Activating a Public Health Emergency Operations Center

Activating a public health emergency operations center (PHEOC) is a common and standard practice, supported by national and international guidance and based on earlier social science around disaster response. Despite widespread use and minimal apparent harms, there is insufficient evidence to determine the effectiveness of activating a PHEOC or of specific PHEOC components at improving response. This does *not* mean that the practice does not work or should not be implemented, but that more research and monitoring and evaluation around how and in what circumstances a PHEOC should be implemented are warranted before an evidence-based practice recommendation can be made.

Justification for the Insufficient Evidence Statement

Partly because of its long tenure as a common and standard practice, direct research evidence does not focus on whether PHEOCs should be utilized, but rather how they should be implemented. Experiential evidence from a synthesis of case reports and after action reports (from within and outside of public health emergency preparedness and response [PHEPR]) suggests that PHEOCs are probably effective at improving response and may have few undesirable effects in the short term, and speaks to the confidence in the PHEOC model among experienced practitioners across diverse situations. PHEPR practitioners consider activating a PHEOC to be an acceptable and justifiable practice. The feasibility of this practice is variable, and the evidence highlights several feasibility issues to consider before a PHEOC is activated.

Implementation Guidance

Considerations for *when* to activate public health emergency operations

- ☑ **A public health emergency is large in size and complex in scope.** Such events are likely to exceed the capacity of existing resources and/or the capabilities of the agency
- ☑ **A novel response may require multiple new tasks or partnerships.** Err on the side of activating early to handle new tasks or partnerships that may emerge
- ☑ **An event occurs that requires public health support functions, large-scale information sharing, or response coordination.** Consider activating for planned events and environmental disasters with potential for public health implications
- ☑ **Resource, cost, technological, legal, and logistical constraints need to be overcome.** Resource needs change throughout an event and may entail moderate to large resources
- ☑ **An incident requires high levels of interagency partnership.** Even if a response is small, interagency coordination may require PHEOC activation

Considerations for *when to refrain* from activating public health emergency operations

- ☑ The cost of activating is higher than any potential resource needs for the event
- ☑ Leadership has minimum experience with PHEOC operations, and staff have minimum PHEOC training. Lack of prior activation experience or training could lead to interagency distrust and chain-of-command disruption
- ☑ Leadership prioritizes maintaining routine public health functions over response needs

Considerations for *how* to make the decision to activate public health emergency operations

- ☑ Respect staff knowledge, and involve staff with past emergency experience in leadership discussions
- ☑ Ensure strong leadership, even using leaders outside the regular hierarchy
- ☑ Provide support to address the social functioning of the PHEOC
- ☑ Resource common operating picture functions to increase shared understanding
- ☑ Encourage staff flexibility within the PHEOC
- ☑ Conduct just-in-time training to minimize disruptions caused by less-experienced staff
- ☑ Continuously monitor and evaluate response functions to ensure and prove utility

Context Considerations

Setting

Settings reflected in this evidence review were primarily U.S. based, at the state and local level, and included a mix of rural and urban and suburban settings.

Agency Activated

The agencies activated in this evidence review were public health, health care, or emergency management, and the activations were primarily multiagency activations. No studies examined emergency operations conducted by tribal or territorial public health agencies.

Emergency Phase

The evidence review included a mix of preparedness and response phase studies.

Emergency Type

Emergencies included a mix of real and simulated events and were diverse (all hazards, natural disasters, and infectious disease epidemic).