

ESTABLISHING THE INCIDENT COMMAND SYSTEM IN THE WESTCHESTER COUNTY DEPARTMENT OF HEALTH

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The Westchester County Department of Health (the “Department”), a county health department serving a population of 1 million people located just north of New York City, partnered with the Columbia University Center for Public Health Preparedness (the “Center”) to develop and present a multi-phase program for the implementation of a Public Health Incident Command System (PHICS) for its 400+ staff. The Center is one of 21 federally-funded Academic Centers for Public Health Preparedness which provides competency-based training for the public health workforce.

In New York State, the Incident Command System (ICS) has been adopted as the standard for emergency response. The Westchester County Department of Health had embraced the concept of ICS as a mechanism for responding to a wide range of public health emergencies, yet while specific models existed for first responder agencies (FEMA ICS) and hospitals (HEICS) there was no analogous model within the public health arena. This hampered the ability of local health departments to function within the Unified Command System. Recognizing the need for, and usefulness of, this system as a means of addressing the increasing complexities of event management in a multi-agency and multi-functional response environment, the Department worked collaboratively with the Center to identify and address the training needs of all levels and disciplines of Health Department staff in an effort to improve its ability to mount a large-scale response to emerging public health threats through the use of ICS.

The initial task was to define the Department’s organizational model under ICS by mapping the Department’s Emergency Response Plan to the ICS structure. In September, 2003 the entire Health Department staff attended a half-day emergency preparedness program presented by staff from the Center, which was designed to provide an introductory overview to ICS. This was followed by a separate training session for senior staff to help them identify the required skill-sets, or ‘emergency response functional roles’ that would be required under this new framework and how to create a corresponding Job Action Sheet (JAS) for each emergency response functional role. Each JAS describes the specific set of tasks to be performed for that functional role. From this training, senior staff was able to develop JAS for the ICS Command Staff within the Health Department, basing their work on models from other ICS venues. We continued to ‘drill down’ and ultimately developed 82 customized Job Action Sheets covering the roles that be would performed by staff throughout the Health Department during a public health emergency.

These new Job Action Sheets then served as the basis for a series of training events, called ‘Functional Role Training’, which were held in early 2004. Over a period of 4 days, more than 200 staff participated in half-day skill building activities and an additional 70 staff participated in 2 half-day tabletop exercises. The culmination of this effort will be an All-Staff table-top exercise scheduled for mid-2004, during which staff will be given the opportunity to apply what was learned in the didactic and small-group functional role training sessions.

The intense collaboration between the Health Department and the Columbia University Center has yielded a cutting-edge model for the development and implementation of the Incident Command System in a public health agency.