EOC Activation and Transition Criteria

The EOC serves as the centralized facility for coordinating public health emergency response operations. During EOC activation, a daily core structure combined with scientific SMEs from various Divisions across the Ministry make up the incident command system.

The Director may activate the EOC and implement the response plan to support an agency response to an infectious disease outbreak based upon the situation analysis and recommendation of the division heads for the specific outbreak. Once activated, the EOC will use the incident command system to organize the management and coordination of public health activities during an infectious disease outbreak response. The incident commander is responsible for ensuring that response activities are coordinated across the agency and with stakeholders including all regional, district, and/or provincial health departments.

**Activation Process and Sequence**

EOC activation for a public health emergency can occur based upon the directions from Director, Ministry of Health.

The Director, Ministry of Health will determine whether there will be EOC activation. Triggering events include:

* Epidemic Prone Infectious Disease Outbreak
* Multi-Division involvement
* Overwhelms the capacity of the an outbreak monitoring cell
* An outbreak involving multiple regions, districts, or provinces
* Request from the Minister
* Potential public health emergency of international concern (PHEIC)

The Director, or IC will determine when sufficient progress has been made in restoring minimal functionality to affected areas(s) and when the life-sustaining critical infrastructures are able to support reentry and repopulation. The Director, in consultation with divisions will then recommend demobilization and response/recovery transition.

**Transition Triggers**

The level of effort required during EOC Response Mode will change over the course of time, resulting in either a return of response activities to programme management (and EOC deactivation), or a change in activation levels.

EOC activation levels are designated based upon a level of effort, and not strictly by the total number of personnel involved in the response. The key distinctions in activation level designations are:

* Level I – The lowest level of activation. This level is triggered by default unless a higher level is specified during the EOC activation process. Activation of resources outside a single division due to exhaustion with a need for additional support. Additionally, activation occurs when the capacity of the outbreak monitoring cell is overwhelmed. Activation at this level is eight hours a day for seven days.

1. Level II – This level of activation requires significant augmentation of core programme staff by the lead technical division/department to meet the technical needs of the response, and/or significant augmentation of staff to provide supporting incident command system services. When the involvement of more than one division of the Ministry or an external stakeholder is required. Activation at level two is 14 hours per day for seven days (i.e. 8 am to 10 pm).
2. Level III – The highest level of activation, this level is reserved for the largest scale responses which require an agency-wide 24/7 effort.

Transition from one EOC activation level to another is determined by the incident commander in consultation with lead technical division leadership, other incident command leadership. The incident commander puts up a file for a change in transition levels for the approval of the Director. The Director and the incident commander review file within 24 hours of the file submission and is documented in the EOC transition check list.

## Critical Information Requirements to be notified to the Highest Authority

Critical Information Requirements (CIR) are the essential components of information the Director has identified as crucial to the decision making process. The identified CIRs are the product of a careful and continual analysis of information requirements by Ministry staff. The Director will add, discard, adjust, and update CIRs as the event progresses. Throughout the course of an outbreak, other CIRs will be identified to help focus resource allocations and efforts as the Director continues to make decisions.

The incident command operations section is the CIR focal point for the epidemic prone infectious diseases and, in conjunction with the incident commander and incident command support staff, is responsible for the maintenance of the process, validating current CIR relevance, and gaining Director approval of subsequent CIRs.

The following are pre-outbreak/initial outbreak specific Directors CIRs:

* Disease/serious injury or death of Ministry personnel in the field
* Suspect case of any previously eradicated disease in country
* As an International Health Regulations national focal point, any potential PHEIC
* Any unusual disease presentation in any part of the country