**[Title of Document]**

**Standard Operating Procedures**

Contents **Section I** Purpose & Scope Page X

**Section II** Concept of OperationsPage X

**Section III** Roles and Responsibilities Page X

**Section IV** Maintenance Page X

**Section V** Appendices Page X

*Section 1 Instructions:*

This section defines the purpose for the standard operating procedures. Briefly give any relevant background information, and then outline the purpose. Be sure to name the lead organization responsible along with any reference documents and authorities. If necessary, include goals.

**Delete this box when SOP is complete.**

**Section I Purpose, Scope, and Assumptions**

The [*County or Tribe*] Emergency Operations Plan (EOP) indicates that the [*Health Department*] will respond to emergencies and events that involve public health. As a focused approach to operations intended to support the EOP, this Standard Operating Procedures (SOP) defines the functions of [*name of operations*]. The procedures defined in this document are conducted under the structure of the Incident Command System (ICS) during emergency response operations.

**Purpose**

In the event of a crisis, emergency, or disaster that affects, or can affect, the health and welfare of the citizens of [*County or Tribe*], this SOP describes the necessary activities to ensure the continuity of operations that support emergency response. Therefore, the purpose of this SOP is to

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Scope Instructions:*

Identify the intended audience and activities where the SOP may be relevant. List any assumptions (criteria you assume are in place for this SOP to be functional).

**Delete this box when SOP is complete.**

**Scope**

This SOP is limited to the specific operations of [*Health Department*]. Implementation is not contingent on activating the [*County or Tribe*] EOP.

This SOP does not replace the day to day duties of [*position or agency*]. It only supplements activities and defines procedures in the event of a crisis, emergency, or disaster.

*Assumptions Instructions:*

Assumptions for planning purposes are those elements you expect to exist at the time of an emergency response, as well as the conditions necessary to implement the plan.

**Delete this box when SOP is complete.**

**Assumptions**

1. In the event of a public health event, emergency response operations will be underway.
2. Operations involving these standard methods of action are inclusive, based on established relationships and partnerships with the public, stakeholders and partners, and contributing agencies.
3. [Add others as needed]

**Situation** (optional)

[*Sometimes a situation section is needed for background information.*]

*Concept of Operations Instructions:*

This is the meat of your plan. Outline information and equipment required to perform listed procedure. Use a sequential approach to the operations to help keep the SOP organized and easier to follow. The following are suggestions and examples of what could be included.

**Delete this box when SOP is complete.**

**Section II Concept of Operations**

To successfully perform the functions of this SOP, the following **personnel** must be activated:

To successfully perform the functions of this SOP, the following **equipment** must be readied:

**Implementation**: How is the SOP activated? Who is notified? What action takes place to begin procedures?

**Location**: Where does the SOP primarily take place? Where is a secondary location in the event the first is unavailable?

**Scheduling**: What scheduling (shifts, timelines, etc.) is needed to accomplish the SOP goals?

**Procedures**: How are duties and actions accomplished? What order are the steps? How do you know when to go to the next step?

**Recovery and Demobilization:** What actions are needed to return to “business as usual?”

**After Action:** Briefing and report (synopsis) of the results of the operations

**Section III: Roles & Responsibilities**

*Roles & Responsibilities Instructions:*

Identify personnel (by title) or the group that has a primary role in the SOP and describe how their responsibilities relate to this SOP. If possible, create job action sheets or other supporting documentation to place in the Appendices. If duties do not warrant a full job action sheet, use this section. Either narrative or lists can be used for descriptions of responsibilities.

**Delete this box when SOP is complete.**

**[*Title of Person or Organization*]**

The [*title or agency*] has primary responsibility for activating and completing this SOP.

Activities include

* + - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[*Title of Person or Organization*]**

The [*title or agency*] has primary responsibility for the following activities.

* + - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[*Title of Person or Organization*]**

The [*title or agency*] has primary responsibility for the following activities.

* + - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section IV Maintenance**

The *[title or agency]* will review these procedures annually to ensure currency and accuracy. The person assigned responsibility for maintaining these procedures and ensure they remain appropriate to the goals and capabilities of the agency. The goals of this review are to

* Ensure overall plan accuracy and readiness
* Address and resolve policy, methodology, and technological issues
* Ensure this guide coordinates with related plans, procedures, and protocols
* Make necessary corrections, edits, updates, or procedural adjustments

Changes are tracked in a versioning method and in the Record of Change log.

**Section V Appendices**

*Appendices Instructions:*

Include lists, forms, or other materials that assist with implementing the SOP. The following are examples and suggestions.

**Delete this box when SOP is complete.**

**Delete this box when SOP is complete.**

Attachment: Sample Job Action Sheet

Attachment: Sample Memo of Understanding (MOU)

Attachment: Definitions, Acronyms, & Initializations

Attachment: References and Authorities