



***New Mexico Department of Health
All-Hazard
Emergency Operations Plan***

March 2014

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NEW MEXICO DEPARTMENT OF HEALTH
Retta Ward, Cabinet Secretary

The New Mexico Department of Health (DOH) All-Hazard Emergency Operations Plan (EOP) establishes the basis for coordination of DOH resources and response to provide public health and medical services during an emergency or disaster. The fundamental assumption is that a significant emergency or disaster may overwhelm the capability of the local government or the healthcare system to carry out operations necessary to save lives and protect public health. Consequently, resources of the DOH are used to provide public health and medical services assistance throughout the State.

This EOP is written and promulgated pursuant to the New Mexico Emergency Powers Code of §12-10-1 through §12-12-30 NMSA 1978, which encompasses the "All Hazard Emergency Management Act," §12-10-1 through §12-10-10 NMSA 1978; the "Riot Control Act," §12-10-16 NMSA 1978; the "Public Health Emergency Response Act," §12-10A-1 through §12-10A-19 NMSA 1978; the "Disaster Succession Act," §12-11-1 through §12-11-10 NMSA 1978; the "Disaster Relief Act," §12-11-23 through §12-11-25 NMSA 1978; the "Energy Emergency Powers Act," §12-12-1 through §12-12-9 NMSA 1978; and, the "Hazardous Materials Emergency Response Act," §12-12-17 through §12-12-30 NMSA 1978, in addition to §20-2-1 through §20-2-4 NMSA 1978.

All DOH divisions agree to implement planning efforts and exercise these plans in order to maintain the overall DOH preparedness and response capability. I hereby adopt this EOP and direct the head of each designated DOH division to implement its directives. All previous versions of the DOH All-Hazard Emergency Operations Plan are hereby rescinded.

Retta Ward, MPH
Secretary, New Mexico Department of Health

Date

OFFICE OF THE SECRETARY

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Approval and Implementation

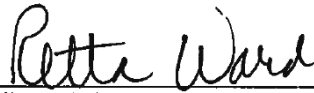
The New Mexico Department of Health (DOH) All-Hazard Emergency Operations Plan (EOP) describes the management and coordination of DOH resources and personnel during periods of public health emergencies, disasters or events. Planning teams, comprised of subject matter experts, planners and representatives of stakeholder organizations contributed to this EOP. This EOP supersedes the previous DOH EOP and a revision was completed in March of 2014.

This EOP incorporates guidance from the U.S. Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC), Office of the Assistant Secretary for Preparedness and Response (ASPR), U.S. Department of Homeland Security (DHS) and Federal Emergency Management Agency (FEMA). It also builds on lessons learned from planned events, disasters, emergencies, trainings and exercises.

This EOP:


- Defines DOH emergency response roles and responsibilities, as outlined in the *Emergency Support Function (ESF) #8: Public Health and Medical Services* annex to the State of New Mexico Emergency Operations Plan (SEOP).
- Aligns the basic structures, processes, and protocols of the National Response Framework (NRF) guidelines into DOH response plans.
- Incorporates National Incident Management System (NIMS) concepts and guidelines utilizing integrated command and control guidelines for local, regional, and/or national response coordination in the event of a public health or medical emergency.
- Provides a basis for unified training and exercises.

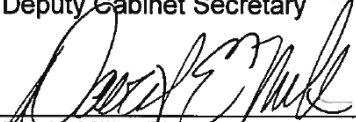
This emergency operations plan is hereby approved. This EOP is effective immediately and supersedes all previous editions. The following signatories agree to support the DOH EOP and to carry out their functional responsibilities described in this plan.

 3/25/14
Retta Ward, MPH
Cabinet Secretary,
New Mexico Department of Health


 3/25/14
Brad McGrath
Chief Deputy Cabinet Secretary

 3/25/14
Lynn Gallagher
Deputy Cabinet Secretary

 3/18/14
Michael Landen, MD, MPH
Director, Epidemiology and
Response Division

 5/7/14
David Mills, PhD
Director, Scientific Laboratory
Division

 3/21/14
Jane Peacock, MS
Director, Public Health Division

 4/30/14
Terry Reusser
Chief Information Officer

 4/9/14
Gabrielle Sanchez-Sandoval
General Counsel

 4/30/14
Kenny Vigil
Public Information Officer

Record of Changes

The Secretary of Health authorizes all changes to the DOH All-Hazard Emergency Operations Plan (EOP). Change notifications are sent to those on the distribution list.

To annotate changes:

1. Add new pages and destroy obsolete pages.
2. Make minor pen and ink changes as identified by letter.
3. Record changes on this page.
4. File copies of change notifications behind the last page of this EOP.

Change Number	Date of Change	Print Name & Signature	Date of Signature
Description of Change:			
Change Number	Date of Change	Print Name & Signature	Date of Signature
Description of Change:			
Change Number	Date of Change	Print Name & Signature	Date of Signature
Description of Change:			

Acknowledgement of Receipt

I, _____, certify that I have received the New Mexico Department of Health All-Hazard Emergency Operations Plan (EOP), or the changes to the EOP listed below. In the event of any questions, please contact the Bureau of Health Emergency Management (BHEM) Planning Manager for clarification.

Change Number	Description of Change	Date of Change

Signature

Date

Title

Email/Phone

Department/Agency/Organization

Please return this signed form to:

Planning Manager
 Bureau of Health Emergency Management
 Epidemiology and Response Division
 New Mexico Department of Health
 1301 Siler Rd Bldg F, Santa Fe, NM 87507
 Or Fax 505-476-8288

Record of Distribution

A single copy of this EOP is distributed to each person in the positions listed below.

Date Received	Agency	Title	Name
Department of Health			
	DOH	Chief Medical Officer	Stephen Dorman, MD
	Administrative Services Division	Director	Leonard Tapia
	DOH, PHD	Deputy Division Director Regions	Barbara Howe
	DOH, PHD NW Region	Region Director	Connie Dixon
	DOH, PHD SW Region	Region Director	Ray Stewart
	DOH, PHD SE Region	Region Director	Jeff Lara
	DOH, PHD NE Region	Region Director	Susan Gonzales
	DOH, PHD NW Region	Emergency Preparedness Specialists	Michael Rose
	DOH, PHD SW Region	Emergency Preparedness Specialist	
	DOH, PHD SE Region	Emergency Preparedness Specialist	Christine Amicone
	DOH, PHD NE Region	Emergency Preparedness Specialist	Dante Halleck
	DOH, PHD NW Region	Region Health Officer	Ralph Hansen, MD
	DOH, PHD SW Region	Region Health Officer	Eugene Marciniak, MD
	DOH, PHD SE Region	Region Health Officer	Keith Levitt, MD
	DOH, PHD NE Region	Region Health Officer	Chris Novak, MD
	Regional Healthcare Coalition I	Executive Officer	Time Gruber, Robert Baker
	Regional Healthcare Coalition II	Executive Officer	John McCarty, Kelly Clark
	Regional Healthcare Coalition III	Executive Officer	John Bridges, Scott Norred
	Albuquerque Regional Coalition for Healthcare Preparedness (ARCH-P)	Executive Officer	Denise Chavez, Robert Perry
	DOH, Division of Health Improvement	Director	Jack Evans
	DOH, Developmental Disabilities and Supports Division	Director	Cathy Stevenson
	DOH, ERD	Deputy Division Director	Lee Collen

Date Received	Agency	Title	Name
	DOH, ERD, Bureau of Health Emergency Management	Chief	
	DOH, ERD Emergency Medical Services Bureau	Chief	Kyle Thornton
	DOH, ERD, Infectious Disease Epidemiology Bureau	Deputy State Epidemiologist	Joan Baumbach
	DOH, ERD, Environmental Health Epidemiology Bureau	Chief	Heidi Krapfl
	DOH, ERD	Emergency Operations Center Representative (EOCR)	Wynn Brannin
	DOH, ERD	EOCR	Timothy Yackey
	DOH, ERD	EOCR	Carol Karpis
	DOH, ERD	EOCR	Gregory Manz
	DOH, ERD	EOCR	Camilla Bustamante
	DOH, ERD	EOCR	Stephen Fischer
	DOH	State EMS Medical Director	Brian Moore, MD
Other State Agencies			
	Department of Homeland Security Emergency Management	Cabinet Secretary	Greg Myers
	State Office of the Medical Investigator	Chief Medical Investigator	Ross Zumwalt, MD
	UNM Center for Disaster Medicine	Director	Laura Banks
	UNM Office of Emergency Management	Emergency Manager	Byron Piatt
	New Mexico Poison and Drug Information Center	Director	Jess Benson
	Environment Department	Cabinet Secretary	Ryan Flynn
	Department of Agriculture	Cabinet Secretary	Jeff Witte
	Department of Public Safety	Cabinet Secretary	Gregory J. Fouratt
	New Mexico State Police	Chief	Pete N. Kassetas
	New Mexico Army National Guard, Plans and Operations	Adjutant General	Andrew E. Salas
	New Mexico Army National Guard, 64th Civil Support Team (WMD-CST)	Commander	Troy W. Chadwell

Date Received	Agency	Title	Name
	Department of Indian Affairs	Cabinet Secretary	Arthur Allison
	Human Services Department	Cabinet Secretary	Sidonie Squier
	Aging and Long Term Services Department	Cabinet Secretary	Gino Rinaldi
	Information Technology Department	Cabinet Secretary	Darryl Ackley
	150 th Special Operations Wing, NM Air National Guard	Cabinet Commander	Clark A. Highstrete
Federal Government			
	U.S. Dept of Health and Human Services (HHS), Office of the Assistant Secretary for Preparedness and Response (ASPR)	Region 6, Regional Emergency Coordinator (REC)	Mark Byrd
	HHS, ASPR	Field Project Officer	William Mangieri
	HHS, Centers for Disease Control and Prevention (CDC)	Project Officer	Scott Rice
	Indian Health Service, Albuquerque Area	Director	Richie K. Grinnell
	Indian Health Service, Navajo Area	Director	John Hubbard, Jr.
	Veterans Health Administration (VHA) Office of Emergency Management	Area Emergency Manager	Mary Edwards
	377 th Air Base Wing – Kirtland Air Force Base (KAFB)	Commander	Tom Miller
Tribal Government			
	Acoma Pueblo	Emergency Manager	
	Cochiti Pueblo	Emergency Manager	
	Isleta Pueblo	Emergency Manager	
	Jemez Pueblo	Emergency Manager	
	Jicarilla Apache Nation	Emergency Manager	
	Laguna Pueblo	Emergency Manager	
	Mescalero Apache Nation	Emergency Manager	
	Nambe Pueblo	Emergency Manager	
	Navajo Nation	Emergency Manager	

Date Received	Agency	Title	Name
	Ohkay Owingeh Pueblo	Emergency Manager	
	Picuris Pueblo	Emergency Manager	
	Pojoaque Pueblo	Emergency Manager	
	San Felipe Pueblo	Emergency Manager	
	San Ildefonso Pueblo	Emergency Manager	
	Sandia Pueblo	Emergency Manager	
	Santa Ana Pueblo	Emergency Manager	
	Santa Clara Pueblo	Emergency Manager	
	Santo Domingo Pueblo	Emergency Manager	
	Taos Pueblo	Emergency Manager	
	Tesuque Pueblo	Emergency Manager	
	Ysleta del Sur Pueblo	Emergency Manager	
	Zia Pueblo	Emergency Manager	
	Zuni Pueblo	Emergency Manager	
County Government			
	Bernalillo County	Emergency Manager	
	Catron County	Emergency Manager	
	Chaves County	Emergency Manager	
	Cibola County	Emergency Manager	
	Colfax County	Emergency Manager	
	Curry County	Emergency Manager	
	De Baca County	Emergency Manager	
	Dona Ana County	Emergency Manager	
	Eddy County	Emergency Manager	
	Grant County	Emergency Manager	
	Guadalupe County	Emergency Manager	
	Harding County	Emergency Manager	
	Hidalgo County	Emergency Manager	

Date Received	Agency	Title	Name
	Lea County	Emergency Manager	
	Lincoln County	Emergency Manager	
	Los Alamos County	Emergency Manager	
	Luna County	Emergency Manager	
	McKinley County	Emergency Manager	
	Mora County	Emergency Manager	
	Otero County	Emergency Manager	
	Quay County	Emergency Manager	
	Rio Arriba County	Emergency Manager	
	Roosevelt County	Emergency Manager	
	San Juan County	Emergency Manager	
	San Miguel County	Emergency Manager	
	Sandoval County	Emergency Manager	
	Santa Fe County	Emergency Manager	
	Sierra County	Emergency Manager	
	Socorro County	Emergency Manager	
	Taos County	Emergency Manager	
	Torrance County	Emergency Manager	
	Union County	Emergency Manager	
Municipal Government			
	Alamogordo, City of	Emergency Manager	
	Albuquerque, City of	Emergency Manager	
	Belen, City of	Emergency Manager	
	City of Gallup	Emergency Manager	
	Cloudcroft, Village of	Emergency Manager	
	Deming, City of	Emergency Manager	
	Elephant Butte, City of	Emergency Manager	

Date Received	Agency	Title	Name
	Espanola, City of	Emergency Manager	
	Los Lunas, Village of	Emergency Manager	
	Los Ranchos, Village of	Emergency Manager	
	Milan, City of	Emergency Manager	
	Red River, Village of	Emergency Manager	
	Rio Rancho, City of	Emergency Manager	
	Ruidoso, Village of	Emergency Manager	
	Santa Fe, City of	Emergency Manager	
	T or C, City of	Emergency Manager	
Non-Governmental Organizations (NGO)			
	American Red Cross	Regional Director of Emergency Services	Taura Livingston

Purpose, Scope, Situations and Assumptions

Purpose

Public health and medical officials within government and the private sector must be prepared to address sudden and unexpected demands for services that may exceed readily available resources. Emergency measures to protect life and health during the first 12 to 24 hours of an emergency situation primarily depend upon local and regional resources. Mass casualty incidents that result from natural or manmade disasters may be beyond the response capability of local government. In addition to large numbers of sick, injured and/or potentially exposed, an incident may result in a large number of concerned people or “worried well.” If a situation results in large numbers of fatalities, it may pose additional challenges to the processes of recovery, examination, identification and disposition of remains. The State may be called upon to supplement the capabilities of local jurisdictions and provide rapid quality care to the ill, injured, exposed or contaminated.

The State All-Hazard Emergency Operations Plan (State EOP) is promulgated by the Governor with concurrence from participating state agencies. Emergency Support Function (ESF) #8 (annex to the State EOP) describes Public Health and Medical Services, and is further defined in more detail in the New Mexico Department of Health All-Hazard Emergency Operations Plan (DOH EOP), which provides the plan for the response to public health emergencies, disasters and events. The DOH EOP sets forth lines of authority, responsibility and organizational relationships and shows how response actions are coordinated within DOH and with federal, state, tribal and local partners.

The DOH EOP is compliant with the National Response Framework (NRF) and the National Incident Management System (NIMS). The NRF and the NIMS are designed to ensure that local jurisdictions retain command, control, and authority over response activities for their jurisdictional areas. However, there are instances in which successful incident management operations depend on the involvement of multiple jurisdictions, levels of government, functional agencies, and/or emergency responder disciplines. This requires effective and efficient coordination across a broad spectrum of organizations and activities.

The DOH EOP incorporates guidance provided by the Department of Health and Human Services (HHS) in two documents: Public Health Preparedness Capabilities (January 2012 – Centers for Disease Control and Prevention [CDC]), and Healthcare Preparedness Capabilities (March 2011 – Assistant Secretary for Preparedness and Response [ASPR]).

The DOH EOP is written in a traditional functional EOP format in accordance with the guidance of the Federal Emergency Management Agency (FEMA) Comprehensive Preparedness Guide (CPG) 101, Version 2.0 (November 2010).

Scope

The DOH EOP addresses natural (e.g. wildfires) and human-caused (e.g. terrorism) emergencies, disasters and events, or any other circumstances determined by the Secretary of Health to be large-scale threats to public health and safety. The DOH EOP is implemented when local jurisdiction capabilities and resources are overwhelmed and it becomes necessary for the DOH to provide coordination and support for local emergency response.

The DOH EOP addresses the full range of complex and evolving circumstances that may occur prior to, during and following a public health emergency or disaster. This EOP is a guidance document defining the roles and responsibilities of DOH personnel, and provides a scalable, flexible, adaptable and coordinated response that aligns structures, actions and tasks within the DOH.

The ESF #8: Public Health and Medical Services Annex to the State EOP is implemented by the DOH when circumstances create an actual or potential public health or medical emergency or when the New Mexico Emergency Operations Center (NMEOC) is activated to coordinate the efforts of state agencies, departments and resources. As the primary public health and medical component of the NMEOC, the DOH: coordinates health and medical personnel, facilities, supplies and equipment; collects, evaluates and disseminates public health surveillance information; maintains public health through disease prevention and control; coordinates public information regarding health risks, education and services; manages mass fatality response; collaborates with federal, state, local, tribal, non-governmental and private sector response entities, and providers.

The DOH EOP Functional Annexes address specific functions required during public health emergencies, disasters and events, such as risk communications; medical countermeasures, mass fatality, hazard identification, continuity, volunteer management, access and functional needs, interoperable communications, and recovery. The EOP also contains Hazard-Specific Annexes for pandemic influenza, anthrax, smallpox, plague, tularemia, botulism and other hazards.

The DOH is designated as the primary and coordinating agency for public health and medical response (see ESF #8 Annex to the State EOP) to an emergency, disaster or event. The Secretary of Health makes the decision to implement the DOH EOP and has the authority to designate responsibilities within the DOH for a public health emergency response.

The Epidemiology and Response Division (ERD) is the lead division within DOH to coordinate a public health response utilizing the Incident Command System (ICS) within the New Mexico Emergency Operations System. The ERD coordinates with other DOH divisions and external partners based on situational needs.

Situation Overview

Hazard Analysis Summary

Hazard analysis is the basis for both emergency operations planning and mitigation planning. For emergency operations planning purposes the process identifies which hazards merit special attention, what actions must be planned for, and what resources are likely to be needed. The DOH EOP is prepared using an all-hazard approach suitable for use in any situation. The DOH Threat and Hazard Identification and Risk Assessment Functional Annex includes hazard identification, hazard profiles, vulnerability assessment, and loss estimation related specifically to public health emergencies, disasters and events. The DOH Hazard-Specific Annexes identify and describe the hazard with a response that refers the reader to the appropriate Functional Annex.

The DOH Public Health Hazard and Risk Assessment contributes to the State EOP Hazard Identification / Risk Assessment, which also includes information from the New Mexico Natural Hazard Mitigation Plan, the New Mexico Human-Caused Hazard Mitigation Plan, and the New Mexico Threat and Hazard Identification and Risk Assessment (THIRA).

Capability Assessment

The DOH is responsible for statewide development of the Public Health Preparedness Capabilities defined by the Centers for Disease Control and Prevention (CDC) and the Healthcare Preparedness Capabilities defined by the Assistant Secretary for Preparedness and Response (ASPR). This capability development is accomplished through planning, organizing, equipping, training, exercising, evaluating and improving activities with preparedness partners throughout the State. See *Attachment E: Public Health and Healthcare Preparedness Capabilities* for more information.

The DOH has facilities and public health offices in each of the four Public Health Regions and collaborates with local jurisdictions and the 23 Indian Nations, Tribes or Pueblos within New Mexico. Coordination of an emergency response is conducted through the Secretary of Health, Epidemiology and Response Division, Bureau of Health Emergency Management, Public Health Division and Regional Public Health Offices with local jurisdictions, Scientific Laboratory Division and healthcare facilities throughout the state. The DOH continually monitors and collects health information from a variety of health surveillance systems throughout the state. In addition, the DOH maintains, staffs and operates its Department Operations Center (DOC). The DOH DOC operates using NIMS principles and an ICS structure. The DOH maintains agreements with federal, state, local, tribal and private sector vendors to support the Strategic National Stockpile (SNS) medical countermeasures (MCM) and pharmaceutical resource distribution statewide in the event of an emergency or disaster.

Mitigation Overview

The DOH is involved in an ongoing process to mitigate health and safety issues during the planning, preparedness, response and recovery phases of emergencies or disasters. This includes participating in collaboration and coordination efforts with partners at the federal, state, local, tribal and public levels in order to lessen the impact associated with emergencies and disasters. The DOH addresses public health hazard-specific mitigation efforts in the DOH EOP Hazard-Specific Annexes.

Planning Assumptions

The planning team assumes the following statements to be facts for planning purposes in order to make it possible to execute this EOP:

- The fundamental assumption is that a significant emergency or disaster may overwhelm the capability of the local government or the healthcare system to carry out operations necessary to save lives and protect public health. Consequently, resources of the DOH are used to provide public health and medical services assistance throughout the State.
- The DOH maintains essential services during a public health emergency, catastrophic or disaster situation, and may expand or contract routinely performed activities.
- DOH employees with identified roles will respond during emergencies, disasters or events requiring a public health and medical response.
- Governmental organizations continue to function under all emergency or disaster situations.
- Local governments develop and maintain local Emergency Operations Plans that specifically address public health threats and hazards.
- Regional Healthcare Coalitions support and coordinate with local jurisdictions.
- Many potential hazards or situations are recognized at an early stage, giving public health officials time to ready their resources and take precautionary or protective measures to reduce injury, illness, loss of life and minimize damages. Information sharing and situational awareness are essential to monitor the situation.
- The local government or tribal entity impacted by the health emergency event or disaster event begins emergency response efforts. Local governments normally commit or potentially exhaust their resources prior to requesting assistance from the State.
- Incidents and events can vary in scope and intensity, from small local emergencies with minimal damage to multi-agency/jurisdiction disasters with extensive devastation and loss of life.
- Federal assistance is requested by the Governor when the disaster response and recovery requirements exceed the capability of the State. The Centers for Disease Control and Prevention (CDC) may forward Medical Countermeasures (MCM) prior to a request from the State. Tribal governments may apply directly to the Federal government for assistance.
- During public health emergencies, the DOH assumes a lead coordination role, with other agencies in support roles, as described in the State EOP Annex, Emergency Support Function (ESF) #8: Public Health and Medical Services.

- The Department of Homeland Security Emergency Management (DHSEM) staffs the New Mexico Emergency Operations Center (NMEOC), along with additional personnel from ESF agencies, and provides staffing and communications equipment at a designated site at or near the incident if needed.
- The NMEOC may notify a DOH Emergency Operations Center Representative (EOCR) of a possible public health emergency or event. The DOH EOCR is the designated DOH representative to the NMEOC during a pending or actual emergency or disaster.
- The DOH EOCR may notify the NMEOC of a public health emergency or event.
- The DOH EOCR reports to the NMEOC as needed in a response, provides situational awareness and facilitates communication between DOH personnel and the NMEOC.

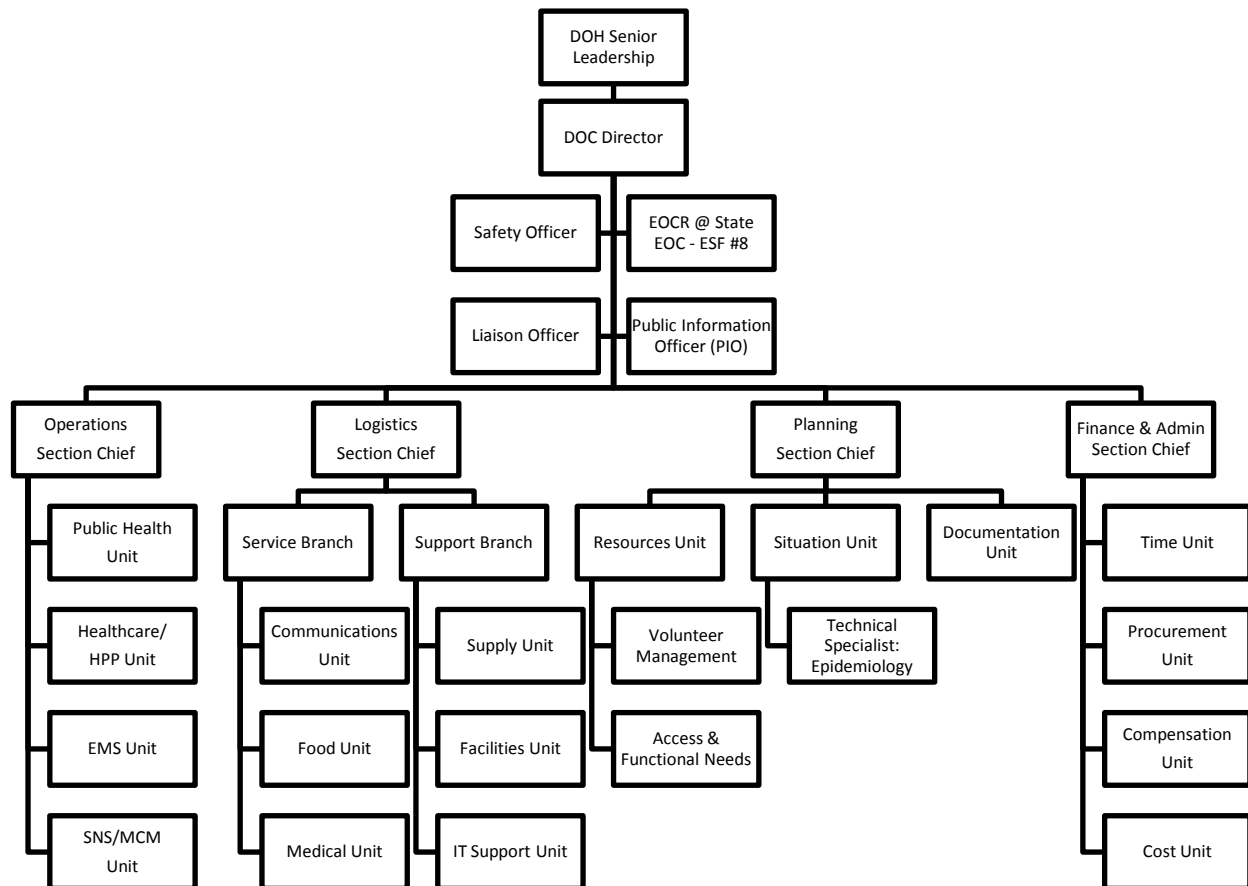
Concept of Operations

The Secretary of Health is responsible for ensuring that DOH divisions, in coordination with ESF #8 support agencies, are capable of responding to emergencies or disasters requiring public health and medical support and coordination. This includes delivering timely notification to the public and coordinating response activities with other state agencies. Agencies work together through central coordination (NMEOC and Multi-Agency Coordination [MAC] Group), and the Unified Command (UC) or Unified Area Command (UAC), to ensure required equipment and personnel are available to support field units and local jurisdictions.

The DOH maintains public health and medical situational awareness through a twenty-four (24) hour, 7 days a week, on-call system in the Epidemiology and Response Division (ERD). The ERD Epidemiologist-On-Call system coordinates information exchange and resources with DOH Regional Public Health Offices, healthcare providers, and local and federal officials. The ERD is responsible for: staffing and operation of the DOH DOC, surveillance of reportable diseases, investigation of disease outbreaks, biological terrorism and other disease/illness threats. The Public Health Division (PHD) is responsible for coordination at the regional level with local jurisdictions of a public health response, such as medical countermeasures (MCM) dispensing, to include the operation and staffing of Points of Dispensing (POD). The Scientific Laboratory Division (SLD) is responsible for biological, chemical, and radiological testing or referral to appropriate laboratories, and reporting the results to the Secretary of Health, law enforcement and other response partners. The DOH response roles and responsibilities are integrated into the State Emergency Operations System.

Functions that may be undertaken in accordance with the DOH EOP include:

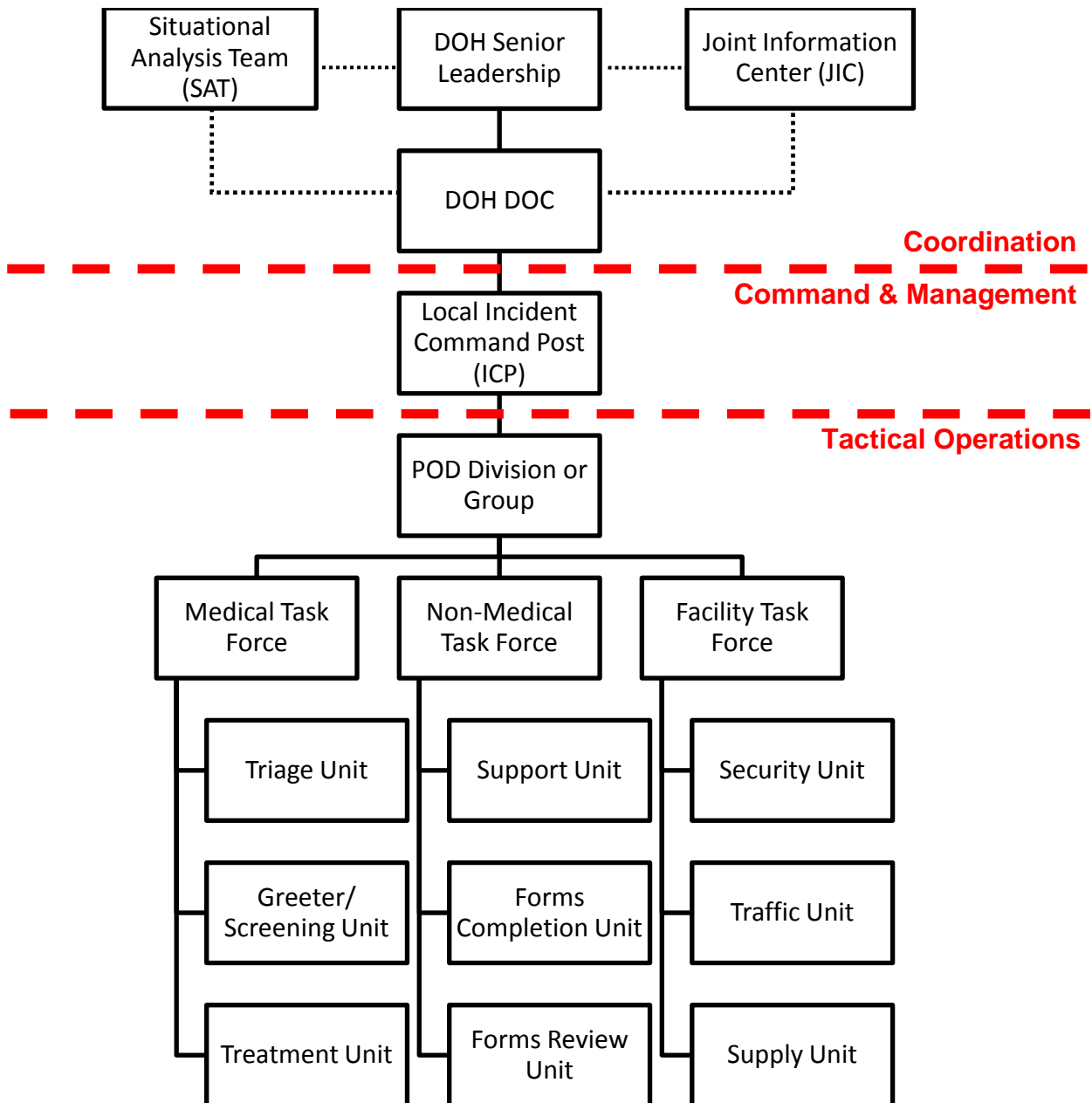
- initiating the DOH DOC staffing call down;
- notifying key staff;
- situational analysis and reporting;
- implementing the DOH EOP;
- activating and deactivating the DOH DOC; and
- ensuring NIMS compliance.

Figure 1: DOH Department Operations Center (DOC) ICS Organization Chart ***Notes:**

1. This DOH DOC ICS chart represents only functions and positions of the DOH DOC, and not the entire statewide DOH response structure (see Figures 2, 3 and 4). DOC personnel provide coordination and support during public health emergencies and disasters.
2. As defined by NIMS, incident command and management occurs at the incident scene or area through an Incident Commander (IC), Incident Management Team (IMT), Incident Command Post (ICP), Unified Command (UC), Area Command (AC) or Unified Area Command (UAC) (see Figures 4 and 5). The DOH leadership may participate in these command entities to ensure command and management of DOH resources and personnel during a public health emergency.
3. The DOH DOC ICS chart is scalable, flexible and adaptable to ensure a coordinated and appropriate response that aligns structures, actions, and tasks within the DOH. DOC activities are incident-specific; therefore this structure may vary according to situational requirements. A DOC activation may require as few as 2 personnel and may operate from alternate locations.
4. This chart does not reflect or replace the DOH Organization Chart or DOH lines of authority/supervision. The DOH DOC is a function of the DOH and does not function independently of the DOH leadership direction and policy.

** This is only an example; actual ICS structure may vary according to situational requirements.*

Figure 2: DOH ICS Structure for a Local Public Health Emergency *

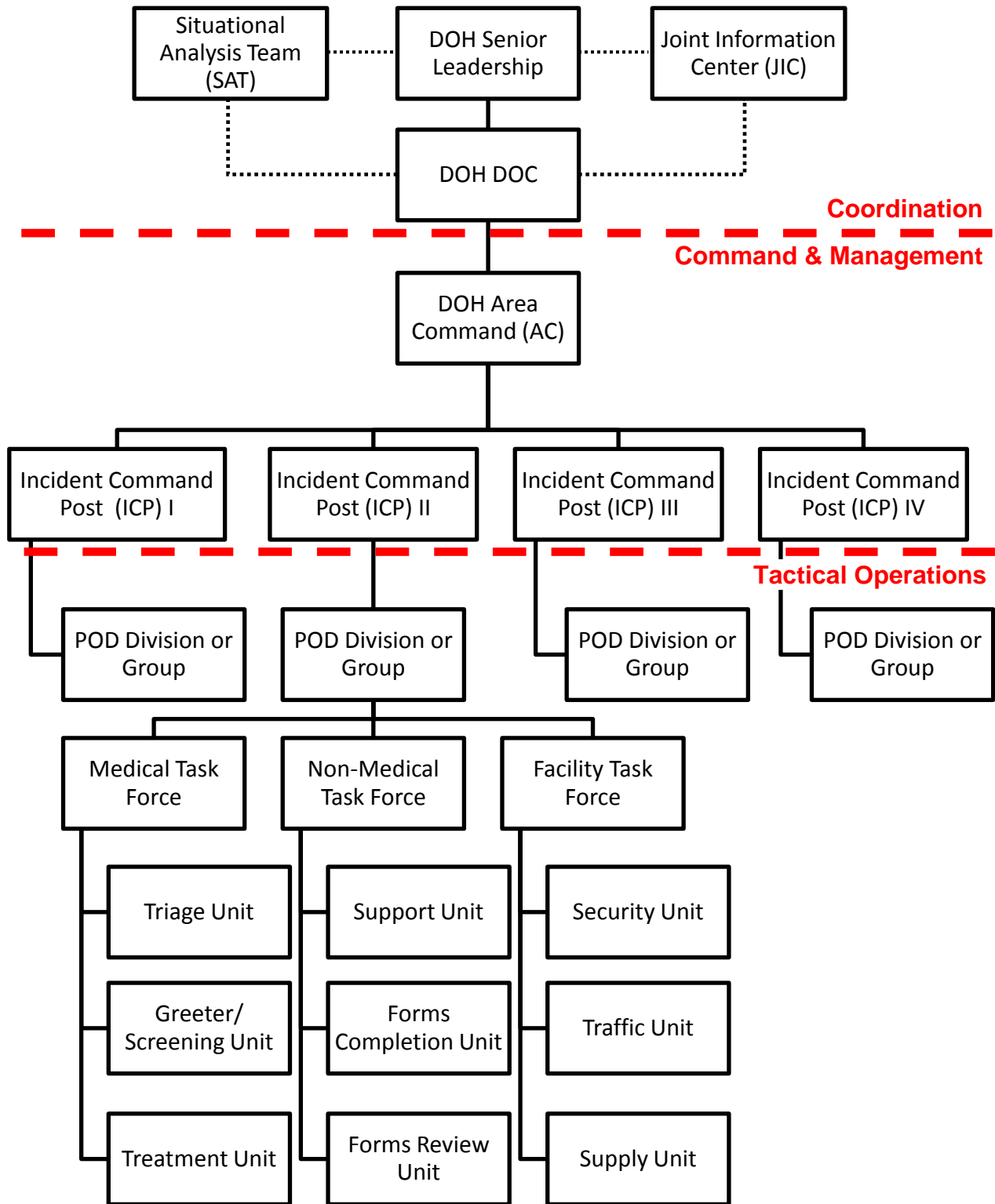


Notes:

1. This ICS structure represents only a DOH local emergency.
2. See Figures 3 and 4 for the ICS structure in a major statewide emergency.

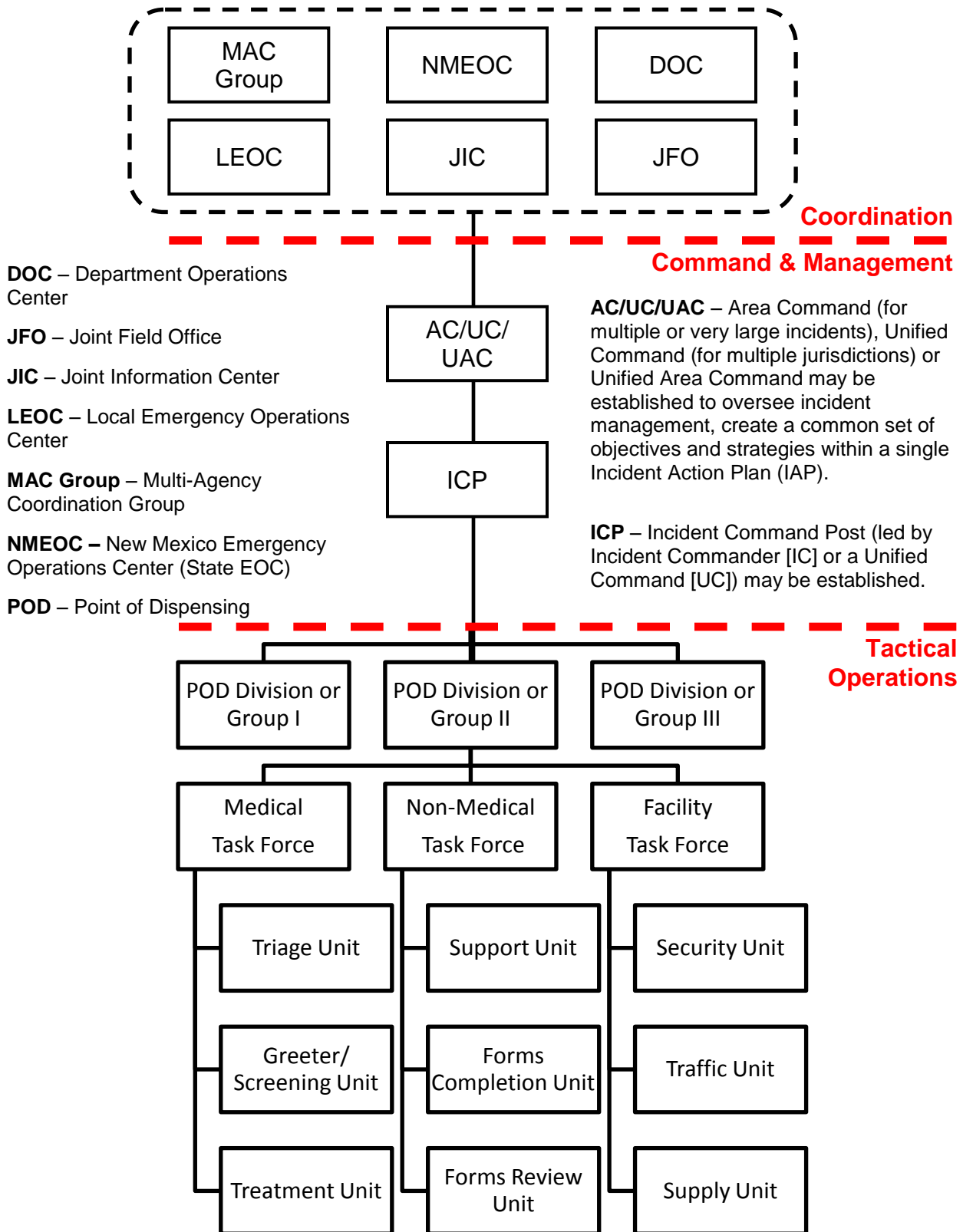
** This is only an example; actual ICS structure may vary according to situational requirements.*

Figure 3: DOH ICS Structure for a Major Statewide Public Health Emergency *



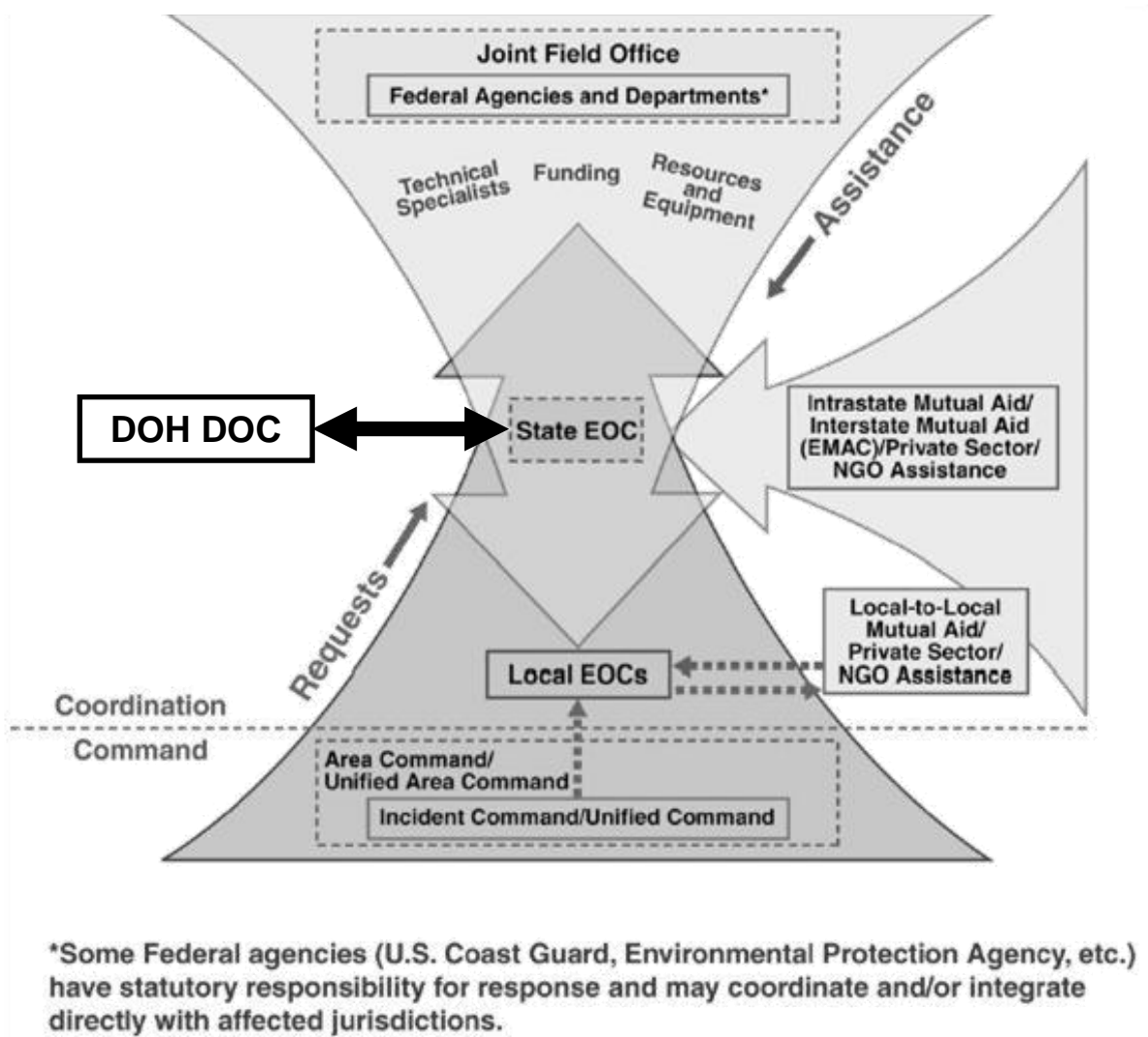
* This is only an example; actual ICS structure may vary according to situational requirements.

Figure 4: Multi-Agency ICS Structure for a Major Statewide Public Health Emergency *



* This is only an example; actual ICS structure may vary according to situational requirements.

Figure 5: Flow of Requests and Assistance during Large-Scale Incidents



Source: National Incident Management System, p.36 (DOH DOC added to original diagram)

Organization and Assignment of Responsibilities

The Secretary of Health determines and initiates the appropriate level of DOH response to a public health emergency and how such response is managed through designated division directors.

During both normal business operations and a response to a health emergency or event, all health emergency planning and response communications to the Secretary of Health, including those by the Emergency Operations Center Representative (EOCR) are required to be reviewed and approved by the DOH Epidemiology and Response Division (ERD) chain of command through the Bureau of Emergency Management (BHEM) Chief (or designee) and ERD Director (or designee).

During a DOH response to a public health emergency, the DOH EOCR maintains communications between the NMEOC and the DOH, and coordinates requests and information sharing between the NMEOC and the DOH.

All DOH personnel must operate in accordance with DOH policies and procedures. The DOH DOC is a function of the DOH and does not function independently of the DOH leadership direction and policy.

Direction, Control and Coordination

Department Operations Center (DOC)

Normal Operations

The Epidemiology and Response Division (ERD) (through the DOH DOC when activated) is the lead DOH division for the coordination of services and support needed to respond to a public health emergency. The DOH DOC is equipped with telecommunications systems for statewide and local health communications and response.

Operational readiness of the DOH DOC is maintained by the DOH/ERD Bureau of Health Emergency Management (BHEM). In the absence of any determined threat to public health and safety of the people, property and resources of New Mexico, safety and welfare is monitored through normal (non-emergency) activities.

The DOH DOC is not staffed on a daily basis; DOC staffing begins upon activation by the Secretary of Health in the event of an imminent, actual or perceived public health emergency or disaster, and when a DOH public health and medical response is required.

DOC Staffing and Organizational Structure

The DOH DOC utilizes Standard Operating Guidelines (SOG) for effective and efficient operation. DOC staffing and position descriptions are delineated in the DOH DOC SOGs. These SOGs addresses the operational activities and roles within the DOH DOC Incident Command System (ICS) structure.

The Secretary of Health or their designee determines the level of activation and the DOC staffing requirements. DOC staff assignments for a response to an event are determined by the nature, scope and scale of the event. These personnel may be drawn from all divisions within the DOH.

The structure of the DOC is displayed in Figure 2: Department Operations Center ICS Organizational Chart. Responsibilities and authority of all state agencies during an emergency or disaster closely align with the day-to-day roles of each agency. Roles and responsibilities of DOH agencies are summarized in the DOC SOGs.

MAC Group

The Secretary of DHSEM may convene a Multi-Agency Coordination (MAC) Group (sometimes referred to as a 'Policy Group') to consider policy and legal issues that arise in a complex, multi-agency response to an emergency or disaster. The Secretary of Health or designee may be a part of the MAC Group. The MAC Group reconciles differing policies, procedures, and authorities among agencies and, if necessary, establishes priorities for multiple incidents. The MAC Group does not employ command authority by communicating directly with the field level response personnel. It advises the State EOC to ensure that EOC activities are coordinated and consistent with leadership, procedure and policy requirements.

Situational Analysis Team

The Secretary of Health, or their designee, may convene a Situational Analysis Team (SAT) of key individuals needed for a response or decision related to DOH policy or action (such as a DOC or ROC activation). The purpose of the SAT is to analyze the situation, review guidance and formulate a recommendation expediently to ensure a rapid response to protect the health and safety of New Mexicans. Members of the SAT may be adjusted and determined based on the nature and severity of the event, at the discretion of the Secretary of Health.

DOC Director

The DOH DOC Director is assigned by, and reports to, the Secretary of Health or their designee. The DOC Director acts in accordance with DOH leadership and policies. The DOC Director is responsible for the direction and coordination of the DOH DOC in accordance with NIMS, ICS, DOC SOGs and DOH plans and protocols. The DOC Director coordinates and communicates with the DOH SAT. The DOC Director coordinates with the NMEOC through the DOH EOCR (assigned to the ESF #8 desk at the NMEOC during an activation).

Upon activation of the DOH DOC, the DOC Director briefs the DOC staff on the situation and objectives, and oversees DOC activities in support of the incident response. To achieve these objectives and maintain an effective span of control, the DOC Director normally delegates functional responsibilities to command and general staff. The DOC Director authorizes further operational subdivisions by the use of assistants, deputies, task forces, units, groups, and branches required by the event scope.

DOC Command Staff

The DOH DOC Command Staff report directly to the DOC Director and perform the command functions of public information, liaison, and safety.

The Command Staff may include the following positions:

- DOH Public Information Officer (PIO) – The DOH PIO directs and coordinates emergency public information and warning activities within the DOH. The DOH PIO will implement the Risk Communication Plan (EOP Functional Annex 1) based on assessment of the situation and demands for information by the media and the public. The DOH PIO will direct the work related to the release of information to the media, especially press releases and news conferences. The DOH Risk Communication Coordinator will assist the DOH PIO during an emergency and may assume some or all communication responsibilities during a crisis as designated by the DOH PIO. The DOH PIO, or their designee, will participate in the DOC (if activated) and/or the Joint Information Center (JIC) (if activated) to coordinate messaging with other agencies.
- DOH DOC Liaison Officer – The DOC Liaison Officer is the primary point of contact for authorized visitors and may be tasked with keeping key external parties informed. Additional Liaison staff may be required to coordinate with their respective agencies to support DOH DOC operations.
- DOH DOC Safety Officer – The DOC Safety Officer ensures the physical safety of those working in the DOC and works closely with the Logistics Section.
- DOC Agency Representative – A DOC Agency Representative is an individual assigned to the DOC Command Staff from a partner agency outside of DOH who has been delegated the authority to make decisions committing their agency's resources in support of the DOH response efforts. The Agency Representative normally works within the Command Staff, but may be assigned to the DOC Operations Section. When appropriate, additional Agency Representatives are assigned to work with task forces, groups, and branches of the DOC Operations Section to ensure effective coordination and adequate span of control.
- DOH Emergency Operations Center Representative (EOCR) - The DOH EOCR is the liaison between the DOH DOC and the NMEOC. The EOCR is assigned to the NMEOC at the ESF #8 desk and assists the DOH DOC Director in coordinating DOH resources with federal, State (including DOH divisions, public health regions and healthcare coalitions), tribal and local agencies, to support local incident response activities.

DOC General Staff

The DOH DOC General Staff is organized according to the NIMS ICS structure. This includes a Chief for each section: Operations, Logistics, Planning and Finance. All Section Chiefs provide information for the Incident Action Plan (IAP) and participate in the IAP implementation.

DOC Operations Section

The DOC Operations Section is led by an Operations Section Chief who reports directly to the DOC Director. The Operations Section Chief may appoint a deputy and may subdivide the DOC Operations Section into task forces, groups, divisions, and branches to maintain adequate span of control.

The Operations Section is responsible for:

- tactical operations resource requests (supplies, staff, supplies and equipment) to support affected area(s) and implementing the DOH DOC Incident Action Plan (IAP);
- coordination with DOH divisions;
- coordination with Public Health Regions;
- coordination with healthcare facilities and Regional Healthcare Coalitions;
- coordination of DOH resources; and
- the effective integration of mutual aid and external assistance.

The Recovery Unit is established within the Operations Section at the onset of an event and coordinates closely with the Finance/Administration Section to ensure a smooth transition from response to recovery.

DOC Planning Section

The DOC Planning Section is led by a Planning Section Chief who reports directly to the DOC Director. The Planning Section Chief may appoint a deputy and may subdivide the DOC Planning Section into task forces and units. Units may include Situation (Intel), Resources, Documentation, and Demobilization.

The Planning Section is responsible for:

- collecting, evaluating, disseminating and displaying incident information;
- handling incoming situation information and offers of assistance;
- planning meetings;
- preparing the DOH DOC Incident Action Plan (IAP);
- coordinating check-in and check-out of staff;
- collecting incident related documentation; and
- conducting demobilization planning.

The Planning Section works closely with all DOC functional elements to ensure effective resource management. Technical specialists, such as epidemiology staff, Volunteer Management Coordinator and Access and Functional Needs Coordinator, may also work within the Planning Section.

DOC Logistics Section

The DOC Logistics Section is led by a Logistics Section Chief who reports directly to the DOC Director. The Logistic Section Chief may appoint a deputy and subdivide the Logistics Section into branches (e.g., Service and Support) and units (e.g., Communications, Food, Facility).

The Logistics Section is responsible for:

- providing services and support, including security, for the DOC staff;
- procuring facilities, equipment, services and supplies necessary for operation of the DOH DOC and Regional Public Health Offices; and
 - maintaining effective communications in the DOC Communications Unit.

The DOC Communications Unit is responsible for:

- handling and logging incoming information on the main DOC telephone and fax lines according to protocol;
- expanding/contracting the Communications Unit;
- establishing a phone bank;
- coordinating with Radio Amateur Civil Emergency Services (RACES) and/or Amateur Radio Emergency Services (ARES); and
- logging and tracking radio messages.

DOC Finance/Administration Section

The Finance/Administration Section is led by a Finance/Administration Section Chief who reports directly to the DOC Director. The Finance/Administration Section Chief may appoint a deputy and may subdivide the DOC Finance/Administration Section into units (e.g., Cost, Time, and Procurement).

The Finance/Administration Section is responsible for:

- managing all financial aspects of an emergency or disaster;
- preparing executive orders, emergency contracts, and emergency purchases;
- ensuring proper accounting and purchasing procedures are in place and executed to support the state response and DOH DOC activities;
- documenting and tracking all response related expenses;
- organizing and supervising documentation activities in support of claims and reimbursement requests resulting from the emergency;
- conducting cost analysis and prediction; providing results when requested; and
- coordinating with Epidemiology and Response Division finance staff.

The Finance/Administration Section Chief coordinates with the DOH EOCC for state and federal reimbursement during a declared state or federal emergency or disaster.

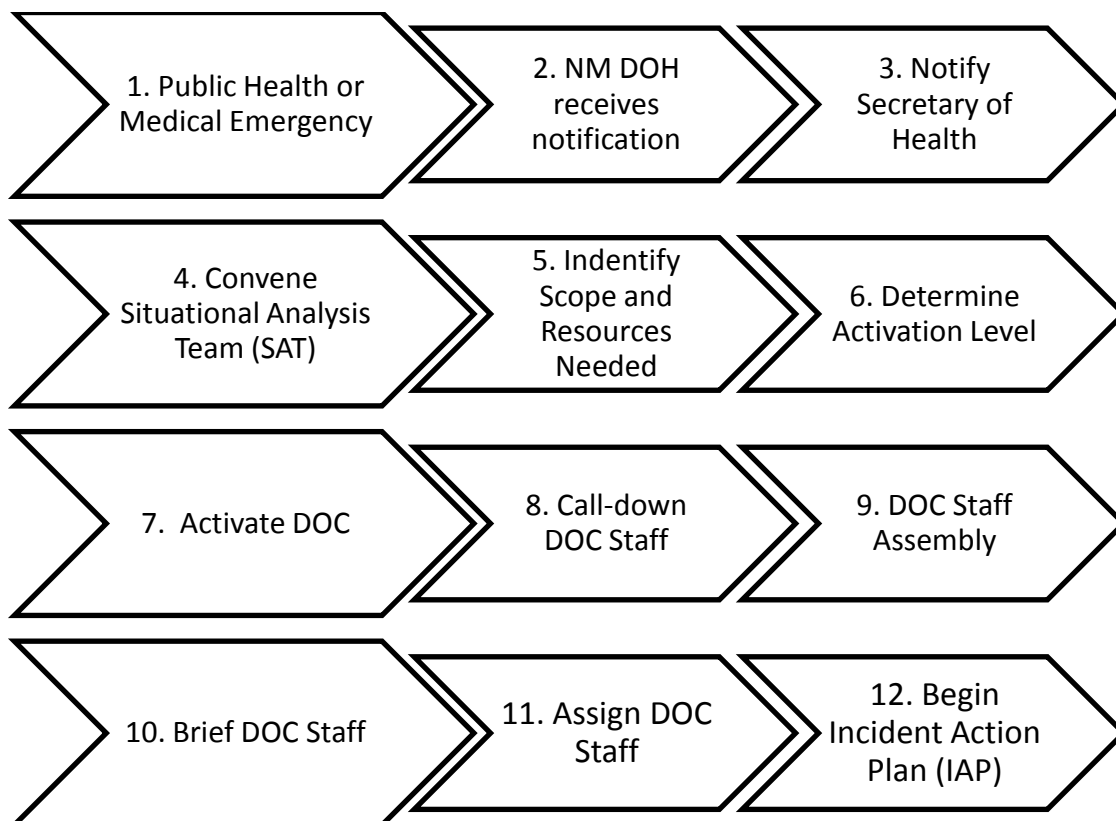
DOC Activation Process

All decisions regarding the activation of the DOH DOC and the level of that activation are made by the Secretary of Health upon recommendation of the ERD Director. Such decisions of the Secretary of Health includes the number and assigned roles of the DOH staff deployed for such a response, as well as the scope and duration of the response. Normal DOH operations continue in the absence of a decision of the Secretary of Health for activation of the DOC.

Response by the DOH to a public health emergency or disaster is scalable to the scope, severity, and nature of the event, whether or not it is a declared (State or federal) emergency or disaster. As a result, response plans are scalable and adaptable to the unique requirements of an emergency or disaster. The Secretary of Health may implement the DOH Emergency Operation Plan (EOP) and activate the DOC for declared or undeclared public health emergencies, disasters and events to guide DOH response activities and activate the DOH DOC to support the State's overall emergency response efforts.

Under emergency or disaster conditions, the Governor of the State of New Mexico may declare a disaster, emergency, public health advisory or state of public health emergency and may request assistance from Cabinet Departments, agencies, and political subdivisions.

Figure 6: DOC Activation Process



DOC Activation Levels

The DOH DOC activation level is based on considerations including, but not limited to:

- epidemiological surveillance of disease, injury or other conditions;
- alerts from the U.S. Department of Homeland Security (DHS) National Terrorism Advisory System (NTAS);
- declarations by the Governor;
- Multi-Agency Coordination (MAC) Group recommendations;
- Situational Analysis Team (SAT) findings; and
- NMEOC activation level.

The levels of activation of the DOH DOC parallel the activation levels in the NMEOC and range from 4 (lowest, simplest) to 1 (highest, most complex):

- **Level 4 (Normal):** (no activation) – Normal operations, also known as Level 4, is a non-activated status for the DOC involving statewide monitoring for public health and medical emergencies through the DOH EOCR and Epidemiologist-On-Call Program. The EOCR covers business hours, while the Epidemiologist-On-Call covers nights, weekends, and holidays. The DOH DOC operational readiness is maintained by the ERD Bureau of Health Emergency Management (BHEM). Activities include planning, training, exercising, situational awareness, resource maintenance and low level operations.
- **Level 3 (Alert):** (activation with partial DOC staffing) – Triggered by weather advisories, security advisories, possible impending events, and significant local, national, and international events. Activities include situational analysis, notification, resource coordination, and may include warnings, public information and other emergency functions. The DOH EOCR may conduct test notifications of public health regions, tribal agency representatives and impacted local jurisdictions.
- **Level 2 (Serious):** (activation with additional DOC support staff) – All events and criteria of Level 3 plus multiple or major events; the receipt of a request for emergency support or assistance; the receipt of local disaster or emergency declaration; the need for extended coordination of the DOH support in an emergency. Activities include notification of appropriate staff to prepare for extended operations. First and second operational period staffing needs of the DOH DOC are determined.
- **Level 1 (Critical):** (activation and DOC is fully staffed) – All events and criteria of Level 2 plus issuance of a federal or State declaration of an emergency or disaster. An event requiring declaration is occurring or imminent when it has exceeded the capabilities of the DOH and state; it requires significant regional (multi-state) and/or federal involvement; or there is an issuance of a specific National Terrorism Advisory System (NTAS) alert for New Mexico. This level requires preparation for incoming federal resources.

In order to avoid confusion between the NMEOC and DOH DOC activation levels for non-terrorist incidents and defense postures for threat advisories, national threat advisories are incorporated in activation decisions.

For consistency, DOH DOC activation levels and security (terrorism threat) levels are equivalent to those used in the NMEOC. The DOC may be activated by the Secretary of Health when an actual public health emergency is imminent or has occurred.

The DOH DOC may have an activation level less than the NMEOC level. For example, if the NMEOC is activated at Level 1 for a large fire, but no health threat advisory has been issued for DOH, the DOH DOC may remain at Level 4 or be activated at Level 3.

Figure 7: DOH DOC Activation Levels

Security Level Issued	Activation Level	Possible Security Levels
Normal	4	Ready
Alert	3	Ready, Alert
Serious	2	Ready, Alert, Serious
Critical	1	Ready, Alert, Serious, Critical

DOC Deactivation

Planning for deactivation and devolution occurs as the need for support and coordination of an incident begin to decline. The DOC is deactivated or the activation level of the DOC is lowered when the emergency, disaster or other event has abated, or when the DOH support of an emergency, disaster or other event is no longer required.

The recommendation to the Secretary of Health to deactivate the DOH DOC or to change the activation level of the DOC is made by the DOH DOC Director in collaboration with the DOH EOCR and SAT through the ERD Director. The deactivation of the DOH DOC is not complete until all resources are accounted for and recovered.

Deactivation of the DOH DOC may occur as transition to the recovery phase begins. All resource demobilization responsibilities are completed or transferred prior to deactivation.

Multi-Agency Coordination Group (MAC) Group

The MAC Group does not employ command authority by communicating directly with the field level response. It advises the NMEOC Director to ensure that coordinated incident planning and operations occur through the NMEOC.

The Secretary of the New Mexico Department of Homeland Security and Emergency Management (DHSEM) convenes the MAC Group to:

- deliberate on complex, multi-agency policy and legal issues;
- • reconcile differing policies, procedures, and authorities among agencies and, if necessary, establishes priorities for multiple incidents; and
- address policy and procedure response under ESF #8 Public Health and Medical Services Annex of the State EOP.

As warranted, members of the MAC Group may include the:

- Governor's Authorized Representative (GAR);
- appropriate Cabinet Secretaries or their designees;
- General Counsel from involved state agencies;
- senior officials from other agencies and jurisdictions; and
- DOH Emergency Operations Center Representatives (EOCRs).

The Secretary of DHSEM or their designee coordinates the workings of the MAC Group. This is accomplished through periodic face-to-face meetings at the NMEOC, other established locations, or through remote communications.

Coordination with Public Health Regions

Public health planning and policy development is centralized at the DOH Public Health Division (PHD) in Santa Fe and operationalized at the regional level. There are four Public Health Division Regions. Regional Emergency Preparedness Specialists (REPS) are responsible for working with the local emergency managers and local community representatives to plan for, train for and respond to public health emergencies, disasters and events. BHEM provides technical assistance in the development of Regional Coordination Plans, Points of Dispensing (POD) site plans and other emergency response planning documents.

Coordination with Regional Healthcare Coalitions

Regional Healthcare Coalitions (HCC) support and coordinate healthcare system preparedness and response in each region. The DOH coordinates with Regional HCCs during public health or medical emergencies through their designated Duty Officer or Healthcare Coalition Response Team (HCRT). Initial and limited scope emergencies or events may only require coordination between the Healthcare Coalition Duty Officer (HCDO) and the DOH EOCR (or Epidemiologist-On-Call during off-duty hours). In the case of an event resulting in DOC activation and requiring Healthcare Coalition coordination, a Healthcare Coalition Coordinator is assigned to the Operations Section of the DOC. Detailed communication and coordination guidance is available in the DOC Standard Operating Guidelines (SOG) and the Regional HCC EOPs.

Coordination with Tribal Entities

Native American Nations, Tribes and Pueblos may develop and maintain their own EOPs and coordinate tribal resources as necessary to prevent, protect against, respond to and recover from emergencies or disasters of all types. They may also be involved with preparedness and mitigation activities. Tribes may negotiate mutual aid and assistance agreements with other tribes and with local, regional, state and federal agencies and jurisdictions.

During a public health emergency, tribal entities may request resources and coordinate directly through the NMEOC or through local jurisdictions. The DOH may also be in the role of supporting and coordinating for needed services and medical supplies with tribal entities directly or through PHD Regional and Local Public Health Clinics and the Indian Health Service (IHS).

Under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public Law 93-288, as amended, 42 U.S.C. 5121 et seq. (April 2013) (Stafford Act), tribes are able to request federal assistance through the New Mexico Office of the Governor or directly to the Federal government. This will not negate the need for coordination and communication between the tribal entity, the NMEOC, the DOH and the LEOC for situational awareness and resource allocation.

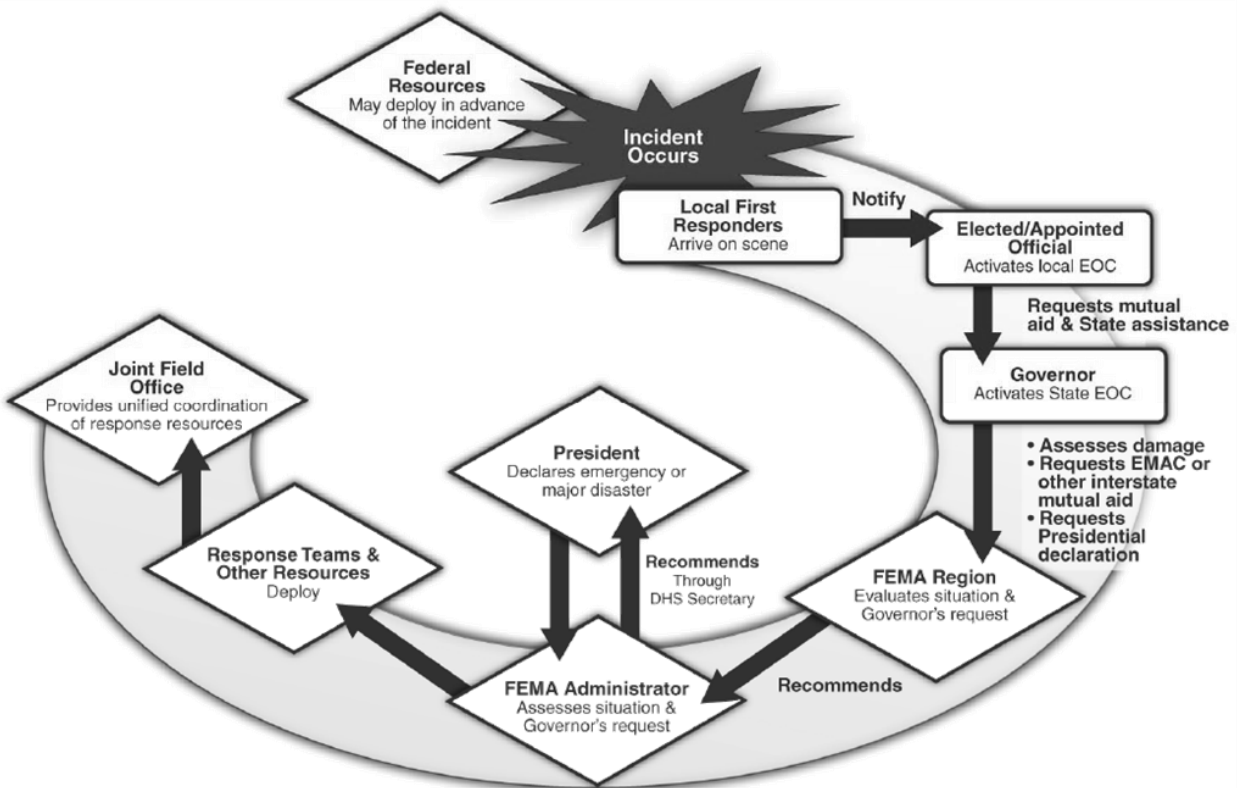
Emergency Declarations

The Governor has the authority to declare a disaster or emergency under the “supreme executive power of the state” conferred by the Constitution of the State of New Mexico. Article V. Executive Powers, Section 4 [Governor’s executive power; commander of militia.]. Such powers of the Governor include ensuring that the laws are faithfully executed; serving as the commander in chief of the military forces of the state, except when they are called into the service of the United States; and the power to call out the militia to preserve the public peace, execute the laws, suppress insurrection and repel invasion.

Executive orders declaring an emergency or disaster are frequently based upon the “all-hazard emergency management powers” granted pursuant to the All Hazard Emergency Management Act (AHEMA), § 12-10-1, et seq. NMSA (1978). One purpose of AHEMA is to confer upon the Governor and upon the governing bodies of the state such all hazard emergency management powers. § 12-10-2.B, NMSA (1978). Specifically, AHEMA provides that, in the event of any manmade or natural disaster causing or threatening widespread physical or economic harm that is beyond local control and requiring the resources of the state, the Governor can exercise discretion and control and provide resources and services necessary to avoid or minimize economic or physical harm until the situation is stabilized. § 12-10-4.A, NMSA (1978). Under AHEMA, the Governor is also authorized to “issue, amend or rescind the necessary orders, rules and procedures to carry out the provisions of the AHEMA.” § 12-10-4.B(2), NMSA (1978). Executive orders from the Governor declaring an emergency or disaster routinely rely upon the statutory language of AHEMA.

The New Mexico Disaster Acts provides for the availability of state “emergency funds” for any “disaster” or “emergency” that is declared by the Governor to be of such magnitude as to be beyond local control and requires the resources of the state. § 12-11-23 through § 12-11-25, NMSA (1978). The Governor must direct the specific amount that is available for each eligible or qualified applicant affected by such disaster or emergency.

After the executive order declaring an emergency or disaster is issued the Governor or the Governor’s Authorized Representative (GAR) directs the DHSEM to coordinate all requests for assistance and response. Aid and assistance may be requested from the Federal Emergency Management Agency (FEMA) as outlined in the Stafford Act (see **Figure 8: Stafford Act Support to States**).

Figure 8: Stafford Act Support to States

Source: National Response Framework: Overview of Stafford Act Support to States

As part of the declaration of an emergency or disaster, the Governor may direct the Adjutant General to order into service any elements of the New Mexico National Guard as are or may be needed to provide military support to civil authorities as needed for the disaster or emergency. §§ 20-1-1 through 20-1-8, NMSA (1978); §§ 20-2-1 through 2-1-8, NMSA (1978); and §§ 20-4-1 through 20-4-14, NMSA (1978). Such emergency assistance shall be provided at the discretion of the Governor's Appointed Representative (GAR).

The Governor also has authority under the Public Health Emergency Response Act (PHERA), § 12-10-1, *et seq.*, NMSA (1978), to declare a "state of public health emergency." PHERA provides that the Governor may declare a state of public health emergency upon the occurrence of a public health emergency as determined after consultation with the Secretary of Health. § 12-10A-5.A, NMSA (1978). A public health emergency is the occurrence or imminent threat of exposure to an extremely dangerous condition or a highly infectious or toxic agent, including a threatening communicable disease that poses an imminent threat of substantial harm to the population of New Mexico or any portion thereof. § 12-10A-3.G, NMSA (1978). A threatening communicable disease is a disease that causes death or great bodily harm, passes from one person to another and for which there is no means by which the public reasonably can avoid the risk of contracting the disease. § 12-10A-3.L, NMSA (1978).

PHERA further provides that, during a state of Governor declared public health emergency, the Secretary of Health, in coordination with the Secretary of Public Safety and Secretary of DHSEM, may exercise special powers, including but not limited to the utilization or evacuation of healthcare facilities; regulation, rationing or allocation of healthcare supplies; administration of medical examination and testing, vaccination and treatment; and the implementation of isolation or quarantine. § 12-10A-7 through § 12-10A-13, NMSA (1978). All of the provisions of PHERA are dependent upon the declaration of a state of public health emergency by the Governor pursuant to PHERA.

Intrastate Mutual Aid System

Under the Intrastate Mutual Aid System (IMAS) any resource (personnel, assets and equipment) of a member jurisdiction may be made available to another member jurisdiction. Pursuant to the Intrastate Mutual Aid Act, the state and every political subdivision of the state are automatically part of the Intrastate Mutual Aid System (IMAS). Resource coordination can be done directly between member jurisdictions, through the NMEOC, or by using a combined approach. See the IMAS Implementation Guide for more information.

The IMAS Guide provides that a request does not constitute a resource order. Only after an authorized offer of assistance has been accepted by an officer or designee of the requesting jurisdiction is there an agreement and deployment can begin (IMAS Guide, p. 3).

The IMAS Guide contains additional provisions governing negotiation and deployment coordination; control of resources, portability of bona fides; benefits; liability; reimbursement; and dispute resolution (IMAS Guide, pp. 4-7).

If the Secretary of Health determines that the DOH health and medical resources are in danger of being overwhelmed, exhausted or have limited ability to respond, the DOH can request critical resources under IMAS or under the Emergency Management Assistance Compact (EMAC). The DOH DOC is responsible for determining what resources are to be requested, such as:

- resource type, size, unit of measure and quantity;
- location and time for resource to report/be delivered; and
- duration of resource assignment.

The DOH EOCR processes the IMAS Resource Request through the NMEOC.

Coordination with Other States

Many events require coordination between New Mexico and surrounding states. The content and extent of the coordination depends upon the location, nature and scope of the situation. Events affecting one state often have a cascading impact on neighboring states which necessitates notification and coordinated response.

Coordination occurs at many levels, including directly cross-border, between corresponding agencies or functions, and EOC to EOC. The protocols of the EMAC or other existing mutual aid agreements or resource mobilization plans are utilized when resources are sent or received by the State of New Mexico. Coordination of EMAC protocols occurs at the NMEOC. The DOH provides support to the NMEOC under Emergency Support Function (ESF) #8 and is available to respond to health related requests from other states.

Interstate Mutual Aid Agreements

An interstate mutual aid agreement is an agreement between states that provides a mechanism to quickly obtain emergency assistance in the form of personnel, equipment, materials, and other associated services. The primary objective is to facilitate rapid, short-term deployment of emergency support prior to, during, and after an incident or event.

An interstate mutual aid agreement allows states to assist each another in responding to all types of natural and human caused disasters.

Emergency Management Assistance Compact (EMAC)

The State of New Mexico entered into the EMAC in 1999. The purpose of EMAC is to provide for mutual assistance between states in managing any emergency or disaster that is declared by the governor of an affected state. § 12-1015, NMSA (1978) (Article 1, ¶ C). Under EMAC, once a state has declared an emergency or disaster, that state can request the assistance of another state that is a party to the EMAC.

After the declaration of an emergency or disaster, a state within the EMAC is able to request the assistance of another state that is also part of the EMAC. Mutual assistance pursuant to the compact may include the use of the states' national guard forces, either in accordance with the National Guard Mutual Assistance Compact or by mutual agreement between states. § 12-1015, NMSA (1978) (Article 1, ¶ D).

The EMAC also provides for mutual cooperation in emergency-related exercises, testing or other training activities using equipment and personnel simulating performance of any aspect of the giving and receiving of aid by party states or subdivisions of party states during emergencies and disasters.

The Secretary of the DHSEM has the responsibility for emergency management at the State level and is responsible for formulating the appropriate interstate mutual aid plans and procedures necessary to implement the EMAC. The DOH coordinates with the DHSEM through the NMEOC to process an EMAC request.

Coordination with Federal Response

Federal assistance in support of state and local efforts is conducted under the authority of the U.S. Department of Homeland Security (DHS) in accordance with the National Response Framework (NRF) and the National Incident Management Systems (NIMS). In most cases federal support is delivered through provisions of the Robert T. Stafford Disaster Relief and Assistance Act. Federal assistance is coordinated through the NMEOC and the Office of the Governor.

Catastrophic Incident

A catastrophic incident is any natural or human caused incident, including terrorism, which results in extraordinary levels of mass casualties, damage, or disruption severely affecting the population, infrastructure, environment, economy, national morale, and/or government functions. A catastrophic event could result in sustained national impacts over a prolonged period of time; almost immediately exceeds resources normally available to state, local, tribal, and private-sector authorities in the impacted area; and significantly interrupts governmental operations and emergency services to such an extent that national security could be threatened.

The DOH is responsible for the coordination of personnel, facilities, supplies and equipment to augment the capabilities of local jurisdictions who may be overwhelmed by a public health emergency. The nature of the emergency or event and the response capacity at the local level determines the nature of the support needed from the DOH. This may take the form of providing laboratory testing services and disease or outbreak surveillance; distribution of medical countermeasures and supplies to regional and local areas impacted by the event; managing health communications; providing local resources with healthcare personnel support through local public health offices and clinics, deploying healthcare volunteers; setting up Points of Dispensing (POD) for required pharmaceutical intervention; coordination with healthcare facilities to make treatment space or beds available through existing facilities or alternative care sites; and coordination with the NMEOC and government entities as appropriate to provide local support.

The Medical Countermeasures (MCM) Plan, a functional annex to the DOH EOP, describes the receipt, staging, storage, distribution and dispensing of medical countermeasures within New Mexico.

Transition to Recovery Following Response

Emergencies or disasters may have significant costs, damages, and associated long-term negative impacts that must be addressed through a program of recovery. Once immediate response and lifesaving activities are concluded, the emphasis shifts from response to recovery and mitigation. However, planning for recovery begins almost immediately following activation of the DOH DOC. The DOH EOCC coordinates with the DHSEM Recovery Unit and DOH divisions that are involved or affected to assist in the recovery efforts.

Information Sharing

During a disaster or emergency, the DOH engages in an ongoing process to receive, collect, share and disseminate emergency and disaster information as it relates to ESF #8, to its federal, state, local and tribal partners and to all people within New Mexico. The DOH uses multiple communication systems to coordinate, inform and share emergency and disaster information with our partners. These include both written and electronic (email, phone, satellite and radio) systems. Information collection, handling and dissemination needs are based on the priority of ensuring that the DOH response is timely and appropriate to protect the health and safety needs of all people in New Mexico.

The DOH DOC management and sharing of information includes the collection and dissemination through the use of computer-based information management systems (described below). These systems facilitate the process for gathering and recording data and intelligence, tracking and accounting resources, cost accounting associated with resource utilization and emergency management actions. They provide a secure means for exchanging reports and information between the DOH DOC, the NMEOC, Public Health Region Offices, Healthcare Coalitions, healthcare facilities, and emergency managers.

The DOC is equipped with the New Mexico Statewide Immunization Information System (NMSIIS), a computerized Internet database application that was developed to record and track immunization dates of New Mexico State's children and adults. Additionally, stations within the DOC can operate the Center for Disease Control and Prevention (CDC) Inventory Management and Tracking System (IMATS), a secure web-based software application developed to manage information regarding medical and non-medical countermeasures. The solution tracks quantities of inventory, monitors reorder thresholds, and facilitates warehouse operations including receiving, staging, and storing of inventory.

The DOH EOCR and the DOC use NC4 E Team™, an incident management system implemented at the NMEOC and used throughout the State for multi-agency coordination during incident or event response and recovery. It provides a common operating picture, information sharing and resource management tool through a single collaboration platform.

The DOH EOCR and the DOC use two components of Intermedix EMSystems™ for healthcare information sharing and coordination: 1) EMResource™ provides real-time healthcare system bed availability (HAVBED), and situational assessment reporting and broadcasting; and 2) EMTrack™ for patient tracking using triage tags or disposable bar-coded wristbands. These two systems support a common operating picture for Healthcare Coalitions, healthcare facilities and the DOH.

The extent of alert and notification of personnel, the healthcare system and other critical personnel involved in a public health emergency response depends on the nature of the event. The Health Alert Network (HAN) system allows the DOH to share and post information for response partners including Public Health Regional offices, healthcare facilities, and local and tribal jurisdictions. The HAN is used for the distribution of approved DOH messaging and is administered by the Bureau of Health Emergency Management (BHEM).

The DOH DOC SOGs and the Interoperable Communications Plan (functional annex to the DOH EOP) provide further guidance on information sharing.

Communications

The DOH DOC Communications Unit is the centralized point within the DOH for incident communications equipment and the transmission and receipt of information from field operations, off-site facilities, off-site agencies and other communication points. The Communications Unit is the responsibility of the Communications Unit Leader who reports to the Service Branch Director within the Logistics Section. Located within this unit are the various types of communications equipment, including, fax machines, radios, email, and others.

The DOH DOC Communications Unit Leader is responsible for receiving and transmitting messages to and from various federal, state, local/tribal and internal partners during an emergency or disaster. These messages may be transmitted or received via telephone, fax machine, various types of radios, teletype and telex machines, computers and other.

The extent of the DOH DOC staff communication and coordination with the field response depends on the nature of the event, the roles of local and state jurisdictions, and the entities involved at the field level. When direct communication and coordination from the DOH DOC to the field response is appropriate and possible, it is conducted along functional lines, e.g., DOH DOC Director to Incident Commander, PIO to PIO, on-scene state agency personnel to DOH EOCR, etc. DOC communication and coordination with Public Health Regional Offices, Regional Healthcare Coalitions (HCC), healthcare facilities and the Emergency Medical System (EMS) should be established and maintained for the duration of the event.

Communications Unit activities in preparation for and responding to public health emergencies, disasters and events are:

- the DOH EOCR at the NMEOC communicates with state agency dispatch centers as well as field representatives;
- the NMEOC and DOH DOC use standard phone communications systems. If situations warrant, alternate emergency communications equipment may be necessary;
- the New Mexico Department of Information Technology (DoIT) ensures that the Statewide Emergency Medical Services Communications System (EMSCOM) radio system, local government channels are operable and provide emergency repairs as necessary; and
- warning systems may be used, including micro-wave radio, news media, and the Emergency Alerting System (EAS), National Warning System (NAWAS) and amateur radio operators.

The DOH DOC SOGs and the Interoperable Communications Plan (Functional Annex #8 to the DOH EOP) provide further guidance for the Communications Unit.

Administration, Finance and Logistics

This Section of the DOH EOP outlines DOH administration and logistics requirements, documenting all emergency-related expenditures, assessing the extent of deaths and injuries during an incident, damage to property, and an accounting of property, personnel and equipment.

- During an emergency or disaster, some administrative requirements may be suspended, relaxed, or made optional. Further guidance is available in the DOH Continuity of Operations Plan (COOP) and DOH administrative policies.
- State and local emergency plans (including this DOH EOP) and SOGs include provisions for documenting all emergency-related expenditures in compliance with the NIMS ICS accounting procedures. Receipts, invoices, purchase orders, rental agreements, etc., serve as a basis for settlement of claims and support the State's request for supplemental federal assistance.
- The DOH divisions, bureaus and offices keep records on file that show both actual and estimated funds spent on emergency/disaster prevention, preparedness, response, and recovery activities.
- During increased readiness periods, designated DOH EOCs at the NMEOC and the DOH DOC ensure that property, personnel, supplies, equipment and vehicles are accounted for, protected, maintained and assigned to the appropriate locations.
- During increased readiness periods, all elements of state and local government agencies implement established resource controls to determine the availability, accessibility, source and quantity of required resources. They identify any additional emergency operations support requirements, through the DOH EOCs, to the NMEOC Director or to the DHSEM Secretary.
- State funding to meet the needs of local emergencies may be available.

The DOH DOC Administration/Finance and Logistic Sections are responsible for requesting, coordinating and tracking financial cost associated resources procured through the use of IMAS and EMAC during declared emergencies or disasters.

The DOH DOC SOGs provide further guidance for administration, finance and logistics.

Plan Development and Maintenance

This Section describes the procedures for maintaining and revising the DOH EOP, including its annexes and attachments. These plans are continuously evaluated and improved through a cycle of planning, organizing, training, equipping, exercising, evaluating, and taking corrective action. Plan development and maintenance follows guidance from the FEMA Comprehensive Preparedness Guide (CPG) 101, Version 2.0. This “whole community” planning process includes people with access and functional needs, children, and those with household pets and service animals, as well as volunteer, faith-based, non-profit and private sector organizations.

The responsibility for content development and plan writing primarily resides in BHEM, with input from subject matter experts or other health emergency planning partners. Various DOH divisions, bureaus, offices and other agencies with health related emergency responsibilities integrate their planning efforts under the leadership of BHEM in the development, maintenance, implementation, and testing of this DOH EOP. Following approval, the EOP is distributed to planning and response partners.

The DOH EOP is reviewed and approved by the:

1. BHEM Bureau Chief;
2. ERD, PHD, and SLD Division Directors;
3. DOH Office of General Counsel; and
4. Secretary of Health.

During plan development, requests for information, consultation on content or plan review are to be submitted through the BHEM Bureau Chief to the designated division contact, and shall allow at least two weeks lead time for thorough division review.

This EOP is implemented and evaluated during real-world events or simulated emergencies (exercises) to provide practical, controlled operational experience and training to emergency response personnel.

Requested changes are forwarded to the BHEM Planning Manager in writing to facilitate a formal change to the EOP. Periodic review and maintenance of the EOP is accomplished on the following schedule:

1. Annual review of this EOP, to include annexes, by the BHEM, with input from the DOH and non-DOH health, medical, and mortuary agencies. Other updates are incorporated as needed and applicable.
2. Update resource inventory lists semi-annually or as needed when there are significant changes.
3. After actual events or exercises, conduct debriefings (hot washes), draft after action reports, correct the plan/s and/or Standard Operating Guidelines (SOGs), and distribute changes within 45 days.
4. Maintain current DOH telephone notification lists with a minimum review of once every three months. Contact procedures and the phone numbers, for the NMEOC and the DOH EOCs, are updated immediately when changes occur.

Authorities and References

Authority for the DOH EOP and its Development

On February 28, 2003, the President issued Homeland Security Presidential Directive 5 (HSPD-5), "Management of Domestic Incidents," which directed the Secretary of Homeland Security to develop and administer a National Incident Management System (NIMS). The directive requires federal departments and agencies to make adoption of NIMS by state, tribal and local organizations a condition for federal preparedness assistance (through grants, contracts and other activities).

By Executive Order 2005-0014 signed March 9, 2005 by State of New Mexico Governor Bill Richardson, the Office of Emergency Management of the Department of Public Safety (currently the Department of Homeland Security and Emergency Management- DHSEM) is directed to "coordinate and implement a program for the establishment of the National Incident Management System and ensure integration of the concepts and principles of NIMS into all emergency planning and response in New Mexico."

Recognizing that preparedness is a shared responsibility, Presidential Policy Directive 8 (PPD-8): National Preparedness was signed by the President on March 30, 2011. PPD-8 requires the involvement of everyone ("whole community")—not just the government—in a systematic effort to keep the nation safe from harm and resilient when struck by hazards, such as natural disasters, acts of terrorism and pandemics.

The New Mexico DHSEM developed and promulgated the State EOP pursuant to the New Mexico All Hazard Emergency Management Act (AHEMA), § 12-10-4, New Mexico Statutes Annotated (1978). AHEMA provides in relevant part:

The governor shall have general direction and control of the activities of the homeland security and emergency management department and shall be responsible for carrying out the provisions of the All Hazard Emergency Management Act and, in the event of any man-made or natural disaster causing or threatening widespread physical or economic harm that is beyond local control and requiring the resources of the state, shall exercise direction and control over any and all state forces and resources engaged in emergency operations or related all hazard emergency management functions within the state.

§ 12-10-4.A, NMSA (1978). In carrying out the provisions of AHEMA, the governor is authorized to, among other things, "prepare a comprehensive emergency operations plan and program and to integrate the state emergency operations plan and program with the emergency operations plans and programs of the federal government and other states and to coordinate the preparation of emergency operations plans and programs by the political subdivisions of this state." § 12-10-4.B(4), NMSA (1978).

The DOH All-Hazard EOP is compliant with the DOH Administrative Services Division (ASD) Policies and Procedures, including ADM 02:114 All-Hazard Emergency Operations Plan (July 2010).

This DOH EOP is a department-level plan developed in accordance with the above authority as an integral part of the State Emergency Operations System. The DOH EOP is NIMS compliant in accordance with Executive Order 2005-0014.

References Used in Developing the DOH EOP

State Constitution

Article V. Executive Powers, Section 4. [Governor's executive power; commander of militia.] <http://sos.state.nm.us/pdf/2007nmconst.pdf>

State Statutes, Policy and Guidance

All Hazard Emergency Management Act, § 12-10-1, *et seq.*, NMSA (1978)

Chapter 20 – Military Affairs, Article 1 – General Provisions, §§ 20-1-1 through 20-1-8, NMSA (1978); Article 2 – Militia, §§ 20-2-1 through 2-1-8, NMSA (1978); and Article 4 – National Guard, §§ 20-4-1 through 20-4-14, NMSA (1978)

Disaster Acts [Provisional Appropriation for Disasters or Emergencies], §§ 12-11-23 through 12-11-25, NMSA (1978)

Intrastate Mutual Aid Act, § 12-10B-1, *et seq.*, NMSA (1978)

Public Health Emergency Response Act, § 12-10A-1, *et seq.*, NMSA (1978)

Public Health Act, § 24-1-1, *et seq.*, NMSA (1978)

State Executive Order 2005-0014: Designation of the National Incident Management System (NIMS) as the Basis for all Incident Management in the State.

DOH Administrative Services Division (ASD) Policy and Procedures:

1. ADM 02:114 (July 2010): All-Hazard Emergency Operations Plan
2. GMB 06:109 (July 2010): Program Compliance Responsibilities
3. ADM 02:146 (July 2010): Maintenance of Operations and Employee Health During Public Health Threats and Emergencies
4. ADM 02:145 (July 2009): Utilization of DOH Facilities During an Emergency

DOH Outbreak Investigation Guidelines (December 2012)

Federal Statutes, Policy and Guidance

Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public Law 93-288, as amended (April 2013), 42 U.S.C. 5121 *et seq.* (Located in United States Code, Title 42. The Public Health and Welfare, Chapter 68. Disaster Relief). <http://www.fema.gov/media-library/assets/documents/15271?id=3564>

Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA), Public Law No.113-5 (March 2013). <http://www.gpo.gov/fdsys/pkg/PLAW-113publ5/pdf/PLAW-113publ5.pdf>

Pandemic and All-Hazards Preparedness Act (PAHPA), Public Law No. 109-417 (December 2006). http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109_cong_public_laws&docid=f:publ417.109.pdf

Homeland Security Presidential Directive (HSPD) 5 (February 2003).
<http://www.training.fema.gov/EMIWeb/IS/ICSResource/assets/HSPD-5.pdf>

Presidential Policy Directive (PPD) 8 (March 2011). <http://www.dhs.gov/presidential-policy-directive-8-national-preparedness>

National Incident Management System (NIMS) (December 2008). U.S. Department of Homeland Security (DHS). http://www.fema.gov/pdf/emergency/nims/NIMS_core.pdf

National Response Framework (NRF) (May 2013). U.S. Department of Homeland Security (DHS). http://www.fema.gov/media-library-data/20130726-1914-25045-1246/final_national_response_framework_20130501.pdf

National Preparedness Goal (NPG) (September 2011). U.S. Department of Homeland Security (DHS). http://www.fema.gov/media-library-data/20130726-1828-25045-9470/national_preparedness_goal_2011.pdf

Comprehensive Preparedness Guide (CPG) 101: Developing and Maintaining Emergency Operations Plans, Version 2.0 (November 2010).
http://www.fema.gov/pdf/about/divisions/npd/CPG_101_V2.pdf

Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness (January 2012). Hospital Preparedness Program (HPP), Office of the Assistant Secretary for Preparedness and Response (ASPR), U.S. Department of Health and Human Services (HHS).
<http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/capabilities.pdf>

Public Health Preparedness Capabilities: National Standards for State and Local Planning (March 2011). Office of Public Health Preparedness and Response (OPHPR), Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services (HHS).
<http://www.cdc.gov/phpr/capabilities/index.htm>

Plans and Other Documents

State of New Mexico All-Hazard Emergency Operations Plan (State EOP)

State EOP Annex: Emergency Support Function (ESF) #8: Public Health and Medical Services

State of New Mexico Intrastate Mutual Aid System (IMAS) Implementation Guide (September 2007). <http://recovery.nmdhsem.org/cms/kunde/rts/recoverynmdhsemorg/docs/712284763-09-19-2007-10-55-25.pdf>.

After Action Reports and Improvement Plans (AAR/IP) from events and exercises

See **FUNCTIONAL ANNEXES**

See **HAZARD-SPECIFIC ANNEXES**

ATTACHMENTS

A. Acronyms

A

ACP	Access Control Point
AC	Area Command
AG	Attorney General
ARC	American Red Cross
ARES	Amateur Radio Emergency Services
ASD	Administrative Services Division (DOH)
ASPR	Assistant Secretary for Preparedness and Response, Office of (HHS)

B

BHEM	Bureau of Health Emergency Management (DOH)
BHSD	Behavioral Health Services Division (DOH)
BLM	Bureau of Land Management (U.S.)
BIA	Bureau of Indian Affairs (U.S.)

C

CAP	Civil Air Patrol
CAT	Crisis Action Team
CDC	Centers for Disease Control and Prevention
CEO	Chief Executive Officer
CEP	Civil Emergency Preparedness
CERCLA	Comprehensive Environmental Response, Compensation, and Liability Act
CFR	Code of Federal Regulations
CID	Construction Industries Division
CISM	Critical Incident Stress Management
COG	Continuity of Government
COOP	Continuity of Operations Plan
CRI	Cities Readiness Initiative
CYFD	Children, Youth and Families Department

D

DAC	Disaster Assistance Center
DAP	Disaster Assistance Program
DFA	Department of Finance & Administration
DFO	Disaster Field Office
DHS	Department of Homeland Security (U.S.)
DHSEM	Department of Homeland Security and Emergency Management
DMAT	Disaster Medical Assistance Team
DMORT	Disaster Mortuary Operational Response Team
DOC	Department Operations Center
DOD	Department of Defense
DOE	Department of Energy
DOH	Department of Health
DOT	Department of Transportation
DPS	Department of Public Safety
DSR	Damage Survey Report
DUA	Disaster Unemployment Assistance

E

EAS	Emergency Alert System
ECT	Emergency Coordination Team

ED	Environment Department
EDD	Economic Development Division
EMAC	Emergency Management Assistance Compact
EMC	Emergency Management Center
EMS	Emergency Medical Service
EMSB	Emergency Medical Systems Bureau
EMSCOM	Emergency Medical Services Communications System
EMT	Emergency Medical Technician
EMNRD	Energy, Minerals and Natural Resources Department
EOC	Emergency Operations Center
EOCR	Emergency Operations Center Representative
EOP	Emergency Operations Plan
EPA	Environmental Protection Agency
EPLO	Emergency Preparedness Liaison Officer
ERD	Epidemiology and Response Division
ERO	Emergency Response Officer
ERT-A	Emergency Response Team – Advance Element
ERTL	Emergency Response Team Leader
ESF	Emergency Support Function

F

FAA	Federal Aviation Administration
FBI	Federal Bureau of Investigation
FCO	Federal Coordinating Officer
FEMA	Federal Emergency Management Agency
FIA	Federal Insurance Administration
FMS	Federal Medical Station

G

GAR	Governor's Authorized Representative
GCO	Grant Coordinating Officer
GSD	General Services Department

H

HAN	Health Alert Network
HazMat	Hazardous Materials
HCC	Healthcare Coalition
HCO	Healthcare Organization
HHS	Health and Human Services, Department of (U.S.)
HMERP	Hazardous Materials Emergency Response Plan
HPP	Hospital/Healthcare Preparedness Program
HSD	Human Services Department

I

IC	Incident Commander
ICP	Incident Command Post
ICS	Incident Command System
IDEB	Infectious Disease and Epidemiology Bureau
IFG	Individual Family Grant
IMAS	Intrastate Mutual Aid System
ISO	Information Systems Officer

J

JFO	Joint Field Office
JIC	Joint Information Center
JIS	Joint Information System

K

KAFB Kirtland Air Force Base

L

LAN Local Area Network
 LEA New Mexico Law Enforcement Academy
 LEOC Local Emergency Operations Center
 LEPC Local Emergency Planning Committee
 LGH Local Government Handbook
 LTSD Long Term Services Division (DOH)

M

MAC Multi-Agency Coordination (Group or System)
 MCM Medical Countermeasures
 MOU Memorandum of Understanding
 MRC Medical Reserve Corps
 MSCA Military Support to Civil Authorities
 MTD Motor Transportation Division

N

NAWAS National Warning System
 NFIP National Flood Insurance Program
 NGO Non-Governmental Organization
 NIMS National Incident Management System
 NMANG New Mexico Air National Guard
 NMARNG New Mexico Army National Guard
 NMEOC New Mexico Emergency Operations Center (State EOC)
 NMBMMR New Mexico Bureau of Minerals and Mines Resources
 NMCD New Mexico Corrections Department
 NMDA New Mexico Department of Agriculture
 NMLB New Mexico Livestock Board
 NMNG New Mexico National Guard
 NMSA New Mexico Statutes, annotated
 NRF National Response Framework
 NRT National Response Team
 NTAS National Terrorism Advisory System
 NWC National Warning Center
 NWS National Weather Service

O

OCA Office of Cultural Affairs
 OGC Office of General Counsel
 OMI Office of the Medical Investigator
 ONRT Office of Natural Resource Trustee
 OSHA Occupational Safety and Health Act

P

PIO Public Information Officer
 PDA Preliminary Damage Assessment
 PHD Public Health Division (DOH)
 PHEP Public Health Emergency Preparedness
 PHERA Public Health Emergency Response Act
 PHS Public Health Services
 POC Point of Contact
 POD Point of Dispensing

PRC Public Regulatory Commission

R

RACES Radio Amateur Civil Emergency Services
 RADEF Radiological Defense
 REPS Regional Emergency Preparedness Specialist (PHD)
 RLD Regulation and Licensing Department
 ROC Regional Operations Center (PHD)
 RPP Radiological Protection Program
 RSS Receipt, Stage and Store (site)

S

SAR Search and Rescue
 SARA Super Amendment Reauthorization Act
 SARDA State and Regional Disaster Airlift
 SAT Situational Analysis Team
 SCM Survivable Crisis Management
 SCO State Coordinating Officer
 SEO State Engineer Office
 SEOP State Emergency Operations Plan
 SFHA Special Flood Hazard Area
 SITREP Situation Report
 SLD Scientific Laboratory Division (DOH)
 SNS Strategic National Stockpile
 SPO State Personnel Office
 SOG Standard Operating Guidelines
 SOP Standard Operating Procedures
 SRCA State Records Center and Archives

T

TAGNM The Adjutant General of New Mexico
 TRD Taxation and Revenue Department

U

UAC Unified Area Command
 UC Unified Command
 UCG Unified Coordination Group
 UHF Ultra-High Frequency
 UNM University of New Mexico
 UNMH University of New Mexico Hospital
 USDA United States Department of Agriculture
 USGS United States Geological Survey

V

VA U.S. Department of Veterans Affairs
 VHA Veterans Health Administration (U.S. Dept. of Veterans Affairs)
 VHF Very High Frequency
 VOAD Volunteer Organizations Active in Disaster

W

WIPP Waste Isolation Pilot Plant
 WSMR White Sands Missile Range

B. DOH EOP Format

DOH All-Hazards Emergency Operations Plan: (Basic Plan)

Introduction

Purpose, Scope, Situations, Assumptions

Concept of Operations

Organization, Responsibilities

Direction, Control, Coordination

Information Sharing

Communications

Administration, Finance, Logistics

Plan Development, Maintenance

Authorities, References

Attachments:

- A. Acronyms
- B. DOH EOP Format
- C. Populations
- D. Maps
- E. Public Health and Healthcare Preparedness Capabilities

Functional Annexes:

1. Risk Communication Plan
2. Medical Countermeasures Plan
3. Mass Fatality Plan
4. Threat and Hazard Identification and Risk Assessment (THIRA)
5. Continuity of Operations Plan (COOP)
6. Volunteer Management Plan
7. Access and Functional Needs Plan
8. Interoperable Communications Plan
9. Recovery Plan
10. DOC Standard Operating Guidelines (SOG)
11. PHD Regional Coordination Plans
12. DOH EOCR SOG
13. ESF 8 Public Health and Medical Services

Hazard-Specific Annexes:

- A. Bioterrorism
Anthrax/Suspicious Powder, Plague, Smallpox, Tularemia, Botulism, Viral Hemorrhagic Fever, Ricin
- B. Chemical Emergencies
chlorine, nerve agents...
- C. Radiation Emergencies
Dirty bombs, nuclear blasts, acute radiation syndrome...
- D. Mass Casualties
Explosions, blasts, injuries...
- E. Natural Disasters
Winter Storm, Wildfire, Flood, Tornado/Wind, Earthquake
- F. Outbreaks
Pandemic Influenza, Coronavirus, Waterborne Illness

C. Populations

1. New Mexico Population by County

County	2010 (actual)	2012 (estimated)
Bernalillo	662,564	673,460
Catron	3,725	3,658
Chaves	65,645	65,784
Cibola	27,213	27,334
Colfax	13,750	13,223
Curry	48,376	49,938
De Baca	2,022	1,927
Doña Ana	209,233	214,445
Eddy	53,829	54,419
Grant	29,514	29,388
Guadalupe	4,687	4,603
Harding	695	707
Hidalgo	4,894	4,794
Lea	64,727	66,338
Lincoln	20,497	20,309
Los Alamos	17,950	18,159
Luna	25,095	25,041
McKinley	71,492	73,016
Mora	4,881	4,705
Otero	63,797	66,041
Quay	9,041	8,769
Rio Arriba	40,246	40,318
Roosevelt	19,846	20,419
Sandoval	131,561	135,588
San Juan	130,044	128,529
San Miguel	29,393	28,891
Santa Fe	144,170	146,375
Sierra	11,988	11,895
Socorro	17,866	17,603
Taos	32,937	32,779
Torrance	16,383	16,021
Union	4,549	4,431
Valencia	76,569	76,631
TOTAL	2,059,179	2,085,538

Source:
U.S. Census
Bureau

2. Tribal Populations

Indian Nation or Pueblo	County	Pop
Acoma Pueblo	Cibola	2,802
Cochiti Pueblo	Sandoval	1,502
Isleta Pueblo	Bernalillo	3,166
Jemez Pueblo	Sandoval	1,958
Jicarilla Apache Nation	Rio Arriba	2,755
Laguna Pueblo	Cibola	3,815
Mescalero Apache Nation	Otero	3,156
Nambe Pueblo	Santa Fe	1,764
Navajo Nation (NM portion)	San Juan, McKinley, Cibola	44,636
Picuris Pueblo	Taos	1,801
Pojoaque Pueblo	Santa Fe	2,712
San Felipe Pueblo	Sandoval	3,185
San Ildefonso Pueblo	Santa Fe	1,524
Ohkay Owingeh/ San Juan Pueblo	Rio Arriba	6,748
Sandia Pueblo	Sandoval	4,414
Santa Ana Pueblo	Sandoval	487
Santa Clara Pueblo	Rio Arriba	10,658
Santo Domingo Pueblo	Sandoval	3,166
Taos Pueblo	Taos	4,484
Tesuque Pueblo	Santa Fe	806
Zia Pueblo	Sandoval	646
Zuni Pueblo (NM portion)	McKinley	7,758
TOTAL		113,943

Source: U.S. Census Bureau

3. New Mexico Population by Disability Status

Subject	With a Disability	% With a Disability	Without a Disability	% Without a Disability	Total Population	% of Total Population	Sample Size
Population	Total	% of Population	Total	% of Population	Total	% Ages 5+	Sample Size
Ages 5+	293,980	16.4%	1,493,720	83.6%	1,787,700	N/A%	14,470
Ages 21-64	162,860	14.7%	942,990	85.3%	1,105,850	61.9%	9,042
Ages 16-64	174,280	13.9%	1,079,550	86.1%	1,253,830	70.1%	9,980
Demographics -- Ages 21-64	Total	% of Ages 21-64 w/ Disability	Total	% of Ages 21-64 w/o Disability	Total	% of Ages 21-64	Sample Size
Male	82,640	50.7%	455,960	48.4%	538,600	48.7%	4,477
Female	80,220	49.3%	487,030	51.6%	567,250	51.3%	4,565
White	113,160	69.5%	676,630	71.8%	789,790	71.4%	8,589
Non-White	49,700	30.5%	266,360	28.2%	316,060	28.6%	453
Hispanic	71,320	43.8%	396,970	42.1%	468,290	42.3%	525
Non-Hispanic	91,540	56.2%	546,020	57.9%	637,560	57.7%	8,517
Education -- Ages 21-64	Total	% of Ages 21-64 w/ Disability	Total	% of Ages 21-64 w/o Disability	Total	% of Ages 21-64	Sample Size
Less Than High School Degree	35,960	22.1%	131,680	14.0%	167,640	15.2%	610
High School Degree (Including GED)	54,610	33.5%	263,090	27.9%	317,700	28.7%	2,921
Some College or Associate's degree	49,710	30.5%	302,110	32.0%	351,820	31.8%	3,435
Bachelor's Degree or Higher	22,580	13.9%	246,110	26.1%	268,690	24.3%	2,076
Labor Force Participation -- Ages 16-64	Total	% of Ages 16-64 w/ Disability	Total	% of Ages 16-64 w/o Disability	Total	% of Ages 16-64	Sample Size
Employed	67,360	38.7%	784,430	72.7%	851,790	67.9%	7,653
In Labor Force, Not Employed *	10,410	6.0%	51,200	4.7%	61,610	4.9%	4,449
In Labor Force	77,770	44.6%	835,620	77.4%	913,390	72.8%	7,936
Labor Force Participation -- Ages 21-64	Total	% of Ages 21-64 w/ Disability	Total	% of Ages 21-64 w/o Disability	Total	% of Ages 21-64	Sample Size
Employed	63,710	39.1%	727,540	77.2%	791,250	71.6%	7,152
In Labor Force, Not Employed *	8,930	5.5%	39,100	4.1%	48,030	4.3%	3,456
In Labor Force	72,640	44.6%	766,640	81.3%	839,280	75.9%	7,377
Transportation to Work -- Ages 21-64	Total	% of Employed, Ages 21-64 w/ Disability	Total	% of Employed, Ages 21-64 w/o Disability	Total	% of Employed, Ages 21-64	Sample Size
Employed, Not Currently at Work	4,520	7.1%	18,020	2.5%	22,540	2.8%	242
Work at Home	3,410	5.4%	33,050	4.5%	36,460	4.6%	363
Car, Truck or Van	51,840	81.4%	644,870	88.6%	696,710	88.1%	6,047
Mass Transit	1,260	2.0%	6,250	0.9%	7,510	0.9%	99
Other	2,690	4.2%	25,340	3.5%	28,030	3.5%	401

Travel Time to Work -- Employed, Ages 21-64	Total	% of Employed, Ages 21-64 w/ Disability	Total	% of Employed, Ages 21-64 w/o Disability	Total	% of Employed, Ages 21-64	Sample Size
Employed, Not Currently at Work	4,520	7.1%	18,020	2.5%	22,540	2.8%	242
Work at Home	3,410	5.4%	33,050	4.5%	36,460	4.6%	363
1-15 Minutes	28,430	44.6%	359,360	49.4%	387,790	49.0%	4,611
16-30 Minutes	18,010	28.3%	214,080	29.4%	232,090	29.3%	1,088
31-60 Minutes	8,120	12.7%	87,420	12.0%	95,540	12.1%	11,140
More Than an Hour	1,220	1.9%	15,600	2.1%	16,820	2.1%	2,052
% of Poverty Level -- Ages 5+	Total	% of Population w/ Disability	Total	% of Population w/o Disability	Total	% of Ages 5+	Sample Size
Below 100%	67,350	22.9%	244,860	16.4%	312,210	17.5%	1,114
100%-149%	43,410	14.8%	156,420	10.5%	199,830	11.2%	1,065
150%-199%	36,010	12.2%	157,040	10.5%	193,050	10.8%	1,304
200%-299%	52,380	17.8%	264,530	17.7%	316,910	17.7%	2,809
300%-399%	31,840	10.8%	201,670	13.5%	233,510	13.1%	2,337
400%-499%	21,690	7.4%	145,060	9.7%	166,750	9.3%	1,811
500%+	41,300	14.1%	324,140	21.7%	365,440	20.4%	4,030
Lived at Current Location One Year Ago -- Ages 5+	Total	% of Population w/ Disability	Total	% of Population w/o Disability	Total	% of Ages 5+	Sample Size
Yes, same house (non-movers)	255,100	86.8%	1,231,410	82.4%	1,486,510	83.2%	12,416
No, different house in US	38,880	13.2%	262,310	17.6%	301,190	16.8%	2,054
Language Other than English at Home -- Ages 5+	Total	% of Population w/ Disability	Total	% of Population w/o Disability	Total	% of Ages 5+	Sample Size
No, speaks only English	176,290	60.0%	967,750	64.8%	1,144,040	64.0%	13,635
Yes, speaks another language	117,690	40.0%	525,960	35.2%	643,650	36.0%	835

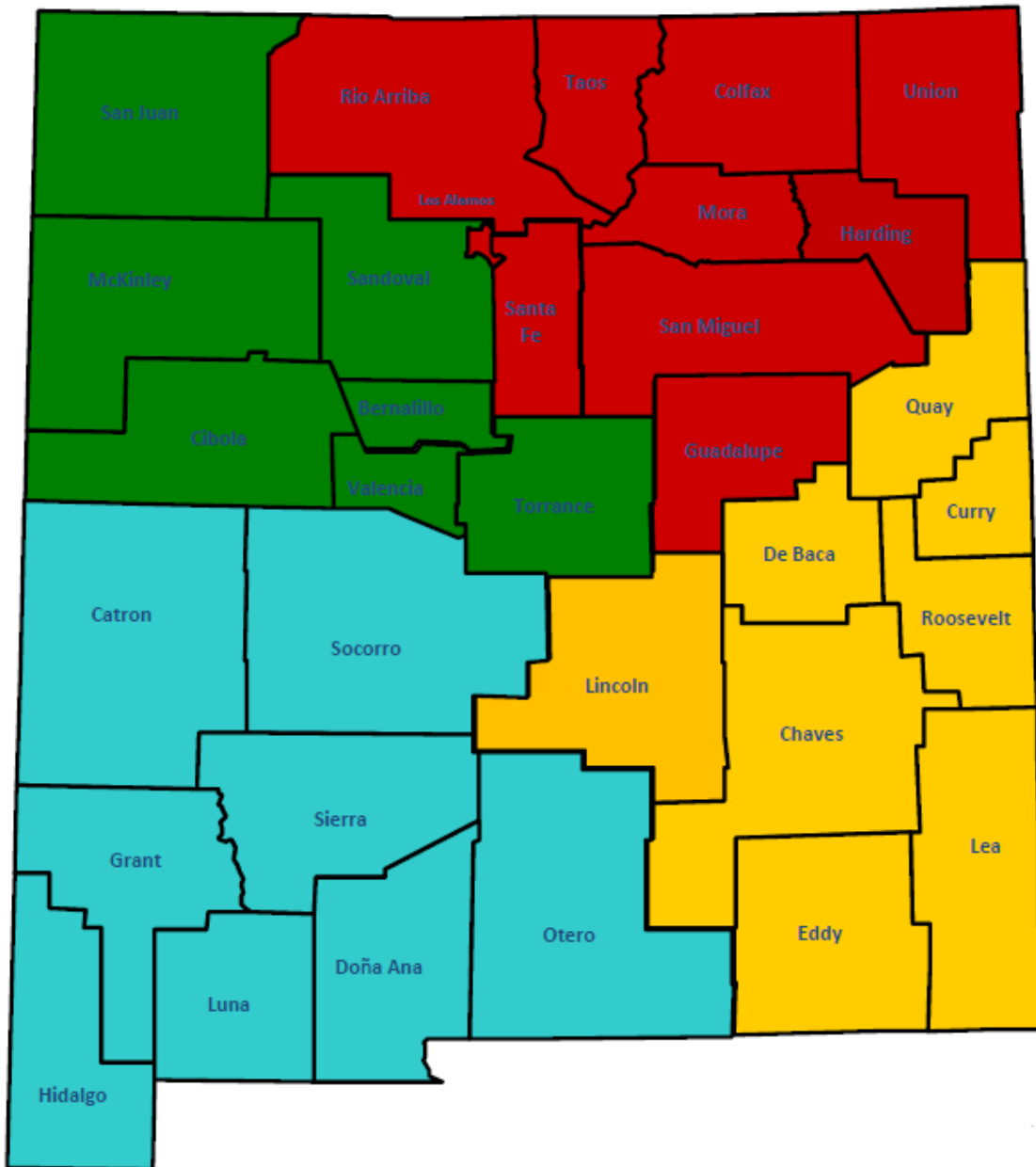
* NOTE that the percentages in the rows for the Labor Force, Not Employed individuals are NOT to be confused with unemployment rate. The unemployment rate is the percentage of individuals in the labor force who are not employed. The percentages in the rows are calculated for individuals 16-64 and individuals 21-64, regardless of labor force participation. To calculate the unemployment rate, which is NOT provided in the tables, divide the number of people who are unemployed by the number of people in the labor force, for each population of interest.

Note: Population does not include residents of institutional and noninstitutional group quarters.

Source: Disability Population Statistics for New Mexico, From Pooled 2005-2007 ACS PUMS Data. http://disabilityplanningdata.com/site/state_population_table.php?state=newmexico

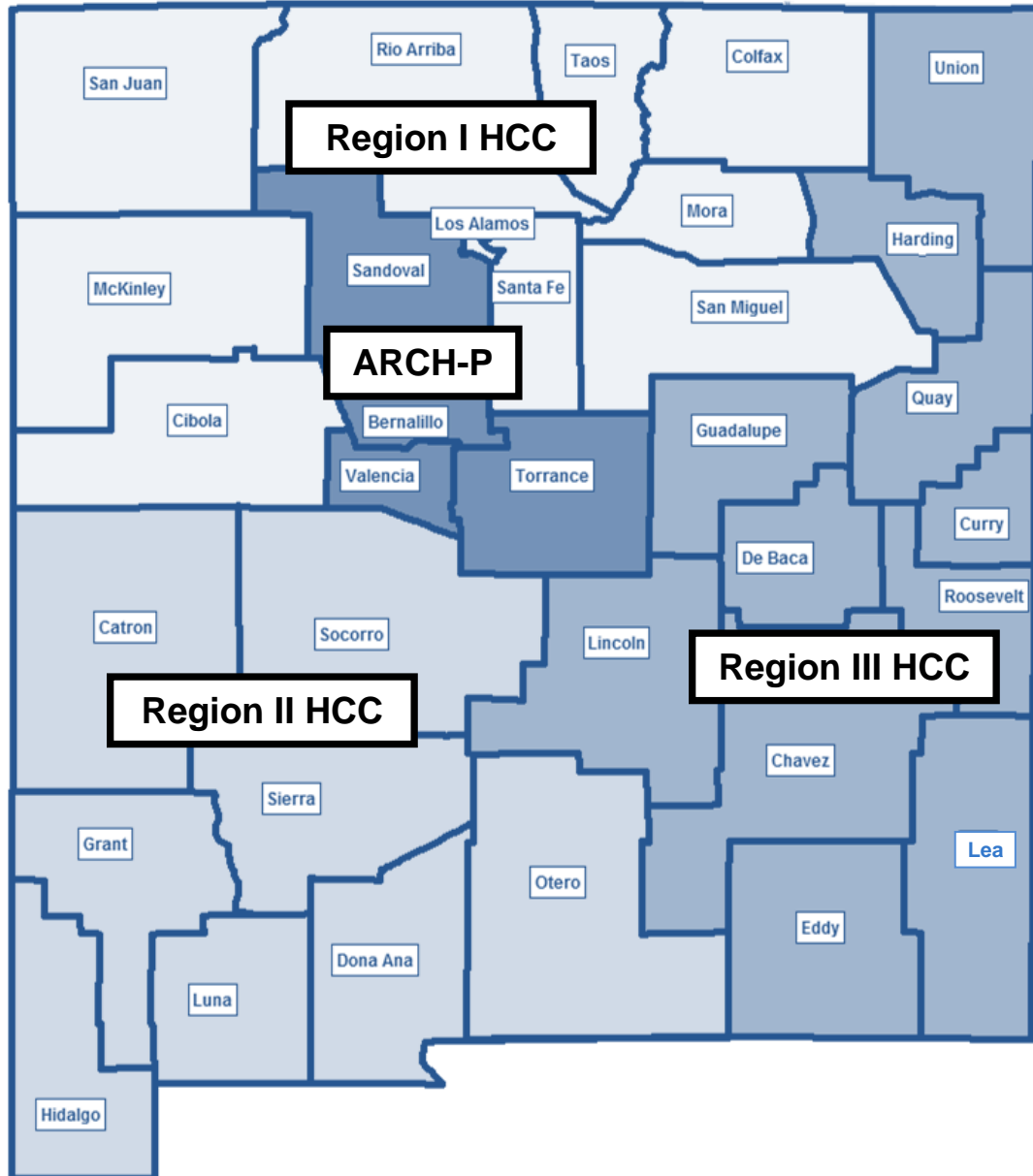
D. Maps

1. NM DOH Public Health Division Regions



PHD Region Name	Counties within the PHD Region
Northwest Region	San Juan, McKinley, Cibola, Bernalillo, Sandoval, Torrance, Valencia
Southwest Region	Catron, Socorro, Grant, Sierra, Hidalgo, Luna, Doña Ana, Otero
Northeast Region	Rio Arriba, Taos, Colfax, Union, Los Alamos, Santa Fe, Mora, San Miguel, Guadalupe, Harding
Southeast Region	Quay, DeBaca, Curry, Lincoln, Roosevelt, Chaves, Eddy, Lea

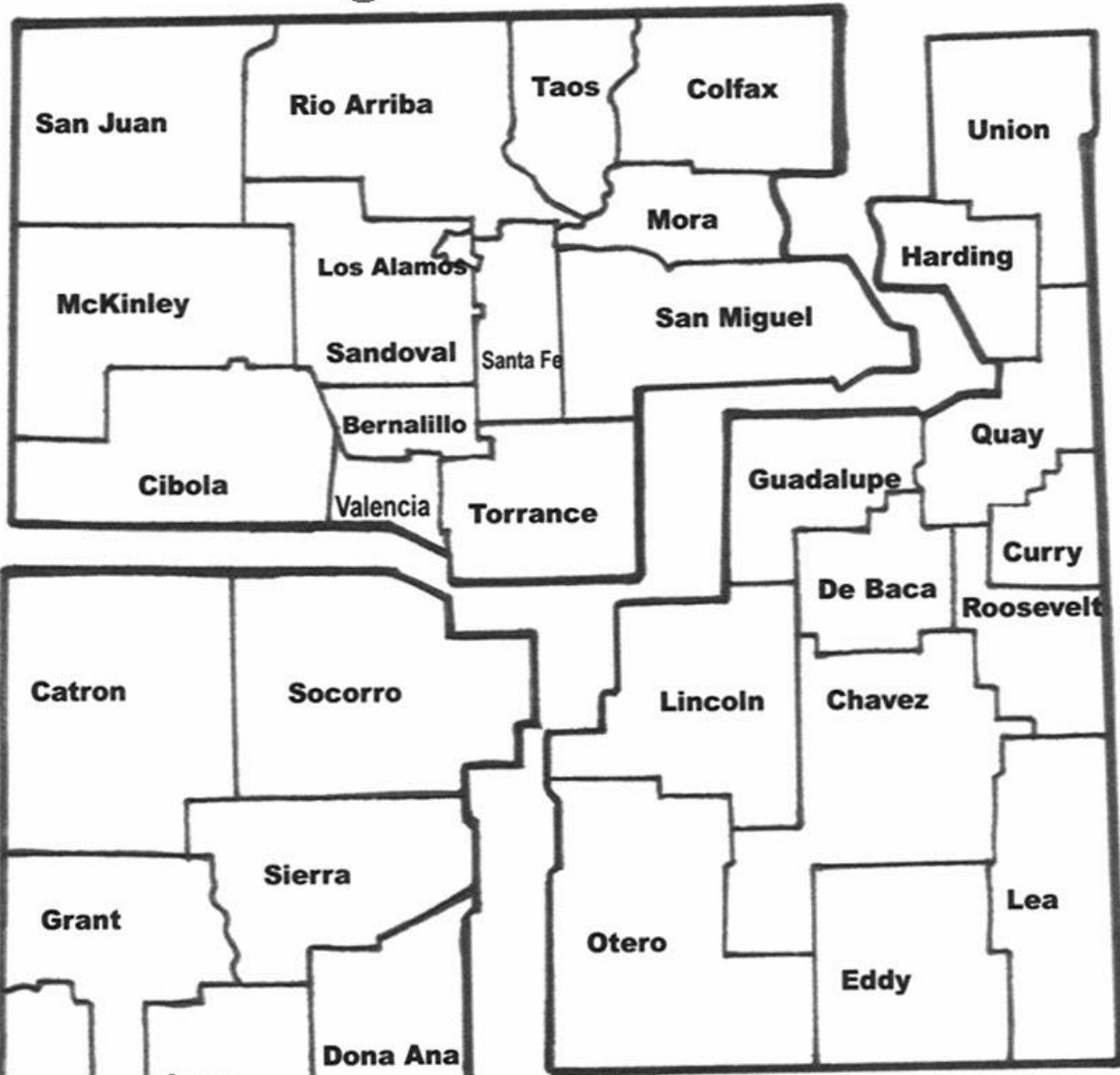
2. New Mexico Healthcare Coalitions



Healthcare Coalition (HCC) Name	Counties within the HCC
Region I HCC	San Juan, McKinley, Cibola, Rio Arriba, Taos, Colfax, Los Alamos, Santa Fe, Mora, San Miguel
Region II HCC	Catron, Socorro, Grant, Sierra, Hidalgo, Luna, Doña Ana, Otero
Region III HCC	Union, Guadalupe, Harding, Quay, DeBaca, Curry, Lincoln, Roosevelt, Chaves, Eddy, Lea
Albuquerque Regional Coalition for Healthcare Preparedness (ARCH-P)	Bernalillo, Sandoval, Torrance, Valencia

3. EMS Regions

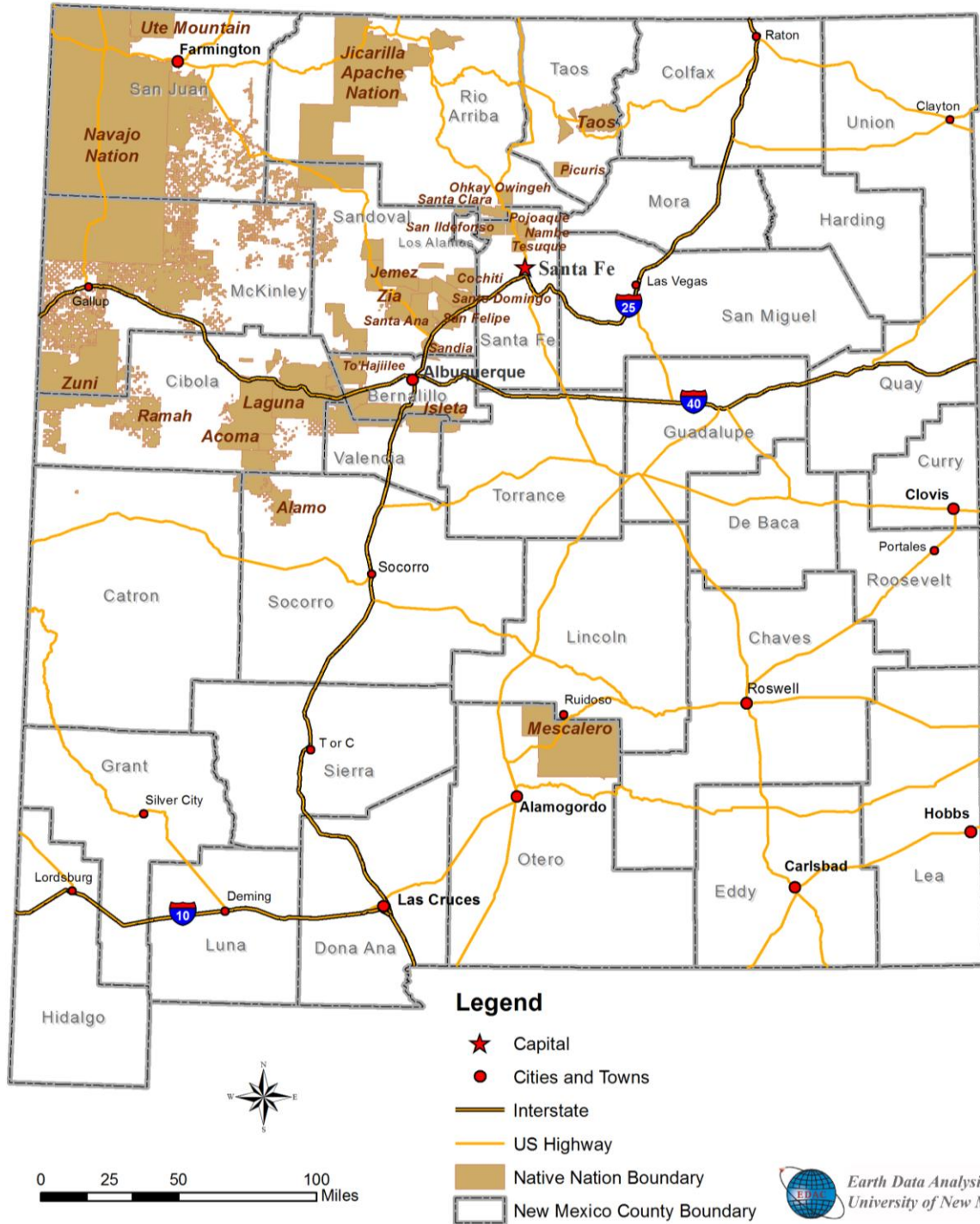
Region I



Region II

Region III

4. Tribal Lands



E. Public Health and Healthcare Preparedness Capabilities



Public Health Preparedness Capabilities (CDC/PHEP)



Healthcare Preparedness Capabilities (ASPR/HPP)

- | | |
|--|--------------------------------------|
| 1. Community Preparedness | 1. Healthcare System Preparedness |
| 2. Community Recovery | 2. Healthcare System Recovery |
| 3. Emergency Operations Coordination | 3. Emergency Operations Coordination |
| 4. Emergency Public Information and Warning | |
| 5. Fatality Management | 5. Fatality Management |
| 6. Information Sharing | 6. Information Sharing |
| 7. Mass Care | |
| 8. Medical Countermeasure Dispensing | |
| 9. Medical Materiel Management and Distribution | |
| 10. Medical Surge | 10. Medical Surge |
| 11. Non-Pharmaceutical Interventions | |
| 12. Public Health Laboratory Testing | |
| 13. Public Health Surveillance & Epidemiological Investigation | |
| 14. Responder Safety and Health | 14. Responder Safety and Health |
| 15. Volunteer Management | 15. Volunteer Management |

FUNCTIONAL ANNEXES

The following Functional Annex documents focus on critical operational functions and who is responsible for carrying them out. These annexes clearly describe the policies, processes, roles, and responsibilities that agencies and departments carry out before, during, and after any emergency. While the EOP Basic Plan provides broad, overarching information relevant to the EOP as a whole, these annexes focus on specific responsibilities, tasks, and operational actions that pertain to the performance of a particular emergency operations function. These annex documents are developed and maintained as stand-alone documents aligned with the DOH All-Hazard EOP (Basic Plan).

- 1. Risk Communication Plan**
- 2. Medical Countermeasures (MCM) Plan**
- 3. Mass Fatality Plan**
- 4. Threat and Hazard Identification and Risk Assessment**
- 5. Continuity of Operations Plan (COOP)**
- 6. Volunteer Management Plan**
- 7. Access and Functional Needs Plan**
- 8. Interoperable Communications Plan**
- 9. Recovery Plan**
- 10. DOC Standard Operating Guidelines (SOG)**
- 11. PHD Regional Coordination Plans**
- 12. DOH EOCR SOG**
- 13. Emergency Support Function (ESF) #8: Public Health and Medical Services**

HAZARD-SPECIFIC ANNEXES

These plans identify and describe the hazard (from the EOP functional annex: Threat and Hazard Identification and Risk Analysis) with a response that refers the reader to the appropriate Functional Annex/s. The contents of hazard-specific annexes focus on the special planning needs generated by the subject hazard. These annex plans are developed and maintained as stand-alone documents aligned with the DOH All-Hazard EOP (Basic Plan).

A. Bioterrorism

1. Anthrax/Suspicious Powder
2. Botulism
3. Plague
4. Ricin
5. Smallpox
6. Tularemia
7. Viral Hemorrhagic Fever (VHF)

B. Chemical Emergencies

1. Chlorine
2. Nerve agents
3. Chemical Water Contamination

C. Radiation Emergencies

1. Dirty bombs, nuclear blasts, acute radiation syndrome...

D. Mass Casualties

1. Explosions, blasts, injuries...

E. Natural Disasters

1. Winter Storm
2. Wildfire
3. Flood
4. Tornado/Wind
5. Earthquake

F. Outbreaks

1. Pandemic Influenza
2. Coronavirus
3. Waterborne Illness