachment such as a jurisdictional risk assessment (JRA). **For required element d:** Processes to meet the needs (e.g., transportation needs, translation services, special outreach to counteract historical mistrust) of individuals at higher risk may be incorporated within the emergency operations plan or separate plan, such as, a Communication, Maintaining Health, Independence, Support/Services, and Transportation (CMIST) profile or Access and Functional Needs (AFN) plan. **For required element e:** The Documentation Form contains a table in which the health department will indicate for each of the seven areas listed which agency(ies) is designated as the lead agency, whether it is the health department or an emergency response partner (e.g., hospitals and health care providers, emergency management agency, American Red Cross, mortuary, or coroners). The health department will also use the Documentation Form table to indicate page numbers where the health department's responsibilities (if any) for each of those seven areas are described within the emergency operations plan, annex(es), or attachment(s). If the emergency management agency (EMA)—sometimes referred to as the office of emergency management (OEM) or emergency management office (EMO)—is the lead agency for either carrying out the function or designating a lead agency based on the specific emergency, that can be indicated in the Documentation Form for each area where it applies.		

MEASURE 2.2.1 A: **Required Documentation 1**	**Guidance**	**Number of Examples** 1 plan	**Dated Within** 3 years
vi. Responder safety and health vii. Volunteer management (Lead role agency(ies) and page numbers, as appropriate, will be indicated on the Documentation Form.)			
f. The process of declaring a public health emergency.	**For required element f:** The process to declare a public health emergency could include, for example, what authorities are needed or the steps needed to officially make an emergency declaration. This could include the steps (formal or informal) the health department would take, as well as formal steps other entities take to declare a public health emergency. Process steps that are not formally documented may be described in the Documentation Form.		
g. Activation of public health emergency operations, including levels of activation based on triggers or circumstances.	**For required element g:** Levels of activation are based on triggers or circumstances. These may be identified in communication with the incident commander or unified command based on the jurisdiction's risk analysis.		
h. The process for collaborative review and revision of the plan. The public health EOP must cover the entire jurisdiction served by the health department or multiple EOPs must be provided to cover the entire jurisdiction.	**For required element h:** The process will show how the plan is reviewed and how revisions are considered, in collaboration with stakeholders. The review process could describe how the jurisdiction determines if there are appropriate revisions based on, for example, learnings from drills, exercises, or actual events in the jurisdiction; updates to guidance from the CDC (e.g., PHEP requirements) or other national, state, or regional entities; current risk assessments; or changes in the population or the risk factors in the jurisdiction (e.g., adding provisions to address fires if that risk increases or including outreach in additional languages or using community health workers, community health representatives, or others to better reach subpopulations).		

MEASURE 2.2.1 A: Required Documentation 1	Guidance	Number of Examples 1 plan	Dated Within 3 years
1. The public health emergency operations plan (EOP) or the public health annex to the jurisdiction's emergency response plan. The submitted plan or annex(es) must include: a. A description of the purpose of the plan. b. The description of incident command system, including designation of staff responsibilities. c. The identification of individuals who are at higher risk, which must include those with access and functional needs.	Public Health Emergency Operations Plan (EOP) guidelines may be defined for local health departments by the state health department or may be defined for both state and locals by a Federal or another state agency, such as an office of emergency management. Tribes may use guidelines that are most appropriate for their unique emergency management needs. The public health emergency operations plan may be a standalone document that delineates the health department's roles and responsibilities, or it may be a section within a larger community EOP. For example, some departments may refer to the Public Health EOP as the ESF #8. Separate annexes or attachments may be used, as needed. A public health EOP could address the needs of residents within a larger region, for example, but the submitted plan will include details that address the requirements specific to the jurisdiction applying for accreditation. **For required element a:** The purpose of the plan could be, for example, to outline procedures for preparing for, responding to, and recovering from an emergency. **For required element b:** Staffing plans for command positions within the public health EOP could include, for example, designation of the incident commander, finance/administration section chief, logistics section chief, operations section chief, planning section chief, and PIO. The plan could identify job titles rather than listing individuals by name. One individual (or job title) may cover multiple ICS roles. **For required element c:** The intent of this required element is to identify individuals who are at higher risk prior to an emergency. Populations at higher risk may be defined by basic access and functional need category (i.e., their ability to perform necessary functions in a disaster), which include, communication, ability to maintain their own health or self-care, independence, safety, support, self-determination, and transportation. The populations who are at higher risk may vary depending on the nature, location, or type of hazard, and may be identified based on their level or risk of exposure or susceptibility (e.g., older adults or people with disabilities). Health departments can contribute to work other agencies (e.g., emergency management) may lead by identifying specific populations with vulnerabilities, for example, populations who are low-income, unhoused, or transient; or persons without a personal vehicle, with mobility impairments, who need medical equipment in order to travel, or with limited English proficiency. Individuals who do not trust the government or medical research due to a history of mistreatment, including communities of color or indigenous communities, could also be considered.		

Appendix G

MRC REGION 4AB REQUEST FOR ASSISTANCE

Requesting Agency Information	**Name of Agency Here**	
Date of Request		
Requestor's name		
Requestor's telephone		
Requestor's email		
Date/Time for request response		
Event Information	**Event Name Here**	
Date/Time		
Description of event		
Address/Location: (if Building, floor, office/room number)		
Volunteer Information	**Completed by requesting agency (add roles as needed)**	
Will MRC volunteers deployed in a stand-alone MRC team or integrated in other town/volunteer teams. Please provide details		
Volunteer Role #1 Description Please note how many in this role If medical, what exact skills and licenses needed Any Volunteer Limitations? If yes provide details		

Volunteer Role #2 Description Please note how many in this role If medical, what exact skills and licenses needed Any Volunteer Limitations? If yes Provide details		
Volunteer Role #3 Description Please note how many in this role If medical, what exact skills and licenses needed Any Volunteer Limitations? If yes Provide details		
Volunteer Role #4 Description Please note how many in this role If medical, what exact skills and licenses needed Any Volunteer Limitations? If yes Provide details		
Volunteer Role #5 Description Please note how many in this role If medical, what exact skills and licenses needed Any Volunteer Limitations? If yes Provide details		
Other volunteer information as needed		
Additional Resources Needed	**Completed by requesting agency**	
Equipment provided by MRC	(MRC equipment is limited as is the ability to transport)	
Additional equipment **not provided** by MRC or host agency		
Incident/Event Command	**Completed by requesting agency**	

Incident Commander/Event Coordinator		
Point of Contact (the Individual) to whom volunteers report		
Location for volunteer reporting		
Phone number for contact above		
Operational Details	**Completed by requesting agency**	
Reporting check-in time:		
Date/time/duration of shift(s)		
Indoor or outdoor work?		
Meals needed or provided		
Parking instructions		
Directions		
MRC Leadership Information	**To be completed by MRC Unit Coordinator**	
MRC person dispatching volunteers		
Phone contact for above		
Email for contact above		