

Headquarters
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Regulation 40-4

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Medical Services

PUBLIC HEALTH EMERGENCY OFFICER (PHEO)

***This is the first edition of United States Forces Korea Regulation 40-4.**

For the Commander:

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Summary. This regulation establishes policies, assigns responsibilities and defines the role of Public Health Emergency Officers (PHEOs) within U.S. Forces Korea (USFK) in the event of a public health emergency due to biological warfare, terrorism, or communicable disease epidemics, and implements provisions contained in DoD Directive 6200.3, *Emergency Health Powers on Military Installations*.

Summary of Change. Not applicable, first edition of this regulation.

Applicability. This regulation applies to all U.S. military personnel and installations or garrisons in the Republic of Korea.

Supplementation. Further supplements to this regulation by subordinate commands are prohibited unless prior approval is obtained from Headquarters (HQ) USFK, (FKSG), Unit #15237, APO AP 96205-5237, email: fksg@korea.army.mil.

Forms. USFK forms are available at <http://www.usfk.mil>.

Records Management. Records created as a result of processes prescribed by this regulation must be identified, maintained, and disposed of according to governing Service regulations. Record titles and descriptions are available on the Army Records Management System website at: <https://www.arims.army.mil>.

Suggested Improvements. The proponent of this regulation is Office of the Command Surgeon, HQ USFK (FKSG). Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to HQ USFK (FKSG), Unit #15237, APO AP 96205-5237, email: fksg@korea.army.mil.

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SECTION I

General

1. PURPOSE. To prescribe policies, establish responsibilities and tasks of PHEOs, and implement the PHEO program within USFK, per DoD Directive 6200.3.

2. REFERENCES.

a. Required publications.

(1) DoD Directive 6200.3, Emergency Health Powers on Military Installations.

(2) DoD Instruction 5200.08, Security of DoD installations and Resources.

b. Related publications:

(1) DoD Directive 2000.12, DoD Antiterrorism (AT) Program.

(2) DoD Directive 6200.4, Force Health Protection (FHP).

(3) DoD Directive 6205.02E, Policy and Program for Immunizations to Protect the Health of Service Members and Military Beneficiaries.

(4) DoD Directive 6205.3, DoD Immunization Program for Biological Warfare Defense.

(5) DoD Instruction 2000.16, DoD Antiterrorism (AT) Standards.

(6) DoD Regulation 6025.18R, DoD Health Information Privacy Regulation.

3. EXPLANATION OF ABBREVIATIONS. Abbreviations and terms used in this regulation are explained in the glossary.

4. COMMANDER'S INTENT. To establish the USFK PHEO program in order to provide designated commanders with public health expertise and support, and to enable sound management decisions before, during and after a public health emergency.

SECTION II

Responsibilities

5. COMMANDING GENERAL, EIGHTH US ARMY (8TH ARMY) will:

a. Nominate appropriate Eighth U.S. Army personnel to be assigned as PHEOs and coordinate with Headquarters, Installation Management Command Korea (IMCOM-K) to designate in writing, a PHEO for IMCOM-K, and each U.S. Army Garrison in the Republic of Korea.

b. Ensure PHEOs appointed to support U.S. Army Garrison installations are senior health professional military officers or DoD civilian employee senior healthcare leaders with the education and experience in public health and emergency management per Service guidance for PHEO designation.

c. Ensure Eighth U.S. Army personnel designated as PHEOs are organized and trained to conduct and sustain the full spectrum of medical emergency response operations and effective public health management.

d. Ensure all assigned Eighth U.S. Army healthcare providers, pharmacists and veterinarians conduct medical surveillance, and maintain sensitivity of abnormal spikes or indicators (of any illness or health condition; prescription rates, types or trends; and animal diseases) that could provide early identification of a potential public health emergency, and promptly report each finding to the appropriate PHEO.

e. Ensure appointed PHEOs maintain close contact and coordinate as appropriate, with local Host Nation public health officials.

f. Ensure designated PHEOs attend annual USFK sponsored PHEO training.

6. COMMANDER, SEVENTH AIR FORCE (7TH AF) will:

a. Ensure the 51st and 8th Medical Groups nominate appropriate personnel for appointment as PHEOs by the Osan and Kunsan Installation Commanders.

b. Ensure U.S. Air Force Installation Commanders designate in writing Installation PHEOs for Osan and Kunsan.

c. Ensure Installation PHEOs are senior health professional military officers or DoD civilian employee senior healthcare leaders with the education and experience in public health and emergency management per Service guidance for PHEO appointment.

d. Ensure 7th Air Force personnel designated as Installation PHEOs are organized and trained to conduct and sustain the full spectrum of emergency medical response operations and effective public health management.

e. Ensure all assigned 7th Air Force healthcare providers, pharmacist and public health officers conduct medical surveillance, and maintain sensitivity of abnormal spikes or indicators (of any illness or health condition; prescription rates, types or trends) that could provide early identification of a potential public health emergency and promptly report each finding to the appropriate PHEO.

f. Ensure Installation PHEOs maintain close contact and coordinate as appropriate, with local Host Nation public health officials.

g. Ensure designated PHEOs attend annual USFK sponsored PHEO training.

7. COMMANDER, NAVAL FORCES KOREA (CNFK) will:

a. Coordinate with Naval Hospital Yokosuka, Japan to ensure Branch Medical Clinic (BMC) Chinhae nominate appropriate BMC personnel to be designated a PHEO for Fleet Activities Chinhae and Camp Mujuk.

b. Ensure the Commander, Fleet Activities Chinhae designate in writing a PHEO.

c. Ensure BMC personnel designated as a PHEO is organized and trained to conduct and sustain the full spectrum of emergency medical response operations and effective public health management.

d. Coordinate with Marine Forces Korea (MARFOR-K) and Naval Hospital Yokosuka, Japan to designate in writing a PHEO for Camp Mujuk.

e. Ensure all Fleet Activities Chinhae and Camp Mujuk healthcare providers, and pharmacist conduct medical surveillance, and maintain sensitivity of abnormal spikes or indicators (of any illness or health condition; prescription rates, types or trends) that could provide early identification of a potential public health emergency and promptly report each finding to the appropriate PHEO.

f. Ensure the designated PHEO maintain close contact and coordinate as appropriate, with local Host Nation public health officials.

g. Ensure designated PHEOs attend annual USFK sponsored PHEO training.

8. COMMANDER, MARINE FORCES KOREA (MARFOR-K) will coordinate with CNFK for a senior health professional military officer or DoD civilian employee senior healthcare leader to provide PHEO support to Camp Mujuk.

9. COMMANDING GENERAL, INSTALLATION MANAGEMENT COMMAND KOREA (IMCOM-K) will:

a. Designate, in writing, a PHEO for IMCOM-K and each U.S. Army Garrison in the Republic of Korea, per DoD Directive 6200.3, *Emergency Health Powers on Military Installations*, to provide medical, public health, and emergency management recommendations in response to public health emergencies.

b. Delineate and define the responsibilities of U.S. Army Garrison PHEOs as established under DoD directives (DoD Directive 6200.3 and DoD Instruction 5200.08).

c. Ensure appropriate procedures are established for declarations of public health emergencies and exercise of emergency health powers, as specified in DoD Directive 6200.3, *Emergency Health Powers on Military Installations*, in emergency management plans for each U.S. Army Garrison in the Republic of Korea.

10. USFK INSTALLATION AND GARRISON COMMANDERS will:

- a. Ensure PHEOs are included as a member of the Installation or Garrison Antiterrorism/Force Protection Working Group.
- b. Consult with the PHEO to obtain medical, public health, and emergency management recommendations in response to public health emergencies.
- c. Integrate the process and procedure for declarations of public health emergencies and exercise of emergency health powers, as specified in DoD Directive 6200.3, *Emergency Health Powers on Military Installations*, into Installation or Garrison emergency management plans.
- d. Incorporate public health and emergency response assessments into the annual Antiterrorism/Force Protection (AT/FP) assessment process.
- e. Ensure PHEOs are integrated in AT Installation or Garrison risk assessments that address:
 - (1) Vulnerabilities against the most common public health and disease outbreak possibilities on the Korean peninsula.
 - (2) Vulnerabilities of critical infrastructures, facilities, food and water, and systems to acts of terrorism.
 - (3) The ability to provide Installation or Garrison infrastructure protection against natural, man-made and/or terrorist events that pose a threat to the public health.
 - (4) The full spectrum of risk to public health emergency response.
 - (5) The ability to provide Installation or Garrison response to events and situations that have potential to generate mass casualties.

11. USFK COMMAND SURGEON will:

- a. Serve as proponent for the USFK PHEO program and evaluate the program's effectiveness, recommend changes and/or revision to policy as necessary, maintain program oversight, and coordinate and lead annual USFK PHEO training.
- b. Serve as the USFK senior PHEO and coordinate the activities of Installation and Garrison PHEOs during public health emergencies.
- c. Provide public health and emergency response expertise and consultation to the USFK Commander, and command group as appropriate.
- d. Provide recommendations to the USFK Commander for the declaration of a public health emergency and implementation of proper control measures in the Republic of Korea.

e. Compile and maintain a complete list of Installation and Garrison PHEOs, and in coordination with Service Component Surgeon's staff, maintain direct and frequent communication with each appointed PHEO.

f. Submit budget requirements and coordinate with USFK Resource Management (FKRM) to allocate funding to conduct and host annual USFK PHEO training.

g. Provide appropriate risk communications.

h. Provide Command policy and guidance for preventing, controlling, treating, and reporting diseases and conditions of public health significance.

i. Ensure assessment of public health, disease outbreak emergency response, and mass casualty response during USFK AT/FP exercises.

j. Establish and maintain a cooperative partnership between USFK and the Korea Centers for Disease Control and Prevention (KCDC) to increase interaction and enhance USFK and Host Nation collaboration across a broad range of mutual public health interests.

k. Ensure Office of the Command Surgeon membership to the USFK Joint Force Protection Council, Force Protection Working Group, Force Protection Executive Council, Antiterrorism Terrorist Threat Working Group, Critical Infrastructure Force Protection Working Group, and AT/FP Vulnerability Assessment Team.

12. USFK ACoS, Operations (FKJ3) will ensure the FKJ34 Anti-terrorism/Force Protection Division makes certain the Office of the Command Surgeon's membership to USFK Anti-terrorism/Force Protection/Critical Infrastructure Protection (AT/FP/CIP) Committees, Working Groups, and Teams as appropriate.

13. USFK Resource Management (FKRM) will allocate funds to sustain annual PHEO training.

14. PHEOs will:

a. Be vigilant of threats to public health and ascertain the existence of cases suggesting a public health emergency.

b. Provide public health and emergency response expertise and consultation to the installation commander.

c. Provide Installation or Garrison Commanders with guidance and recommendations on preparing for, declaring, responding to, and recovering from a public health emergency.

d. Ensure advice to Installation or Garrison Commanders is consistent with current medical, scientific, and public health practices; considers the population at risk, command's critical missions, and processes and procedures of the installation or garrison's response plan and appropriate theater concept plans.

e. Ensure appropriate epidemiological investigations of suspected public health emergency cases, are performed in coordination with U.S. Military and local Host Nation public health officials.

f. Provide recommendations regarding appropriate diagnosis, treatment, prophylaxis, and isolation/quarantine measures as appropriate, of individuals infected with or potentially exposed to epidemic diseases or biological agents.

g. Ensure the process and procedure for declarations of public health emergencies and exercise of emergency health powers, as specified in DoD Directive 6200.3, *Emergency Health Powers on Military Installations*, are integrated into the Installation or Garrison emergency management plans.

h. Assist with assessing risk, capabilities and capacity to adequately respond to a potential public health emergency.

i. Assist Installation or Garrison AT/FP Officers with evaluating and determining vulnerabilities to the installation threat response plan.

j. Collaborate with Installation or Garrison logistics and acquisition personnel to determine requirements for medical countermeasures and personal protective equipment for medical and non-medical first responder emergency management personnel, and other populations as appropriate.

k. Ensure all individuals suspected of being exposed to epidemic disease or biological agents are identified, interviewed, counseled, and treated.

l. Provide appropriate risk communications to the population at risk.

m. Maintain close contact and coordinate with local Host Nation public health officials.

n. Implement guidelines for quarantine/isolation once directed by the Installation or Garrison Commander.

o. Ensure personnel subjected to quarantine/isolation are afforded proper notification and explanation for the quarantine, and the plan of examination, evaluation and treatment to discontinue the quarantine, and ensure compliance with all requirements pertaining to quarantines directed by DoD Directive 6200.3.

p. Utilize the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) as epidemiological surveillance.

SECTION III Policy

15. POLICY.

a. U.S. military installations, personnel, and other individuals working, residing or visiting U.S. military installations in the Republic of Korea will be protected under applicable legal and regulatory authorities against communicable diseases associated with biological warfare, terrorism or other public health emergency resulting from a communicable disease epidemic.

b. Installation and Garrison Commanders will appoint in writing, a PHEO to provide guidance and recommendations on preparing for, declaring, responding to and recovering from a public health emergency.

c. PHEOs will be senior health professional military officers or DoD civilian employee senior healthcare leaders with the appropriate education and experience in public health and emergency management.

d. Service Component Commanders will ensure nominated PHEOs are organized and trained to conduct and sustain the full spectrum of emergency medical response operations and effective public health management.

e. During public health emergencies, PHEOs may employ and disclose as necessary, protected health information with Federal, State, or local officials responsible for public health and public safety in accordance with DoD Directive 6200.3, *Emergency Health Powers on Military Installations*, to the extent necessary to protect public health or safety.

GLOSSARY

Section I Acronyms

7 th AF	Seventh Air Force
8 th Army	Eighth U.S. Army
ACoS	Assistant Chief of Staff
AT	Anti-terrorism
AT/FP	Anti-terrorism/Force Protection
BMC	Branch Medical Clinic
CIP	Critical Infrastructure Protection
CNFK	Commander, Naval Forces Korea
DoD	Department of Defense
ESSENCE	Electronic Surveillance System for the Early Notification of Community-based Epidemics
FHP	Force Health Protection
FKJ3	Assistant Chief of Staff, Operations
FKJ34	Anti-terrorism Force Protection Division
FKRM	Office of Resource Management, USFK
FKSG	Office of the Command Surgeon, USFK
HQ	Headquarters
IMCOM-K	Installation Management Command Korea
KCDC	Korea Centers for Disease Control and Prevention
MARFOR-K	US Marine Forces Korea
PHEO	Public Health Emergency Officer
U.S.	United States
USFK	United States Forces, Korea

Section II Terms

Biological Agent. A micro-organism or biological toxin intended to cause disease, injury or death in humans.

Communicable Disease. An illness due to an infectious agent or its toxic product, which may be transmitted either directly or indirectly, from a reservoir to a susceptible host.

Diseases and Conditions of Public Health Significance. For purposes of this regulation, it includes all diseases or health conditions that impact the health and readiness of USFK personnel, their family members, or other eligible healthcare beneficiaries, and have potential for substantial mission degradation, widespread morbidity, or significant mortality.

Epidemic Diseases. Diseases that spread rapidly and extensively by infection among individuals in a specified area.

Isolation. The separation of a person or group of individuals infected with a communicable disease while such disease is in a communicable stage, from other people to prevent the spread of infection.

Population at Risk. For purposes of this regulation, it includes those personnel most likely to be exposed to a public health emergency incident.

Prophylaxis. Treatment to prevent the onset of a particular disease, or the recurrence of symptoms in an existing infection.

Public Health Emergency. An occurrence or imminent threat of an illness or health condition, caused by biological warfare or terrorism, epidemic or pandemic disease, or highly fatal infectious agent or biological toxin, that poses a substantial risk of a significant number of human fatalities or severe disabilities.

Public Health Emergency Officer (PHEO). A senior health professions military officer or DoD civilian employee, designated by the installation commander, with education and/or experience in public health and emergency response, and is responsible for advising the installation commander in the exercising of emergency health powers (as outlined in DoD Directive 6200.3) in the event of a suspected or confirmed public health emergency.

Quarantine. Compulsory detention or other similar restriction, including isolation, for purposes of preventing or limiting the spread of disease, of individuals or groups reasonably believed to be infected with a communicable disease while such disease is in a communicable stage, or is in a pre-communicable stage if the disease is likely to cause a public health emergency if transmitted to other individuals.

Risk Communication. For purposes of this regulation, risk communication is a multi-disciplinary process aimed at protecting the public's health through the exchange of essential information and messages concerning threats and the nature of risk; to help those affected understand risk assessment and risk management; and to establish valid perceptions of the likely threats, and make an informed decision about how risk should be managed.