



OPS QUAD CHART

2013 Boston Marathon Explosion



Current Situation:

- ESF-8 Execution Order #03-2013 published
- NDMS activated
- IRCT-C Assumed tactical control 17 April
- Mental Health Team 3 (19 PHS Officers) deployed to Boston
 - Providing behavior health support
- OIG coordinating security locally
- IRCT and Region 1 RECs staffing RRCC & MAEMA
- IRCT Mental Health SME demob today

ESF #8 Actions:

- Missions scheduled for today:
 - DC Rentals, Revere, MA
 - Suffolk University, Boston, MA
 - Boston EMS Communications “Turret”, Boston, MA
 - Boston Children's Hospital, Boston, MA
 - Fallon EMS, Quincy, MA
 - BAA HQ in Boston, MA
- DCCPR alerted additional MHTs and SATs
- ESF#8 and Ops Log calls being conducted

Future Actions:

- Continue to monitor potential ESF 8 requirements
- Monitor information and be prepared to respond to any subsequent incidents
- Prepare for After-Action and demobilization support
 - Deploy 1 TELL rep before demobilization to capture Lessons Learned (Rostered and sent to travel)
- Plan post-deployment safety contacts

Concerns/Critical Issues:

- Mental health support to deployed personnel both during and after the response.
- No FEMA Mission Assignments for HHS support.
- Broad scope of mission taskers being generated
- Transition to recovery and case management
- Ensuring safety of deployed forces



Operations QUAD CHART

Peace Officer Memorial 2013



Current Situation:

- Decision Memo received verbal approval
- Awaiting official letter requesting support from OAP
- Anticipated support will be similar to prior years
- In process of identifying support personnel
- WEB EOC RFI executed
- All personnel rostered

Future Actions:

- Continued Coordination with OAP and USCP
- 23 April Ops/Log site survey with OAP and USCP
- Draft Warning Order
- Coordinate with NCR REC for situational awareness WRT POM meetings and requests
- Final Coordination call 2 May 13

Current Actions:

- OAP meeting complete, no change to future requirements.

Concerns/Critical Issues:

- Collecting requirements
- Co-location of IRCT and EMG in SOC
- Assure that all responders and IRCT have access to HHH



PLANS QUAD CHART

Period of Heightened Awareness



<p><u>Public Health and Medical Goals</u></p> <ul style="list-style-type: none"> • Assist in the emergency repatriation of U.S. citizens and their dependents • Maintain situational awareness • Provide planning support • Provide Medical support to repatriation centers • Provide Veterinary support at repatriation centers • Provide Behavioral Health support at repatriation centers 	<p><u>Future</u></p> <ul style="list-style-type: none"> • Coordinate planning efforts with ACF and OPP to understand the integration of requirements and potential response • Synchronize planning efforts with interagency partners (i.e. DoS, DoD, DHS) • Repatriation Operations can occur under emergency conditions with as little 3 days notice (Lebanon, 2006) and generally completed in about 15 days
<p><u>Current Situation/Background</u></p> <p>A nuclear weapons test in February 2013 triggered U. N. sanctions that North Korea Leader Kim Jong Un has termed a hostile precursor to invasion.</p> <p>North Korea has issued a series of almost daily threats to the United States and South Korea, including warning foreigners to leave the South due to impending “thermonuclear” war</p> <p>A top military official in China says it is possible North Korea could carry out a fourth nuclear test.</p>	<p><u>Concerns/ Critical Issues (SCIRs)</u></p> <ul style="list-style-type: none"> • Heighten security measures initiated by DoS to protect US citizens or internal relocation of indigenous populations by local government. • U.S. Department of State (or any U.S. Allies) encouraging its citizens to voluntarily leave the country • Deployment of MCM or request for MCM to supplement existing stores in country • HHS (ACF) notification from DoS to prepare for repatriation of US citizens



PLANS QUAD CHART

Red River Basin Flood Forecast Spring 2013



Public Health and Medical Goals

- Ensure situational awareness
- Ensure timely and effective communications
- Support the integrity of public health and medical infrastructure including HHS assets
- Incorporate post-incident health and social service recovery planning into response

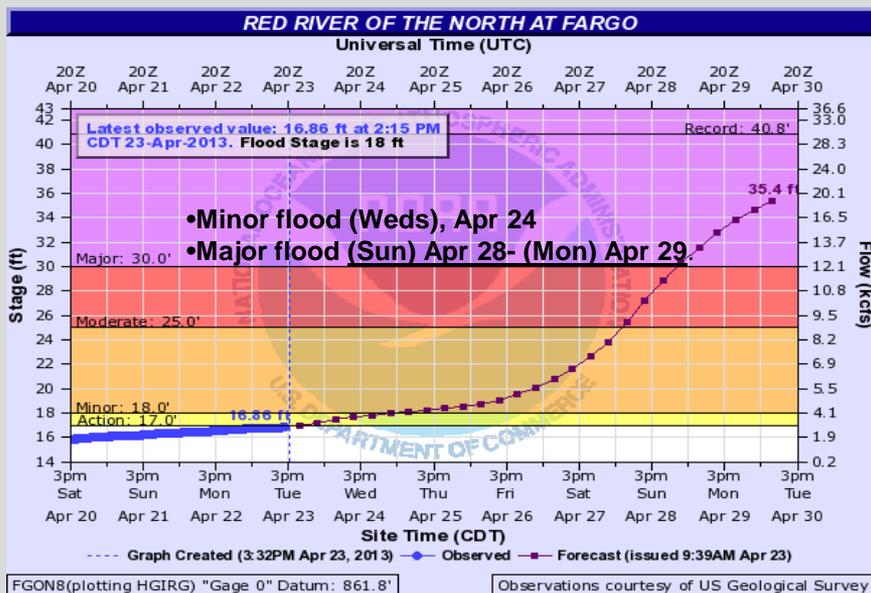
Future

Conference call with core planning team for Weds (Apr 24) to discuss potential COA for a potential response

Core Planning Team:

Region VIII REC	Fusion/ GIS
Response Ops	Critical Infrastructure
Info Mgmt	Plans
Field Ops	Log
CMO*(extended planning team member)	

Current Situation



Concerns/ Critical Issues (SCIRs)

Trigger : Phase 1b Elevated Threat

Prediction of Red River exceeding 38 feet at Fargo and/or ND DOH requests HHS REC activation to the ND DOH Department Operations Center (DOC).

Trigger: Phase 1c Credible Threat

Any flooding is expected to impact to area hospitals and/or nursing homes which results in vulnerable population and medical institution evacuation sheltering exceeding 1,500 patients and/or state supported acute care operations exceed 100 patients beds.



PLANS QUAD CHART

2013 Avian Influenza A (H7N9) Virus Response



Public Health, Epi and Laboratory Goals

- Understand the disease - Avian Influenza A(H7N9)
- Identify suspected or confirmed clusters of Avian Influenza A(H7N9) cases
- Identify evidence of human-to-human transmission of Avian Influenza A(H7N9)
- Confirm international Avian Influenza A(H7N9) cases outside of China in humans and/or animal
- Detect Avian Influenza A(H7N9) cases in the US
- Identify any additional Avian Influenza A(H7N9) virus with mutations conferring resistance to neuraminidase inhibitors
- Identify additional molecular markers for mammalian pathogenicity or adaptation
- Identify any Avian Influenza A(H7N9) re-assortment with human seasonal or H5N1 viruses

Future Plans

- Implement strategies to detect cases of H7N9 influenza internationally and domestically
- Delay the introduction and transmission of pandemic viruses into the United States
- Mitigate the impact of the disease on the population
- Conduct analysis of virus samples
- Support activities to rapidly develop and administer pandemic vaccines - Proceed to produce a vaccine candidate and clinical investigation lots for a strain-matched vaccine
- Establish department-wide communications strategy – spokesperson, update schedule, clearance process
- Assess inventory, current and potential surge production rates for respiratory protection devices and ancillary materiel
- Support advance development of new antiviral drugs for treatment and
- BPT assess stress and impact on healthcare system

Current Situation

- Chinese public health officials are reporting cases of human infection with a novel avian influenza A (H7N9) virus from 6 provinces in China.
- As of **noon on April 23**, Chinese public health officials reported **108 (+4) confirmed cases** of H7N9 virus in China with 21 deaths. No evidence of sustained human-to-human transmission.
- No cases have been detected in the U.S.
- The HHS Sec issued a determination of significant potential for a public health emergency and declaration that circumstances exist justifying authorization an EUA. FDA to issued an EUA for the use of CDC RT-PCR diagnostic test for detection of avian influenza A (H7N9). **Test kit are now available.**
- Four CDC personnel deployed to the field (1-USDA HQs as CDC LNO; 3-China providing technical support to China CDC.

Concerns/ Critical Issues

- Defining the characteristics of the virus
- Identifying the geographic spread of exposure
- Potential for universal susceptibility
- Understanding the severity of cases
- Sustained human-to-human transmission
- First case of H7N9 in U.S. territory
- Limited supply and domestic surge manufacturing capacity for respiratory protective devices (RPDs) – (ventilators, surgical masks, N-95 respirators).