

Appendix B – Health Liaison Position

Health Liaison Position

When considering Incident Management Team (IMT) staffing and tasking for managing Infectious Diseases in the incident response environment, consider assigning a Health Liaison position to the team so this responsibility is not assigned as co-lateral duties to the Medical Unit Leader (MEDL), Safety Officer (SOF) or Liaison (LOFR) positions, especially on large or complex incidents. This IMT position would be dedicated to managing and tracking infectious disease related issues during the incident for the C&G. This would help alleviate pressure on other team positions, especially when staffing is limited.

Qualifications:

This position could be filled by different IMT members including MEDL, SOF, LOFR, or Deputy Incident Commander (DPIC), who is a member of the Command and General Staff (C&G), or has C&G experience or other experience at the command level, for more efficient integration with the team. One recommendation is to have this position report to the DPIC (if IMT has a DPIC) who could be the backup in the absence of such a position. An alternative is to fill this role using a local health care professional. In this case, ensure that there is a dedicated contact person within the team, and recognize that many of the on-assignment duties listed below will still have to be completed by other team members (MEDL, SOF, LOFR). On smaller incidents, this position could be filled by the local unit. Background needed for this position would include experience at the Incident Command System (ICS) command level, familiarity with medical protocols (not necessarily required to have a medical background), good interpersonal skills and familiarity with other IMT position roles and responsibilities.

It is important to recognize that different State and County Public Health Departments may have stricter public health controls than individual agencies. It is incumbent on this position to initially establish a local Public Health contact to assist with understanding and implementing any additional pandemic controls required by the location jurisdiction, and to inform them of the number of individuals who will be working in their area.

Pre-Mobilization Duties:

1. Contact Local, County, and State Public Health Departments to gather the following information:
 - 24/7 contact information
 - Update on the local infectious disease situation, including quarantine protocols
 - Additional infectious disease protocols specific to the local area and state
 - Infectious disease reporting requirements
 - Availability of telehealth videoconferencing
 - Location of infectious disease hotspots
 - Availability of testing and testing procedures
2. Contact Local EMS in order to:
 - Develop a list of local EMS and ambulance provider contacts and capability.

3. Contact potential receiving hospitals or clinics to gather the following:
 - 24/7 contact information.
 - Infectious disease protocols, patient receiving procedures, and testing availability.
 - Local capacity for patients.
 - Availability of telehealth videoconferencing.
 - Ways incident Hospital Liaisons can work best with the facility if we have a personnel injury.
 - Facility points of contact for our COMP/CLAIM person.

On Assignment Duties:

- Coordinate with MEDL, LOFR and SOF on identifying and establishing relationships with cooperators, including health departments, and to gain information regarding the capacity and integrity of the local and state healthcare system(s).
- Work with the MEDL to establish who will contact transport agencies for incident use.
- Stay up to date on practices recommended by the Center for Disease Control (CDC) or State or local health authorities for transmittal avoidance, with a filter for what can be practically applied in the emergency response environment.
- Provide participating agencies and other cooperators the infectious disease protocols that the IMT is using.
- Make sure a screening tool is available and used for all incoming resources ([Appendix C](#)).
- Ensure all camps have adequate and appropriate Personal Protective Equipment (PPE) (masks, etc.) for all resources and are following protocols for use of PPE.
- Review physical distancing implementation across all camps (ICP, Base Camps, Spike Camps, Remote work areas, etc.).
- Provide constant visual and verbal education and situational vigilance specific to Infectious Disease transmission (signing or messages on physical distancing, use of PPE, recognition of symptoms, protocols for exposure, etc.).
- Ensure Medical Unit is set-up to handle infectious diseases cases separate from other regular medical day-to-day business.
- Work with Medical Unit to find availability of other medical staffing as needed (Physician Assistant, Registered Nurse, Doc in a Box, etc.).
- Maintain a list of Infectious Disease Subject Matter Experts (SME) and potential contacts.
- Review and assist with implementing screening, isolation, and quarantine procedures.
- Monitor Infectious Disease cases and exposures, and if assigned, conduct fact-finding regarding potential origin or recent exposure of a suspected patient.
- Assist local contact tracers as needed with names and numbers of personnel.
- Follow infectious disease case reporting requirements for Health Departments for both suspected and confirmed cases.
- Work with MEDL, LOFR, Human Resources Specialist (HRSP) and Demob Unit Leader (DMOB) as needed to contact home unit of personnel assigned to the incident who are treated or being demobilized.
- Assist C&G with finding creative or new measures to safeguard incident personnel and in keeping up with current CDC recommendations or guidelines.

- Provide daily briefing (in conjunction with MEDL) to C&G on Infectious Disease situation including:
 - Updates of all suspected and confirmed incident COVID-19 cases
 - Emerging trends in infectious rates on the incident
 - Number of patients awaiting return to home unit and any delays in demobilization

Sources:

Medical and Public Health Advisory Team, Medical Unit COVID-19 Concepts of Operations Plan, 25 April 2020

Wildland Fire Response Plan COVID-19 Pandemic, Northwest Geographic Area, April 2020