

KINGDOM OF CAMBODIA

NATION – RELIGION - KING



CAMBODIA

**Emergency Operations Centre
and
Incident Management System
Standard Operating Procedures**

August 2019

PREFACE

The kingdom of Cambodia has promulgated the Law on Disaster Management whose goals are prevention, adaptation and mitigation in the pre-disaster period, due to natural or human-made causes; emergency response during the disaster; and recovery in the post-disaster period. The ministries-institutions of the Royal Government shall establish a disaster management mechanism in their respective ministries-institutions and assign a focal point for regular coordination and communication with the Secretariat-General of the National Committee for Disaster Management.

In line with this law and to respond to public health emergencies with potential effects on human health, tourism and national economies, the Communicable Disease Control Department of the Ministry of Health in close collaboration with the World Health Organization has prepared these standard operating procedures to respond to public health emergencies to be implemented at both national and sub-national levels. Collaboration with other ministries, institutions, development partners and related partners as well as local communicable disease control experts are essential.

These standard operating procedures for public health emergencies will define roles and responsibilities of the Communicable Disease Control Department and staff in case of emergencies as well as those of ministries, institutions, development partners and officials working at Provincial, Operational District, Hospital and Health Center levels. Related forms for staff support in planning development and implementation and preparation of their documented activities are also attached.

These standard operating procedures will be activated when public health emergencies require a coordinated response beyond the day-to-day activities of the Communicable Disease Control Department or as required by the Ministry of Health.

Phnom Penh, ...28th August 2019



Prof. ENG HUOT
SECRETARY OF STATE

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KEY TERMS AND ABBREVIATIONS

AAR	After Action Review
CamEWARN	Cambodia Early Warning System
CDC	Communicable Disease Control (Department of the Ministry of Health)
Emergency	Any actual threat to public health and/or safety that requires an immediate intervention
EMT	Emergency Medical Team
EOC	Emergency Operations Centre. A physical space where representatives of multiple agencies work together to harmonise and coordinate their actions during an emergency. Each agency represented in an EOC may also have an Operations Room operating within its own agency (see below).
Hazard	Any potential threat to public health and/or safety
IHR	International Health Regulations (2005)
IM	Incident Manager
IMT	Incident Management Team
IMS	Incident Management System
MoH	Ministry of Health (Cambodia)
NCDM	National Committee for Disaster Management
PHE	Public Health Emergency. Any threat to public health and safety for which overall authority, leadership and direction is assigned to the health sector. The threat may be entirely health related (an epidemic) or part of a wider event (an outbreak during a natural disaster)
Sitrep	Situational Report
SOP	Standard Operating Procedures. Definition of the actions to be taken by institutions, agencies, departments and programmes during an emergency.
UNCT	United Nations Country Team
WHO	World Health Organization

INTRODUCTION

An Emergency Operations Centre (EOC) is a physical location for the coordination of information and resources to support the management of public health events. Experience and research has shown that timely implementation of an EOC provides an essential platform for the effective management of public health emergencies.

The EOC must be part of a comprehensive programme of public health emergency preparedness, planning and capacity building and is one of the International Health Regulations (IHR) 2005 core capacities. Such a programme includes, but is not limited to:

- Prevention and mitigation of hazards
- Enhancing readiness by planning for and stockpiling response resources
- Establishing related institutional and technical capacities and capabilities (e.g. laboratories, and rapid response teams)
- Implementing public health surveillance programmes
- Financial and logistic support
- Enhancing environmental health programmes
- Engaging communities.

Whilst the EOC provides a key location for decision-making, it is the multi-disciplinary team of experts who work together within it that is crucial to the effective management of events with potential public health impact. The Incident Management System (IMS) is the structure used in Cambodia to organise the identified experts into an Incident Management Team (IMT) appropriate for the particular event. This structure provides a predictable, clear, scalable and practical mechanism through which public health events can be managed.

PURPOSE AND OBJECTIVES OF THIS DOCUMENT

The purpose of this Standard Operating Procedures (SOP) document is to clarify the role of the EOC and IMS/IMT in order to strengthen the coordination of the public health emergency management system in Cambodia.

This document contains instructions for activating, operating and maintaining the EOC and its functions including information systems and communication technologies, to achieve a predictable, standardized, desired result within the overall process of emergency, and day-to-day operations. This SOP also details the role of the IMS critical functions and provides a recording framework through which to monitor event progress.

The objectives of this SOP are:

- To outline the role of the EOC manager in maintaining the EOC in day-to-day operations, as well as during activation
- To identify the role of the EOC and the IMS/IMT in public health emergency management
- To identify EOC activation criteria
- To identify the roles and responsibilities of each IMT member during EOC activation
- To provide a recording framework through which to monitor event progress.

SCOPE

This document, and these structures and procedures have been designed using an all-hazards approach, and are to be used in preparation for and response to all kinds of events affecting public health at all levels.

The IMS structure has been designed to be flexible and scalable so that it is able to be employed for small and large events, at national and sub-national levels, for public health events, and for events that may directly or indirectly impact on public health, such as natural disasters. The IMS can be either fully or partially populated, depending on the event and scale of response required. It can accommodate a localized provincial-level response team, as well as mass surge response, including international deployments. It provides structure for response to common known hazards, as well as to emerging and unknown hazards.

Critical judgment must be used in deciding how to employ the procedures contained in this document to each specific hazard. As more evidence is generated, hazard-specific material will be annexed to this document.

AUDIENCE

This document is to be used by EOC management, and personnel who become IMT members to fill the IMS critical functions from various entities, including departments of the Ministry of Health (MoH), national programs of MoH, relevant Ministries and Government structures, and development partners who may provide support in managing a public health emergency.

Whilst the national EOC is positioned in Phnom Penh, the goal is to establish sub-national EOCs with corresponding IMS structures in the other 24 provinces by 2020. Although the infrastructural and technological resources may differ in these EOCs, the principles of operation and of IMS establishment and function will remain the same, with critical judgment to be used to determine how to adapt certain processes or roles for provincial level for each event.

SUPPORTIVE DOCUMENTATION

This SOP should be considered alongside global guidelines for emergency preparedness and response, hazard-specific evidence, and documentation developed in Cambodia specific to the Cambodian context, including scenario-specific SOPs.

Annex 1 contains a list of these supportive documents, and how to locate these.

KEY COMPONENTS OF AN EOC

An EOC is a combination of specially equipped rooms and information systems administered and supervised by EOC operations staff. It supports the monitoring and assessment of, and the response to, public health events, and facilitates domestic coordination and international collaboration during public health events, emergencies and daily operations.

- **Plans and procedures:** The EOC provides a physical work space, but it is coordination through IMS implementation and activation of associated SOPs that leads to effective incident management and response.

- **Physical infrastructure:** EOC facilities are multi-function spaces featuring work space, meeting space, and advanced telecommunications and presentation capability.
- **Information and communications technology infrastructure:** EOC technological solutions incorporate both hardware and software systems, sub-national, national, regional and global telecommunications, and all aspects of information management and sharing.
- **Information systems and data:** Managing emergency response and recovery operations involves event-specific, incident management and contextual data. All of this information needs to be managed and shared in a coordinated manner, so that it can be accessed by the EOC users and field responders. The IMT in the EOC selectively provides access to relevant data and information in a timely manner.
- **Human resource:** Competent and trained personnel are crucial to the achievement of the EOC objectives and functions. Human resources for maintaining and operating the EOC include both routine and surge staff.

EOC IN CAMBODIA

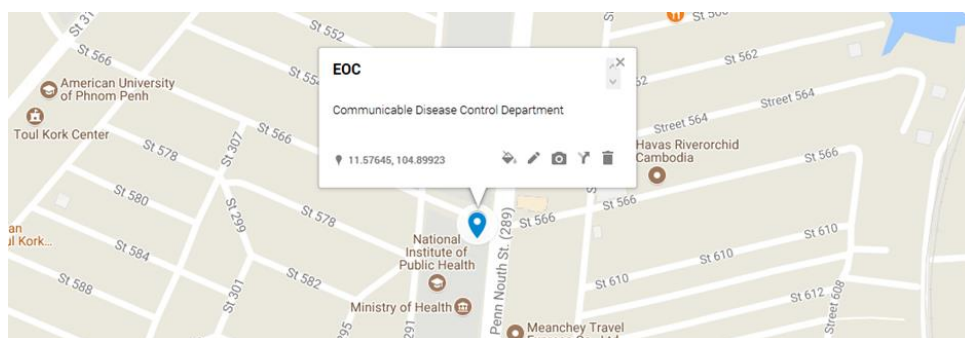
Address (Map in Figure 1):

Communicable Disease Control (CDC) Department, Ministry of Health in Cambodia
Lot#: 80, 289 Samdach Penn Nouth St. (289), Phnom Penh.

Contact:

Phone: 012 825 424 (Dr Ly Sovann, Director of CDC)
012 738 394 (Mr Sok Samnang, Deputy Director of CDC)
Email: cdc moh@gmail.com
Website: <http://www.cdcmoh.gov.kh/>

Figure 1: Map of EOC Cambodia location

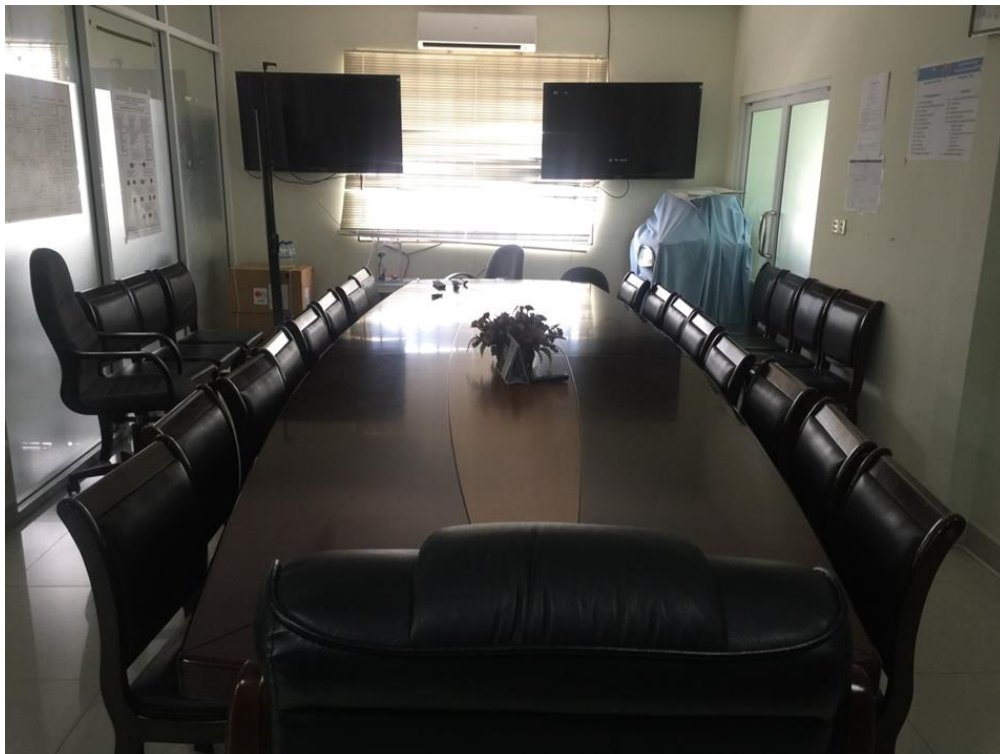


KEY ASSETS IN THE EOC IN CAMBODIA

- Large displays (two 60" LED screen) and LCD Screen
- Route computer output to large displays
- High-definition Webcam (video conferencing capability)
- Sound recorder and portable speaker (audio conferencing capability)
- Bluetooth speaker
- White board and markers

- Meeting table and chairs
- Two air conditioners
- High-speed internet connection
- Laptops and desktops
- Portable speaker
- Camera, video and tripod
- LCD projector with slide
- Power backup 120,000 mAh.

Picture 1: Cambodia EOC



EOC ROOM MANAGEMENT

Under the supervision of the CDC Director during routine activities, and the Incident Manager (IM) during an event, the EOC Manager is a dedicated CDC staff member who ensures the smooth functioning of the EOC during routine work, preparedness and readiness activities, and also during emergencies.

The key activities of the EOC Manager, and the frequency with which they are to be performed during either routine or emergency contexts, are described in Table 1.

Table 1: Key activities of the EOC Manager

Activities	Routine	During Emergencies
Review and ensure that the latest versions of this SOP is circulated to all potential IMT members, and hard-copies are kept within the EOC, and that any amendments or exemptions to the SOP are disseminated to all concerned	Monthly	As changes necessitate
Test all electrical, IT and communications systems to ensure they function efficiently, including telephone/fax lines and internet connection	Every 2 weeks	Daily
Work with support staff and IMT members to ensure that data displays are updated and accessible prior to meetings	As required	Daily
Maintain a close working relationship with all administrative and support units in the MOH, as well as external supporting Ministries and partners	Ongoing	Ongoing
Obtain supplies / equipment and assign support staff (secretaries, technicians) to assist members of the IMT with: <ul style="list-style-type: none"> - Tracking systems to monitor travel and staff movements, recruitment, supplies and procurement and finances - Information management systems such as electronic databases, displays, document filing, document circulation, photocopying and scanning services, information packs, reference library, uploading documents to website, etc. 	Monthly	Daily

EOC IN EMERGENCY OPERATIONS

The primary function of the EOC during significant emergencies is to:

- Provide the centralized location from which the IMT can be briefed and coordinated.
- Provide a work space for dedicated IMS functional area leaders and teams
- Facilitate the receipt, collection, collation, display, analysis and storage of contextual data and operational information about incidents
- Support communication and coordination between the EOC and internal and external partners, networks and experts.
- Identify and track resources for supporting the operation process, including surge capacity, services and materials to support all EOC functions.

EOC ACTIVATION

Based on the extent and complexity of emergencies with public health and humanitarian consequences, the EOC will be activated at different levels as necessary to meet the demands of the emergency response actions of the IMT.

The appropriate level of EOC activation, the required staffing level and times necessary to manage an event or emergency are determined by the Incident Manager, in consultation with senior management from other Ministries, key partners and stakeholders.

Table 2 indicates the three levels of activation, and the appropriate level EOC and IMS activity congruent with each activation level.

Table 2: EOC activation levels

Level 1	Level 2	Level 3
The IMT and EOC Manager are in a constant state of readiness, prepared to support the escalation of activities as required. The IMT closely monitors the evolution of events, conducts operational support assessments, and risk assessments, and continuously analyses early warning systems.	Partial activation, resulting in extended hours. Functional operation areas of the IMS are activated in the EOC, but depending on the event, it is possible that not all critical functions are activated, and may remain on standby.	Full-scale activation with continuous hours (24 hours per day), full IMS activation and potentially also additional staff required.

EOC activation is communicated to IMS functions, and other relevant departments, Ministries and health partners using the hazard-specific contact lists in Annex 2.

ACTIVATION TRIGGERS

There are a number of factors which influence when the EOC is activated, and at what level. Whilst activation triggers are listed below, critical judgement must be used in making this decision.

The level of EOC activation is not static; it can increase or decrease as the event develops. As new information is received and ongoing risk assessments are conducted, changes in availability of human and other resources, and contextual changes, such as political sensitivities, rumours and shifting security situation, the level of activation should be reviewed, and changed as appropriate.

Whenever there is a change in activation status, this must be communicated to IMS functions, detailing the change of activity expected with such an increase or decrease.

If uncertain, it is best practice is to over-prepare and over-respond with a higher level of EOC activation to ensure appropriate response. This can be reviewed and reduced if new information shows that a lower level of activation is sufficient.

Table 3 indicates triggers for EOC activation, with potential correlating level of EOC activation.

Table 3: EOC activation triggers

Activation Trigger	Level of EOC Activation
Early warning systems indicate an event with public health impact potentially may occur	Level 1 activation is appropriate with ongoing monitoring and risk assessment as the event emerges or develops. The EOC can be used as a preparedness measure to share this information with potential IMT members. Continue monitoring and re-assess risk as new information emerges to determine if level should increase or be deactivated.
Event requires action and/or human resource greater than that which is required for the day-to-day activity of CDC/MoH, whether due to severity, scale, complexity or hazard type	Level 2 or 3 activation with partial or full IMS activation. Consider hazard-specific information, as well as contextual considerations. Continue monitoring and re-assess risk as new information emerges to determine if level should increase or decrease.
Event requires significant multi-department, multi-ministerial, multi-sectoral response	Level 2 or 3 activation with partial or full IMS activation. Consider hazard-specific information, as well as contextual considerations. Continue monitoring and re-assess risk as new information emerges to determine if level should increase or decrease.
Risk is assessed to be very high	Level 1, 2 or 3 activation. Consider hazard-specific information, as well as contextual considerations. Continue monitoring and re-assess risk as new information emerges to determine if level should increase or decrease.
State of emergency is declared	1, 2 or 3 activation depending on hazard severity, scale, complexity and type. A declaration of a state of emergency will result in a multi-sectoral response, and may potentially be accompanied by rumours, confusion and panic, as well as political sensitivity. As such, a higher level of activation is recommended. Continue monitoring and re-assess risk as new information emerges to determine if level should increase or decrease.

KEY EOC ACTIVITIES AFTER ACTIVATION

Following EOC activation, the activities in Table 4 should be completed in the suggested timeframe, as appropriate for each event, and per level of activation.

Table 4: EOC activities after activation

Timeframe	Activity	Person Responsible
Immediate	Evaluate situation and identify staffing required to fulfil IMS critical functions (specific to the event and level of activation)	IM (with senior leadership relevant to the hazard)
Immediate	Meet to clarify EOC resources required for event and level of activation; ascertain functionality of required equipment	IM and EOC Manager
Immediate	Call for first briefing with IMT in EOC to: <ul style="list-style-type: none"> - Clarify IMS structure, lines of accountability, frequency of IMT meetings, methods of communication, monitoring requirements, confidentiality and data sharing protocols - Brief IMT on the use of the EOC, and provide user support and training for facilities, equipment and information systems; ensure IMT know where and how to access necessary resources - Confirm contact list and distribution list details - Establish contact with other departments, ministries, organizations and partners who may be supporting response to the event - Brief IMT on known and unknown information - Determine response objectives and initial plan - Discuss resourcing of the response, identify (and activate, if required) known funding pathways and resource gaps. 	IM to call meeting; EOC Manager to support facilitation of meeting; IMT members to attend
Immediate and ongoing	Ongoing information sharing amongst IMT members in order to have updated information, such as case numbers, geographical information, case definitions and needs assessment results. Enable the display of such information for IMT meetings in EOC.	IMT; EOC Manager support information display
Immediate and ongoing	Ensure tracking and monitoring of tasks by critical function, resource requests, and deployments, and distribute this information across the IMT.	IMT; EOC Manager to distribute
Intermediate	Determine and implement methods of operational information sharing, such as the production and distribution of situation reports (sitreps), both internal and external	IMT
Intermediate and ongoing	Ensure up-to-date contact lists are reviewed and distributed according to IMS changes amongst team members	EOC Manager
Extended	Support IMT meetings during the event, ensuring equipment is functional	EOC Manager
After event closure	After action review to be held in EOC with all of the participating IMT members, including IM and EOC Manager	IMT members EOC Manager

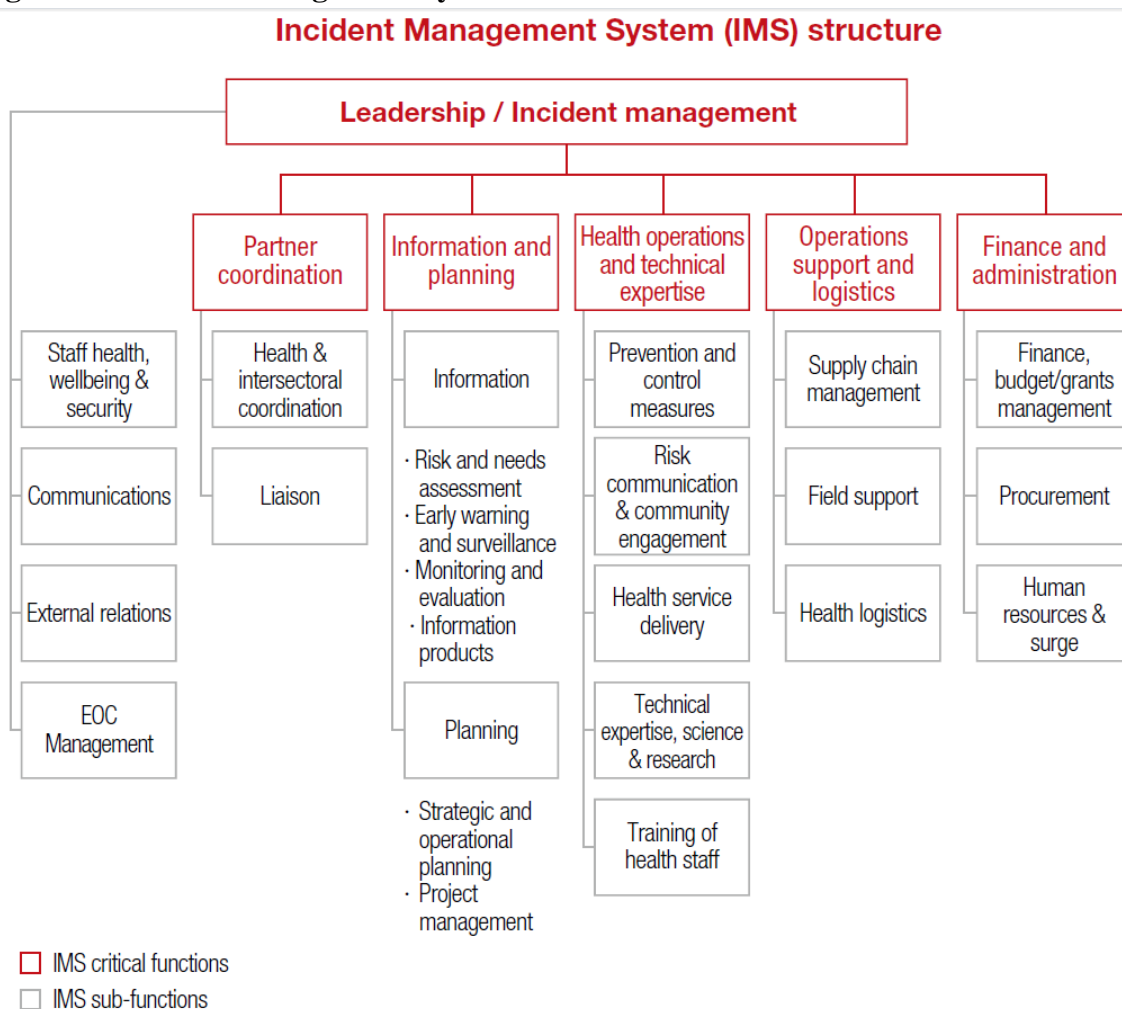
INCIDENT MANAGEMENT SYSTEM

To ensure that a coordinated and efficient response to emergencies is achieved, the IMS structure in Figure 2 is used. This structure is internationally recognised as best practice for emergency management and, as such, it helps to facilitate greater synchronicity with other key partners.

The IMS will be populated with experts appropriate to the event type. The diagram in Annex 3 should be used to update the IMT members each time there is a change in critical functions, and this diagram should be displayed in the EOC. Examples of this are in Annex 4, which contains pre-identified IMS structures for public health emergencies, such as an Ebola outbreak. As IMTs are identified for different hazards, these will be added into Annex 4.

A list of technical experts who can be repurposed to populate the IMS is included in Annex 2.

Figure 2: Incident Management System Structure



To deliver an effective operational response, the IMS has six critical functions that it must fulfill (as indicated in red above). As an emergency evolves, the IMS functions will need to be contextualised and adapted, whilst sub-functions can be added (or removed) to address expanding (or shrinking) needs for services and support. According to the scale of the response and the

availability of staff, several functions may be filled by one person or several people may work on specific functions. The role of each critical function is detailed in Tables 5 to 10 below:

Table 5: Role of Leadership critical function

Critical Function	Role Description
Leadership The leadership function is responsible for overall management of the response, including supervision of Team Leads for other IMS functions. It is comprised of five main sub-functions:	Leadership: Responsible for strategic leadership and day-to-day oversight and management of the emergency response. The Incident Manager works with key departments, Ministries and health partners to agree on priorities and objectives for the health response, fully consistent with humanitarian principles. The primary leadership function is delegated to an Incident Manager who works closely with technical experts in defining response priorities, designing the response strategy and specifying the essential disease control interventions.
	Staff health, wellbeing and security: Responsible for the tracking of security issues and taking concrete measures to ensure the safety and wellbeing of all IMS personnel.
	Communications: Responsible for the coordination of Ministry response to media and public queries for information, and development and dissemination of both internal and external communication products. Pro-active approach so that risk and crisis communication is coherent and consistent.
	External relations: Responsible for coordinating all activities related to resource mobilization, donor relations, and advocacy to support the implementation of the strategic, operational and IMS action plans.
	EOC management: The EOC Manager ensures that all of the centre's systems (hardware and software), and staff support tools are well maintained and operational when needed.

Table 6: Role of Partner Coordination critical function

Critical Function	Role Description
Partner Coordination This function works to promote synchronicity of response efforts, information and resources amongst departments, Ministries, partners and global and regional bodies. It has two sub-functions:	Health and intersectoral coordination: Responsible for ensuring that collective action results in appropriate coverage and quality essential health services for the affected population, especially the most vulnerable. The purpose is to engage stakeholders in risk assessments and needs assessments, planning, information management and sharing, service delivery, monitoring, quality assurance and advocacy.
	Liaison: Responsible for replying to requests from health and non-health stakeholder groups. The Liaison Officer brings issues and concerns related to inter-organizational issues to the attention of the Incident Manager with a recommended course of action.

Table 7: Role of Information and Planning critical function

Critical Function	Role Description
<p>Information and Planning</p> <p>This function collects, analyses and disseminates information on health risks, needs, service coverage and gaps, and performance of the response. It uses information to develop and continually refine the response, as well as inform recovery planning. It has a number of sub-functions:</p>	<p>Information: Responsible for collecting, collating, analyzing and disseminating emergency-specific data, emergency management information and context data. It is comprised of the following sub-functions:</p> <ul style="list-style-type: none"> - Risk and needs assessment: ongoing risk assessments allow stakeholders to make informed decisions on preventing or mitigating the impact of the emergency. Needs assessment is the systematic process that determines the overall health impact and health consequences of the emergency, the functionality and performance of health services, and identifies gaps in capacities and operations, thereby informing the prioritization and implementation of the response. - Early warning and surveillance: This sub-function strengthens the systematic collection, analysis and communication of any information used to detect, verify, and investigate events and health risks. It also supports the dissemination of data related to public health events. In collaboration with the Health Operations and Technical Expertise team, it establishes, strengthens and operationalises rapid response teams that are responsible for the rapid investigation of alerts, field risk assessment and early operational response. - Monitoring and evaluation: This sub-function systematically tracks the evolution of the emergency and the progress of the response in meeting objectives of the operational response plan. It involves identifying technically sound indicators and the sources of information, setting operational targets, gathering and interpreting data, and tracking progress to determine whether the response is meeting its objectives. If the response is not on track, personnel responsible for this sub-function analyse the reasons for it and make recommendations regarding corrective actions and/or modification of targets, in collaboration with partners and other responsible areas - Information products and dissemination: This sub-function compiles information from sources such as risk/needs assessments, early warning and surveillance systems, response monitoring systems (eg. Service coverage) and surveys to develop information products that allow stakeholders to monitor public health risks and needs, to monitor effectiveness of the health sector response, and to take appropriate actions. Produce situation reports, bulletins and other reports to partners.

	<p>Planning: The planning sub-function is responsible for coordinating the development of response, recovery and/or contingency planning as well as developing plans for demobilization. It determines potential future impacts of the emergency, and provides periodic updates on advance planning issues for the Incident Manager and IMT. It is comprised of the following sub-functions:</p> <ul style="list-style-type: none"> - Strategic and operational planning: Coordinates the development of emergency specific plans, with detailed inputs from other functions, especially information from the Health Operations and Technical Expertise function. It involves the development of common strategic priorities, joint operational objectives and plans, and strong coordination within and among sectors. - Project management: Supports the design, structure and content of donor updates and other reports, monitors project implementation, and promotes standardized management throughout the project cycle.
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Table 8: Role of Health Operations and Technical Expertise critical function

Critical Function	Role Description
<p>Health Operations and Technical Expertise</p> <p>Works across ministries and with partners to ensure optimal coverage and quality of health services in response to emergencies. It does this by promoting the implementation of the most effective, context-specific public health interventions and clinical services by operational partners. This function provides up-to-date evidence-based</p>	<p>Prevention and control measures: This sub-function identifies and develops clear recommendations, disseminates guidance and provides technical assistance on the most relevant actions to prevent and/or control public health risks, eg. Enhanced surveillance, point-of-care laboratory services, specimen transport and specialized laboratory tests, vaccination campaigns, mass prophylaxis, clinical management (and management of contacts in case of a communicable disease outbreak), infection prevention and control, vector control, enhanced water, sanitation and hygiene services, food safety and nutritional services, prepositioning of drugs and medical supplies. Rapid response teams will be deployed to undertake these measures.</p> <p>Risk communication and community engagement: This sub-function assesses the social and cultural context of populations at risk, engages stakeholders at national and local levels, develops tailored and targeted messages for dissemination, ensuring that they are technically sound and socio-culturally appropriate, and conducts rapid surveys and other assessments to determine the barriers to adopting health advice. It delivers health messages using the most effective means preferred by the target population in local languages and monitors their effectiveness.</p> <p>Health service delivery: This sub-function ensures delivery of essential services to affected populations. This involves clarifying standards and identifying an essential package of health services that covers community outreach, provincial and national levels of healthcare provision. This sub-function also oversees case management of cases, ensuring appropriate</p>

field operations, policies and guidance, and technical expertise. This function has a number of sub-functions:	availability of skilled health workforce and physical resource to meet basic needs. Oversees the distribution of emergency medical kits and supplies. Technical expertise, science and research: This sub-function identifies knowledge gaps on the aetiology, pathophysiology, transmission, diagnosis and effective prevention and control of the risks and the causes of excess morbidity and mortality, and provides evidence-based technical advice. Training of health staff: This sub-function supports the training of existing national personnel and additional surge staff that may be repurposed to emergency response.
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Table 9: Role of Operations Support and Logistics critical function

Critical Function	Role Description
Operations Support and Logistics This function ensures that partnerships are utilised to ensure effective and efficient operational support and logistics for emergency response. There are three sub-functions:	Supply chain management: This sub-function ensures end-to-end, timely and efficient provision of consumables and equipment to support the emergency operations, including selection, forecasting, procurement, transportation, customs clearance, storage and distribution of these material assets. Field support: This sub-function provides logistics strategy, management and field support to response teams, including safe accommodation, functional and secure working space and equipment, communications capabilities, safe transportation and effective fleet management. Health logistics: This sub-function provides technical expertise, tools, methods and means to meet the specific logistical needs of the response, including supporting medical facilities, cold chain management, laboratories and blood banks.

Table 10: Role of Finance and Administration critical function

Critical Function	Role Description
Finance and Administration This function provides finance, management and administrative support to enable the smooth functioning of emergency response. It ensures that decisions made by the Incident Manager trigger the provision of management and administrative services by the Ministry, and other government	Finance, budget and grants management: This sub-function develops work plans and budgets based on action plans, as determined by the Leadership function. Manages funding allocations and awards, tracks and reports on financing against budget, supports, monitors and reports on financial implementation, monitors and follows-up donor proposals and reporting deadlines, supports resource mobilization in the preparation of proposals and reports, and facilitates local payments. Procurement: In coordination with Operations Support and Logistics function, this sub-function procures all necessary supplies for the response and for the response team, tracks inventory, coordinates with logistics and human resources sub-functions to provide supplies and equipment to the local response team. Human resources and surge: This sub-function fills the human resource (HR) needs of the response team, as determined by the Leadership function, including sourcing, recruitment, medical clearance, travel to the affected area, briefing and training, on-site administrative

structures, as well as partners. It consists of three sub-functions:	support, de-briefing and performance evaluations. It tracks and reports on HR requirements against plans, status of filled positions/vacancies, and projected HR needs. Supports the facilitation of international medical and response teams.
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DEACTIVATION OF THE IMS AND EOC

The IMS and EOC will be deactivated when the event is closed, or coordination and response is able to be managed by the normal day-to-day operations of MoH.

Deactivation is communicated to IMS, health partners and other stakeholders using the hazard-specific contact list (Annex 2) as per activation procedure.

MONITORING AND EVALUATION

RECORD OF ACTIONS

Each critical function must maintain a clear record of activities conducted and the status of ongoing activities. A general guideline of actions to be taken, according to timeframe, is outlined per critical function in Annex 5. In addition, a blank job sheet is located in Annex 6 to be completed by each critical function in order to maintain accurate and comprehensive record of actions taken during EOC activation.

To simplify the monitoring process, it is recommended that each IMT member keep both soft and hard copies of the following documents for the duration of EOC activation (and update, as required):

- The IMS structure populated with current member details (Annex 3)
- Their relevant role description (from Tables 5 to 10)
- Their respective list of activities by timeframe (Annex 5)
- Critical function job sheet (Annex 6)

Updated and completed job sheets of sub-functions are to be shared with the each critical function lead, and the critical function lead then shares these with the IM.

AFTER ACTION REVIEW

A crucial component of any public health response, or EOC activation, is the systematic review of actions taken, or After Action Review (AAR). It involves the IMT members, key stakeholders and decision-makers systematically and critically analysing actions taken (or not taken) in order to promote strengths and address challenges to better inform future response.

An AAR is best conducted at the close of the event, when responders are present and still have clear memory of what occurred. Should an immediate AAR be unfeasible, it is advised to complete it within the three months following event closure.

The process for conducting an AAR is outlined in the After Action Review SOP. Annex 1 details how to locate this document.

ANNEXES

ANNEX 1: TABLE OF GUIDING RESOURCES

Resource	Where to Locate
International Health Regulations (2005)	http://www.who.int/ihr/9789241596664/en/
Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III)	http://iris.wpro.who.int/handle/10665.1/13654
Risk Assessment Algorithm	On the EOC wall
After Action Review Tool	Documented in EOC room
Public Health Emergency Contingency Plan for Airport	Documented in EOC room
Public Health Emergency Contingency Plan for Seaport	Documented in EOC room
Standard Operating Procedures for Foodborne Disease: Intersectoral Outbreak Investigations and Response	Documented in EOC room
Avian Influenza SOP	Documented in EOC room
Communicating Risk in Public Health Emergencies: A WHO Guideline for Emergency Risk Communication (ERC) policy and practice (2018)	http://www.who.int/risk-communication/guidance/download/en/
Zika virus SOP	Documented in EOC room
Dengue SOP	Documented in EOC room
Cholera SOP	Documented in EOC room
Yellow Fever SOP	Documented in EOC room

ANNEX 2: EXPERT CONTACT LISTS BY HAZARD

1. Infectious Diseases

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4	SUN Darin	Department International Organization, MoFA	Deputy Director	+855(0)92 955 676	sn_darin@yahoo.com
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2. Natural Disaster

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3. Foodborne Outbreak Response Team (FORT)

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4. Zoonotic

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4	KONG Sonya	Calmette Hospital	Deputy Director General	+855(0)12 965 954	kongsonya@online.com.kh
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30	SREY Viso	NPH	Chief of Lab	+855(0)12 707 279	srey.viso@yahoo.com

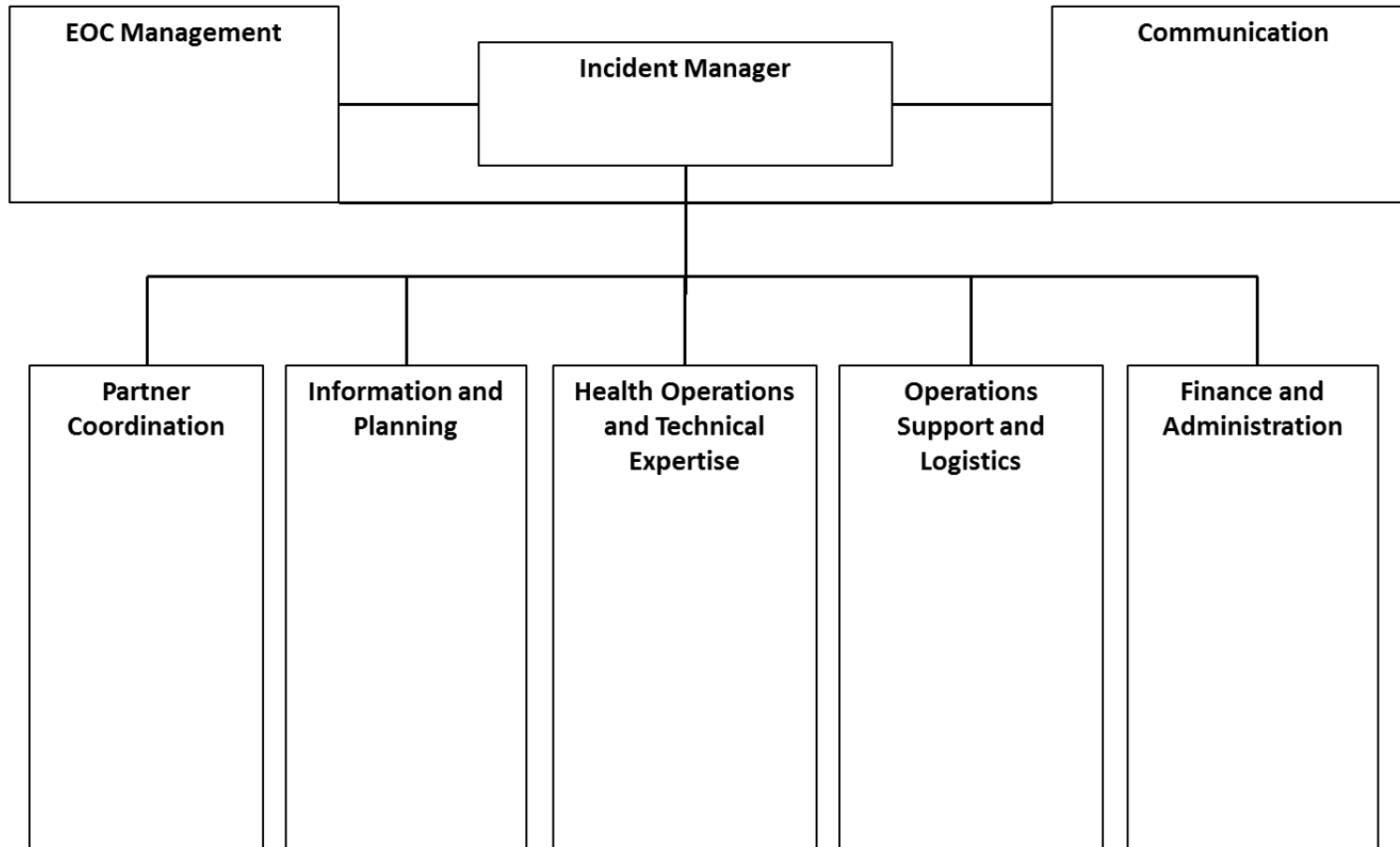
6. AET (Cohort 1-7)

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18	SREANG Kosal	CDC Department/MoH	IT	+855(0)12 506 040	kosalsreang@gmail.com

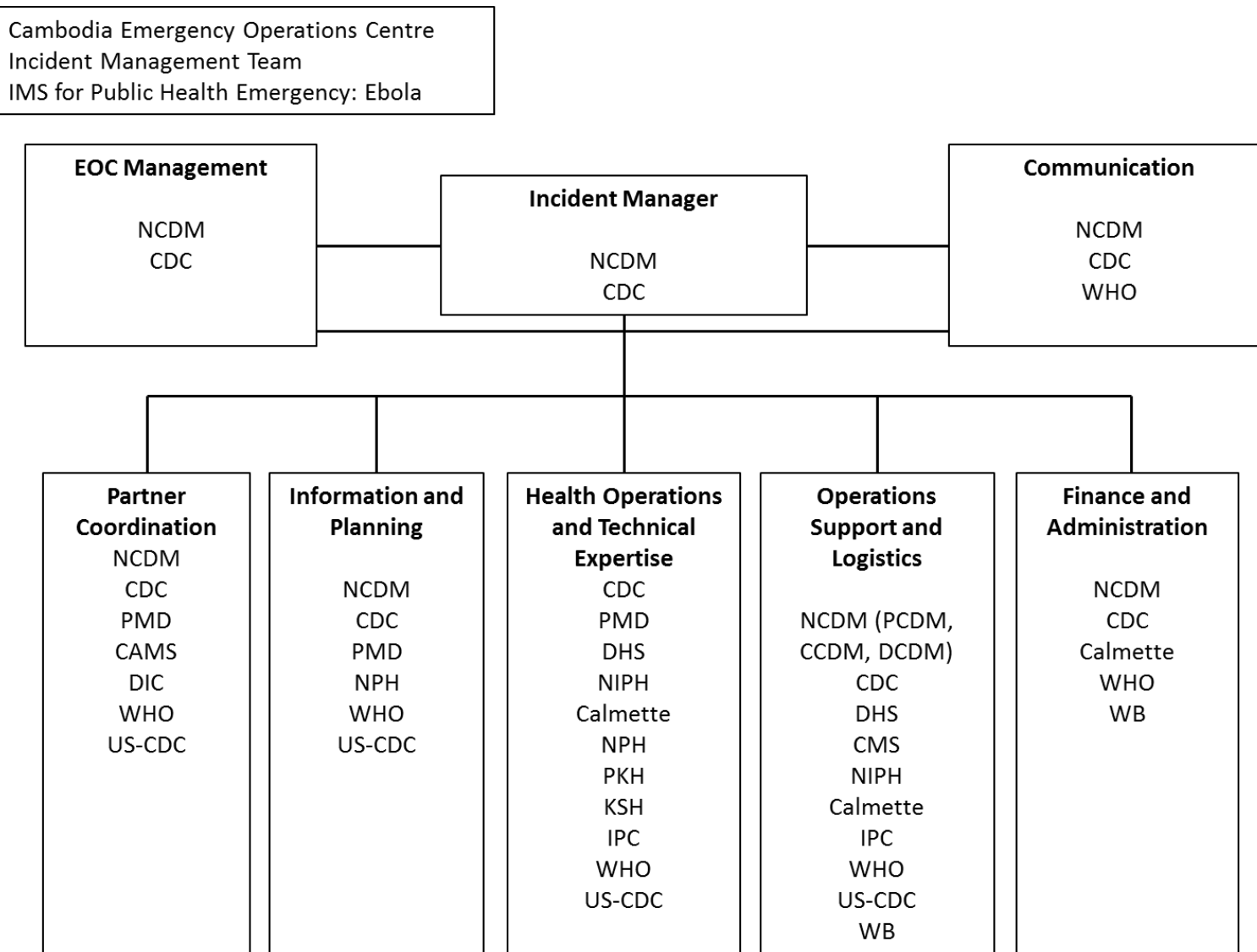
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ANNEX 3: IMS TEMPLATE TO BE COMPLETED DURING ACTIVATION

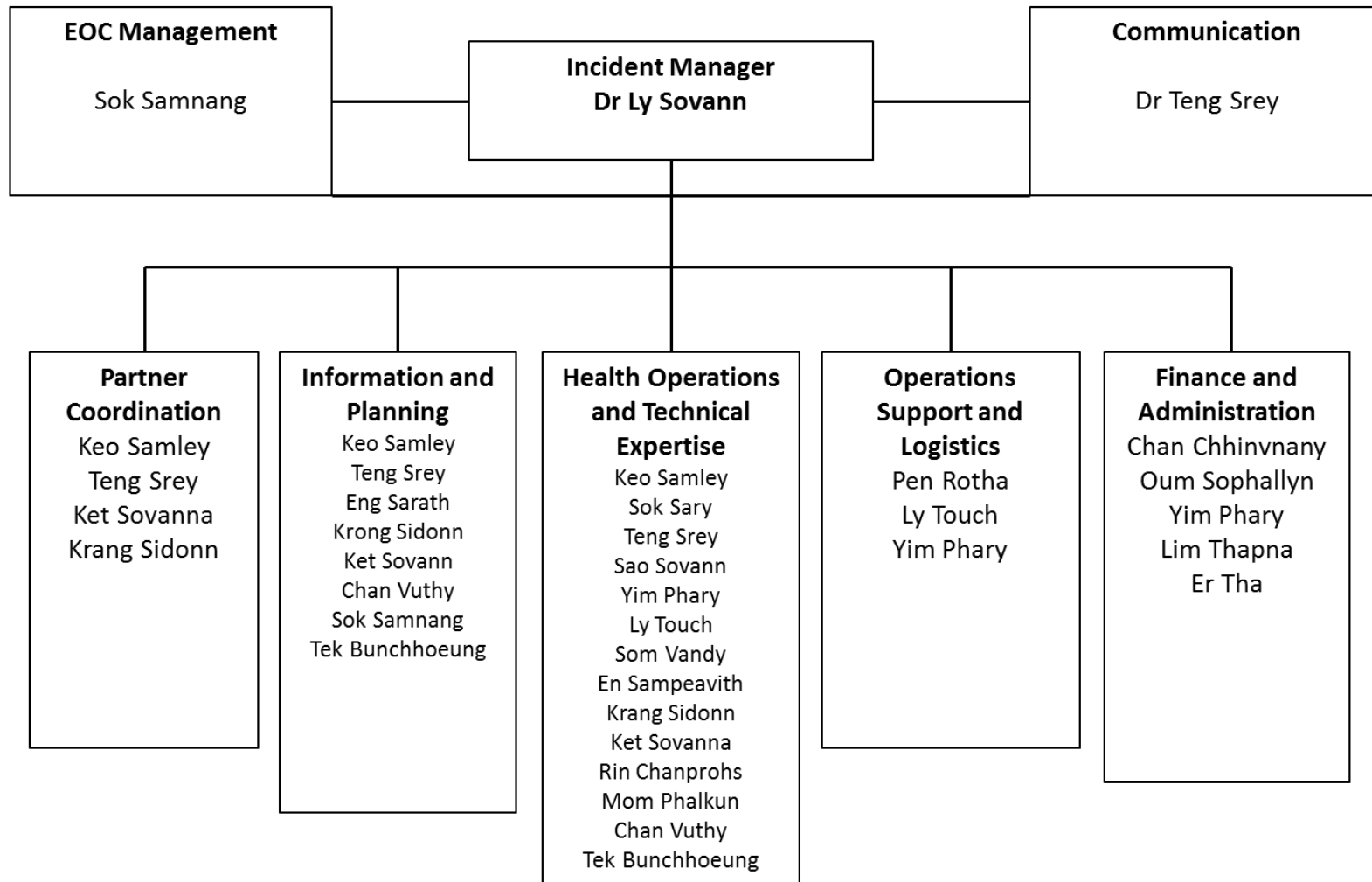
Cambodia Emergency Operations Centre
Incident Management Team
IMS for _____



ANNEX 4: INCIDENT MANAGEMENT STRUCTURES BY HAZARD TYPE



Cambodia Emergency Operations Centre
Incident Management Team
IMT for Infectious Disease Outbreak (CDC response)



ANNEX 5: GUIDELINE OF ACTIONS BY TIMEFRAME AND CRITICAL FUNCTION

Critical Function: Leadership				
Within 24 Hours	Within 24 – 72 Hours	Within 3 – 10 Days	Within 10 – 30 Days	Within 30 – 60 Days
<ul style="list-style-type: none"> - Ensure staff safety and security - Activate contingency plans - Appoint an Incident Manager and communicate this to IMT, key partners and stakeholders - Activate IMT and assign critical functions - Activate EOC and coordinate initial multi-sectoral meeting with critical functions - Request deployment of surge staff to fulfil IMS - Agree on initial response objectives - Establish contact with key government officials and partners - Initiate and manage initial response activities - Determine frequency of IMT meetings 	<ul style="list-style-type: none"> - Establish presence at the site of the emergency and contact with local officials - Submit requests for additional emergency financial resources - Receive surge team and transition IMS functions, as appropriate - Arrange and coordinate meeting amongst relevant key actors and stakeholders - Issue initial response strategy, objectives and action plan to key actors - Issue first sitrep 	<ul style="list-style-type: none"> - Update assessment and identify needs for additional technical, logistical and financial resource - Compile and produce media brief and other communications products (and then on-going at least weekly). - Continue outreach to donors for emergency financial support - Consider need for establishment of sub-national EOC 	<ul style="list-style-type: none"> - Review human resources plan - Establish frequency of sitreps (e.g. daily, bi-weekly, weekly) - Continue sourcing additional donor funding, as required 	<ul style="list-style-type: none"> - Request additional surge capacity - Finalize longer-term staffing plan - Share project proposals with donors and partners - Explore options for transition and recovery planning
<p>Maintain ongoing event monitoring and communication with IMT in EOC, conducting risk assessments as new information is received</p> <p>Maintain updated record of activities in job sheet and share with IMT</p>				

Critical Function: Partner Coordination				
Within 24 Hours	Within 24 – 72 Hours	Within 3 – 10 Days	Within 10 – 30 Days	Within 30 – 60 Days
<ul style="list-style-type: none"> - Establish contact with other Ministries, operational partners and regional and global networks, as required - Attend initial multi-sectoral meeting with critical functions and technical working groups 	<ul style="list-style-type: none"> - Support leadership function in determining coordination mechanism, including contacting external coordination mechanism, such as National Committee for Disaster Management (NCDM), Humanitarian Response Forum and UNCT depending on event - Convene first health sector meeting - Establish emergency medical team (EMT) coordination mechanism within MoH, as needed - Ensure partner contribution to initial situation analysis and risk assessments - Map initial government and partner deployments 	<ul style="list-style-type: none"> - Coordinate overall development of initial health sector response strategy and action plan - Work with key actors to identify and address immediate priority gaps in health service delivery and coverage - Participate in inter-cluster/sector meetings and activities - Issue initial health sector bulletin 	<ul style="list-style-type: none"> - Lead partners in development and submission of health sector response strategy - Conduct regular health sector meetings (e.g. daily, twice weekly) - Review status of response needs, risks and activities - Monitor effectiveness of health response and engage partners to address gaps in service delivery and coordination - Commence planning of more detailed health sector needs assessment, with Information and Planning team - Determine frequency of health sector bulletin, e.g. weekly, bi-weekly 	<ul style="list-style-type: none"> - Fill priority coordination gaps at sub-national level - Strengthen coordination mechanisms, including with other sectors - Contribute to transition and recovery planning
Maintain ongoing event monitoring and communication with IMT in EOC, conducting risk assessments as new information is received Maintain updated record of activities in job sheet and share with IMT				

Critical Function: Information and Planning				
Within 24 Hours	Within 24 – 72 Hours	Within 3 – 10 Days	Within 10 – 30 Days	Within 30 – 60 Days
<ul style="list-style-type: none"> - Undertake ongoing monitoring of risks and needs; update leadership regularly - Attend initial multi-sectoral meeting with critical functions - Provide IMT with information to conduct risk assessment, including event- and hazard-specific information, and resource mapping - Initiate public health risk assessment - Generate or update expert contact list 	<ul style="list-style-type: none"> - Contribute to health sector component of internal multi-sectoral sitreps - Support leadership in developing initial response strategy, objectives and action plan for response - Support the development of the first external sitrep - Ensure critical functions are completing respective job action sheets and progress is being shared amongst IMT 	<ul style="list-style-type: none"> - Continually monitor, analyse and disseminate health information to other Ministries, partners, population and media - Coordinate detailed strategic and joint operational planning, in collaboration with Partner Coordination and Health Operations teams - Produce internal and external sitreps - Establish/strengthen reporting systems - Establish/strengthen early warning systems, such as CamEWARN, 115 hotline - In conjunction with Partner Coordination, request support from partners who can initiate risk communication messaging - Initiate detailed health sector needs assessment 	<ul style="list-style-type: none"> - Establish monitoring framework for response, including identifying key performance indicators - Finalize and issue the strategic response plan and joint operations plan to key stakeholders 	<ul style="list-style-type: none"> - Refine and further develop reporting system and products - Coordinate transition and recovery planning
<p>Maintain ongoing event monitoring and communication with IMT in EOC, conducting risk assessments as new information is received</p> <p>Maintain updated record of activities in job sheet and share with IMT</p>				

Critical Function: Health Operations and Technical Expertise				
Within 24 Hours	Within 24 – 72 Hours	Within 3 – 10 Days	Within 10 – 30 Days	Within 30 – 60 Days
<ul style="list-style-type: none"> - Access existing risk communication material and technical guidance - Gather existing hazard-specific technical information (if known) to present to IMS at EOC activation - Attend initial multi-sectoral meeting with critical functions - Identify domestic laboratory capacity for the specific pathogen and logistics for sample transport (if relevant) - Notify key health partners for early technical support 	<ul style="list-style-type: none"> - Determine whether the event is reportable under the IHR (2005); IHR Focal Point to report to WHO, if required - Develop initial risk communications messages and initiate community engagement - Contribute health operations and technical inputs into risk assessments, situation analysis and sitreps - Contribute health operations and technical inputs into initial response strategy, objectives and action plan - Provide and/or coordinate supervision of epidemiological investigation and/or implementation of control measures 	<ul style="list-style-type: none"> - Implement priority interventions related to: risk communications, community engagement, disease control measures, health services, clinical treatment and health staff training - Refine risk communications messages and develop community engagement strategy - Collaborate with other Ministries and partners to rapidly address priority operational gaps - Promote and monitor the application of standardized treatment protocols, technical standards and best practices - Begin to address priority training needs of health staff 	<ul style="list-style-type: none"> - Ensure strategic response plan and joint operations plan are technically and operationally sound - Collaborate with other Ministries and partners to address gaps in coverage and quality of services - Update risk communications messaging and community engagement - Provide technical assistance and materials to other relevant Ministries and partners 	<ul style="list-style-type: none"> - Expand training activities - Contribute to transition and recovery plan
<p>Maintain ongoing event monitoring and communication with IMT in EOC, conducting risk assessments as new information is received</p> <p>Maintain updated record of activities in job sheet and share with IMT</p>				

Critical Function: Operations Support and Logistics				
Within 24 Hours	Within 24 – 72 Hours	Within 3 – 10 Days	Within 10 – 30 Days	Within 30 – 60 Days
<ul style="list-style-type: none"> - Commence mobilisation of emergency supplies from Central Medical Store to field teams and IMT to disseminate - Attend initial multi-sectoral meeting with critical functions - Request key partners for support in logistics and operations 	<ul style="list-style-type: none"> - Undertake rapid assessment of supply chain, health logistics and field support needs - Review stock and storage capacity - Initiate customs clearance procedures - Coordinate flow of emergency supplies amongst partners and stakeholders, ensuring appropriate monitoring and recording 	<ul style="list-style-type: none"> - Scale up field support, including accommodation, offices, fleet management, telecommunications and Emergency Operations Centre facilities - Begin process to strengthen supply chain (including forecasting, procurement, warehousing, transportation, distribution, partner coordination) - Organize custom clearance and transport of supplies and material - Advise and support other ministries and partners on health logistics 	<ul style="list-style-type: none"> - Undertake more detailed assessment of supply chain, health logistics and field support needs - Develop an Operations Support and Logistics plan and procurement plan (in collaboration with the Finance and Administration Team) - Expand field support to sub-national level - Contribute to strategic response plan and joint operations plan 	<ul style="list-style-type: none"> - Ensure full establishment of end-to-end supply chain, in collaboration with partners - Review and adjust logistics, supply and fleet needs - Contribute to transition and recovery planning
<p>Maintain ongoing event monitoring and communication with IMT in EOC, conducting risk assessments as new information is received</p> <p>Maintain updated record of activities in job sheet and share with IMT</p>				

Critical Function: Finance and Administration				
Within 24 Hours	Within 24 – 72 Hours	Within 3 – 10 Days	Within 10 – 30 Days	Within 30 – 60 Days
<ul style="list-style-type: none"> - Support activation of contingency plan and business continuity plan - Activate emergency funds and contact donors and partners to apply for emergency funding, if required - Attend initial multi-sectoral meeting with critical functions 	<ul style="list-style-type: none"> - Facilitate arrival of surge staff and EMTs, as required - Provide emergency administrative, human resources, finance, grant management and procurement services - Support Operational Support and Logistics focal point in the mobilisation of stock from Central Medical Store 	<ul style="list-style-type: none"> - Process critical activities approved by Incident Manager against the emergency work plan - Support the filling of IMS critical functions, through appropriate assignment of existing, and surge staff - Track donor contributions and ensure compliance and timely reporting 	<ul style="list-style-type: none"> - Develop MoH emergency human resource and activity work-plans, and associated budgets - Facilitate the rotation of personnel (deployment, arrival handover and departure) 	<ul style="list-style-type: none"> - Prepare for arrival of subsequent surge teams and/or longer term staff - Contribute to transition and recovery planning
<p>Maintain ongoing event monitoring and communication with IMT in EOC, conducting risk assessments as new information is received</p> <p>Maintain updated record of activities in job sheet and share with IMT</p>				

ANNEX 6: CRITICAL FUNCTION JOB SHEET

Critical Function Job Sheet for IMS during EOC Activation					
Critical Function ✓	Person Responsible (Name, contact, department)	Activity	Status (eg. In progress, completed)	Date Completed	Comment
<input type="checkbox"/> Leadership/ Incident Management					
<input type="checkbox"/> Partner Coordination					
<input type="checkbox"/> Information & Planning					
<input type="checkbox"/> Health Operations and Technical Expertise					
<input type="checkbox"/> Operations Support and Logistics					
<input type="checkbox"/> Finance & Administration					