



DELEGATIONS OF AUTHORITY

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DELEGATIONS OF AUTHORITY



Description: This tool provides resources to help your local health department (LHD) create signed delegations of authority to be activated concurrently with any lines of succession (LOS) during an emergency.

Delegations of authority are signed documents that create legal protection for emergency decisions and prevent bottlenecks or leadership vacuums that could interfere with your Continuity of Operations.

The delegations of authority you'll create here aren't the type used to transfer incident management authority from an elected official or agency executive to an incident commander. Rather, these delegations are designed to help you sustain your agency's *everyday* operations.

If done properly, completion of this tool should result in:

- Finalized and signed delegations of authority for all necessary successors to mission critical positions.
- Finalized delegation of authority template that can be used for the transfer of authority in an emergency event.
- Documented procedures for activating and terminating delegations of authority.

What You Need Before Starting This Work:

- You will need to make sure you understand any legal authorities that govern your leaders' ability to make policy decisions, enforce regulations, etc. Understanding this will help you to transfer the right authorities in each delegation of authority.
- You will need to understand the flow of decisions and actions, up or down the organizational chart, if a mission-critical role sits vacant. Think about how this may impact other's ability to make necessary decisions, and how you can make provisions for that when drafting your delegations of authority.
- Any relevant and active memoranda of understanding (MOU's). For example, a written agreement for a neighboring jurisdiction's health officer to serve as your county's health officer in case of an emergency. **Make sure you understand how these agreements impact your need for delegations of authority. In some instances these MOU's may omit your need for a delegation of authority.**

Steps to Completion:

1. Decide which mission-critical roles should have a delegation of authority in place (not all roles will require one). It's a good bet that any of your top executives and any positions named in local or state laws and regulations (such as TB control officer) will need one.
2. For each position that requires a delegation of authority, outline the key duties and responsibilities that role requires. Use this information to draft your delegation document for that position. **It's important that you thoroughly understand the skills and legal authorities that each role requires so that you can give the appropriate amount of authority in each delegation. Sample delegations of authority for either medical or non-medical roles are included in this toolkit.**
3. Have the mission-critical staff member and their successor(s) - identified in your LOS <http://www.apctoolkits.com/business-continuity/line-succession/> - sign the delegation of authority. Keep legal copies on file in several, varying locations.
4. Document in your Continuity of Operations plan the circumstances under which a delegation of authority will be activated or terminated.

If You Have Just a Little Time to Spend: At minimum, have each leader who is empowered with specific legal authority by state or local statute or regulations and their successors (which you can pull from the line of succession lists you created the **Line of Succession section** <http://www.apctoolkits.com/business-continuity/line-succession/> sign a generic delegation of authority document. Keep signed copies of these documents on file in a secure location. Then, if time permits, go back and customize each delegation document, documenting activation and termination procedures later if you have to.

If You Have More Time to Spend:

Did you breeze through this step? Great! Here are some additional things you can do to increase your readiness for an emergency.

- Train successors in your LOS, who may one day receive the delegated authority, in the duties that they will be responsible for. **It is important for successors to understand the responsibilities they are accepting when agreeing to fill in for a role.** Ensure successors acquire any necessary training and knowledge they will need to act in that role while being mindful of and compliant with any associated policies, laws, or regulations.
- Draft and get approval for a delegation of authority template that can be used to transfer authority to an Incident Management Team in the event of an emergency. This will further boost your preparedness and readiness to act in an emergency.

Where This Leads You:

- So far, you've assembled your lines of succession and prepared the necessary delegations of authority to ensure continuity of your mission-critical roles. Now, it's time to assure continuity of staffing across your organization. **The Identifying and Notifying Mission-Critical Staff section** <http://www.apctoolkits.com/business-continuity/mission-critical-staff/> is set up to help you do just that.
- Integrating plans to staff mission-critical functions with plans for **public health surge** www.phworkforceactivation.com.

Pitfalls to Avoid:

Don't misinterpret what your delegation of authority is for. A properly drafted delegation of authority is more than just a simple transfer of signature authority. **The delegation document you create should allow the successor to do more than just sign contracts and vouchers.** The document should allow the successor the power to enter into contracts, terminate or restructure services, take human resource actions, make budget decisions, communicate with partners, and take any other action that the mission-critical role requires.

How You Know You Got it Right:

- Say your head of procurement takes an unexpected medical leave. If you've completed this tool correctly, the person standing in for your head can immediately take over responsibility for approval of new contracts and purchasing instruments without interruption.
- If a client or stakeholder questions the authority of the person in the "acting" role (hopefully this won't happen) and takes it to court, with the delegation of authority document, your organization has a better chance of prevailing in any proceedings.

Considerations for Rural Health Departments:

If you belong to a small agency, you may find that you do not need any delegations of authority. If you have an agreement (or MOU) with a neighboring jurisdiction for their Health Officer (or other roles) to act in place of yours during an emergency, then most likely, you don't need delegations of authority for the roles covered by this agreement. If this is the case, just follow the procedures documented in the agreement. Adding a delegation of authority into the mix may just confuse things.

TOOLS, SAMPLES AND RESOURCES:

- Blank Delegation of Authority (Non-Medical)
- Blank Delegation of Authority (Medical)
- Sample Delegation of Authority
- **FEMA Continuity Evaluation Tool – Version 6, “Delegations of Authority,” pages 18–20**
www.fema.gov/pdf/government/coop/cet.pdf



[Position or Unit Name] Delegation of Authority

Line of Succession

Primary	Name, Title
First Alternate	Name, Title
Second Alternate	Name, Title
Third Alternate	Name, Title
Fourth Alternate	Name, Title

The [Position Name] may temporarily delegate specific authorities in accordance with the Line of Succession (above) if the [Position Name] is absent due to vacation, illness or other circumstances.

In the event that the [Position Name] Line of Succession is activated, I hereby delegate all authorities and responsibilities identified within the scope of the [Position Name] position, including those listed below, to staff members listed in the above Line of Succession who may act in my absence, beginning with the First Alternate and progressing through each alternate as necessary:

1. Activation and execution of the [Work Unit]’s Business Continuity Plan as necessary.
2. Signatory authority for contracts, agreements or other actions which, under normal circumstances, require the written approval of the [Position Name].
3. Specific authority to commit [Work Unit] resources and establish any new operational policies, consistent with Department protocols, within the Division that may be required in the event of an emergency or disaster.
4. Re-direction, as necessary, of [Work Unit] staff and programs to assure performance of the Division’s essential functions.
5. Providing information to the Department Director or their designee on the operational status and capabilities of the [Work Unit] and, as needed, recommendations for the modification, reduction, or cessation of essential services within the [Work Unit].
6. Collaboration with external partners in forums and circumstances appropriate to the role of the [Position Name].
7. Manage or delegate as appropriate all personnel activities within the [Work Unit] such as hiring authority, employee leave of absence requests, potential disciplinary actions, lay off or termination actions in conjunction with Human Resources.
8. Oversee development and management of the [work unit] budget.

Individuals acting for the [Position name] shall retain such authorities unless authority is assumed by the Director of [Agency name] or their designee, resumed by the [Position name’s immediate supervisor], or the vacant [Position name] position is filled by a new person. The [Work Unit] Line of Succession is designated by name of individual, not by job title. Only the individuals named above are included in the Line of Succession.

The [Position name] will notify all members of the [Work unit] Line of Succession, Director of Public Health, and Preparedness Director for [Agency name] via email any time delegation of authority occurs.

This delegation supersedes any prior delegation of authority.

[Name, Position]	Date
<u>[Work unit]</u>	
<u>[Agency Name]</u>	

Receipt of [Position name or Work Unit] Delegation of Authority Statement

By signing this form, I acknowledge that I have received the **[Position name or Work Unit]** Delegation of Authority Statement. I understand the duties, obligations and responsibilities associated with the assignment of [Position name]. I further understand that it is my responsibility to clarify any questions or concerns I have regarding department and county policies and procedures with my supervisor or with [Name of your support services group], to ensure my actions as [Position name] will be in awareness of and compliance with applicable policies, laws and regulations.

[Name, Position]	Date
<u>[Work unit]</u>	
<u>[Agency Name]</u>	

FORMAT 1

Disease Control Officer Delegation of Authority

WHEREAS I, _____, am the TB Control Officer of Public Health - Seattle & King County; and

WHEREAS, from time to time the TB Control Officer may be absent from King County or otherwise unable to sign official documents or take other official actions; and

WHEREAS, it will be necessary during those occasions for various official documents to be signed and to carry on the business of the TB Control Program of King County; and

WHEREAS, _____ [section] of the _____[code] provides that I may delegate the power and duty of my office to another officer or employee under my control and supervision, provided that I shall continue to be responsible for the exercise of the power or performance of the duty delegated; and

WHEREAS, _____ [section] of the code] provides that each appointed officer may, subject to rules and regulations that the Executive / Legislature may adopt, designate a temporary interim successor in the event a vacancy occurs in the office during an emergency caused by a disaster; and

NOW, THEREFORE, I, _____ TB Control Officer of Public Health - Seattle & King County do hereby order and direct that:

(1) Pursuant to Article _____[section] of the _____[code], the following employees, in the order presented, are designated to act on behalf on my absence from office; and that

(2) Pursuant to _____, in the event of a vacancy of my office during an emergency caused by a disaster, the following employees, in the order presented, and subject to rules and regulations that the Health Officer may adopt, are designated as the temporary interim successor to the Office of TB Control Officer, Public Health - Seattle & King County;

- a. _____, Title
- b. _____, Title
- c. _____, Title

Name, TB Control Officer
Public Health - Seattle & King County

Date

FORMAT 2

Delegation of Authority for Medical Radiation Safety Officer

Memo To: [Radiation Safety Officer]

From: [Chief Executive Officer or Officer of Company]

Subject: Delegation of Authority

You, _____, have been appointed Radiation Safety Officer and are responsible for ensuring the safe use of radiation. You are responsible for managing the Radiation Protection Program; identifying radiation protection problems; initiating, recommending, or providing corrective actions; verifying implementation of corrective actions; stopping unsafe activities; and ensuring compliance with regulations. You are hereby delegated the authority necessary to meet those responsibilities, including prohibiting the use of radioactive material by employees who do not meet the necessary requirements and shutting down operations were justified to maintain radiation safety. You are required to notify management if staff does not cooperate and does not address radiation safety issues. In addition, you are free to raise issues with the Maryland Radiological Health Program at any time. It is estimated that you will spend ____ hours per week conducting radiation protection activities.

Signature of Chief Executive Officer

Date

I accept

Signature of Chief Executive Officer

Date

Emergency Medical Services Division Delegation of Authority

Line of Succession

Primary	Ian Rowe, Division Director
First Alternate	Patricia Patterson, Deputy Division Director
Second Alternate	William Hines, Medical Services Officer
Third Alternate	Linda Ng, Program Manager

The **Emergency Medical Services Division Director** may temporarily delegate specific authorities in accordance with the Line of Succession (above) if the **Emergency Medical Services Division Director Position Name** is absent due to vacation, illness or other circumstances.

In the event that the **Emergency Medical Services Division Director** Line of Succession is activated, I hereby delegate all authorities and responsibilities identified within the scope of the **Emergency Medical Services Division Director** position, including those listed below, to staff members listed in the above Line of Succession who may act in my absence, beginning with the First Alternate and progressing through each alternate as necessary:

1. Activation and execution of the **EMS Division’s** Business Continuity Plan as necessary.
2. Signatory authority for contracts, agreements or other actions which, under normal circumstances, require the written approval of the **Emergency Medical Services Division Director**.
3. Specific authority to commit **EMS Division** resources and establish any new operational policies, consistent with Department protocols, within the Division that may be required in the event of an emergency or disaster.
4. Re-direction, as necessary, of **EMS Division** staff and programs to assure performance of the Division’s essential functions.
5. Providing information to the Department Director or their designee on the operational status and capabilities of the **EMS Division** and, as needed, recommendations for the modification, reduction, or cessation of essential services within the **EMS Division**.
6. Collaboration with external partners in forums and circumstances appropriate to the role of the **Emergency Medical Services Division Director**.
7. Manage or delegate as appropriate all personnel activities within the **EMS Division** such as hiring authority, employee leave of absence requests, potential disciplinary actions, lay off or termination actions in conjunction with Human Resources.
8. Oversee development and management of the **EMS Division** budget.

Individuals acting for the Emergency Medical Services Division Director shall retain such authorities unless authority is assumed by the Director of [Agency name] or their designee, resumed by the [Position name’s immediate supervisor], or the vacant [Position name] position is filled by a new person. The [Work Unit] Line of Succession is designated by name of individual, not by job title. Only the individuals named above are included in the Line of Succession.

The [Position name] will notify all members of the EMS Division Line of Succession, Director of Public Health, and Preparedness Director for Public Health – Seattle & King County via email any time delegation of authority occurs.

This delegation supersedes any prior delegation of authority.

Ian Rowe
Emergency Medical Services
Division Director
EMS Division
Public Health – Seattle & King County

Date

Receipt of EMS Division Director Delegation of Authority Statement

By signing this form, I acknowledge that I have received the **EMS Division Director** Delegation of Authority Statement. I understand the duties, obligations and responsibilities associated with the assignment of **EMS Division Director**. I further understand that it is my responsibility to clarify any questions or concerns I have regarding department and county policies and procedures with my supervisor or with the **Finance & Administrative Services Division**, to ensure my actions as **EMS Division Director** will be in awareness of and compliance with applicable policies, laws and regulations.

Patricia Patterson, Deputy Division Director

Date

Printed name