BP1 Capabilities Plan Report For Massachusetts
Budget Period: 08/10/2011To 08/09/2012
Date Application Submitted: 06/23/2011

Privileged Communication
Centers for Disease Control and Prevention
Grant Number: TBD
Program Announcement #: CDC-RFA-TP11-1101

CAPABILITY: COMMUNITY PREPAREDNESS

Description: Community preparedness is the ability of communities to prepare for, withstand, and recover — in both the short and long terms — from public health incidents. By engaging and coordinating with emergency management, healthcare organizations (private and community-based), mental/behavioral health providers, community and faith-based partners, state, local, and territorial, public health's role in community preparedness is to do the following:
• Support the development of public health, medical, and mental/behavioral health systems that support recovery
• Participate in awareness training with community and faith-based partners on how to prevent, respond to, and recover from public health incidents
• Promote awareness of and access to medical and mental/behavioral health 2 resources that help protect the community's health and address the functional needs (i.e., communication, medical care, independence, supervision, transportation) of at-risk individuals
• Engage public and private organizations in preparedness activities that represent the functional needs of at-risk individuals as well as the cultural and socio-economic, demographic components of the community
• Identify those populations that may be at higher risk for adverse health outcomes
• Receive and/or integrate the health needs of populations who have been displaced due to incidents that have occurred in their own or distant communities (e.g., improvised nuclear device or hurricane)

FUNCTION: 1. Determine risks to the health of the jurisdiction

Description: Identify the potential hazards, vulnerabilities, and risks in the community that relate to the jurisdiction's public health, medical, and mental/behavioral health systems, the relationship of those risks to human impact, interruption of public health, medical, and mental/behavioral health services, and the impact of those risks on the jurisdiction's public health, medical, and mental/behavioral health infrastructure.

Current Status	Current Status Narrative
Infrastructure Not Fully in Place	The Massachusetts Emergency Management Agency (MEMA) is the state age ncy with primary responsibility for ensuring the state's resilience to disasters. MDPH works in partnership with MEMA and other state and local agencies to identify, assess, mitigate, and prepare for potential hazards, risks, and vulnerabilities across the Commonwealth. At the community level, local emergency managers work with local health and other partners to implement plans to identify and address community-specific hazards and vulnerabilities, but resources and capacity to conduct comprehensive local, health-focused HVAs is limited. In 2010, MDPH participated with MEMA in updating the Commonwealth's State Hazard Mitigation Plan (SHMP). Hazards are categorized as: Flood-Related; Coastal Hazards; Atmospheric and Winter-Related; Other Natural Hazards; Geologic-Related; and Non-Natural. According to the multi-faceted risk analysis, the Commonwealth is most vulnerable to flooding, severe storms, and winter events, and these hazards are at the center of the SHMP. The plan describes, but does not analyze vulnerability or estimate losses related to Non-Natural Hazards, which include pandemics and health-related events, chemical/hazardous materials, transportation accidents, nuclear, invasive species, infrastructure failure, terrorism, and commodity shortages. In 2004, MDPH conducted a statewide emergency preparedness and planning needs assessment with local health, but this analysis did not include an HVA component. Many local health communities have identified specific hazards and vulnerabilities, but may not have undertaken full HVAs. In recent years, many communities have begun to develop GIS capacity to map identified hazards, and some are working to apply GIS mapping programs to identify individuals and communities with access and/or functional needs who may require additional assistance in an emergency. Hospitals in the state accredited by the Joint Commission have completed HVA for their facilities, and the PHEP program is working with the Hospital Preparedness Program to gather and incorporate healthcare facility HVA data with existing public health data, and to include health care facilities in the planning for a comprehensive health-focused HVA.

CAPABILITY: COMMUNITY PREPAREDNESS

FUNCTION: 1. Determine risks to the health of the jurisdiction

Goal	Goal Narrative
Build	Over the course of the 5-year Cooperative Agreement, MDPH will work w ith local health through the regional emergency preparedness coalitions, and with other public health, medical, and mental health partners to identify an appropriate health-focused HVA tool; identify and train staff and volunteers from the local and state level to conduct the HVA; and disseminate data from the HVA to support local, regional, state, and federal planning efforts.

Funding Type	Non PHEP Funding Type
PHEP	NA

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element Name: P1. Identification of vulnerable populations

Description

Written plans should include policies and procedures to identify populations with the following:
– Health vulnerabilities such as poor health status
– Limited access to neighborhood health resources (e.g., disabled, elderly, pregnant women and infants, individuals with other acute medical conditions, individuals with chronic diseases, underinsured persons, persons without health insurance)
– Reduced ability to hear, speak, understand, or remember
–Reduced ability to move or walk independently or respond quickly to directions during an emergency
– Populations with health vulnerabilities that may be caused or exacerbated by chemical, biological, or radiological exposure

These procedures and plans should include the identification of these groups through the following elements:
– Review/access to existing health department data sets
– Existing chronic disease programs/maternal child health programs, community profiles
– Utilizing the efforts of the jurisdiction strategic advisory council
– Community coalitions to assist in determining the community's risks

Current Status	Current Status Narrative
Partially in place	There is currently no statewide registry or other consistent mechanism in place to identify individuals with access and/or functional needs living across the Commonwealth. Many local communities have implemented registries, typically through public safety agencies, but some individuals remain reluctant to self-identify for inclusion in a government-sponsored database. MDPH and MEMA have worked together to assess the feasibility of implementing a statewide registry, and have not identified sufficient resources at this time to create and implement a system. In western Massachusetts, the emergency preparedness coalitions have worked closely with their Homeland Security Planning Council to take a comprehensive approach that includes outreach to these individuals and the agencies serving them; engaging consumers, public health, public safety, NGOs, and the private sector in planning; developing evacuation and sheltering strategies; and organizing ongoing trainings, exercises, and opportunities for dialogue. As of August, 2011, communities in all coalitions are required to have in place a plan for ensuring timely communication of public information and warnings to individuals with access/and or functional needs (often referred to in MA as Individuals Requiring Additional Assistance, or IRAA).

Goal	Goal Narrative

RESOURCE ELEMENT CATEGORY: Planning

Resource Element Name: P1. Identification of vulnerable populations

Description	Written plans should include policies and procedures to identify populations with the following: – Health vulnerabilities such as poor health status – Limited access to neighborhood health resources (e.g., disabled, elderly, pregnant women and infants, individuals with other acute medical conditions, individuals with chronic diseases, underinsured persons, persons without health insurance) – Reduced ability to hear, speak, understand, or remember –Reduced ability to move or walk independently or respond quickly to directions during an emergency – Populations with health vulnerabilities that may be caused or exacerbated by chemical, biological, or radiological exposure These procedures and plans should include the identification of these groups through the following elements: – Review/access to existing health department data sets – Existing chronic disease programs/maternal child health programs, community profiles – Utilizing the efforts of the jurisdiction strategic advisory council – Community coalitions to assist in determining the community's risks
Partially in place	MDPH will: - work within the Department with the Bureaus of Information, Statistics, Research, and Evaluation (including MassCHIP community health profiles); Community Health and Prevention (including Maternal and Child Health); Family and Health Nutrition (including WIC); Bureau of Infectious Disease Prevention, Response, and Services (including Refugee and Immigrant Health Program); and Substance Abuse Services; as well as the Offices of Health Equity, and Healthy Communities to identify, access, review, and utilize state-held data that will aid in the identification of populations with access and/or functional needs; - work with other state-level agencies serving individuals and families with access and/or functional needs, including but not limited to the Department of Mental Health, Executive Office of Elder Affairs, Department of Children and Families, Department of Youth Services, MA Commission on Disabilities, MA Commission for the Deaf and Hard of Hearing; and MA Commission for the Blind to identify and catalog services and resources for use in preparedness planning and recovery; - work with MEMA and other state agencies to develop a statewide picture of individuals with access and/or functional needs; - provide relevant state-held data and planning guidance to LPH and emergency preparedness coalitions to support identification of and planning for vulnerable populations at the local and regional level that is consistent across the coalitions. LPH, working in their emergency preparedness coalitions, will: - identify data and resources available through municipal agencies; - use data from local, regional, state, and federal sources (e.g., census data) to identify and describe vulnerable populations within communities and across the regional coalition jurisdictions; and - develop and implement strategies to identify consumers and incorporate them within local and state level planning efforts.

RESOURCE ELEMENT CATEGORY: Planning

Resource Element Name: P2. Jurisdictional risk assessment related to public health, medical, and mental/behavioral health

Description

Written plans should include a jurisdictional risk assessment, utilizing an all-hazards approach with the input and assistance of the following elements:
– Public health and non–public health subject matter experts (e.g., emergency management, state radiation control programs/radiological subject matter experts (http://www.crcpd.org/Map/RCPmap.htm))
– Existing inputs from emergency management risk assessment data, health department programs, community engagements, and other applicable sources, that identify and prioritize jurisdictional hazards and health vulnerabilities

This jurisdictional risk assessment should identify the following elements:
– Potential hazards, vulnerabilities, and risks in the community related to the public health, medical, and mental/behavioral health systems
– The relationship of these risks to human impact, interruption of public health, medical, and mental/behavioral health services
– The impact of those risks on public health, medical, and mental/behavioral health infrastructure6

Jurisdictional risk assessment must include at a minimum the following elements:
– A definition of risk
– Use of Geospatial Informational System or other mechanism to map locations of at-risk populations
– Evidence of community involvement in determining areas for risk assessment or hazard mitigation
– Assessment of potential loss or disruption of essential services such as clean water, sanitation, or the interruption of healthcare services, public health agency infrastructure

Current Status	Current Status Narrative
Not in place	As noted in the Function status narrative, the state has not conducted a statewide health-focused HVA, nor identified a particular HVA tool as suitable for Massachusetts. Hazard assessments conducted by MEMA have not analyzed the impact of identified risks on public health and health care infrastructure. Local health and emergency management do not generally have the resources or in-house expertise to conduct a structured, comprehensive HVA. Currently, MDPH is working to identify and collect any existing HVA data generated at the local or regional level. MDPH is also assessing the feasibility of adopting the UCLA HRAI tool for implementation at the regional emergency preparedness coalition level.

Goal	Goal Narrative

RESOURCE ELEMENT CATEGORY: Planning

Resource Element	**Name: P2. Jurisdictional risk assessment related to public health, medical, and mental/behavioral health**
Description	Written plans should include a jurisdictional risk assessment, utilizing an all-hazards approach with the input and assistance of the following elements: – Public health and non–public health subject matter experts (e.g., emergency management, state radiation control programs/radiological subject matter experts (http://www.crcpd.org/Map/RCPmap.htm)) – Existing inputs from emergency management risk assessment data, health department programs, community engagements, and other applicable sources, that identify and prioritize jurisdictional hazards and health vulnerabilities This jurisdictional risk assessment should identify the following elements: – Potential hazards, vulnerabilities, and risks in the community related to the public health, medical, and mental/behavioral health systems – The relationship of these risks to human impact, interruption of public health, medical, and mental/behavioral health services – The impact of those risks on public health, medical, and mental/behavioral health infrastructure6 Jurisdictional risk assessment must include at a minimum the following elements: – A definition of risk – Use of Geospatial Informational System or other mechanism to map locations of at-risk populations – Evidence of community involvement in determining areas for risk assessment or hazard mitigation – Assessment of potential loss or disruption of essential services such as clean water, sanitation, or the interruption of healthcare services, public health agency infrastructure
Partially in place	During Budget Period 11, MDPH will lay the foundation for conducting a comprehensive health-focused HVA that will incorporate public health, medical, and mental health data. Depending upon the time required for collaborative identification of the appropirate HVA tool and development and completion of training, implementation of the HVA may begin toward the end of BP11, or may begin and be completed during BP12-15. MDPH will: - work with local health through the emergency preparedness coalitions and with other public health, medical, and mental health partners to identify an appropriate HVA tool that can be implemented through the coalitions with necessary support from MDPH; - identify resource and training needs for conducting a statewide compehensive health-focused HVA; - work with MEMA to expand the State Hazard Mitigation Plan to address the public health, medical, and mental health impact of identified risks and vulnerabilities in the Commonwealth; Local health will: - work with MDPH to identify an appropriate HVA tool; - participate in HVA activities when the assessment is implemented; and - use PHEP funding as necessary to support training for and implementation of the HVA within each regional coalition.

RESOURCE ELEMENT CATEGORY: Skills and Training

Resource Element Name: S1. Person(s) with expertise in GIS to assist in locating/mapping at-risk populations

Description	Have or have access to services of persons with expertise in Geospatial Informational Systems to assist in locating/mapping locations of at-risk populations. These Geospatial Informational System services may be found within other governmental agencies (e.g., emergency management) or within academic settings (e.g., schools of public health).
Current Status	**Current Status Narrative**
Partially in place	MDPH currently has limited access to GIS expertise through staff in the Bureau of Infectious DIsease Prevention, Response, and Services, and the Bureau of Environmental Health. MDPH can also access GIS services through MEMA, although access to services during and emergency would be limited. The Department does not have sufficient capacity at this time to fully support GIS services for local health. Few local health departments outside of the larger communities have in-house GIS expertise, although some can access GIS through their emergency management or planning departments. In the past, efforts to build GIS capacity in some of the regional coalitions were not successful. Currently, several regional emergency preparedness coalitions are working on pilots to develop GIS mapping programs to help identify at-risk populations in their communities.
Goal	**Goal Narrative**
Partially in place	During BP11, the Emergency Preparedness Bureau will develop capacity to provide basic GIS services. In addition, MDPH will: - develop protocols and procedures to support sharing of existing GIS capactity within the Department; - determine the capacity of the Department to provide GIS support at the local and regional level; - work with local health to develop and adopt common definitions of at-risk populations to promote consistency of GIS mapping across the coalitions; - work with MEMA to develop an agreement for the Department to access MEMA GIS capacity. Local health will: - identify existing GIS capacity available to local health though in-house staffing or through other sources; work with MDPH to develop and adopt common definitions of at-risk populations to promote consistency of GIS mapping across the coalitions.

FUNCTION: 2. Build community partnerships to support health preparedness

Description:	Identify and engage with public and private community partners who can do the following: • Assist with the mitigation of identified health risks • Be integrated into the jurisdiction's all-hazards emergency plans with defined community roles and responsibilities related to the provision of public health, medical, and mental/behavioral health as directed under the Emergency Support Function #8 definition at the state or local level
Current Status	**Current Status Narrative**

CAPABILITY: COMMUNITY PREPAREDNESS

FUNCTION: 2. Build community partnerships to support health preparedness

Infrastructure Not Fully in Place	MDPH has long-established relationships with public partners at the f ederal and state level as well as private community partners that are involved in mitigation, planning, and response activities that support health preparedness. MDPH works closely on planning and preparedness issues with federal partners including FEMA Region 1, the RECs within HHS Region 1, VA representatives, and CDC programs such as SNS, DSLR, and Immunization. On the state level, MDPH is an active member of the MA Emergency Management Team coordinated by MEMA, participates (as non-voting member) on the Homeland Security Planning Councils across the state (including the Boston UASI Council), and works with the Executive Office of Public Safety and Security to review and coordinate planning across CDC, ASPR, and DHS grant programs. MDPH also has built strong relationships with agencies in the Executive Office of Health and Human Services (EOHHS). These relationships were key to mounting successful vaccination and public information campaigns during H1N1, and we continue to work with state human services agencies on a number of initiatives that support health preparedness, including general preparedness plans, COOP planning, participation on the HHAN, and the development of communications plans to reach clients and families with access and/or functional needs during emergencies. In addition, MDPH works closely with DMH, which oversees disaster behavioral health planning activities in the Commonwealth, and coordinates a cadre of mental and behavioral health volunteers who have provided support during events affecting public health including the recent tornadoes in western and central Massachusetts, H1N1, the impact of the earthquake in Haiti on the Haitian community in the state, and the 2008 ice storms affecting central and western Massachusetts. Finally, at the state level, MDPH has continued to strengthen relationships with the Department of Education (DOE) and state school superintendents, who were included in H1N1 planning activities and public information campaigns, playing a key role in supporting school-located vaccination clinics. MDPH also continues to work with private community partners, many of whom became more closely connected with the Department as a result of H1N1 activities. MDPH works closely with the 46 MRCs in the state, colleges and universities, graduate schools of public health, healthcare facilities, community health centers, long term care facilities, and large ambulatory care practices, all of whom are essential to supporting health preparedness. Other private partners include the MA Medical Society, MA Hospital Association, American Red Cross, Disability Policy Consortium, and Centers for Independent Living. MDPH is continuing to identify and reach out to additional community based partners to further enhance health preparedness. Local health departments in large urban cities may have more resources to support and nurture ongoing relationships with public and private partners, and can serve as a model to be adapted for smaller communities. During H1N1, most LPH strengthened relationships with local public safety, emergency management, schools, and health care facilities and providers within the community. For many LPH in smaller communities, relationships with mental and behavioral health services are not as robust, and resources to build stronger relationships with private business, CBOs, and FBOs are increasingly limited.
Goal	**Goal Narrative**

CAPABILITY: COMMUNITY PREPAREDNESS

FUNCTION: 2. Build community partnerships to support health preparedness

Build	MDPH will: - maintain existing relationships with local, state, an d federal public partners; - work with MEMA to better integrate public health plans (e.g. risk communication, COOP, IRAA) into the local Comprehensive Emergency Management Plans (CEMP) developed by local emergency managers; - work with MEMA and EOHHS representatives to identify and develop strategies to address gaps in planning for children in disasters; - identify at least 5 additional statewide private partnerships and CBOs within the 11 sectors to support health preparedness, with particular emphasis during BP11 on identifying human services organizations that serve and advocate on behalf of individuals (children and adults) with access and/or functional needs. Local health will: - work in their emergency preparedness coalitions to develop strategies to expand local and regional partnerships that support health preparedness, with a particular focus in BP11 on identifying and partnering with mental and behavioral health organizations, and other organizations in their communities that serve and advocate on behalf of individuals; - enhance existing collaborative relationships with emergency management, public safety, human services, education, businesses, faith communities, and other CBOs that support health preparedness, with a particular focus during BP11 on identifying and working to address gaps, with support from MDPH as requested. MDPH will encourage increasing public and private collaboration over the course of the 5-year cooperative agreement; - work in their emergency preparedness coalitions to ensure that coalition meetings and planning activities incorporate some level of participation from other sectors involved in public health preparedness, including local hospitals and healthcare facilities, large behavioral health or human service organizations, businesses, and faith communities; - participate in Local/Regional Emergency Planning Committees (LEPC\REPC) to strengthen relationships with local planning and response partners.
Funding Type	**Non PHEP Funding Type**
PHEP	NA

RESOURCE ELEMENT CATEGORY: Planning

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element Name: P1. Participation in existing or new partnerships representing the listed community sectors

Description	Written plans should include a policy and process to participate in existing (e.g., led by emergency management) or new partnerships representing at least the following 11 community sectors: business; community leadership; cultural and faith-based groups and organizations; emergency management; healthcare; social services; housing and sheltering; media; mental/behavioral health; state office of aging or its equivalent; education and childcare settings.
Current Status	**Current Status Narrative**
Partially in place	MEMA is fully involved in statewide planning that includes existing partnerships in the 11 identified community sectors; MDPH connects with these sectors as a member of the MA Emergency Management Team that brings all sectors together for monthly meetings. MDPH has also developed separate planning and response relationships across these sectors, and can build on these relationships to support local health in establishing similar partnerships at the local level where they do not already exist. Generally, partnerships between LPH and emergency management/public safety and human service organizations, CBOs, business, and FBOs vary in strength across the state, although partnerships with emergency management/public safety tend to be more robust. The state needs to develop a more complete picture of the partnerships that do exist and identify any gaps that need to be addressed locally or statewide.
Goal	**Goal Narrative**
Partially in place	MDPH will work over the course of the 5-year Cooperative Agreement to build and support dynamic and robust relationships with public and private partners, but does not anticipate that it will ever consider partnerships across the 11 sectors fully in place. The reality of reduced resources and changing CBOs will require ongoing attention to the maintenance and re-alignment of partnerships. During BP11, MDPH will: - develop written descriptions of its public and private partnerships across the 11 sectors; - identify at least 5 new partnerships, with particular emphasis on humans services and advocacy organizations serving individuals (adults and children) with access and/or functional needs; - work with MEMA to develop an integrated strategy for health preparedness. Local health will: - identify and maintain existing partnerships with public and private organizations representing the identified 11 sectors; - work in the regional emergency preparedness coalitions to share information about existing partnerships in member communities and to identify areas where partnerships need to be enhanced; - work in the regional emergency preparedness coalitions to develop regional strategies to identify and establish new partnerships in sectors that the region determines to be under-represented.

RESOURCE ELEMENT CATEGORY: Planning

Resource Element	**Name: P2. Protocol to encourage or promote medical personnel to register and participate with MRC or ESAR-VHP**
Description	Written plans should include a protocol to encourage or promote medical personnel (e.g., physicians, nurses, allied health professionals) from community and faith-based organizations and professional organizations to register and participate with community Medical Reserve Corps or state Emergency Systems for Advance Registration of Volunteer Health Professionals programs to support health services during and after an incident. (For additional or supporting detail, see Capability 15: Volunteer Management)

Current Status	Current Status Narrative
Fully in place	There are 46 active, federally-recognized MRCs in the state, and MDPH supports their recruitment and training activities with significant state funding. These MRCs are organized and managed at the community level. MDPH worked with MRC representatives as well as hospitals and health care providers and others to develop and establish MAResponds, a new statewide secure volunteer management system that will be administered through MDPH and open to participating MRC units and health and medical volunteers who choose to volunteer outside of existing MRC units. MAResponds will provide registration for participating MRCs, ESAR-VHP, and other disaster volunteers, and has been developed to meet requirements under federal ESAR-VHP guidelines. The new system will support more integrated management of volunteers organized to respond to health and medical events. MDPH, working with the MRCs and other partners, is developing a statewide marketing campaign around the new MA Responds system. The marketing campaign will target prospective medical and non-medical volunteers through a range of promotional activities including print and broadcast media, social networking, and recruitment at conferences and other events.

Goal	Goal Narrative
Fully in place	MDPH, in collaboration with the 46 MRCs and other partners, will launch the promotional initiative in BP11. The goals for the initial year are: - participation in MA Responds by at least 80% of the currently existing MRC units; - recruitment of 300 new volunteers for MA Responds (within participating MRC units and in the group of state-managed volunteers); - identify under-represented health and medical skillsets, and develop strategies for recruitment and retention of volunteers.

FUNCTION: 3. Engage with community organizations to foster public health, medical, and mental/behavioral health social networks

CAPABILITY: COMMUNITY PREPAREDNESS

FUNCTION: 3. Engage with community organizations to foster public health, medical, and mental/behavioral health social networks

Description: Engage with community organizations to foster social connections that assure public health, medical and mental/behavioral health services in a community before, during, and after an incident.

Current Status	Current Status Narrative
Infrastructure Not Fully in Place	The state health department supports a statewide network of "Communit y Health Network Areas (CHNAs)" which are local and regional coalitions of community-based health and human service organizations. In addition, the state has leveraged existing partnerships to build networks of community-based organizations. For example, during H1N1 the Emergency Preparedness Bureau (EPB) worked with the Office of Health Equity (OHE) to engage community-service organizations in vaccination efforts. MDPH also has developed relationships with the Centers for Independent Living in Massachusetts who serve individuals requiring additional assistance. These agencies serve as trusted networks to reach populations that are traditionally distrustful of government. In recent emergencies, these networks have been used as outlets for information sharing. Local health departments in MA inconsistently maintain relationships with community organizations to foster public health, medical, and mental/behavioral health social networks. Some local health departments are active participants in those groups which enhances their relationships with community organizations. Other local health departments have isolated working relationships with one or several community organizations with whom they collaborate on preparedness.
Goal	**Goal Narrative**
Build	MDPH will also foster networks of community-based organizations and i nclude them in the planning process. MDPH will be able to continuously refine policies and procedures with input from the community service organizations. MDPH will enhance visibility on current social networking sites such as facebook, twitter, and the MDPH blog. This will also help to increase engagement with community-based organizations. MDPH will recommend local health department participation in CHNAs and encourage them to introduce emergency preparedness activities to those groups. MDPH will work with local health to include community-based organizations in their plans and responses. Increased collaboration with the community organizations will take place throughout the five-year cooperative agreement.
Funding Type	**Non PHEP Funding Type**
PHEP	NA

RESOURCE ELEMENT CATEGORY: Planning

Resource Element Name: P2. Ensure health services are culturally and socially competent

Description Written plans should include a protocol to identify health services needed to support identified disaster risks and ensure these services are culturally and socially competent.

Current Status	Current Status Narrative
Not in place	Cultural competency is not currently emphasized within local health departments in MA, with the exception of several large urban area departments.
Goal	**Goal Narrative**
Partially in place	In Budget Year 1, through the Local Public Health Institute, offer training to local health departments on cultural competency.

FUNCTION: 4. Coordinate training or guidance to ensure community engagement in preparedness efforts

Description: Coordinate with emergency management, community organizations, businesses, and other partners to provide public health preparedness and response training or guidance to community partners for the specific risks identified in the jurisdictional risk assessment.

Current Status	Current Status Narrative

CAPABILITY: COMMUNITY PREPAREDNESS

FUNCTION: 4. Coordinate training or guidance to ensure community engagement in preparedness efforts

Infrastructure Not Fully in Place	MA local health departments have organized a statewide network of Eme rgency Preparedness coalitions. The groups serve as the planning jurisdiction for emergency preparedness and meeting the requirements of the PHEP grant. The coalitions, and individual local health departments, tend to maintain working relationships with some community-based organizations on a project-specific basis. Some actively plan with emergency management and health care organizations. All coalitions have organized Medical Reserve Corps units. Ongoing working relationships with behavioral health organizations, business, community organizations, and other partners are more limited.
Goal	**Goal Narrative**
Build	In Budget Year 1 we will support efforts in the EP coalitions to enha nce community engagement in preparedness efforts. The Local Public Health Institute will provide training opportunities on community engagement. Coalitions will submit a plan to increase their level of community engagement in subsequent grant years.
Funding Type	**Non PHEP Funding Type**
PHEP	NA

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

RESOURCE ELEMENT CATEGORY: Planning

Resource Element Name: P1. Public health approaches to address children's medical and mental/behavioral health needs

Description	Written plans should include documentation that public health has participated in jurisdictional approaches to address how children's medical and mental/behavioral healthcare will be addressed in all-hazard situations, including but not limited to the following elements: – Approaches to support family reunification – Care for children whose caregivers may be killed, ill, injured, missing, quarantined, or otherwise incapacitated for lengthy periods of time – Increasing parents' and caregivers' coping skills – Supporting positive mental/behavioral health outcomes in children affected by the incident – Providing the opportunity to understand the incident
Current Status	**Current Status Narrative**
Partially in place	MEMA is currently leading an initiative with MDPH and other EOHHS agencies serving the needs of children and families to identify strengths and gaps in planning for children in disasters, and to develop recommendations to the Governor regarding next steps to plan for and mitigate risks to children. The initiative will be using guidance developed by the National Commission on Children in Disasters. Initial recommendations will be provided to the Governor's office during Summer 2010, and subsequent work is expected to begin in Fall 2010. Further details of this initiative are yet to be determined. MDPH currently works with DMH to plan for and respond to disaster mental/behavioral health needs, and will continue this partnership through the new 5-year Cooperative Agreement, assuming available resources. DMH coordinates the statewide Mass Support Network that deploys volunteer mental health professionals and counselors to communities and organizations affected by disasters.
Goal	**Goal Narrative**
Partially in place	MDPH and local health will work through the 5-year Cooperative Agreement period to enhance planning for children in disasters, and to expand access to mental/behavioral health support following emergencies and disasters. By the end of BP11, MDPH will: - identify and begin to partner with public and private health and social service agencies and organizations serving children and familites to plan for the needs of children in disasters: - develop and disseminate planning guidance to local health regarding local planning for children in disasters; - work with DOE to gather information regarding emergency preparedness planning in schools and to promote integration of planning efforts at the state and local levels; - work with DMH to refine training curricula for psychological first aid and disaster behavioral health trainings, including modules to be made available on-line through the Local Public Health Institute; - work with DMH to incoporate disaster/behavioral health volunteers within MAResponds to facilitate deployment and tracking of volunteers. Local health will: - work in regional emergency preparedness coalitions to identify existing efforts to plan for children in disasters, and to identify gaps in planning and need for technical assistance and support by state and federal partners; - work in regional emergency preparedness coalitions to identify and catalog mental/behavioral health resources and services available in member communities; - engage local community health centers and mental/behavioral health service providers in health preparedness planning and response.

RESOURCE ELEMENT CATEGORY: Planning

Resource Element Name: P2. Building and sustaining volunteer opportunities for community residents

Description	Written plans should include a process and procedures to build and sustain volunteer opportunities for residents to participate with local emergency responders and community safety efforts year round (e.g., Medical Reserve Corps). (For additional or supporting detail, see Capability 15: Volunteer Management)

Current Status	Current Status Narrative
Partially in place	In Massachusetts, local health has taken the lead in organizing and maintaining 46 federally-recognized MRCs, whose volunteers participate in day-to-day health department activities as well as provide support in emergencies for shelter staffing, operation of emergency dispensing sites, commodities distribution, and dissemmination of risk communication information. Many LPH department also work with local emergency management to recruit residents to serve on CERT teams, which offer opportunities for volunteers to support emergency management activities. MDPH has developed and is implementing MAResponds, a secure volunteer management system that will allow participating MRCs, CERT teams, and others to register and manage volunteers within a single integrated system. Trainings and other services for volunteers are incoprorated in the system to facilitate volunteer management and to support an improved volunteer experience. A marketing campaign is in development, in collaboration with MRCs, and will recruit new emergency response volunteers.

Goal	Goal Narrative
Fully in place	Over the course of the 5-year Cooperative Agreement, MDPH will work to enroll 100% of existing MRC units within MAResponds in order to better integrate recruitment, retention, training, and deployment of volunteers in local, regional and state health emergencies and disasters. Within BP11, MDPH will: - voluntarily enroll at least 80% of the existing MRC units within MAResponds; - work with MEMA and local emergency management to encourage CERT teams to participate in MAResponds; - work with DMH to include disaster mental/behavioral health volunteers within MAResponds. - work with MRCs to support opportunities for volunteers to particpate in state and local health preparedness planning. Local health will: - work in regional emergency preparedness coalitions to identify and promote opportunities for health volunteers; - work with MDPH and existing volunteer organizations such as American Red Cross to determine policies and procedures for coordinating health and medical volunteers during disasters and emergencies.

RESOURCE ELEMENT CATEGORY: Skills and Training

Resource Element	**Name: S1. Disaster education and training programs for responders, volunteers, and community residents**
Description	Identify, recommend, or develop standardized and competency-based disaster education and training programs (such as the National Disaster Life Support Program, the American Academy of Pediatrics disaster medicine curriculum, National and State Voluntary Organizations Active in Disaster planning documents) for emergency responders, citizen volunteers, and other community residents.

Current Status	**Current Status Narrative**
Partially in place	The Local Public Health Institute and the MA Responds system both offer training opportunities to responders, volunteers, and community residents.

Goal	**Goal Narrative**
Fully in place	In Budget Year 1 we will maintain and enhance training opportunities through the two systems.

Resource Element	**Name: S2. Access to Medical Reserve Corps, coordination with Community Emergency Response Teams/Citizen Corps**
Description	Have or have access to at least one Medical Reserve Corps and coordinate with existing Community Emergency Response Teams/Citizen Corps. (For additional or supporting detail, see Capability 15: Volunteer Management)

Current Status	**Current Status Narrative**
Fully in place	MA maintains a robust statewide network of 46 Medical Reserve Corp Units. Response activities are coordinated with other disaster responders including the MA Emergency Management Agency, the American Red Cross, and CERT teams.

Goal	**Goal Narrative**
Fully in place	In Budget Year 1 we will sustain and enhance the current system.

CAPABILITY: COMMUNITY RECOVERY

Description: Community recovery is the ability to collaborate with community partners, (e.g., healthcare organizations, business, education, and emergency management) to plan and advocate for the rebuilding of public health, medical, and mental/behavioral health systems to at least a level of functioning comparable to pre-incident levels, and improved levels where possible.

This capability supports National Health Security Strategy Objective 8: Incorporate Post-Incident Health Recovery into Planning and Response. Post-incident recovery of the public health, medical, and mental/behavioral health services and systems within a jurisdiction is critical for health security and requires collaboration and advocacy by the public health agency for the restoration of services, providers, facilities, and infrastructure within the public health, medical, and human services sectors. Monitoring the public health, medical and mental/behavioral health infrastructure is an essential public health service.

FUNCTION: 1. Identify and monitor public health, medical, and mental/behavioral health system recovery needs

Description: Assess the impact of an incident on the public health system in collaboration with the jurisdictional government and community and faith-based partners, in order to determine and prioritize the public health, medical, or mental/behavioral health system recovery needs.

This function addresses the intent of National Health Security Strategy Outcome 8 that there should be a collaborative effort within a jurisdiction that results in the identification of public health, medical, and mental/behavioral assets, facilities, and other resources which either need to be rebuilt after an incident or which can be used to guide post-incident reconstitution activities.

Current Status	**Current Status Narrative**

CAPABILITY: COMMUNITY RECOVERY

FUNCTION: 1. Identify and monitor public health, medical, and mental/behavioral health system recovery needs

Infrastructure Not Fully in Place	Local health departments throughout the state have a varying degree o f capacity regarding community recovery. Some local health departments are members of Local Emergency Planning Committees (LEPC) which perform this task. It is also important to note that many LEPCs do not include Community-Based Organizations (CBO). Other local health departments have no infrastructure regarding community recovery.
Goal	**Goal Narrative**
Build	Over the five-year cooperative agreement, MDPH intends to establish a protocol for local health departments and emergency preparedness coalitions to collaborate with appropriate partners to identify recovery needs. MDPH will develop and provide training and oversight to foster increased collaboration across the state.
Funding Type	**Non PHEP Funding Type**
No Funding	NA

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element Name: P1. Partner collaboration to identify recovery needs

Description	Written plans should include processes for collaborating with community organizations, emergency management, and healthcare organizations to identify the public health, medical, and mental/behavioral health system recovery needs for the jurisdiction's identified hazards.
Current Status	**Current Status Narrative**
Partially in place	Many local health departments are part of their Local Emergency Planning Committee (LEPC) and focus on community recovery. Not all local health departments have developed plans and procedures necessary to coordinate community recovery efforts.
Goal	**Goal Narrative**
Partially in place	MDPH will provide a protocol and template plans for local health departments to collaborate with emergency response partners in developing community recovery efforts. Due to the variance in local health departments' capacity to coordinate community recovery, these planning efforts will span the entire five-year cooperative agreement.

Resource Element Name: P2. Community assessment and follow-up monitoring after an incident

Description	Written plans should include how the health agency and other partners will conduct a community assessment and follow-up monitoring of public health, medical, and mental/behavioral health system needs after an incident.
Current Status	**Current Status Narrative**
Partially in place	Within MDPH the Bureau of Environmental Health assists in coordinating recovery operations. Following an emergency, BEH implements plans and procedures for conducting community assessments and follow up monitoring. BEH maintains written protocols for other environmental media assessments as well.
Goal	**Goal Narrative**
Fully in place	BEH will work with state partners to provide information related to incident follow up and environmental monitoring. MDPH will work with local health departments to provide training and guidance on conducting community assessments and follow-up monitoring. The guidance will be developed within the first two years, with training to follow for years 3-5.

RESOURCE ELEMENT CATEGORY: Planning

Resource Element Name: P3. Continuity of operations plan

Description	Written plans should include the following elements (either as a stand-alone Public Health Continuity of Operations Plan or as a component of another plan): – Definitions and identification of essential services needed to sustain agency mission and operations – Plans to sustain essential services regardless of the nature of the incident (e.g., all-hazards planning) – Scalable work force reduction – Limited access to facilities (social distancing, staffing or security concerns) – Broad-based implementation of social distancing policies if indicated – Positions, skills and personnel needed to continue essential services and functions (Human Capital Management) – Identification of agency vital records (legal documents, payroll, staff assignments) that support essential functions and/or that must be preserved in an incident – Alternate worksites – Devolution of uninterruptible services for scaled down operations – Reconstitution of uninterruptible services
Current Status	**Current Status Narrative**
Partially in place	MDPH maintains a Continuity of Operations Plan (COOP) for the Department. MDPH requires local health departments to maintain a COOP as part of the grant deliverables. Most local health departments have a COOP plan for the health department. Very few municipalities have a government-wide COOP. In addition, although COOP plans are in place, community recovery has not been incorporated into the COOP.
Goal	**Goal Narrative**
Fully in place	Over the five-year cooperative agreement, MDPH will review the current COOP template and update it to reflect the full list of components in the community recovery capability description. MDPH intends to work with local health departments to ensure their COOP plans contain community recovery resources and contingency planning.

FUNCTION: 2. Coordinate community public health, medical, and mental/behavioral health system recovery operations

Description:	Facilitate interaction among community and faith-based organizations (e.g., businesses and non-governmental organizations) to build a network of support services which will minimize any negative public health effects of the incident. This function addresses the National Health Security Strategy Objective 8 outcome recommendation that jurisdictions should have an integrated plan as to how post-incident public health, medical, and mental/behavioral services can be coordinated with organizations responsible for community restoration.
Current Status	**Current Status Narrative**
No Infrastructure in Place	Currently, many local health departments do not coordinate the health and medical recovery operations within their jurisdiction.
Goal	**Goal Narrative**
No Goal	MDPH intends to work with local health departments to ensure plans ar e in place for collaborating with response partners for community recovery, not necessarily coordinating recovery operations. Local health departments may not have the staff, resources, and expertise to coordinate health and medical system recovery within their jurisdiction. Over the five-year cooperative agreement, MDPH will ensure local health becomes more aware of recovery operations and will incorporate recovery trainings into the Local Public Health Institute.
Funding Type	**Non PHEP Funding Type**
No Funding	NA

FUNCTION: 3. Implement corrective actions to mitigate damages from future incidents

CAPABILITY: COMMUNITY RECOVERY

FUNCTION: 3. Implement corrective actions to mitigate damages from future incidents

Description: Incorporate observations from the current incident to describe actions needed to return to a level of public health, medical, and mental/behavioral health system function at least comparable to pre-incident levels or improved levels where appropriate. Document these items in a written after action report and improvement plan, and implement those corrective actions that are within the purview of public health.

This function addresses the intent of the National Health Security Strategy Outcome 8 recommendation that jurisdictions should have a monitoring and evaluation plan for recovery efforts.

Current Status	Current Status Narrative
No Infrastructure in Place	Local health departments currently have no plans in place to implemen t corrective actions to mitigate damages from future incidents, however, many local health members have taken HSEEP and do develop after action reports following exercises and real events and use this information to update plans.

Goal	Goal Narrative
No Goal	MDPH intends to assist local health departments in collaborating with response partners for community recovery efforts. Over the five-year cooperative agreement, MDPH will work with local health departments to develop plans and procedures for monitoring and evaluating recovery efforts.

Funding Type	Non PHEP Funding Type
No Funding	NA

CAPABILITY: EMERGENCY OPERATIONS COORDINATION

Description: Emergency operations coordination is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System.

FUNCTION: 1. Conduct preliminary assessment to determine need for public activation

Description: Define the public health impact of an event or incident and gather subject matter experts to make recommendations on the need for, and scale of, incident command operations.

Current Status	Current Status Narrative
Infrastructure Fully in Place - Fully Evaluated and Demonstrated	During recent real-world activations (H1N1, 2010 Floods, etc.) MDPH h as demonstrated the ability to define the public health impact of an event and implement incident command operations. MDPH has experience in determining the size and scope of incident command based on the nature of the incident.

Goal	Goal Narrative
Build	MDPH intends to maintain the current capacity for incident command op erations and build upon its utility. MDPH intends to train additional staff members in multiple Incident Command System (ICS) positions to ensure an appropriate number of primary and back-up staff members. The more robust the staffing, the more capacity MDPH will have in responding to large-scale emergencies. Training additional staff in ICS positions will be a priority for the entire cooperative agreement.

Funding Type	Non PHEP Funding Type
PHEP	NA

FUNCTION: 2. Activate public health emergency operations

Description: In preparation for an event, or in response to an incident of public health significance, engage resources (e.g., human, technical, physical space, and physical assets) to address the incident or event in accordance with the National Incident Management System and consistent with jurisdictional standards and practices.

CAPABILITY: EMERGENCY OPERATIONS COORDINATION

FUNCTION: 2. Activate public health emergency operations

Current Status	Current Status Narrative
Infrastructure Fully in Place - Fully Evaluated and Demonstrated	MDPH has activated its public health emergency operations during rece nt real-world and planned events. MDPH maintains a Department Operations Center (DOC) to support the public health emergency operations. Frequent drills have been conducted to test the notification and activation of DOC staff. In addition, plans and procedures are currently in place for the activation of ESF-8 (Health and Medical) representatives to staff the State Emergency Operations Center. MDPH has fully demonstrated and evaluated this function.
Goal	**Goal Narrative**
Build	Although the command structure has been activated at the DOC during r ecent emergencies and via drills, MDPH will continue to refine plans and procedures and demonstrate activation of the DOC annually through CDC Performance Measures.
Funding Type	**Non PHEP Funding Type**
PHEP	NA

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element Name: P1. Standard operating procedures for the public health EOC

Description	Written plans should include standard operating procedures that provide guidance for the management, operation, and staffing of the public health emergency operations center or public health functions within another emergency operations center. The following should be considered for inclusion in the standard operating procedures: – Activation procedures and levels, including who is authorized to activate the plan and under what circumstances – Notification procedures; procedures recalling and/or assembling required incident command/management personnel and for ensuring facilities are available and operationally ready for assembled staff
Current Status	**Current Status Narrative**
Fully in place	SOPs have not been completed for the DOC, however, SOPs have been developed for the ESF-8 desk at the SEOC. Activation and notification procedures are in the Department EOP and will be adapted to the SOPs. In addition, operating response procedures have been written for nuclear power plant incidents.
Goal	**Goal Narrative**
Fully in place	SOPs will be developed for the DOC to include activation and notification procedures; JAS, staff trained in DOC operations, virtually reporting through WebEOC and other elements defined by CDC. The DOC SOP will be a priority for year one of the cooperative agreement.

Resource Element Name: P2. Job action sheets for incident command positions and roles in a public health emergency

Description	Written plans should include job action sheets or equivalent documentation for incident command positions and others with roles in a public health emergency.
Current Status	**Current Status Narrative**
Fully in place	MDPH currently maintains and uses JAS for 12 ICS positions, including all of the Command and General Staff positions except for Admin/Finance. In addition the Department's new instance of WebEOC has JAS for all the HICS positions that could be adapted as needed.
Goal	**Goal Narrative**
Fully in place	MDPH will create the remaining JAS for commonly staffed ICS positions along with others that may be deemed necessary. The JAS will be completed within the first two years of the cooperative agreement.

RESOURCE ELEMENT CATEGORY: Skills and Training

Priority Resource Element

Resource Element Name: S1. NIMS certification based on discipline, level, and jurisdictional requirements

Description

Staff involved in incident response should have competency in the incident command and emergency management responsibilities they may be called upon to fulfill in an emergency. A precursor to having competency is for staff to attain the applicable National Incident Management System (NIMS) Certification based on discipline, level and/or jurisdictional requirements. Additional information on NIMS is located at http://www.fema.gov/emergency/nims/.

A suggested approach to establish your NIMS training needs based on CDC guidelines is outlined below.

Tier One: Personnel who, in the event of a public health emergency, will not be working within the emergency operations center/multiagency coordination system or will not be sent out to the field as responders. Applicable training courses are
– National Incident Management System, An Introduction (IS-700a)
– National Response Framework, An Introduction (IS-800.b)

Tier Two: Personnel who, in a public health emergency, will be assigned to fill one of the functional seats in the emergency operations center during the response operation. Applicable training courses are listed below:
– Introduction to Incident Command System (IS-100.b)
– Incident Command System for Single Resources and Initial Action Incidents (IS-200.b)
– National Incident Management System: An Introduction (IS-700a)
– National Response Framework: An Introduction (IS-800.b)

Tier Three: Personnel who, in a public health emergency, have the potential to be deployed to the field to participate in the response, including personnel who are already assigned to a field location. Applicable training courses are listed below:
– Introduction to Incident Command System (IS-100.b)
– Incident Command System for Single Resources and Initial Action Incidents (IS-200.b)
– Intermediate Incident Command System (ICS-300)
– National Incident Management System, An Introduction (IS-700a)
– National Response Framework, An Introduction (IS-800.b)

Tier Four: Personnel who, in a public health emergency, are activated to Incident Management System leadership and liaison roles and are deployed to the field in leadership positions. Applicable training courses are listed below
– Introduction to Incident Command System (IS-100.b)
– Incident Command System for Single Resources and Initial Action Incidents (IS-200.b)
– Intermediate Incident Command System (ICS-300)
– Advanced Incident Command System (ICS-400)
– National Incident Management System, An Introduction (IS-700a)
– National Response Framework, An Introduction (IS-800.b)

Current Status	Current Status Narrative
Fully in place	MDPH maintains a list of NIMS and ICS certifications throughout the department. New emergency preparedness staff members are required to take certain courses depending on their discipline and level.
Goal	**Goal Narrative**
Fully in place	MDPH will maintain the current level training and build upon training for staff members to fill ICS roles. Training for staff members will be conducted throughout the entire cooperative agreement.

FUNCTION: 3. Develop incident response strategy

CAPABILITY: EMERGENCY OPERATIONS COORDINATION

FUNCTION: 3. Develop incident response strategy

Description: Produce or provide input to an Incident Commander or Unified Command approved, written Incident Action Plan, as dictated by the incident, containing objectives reflecting the response strategy for managing Type 1, Type 2, and Type 3 events or incidents, as described in the National Incident Management System, during one or more operational periods.

Current Status	Current Status Narrative
Infrastructure Fully in Place - Fully Evaluated and Demonstrated	MDPH has activated Incident Command during several emergencies, to in clude a Type 1 incident, H1N1. MDPH prepared and disseminated an IAP and Situation Report during each operational period. MDPH developed an ICS chart and updated it to reflect changes in staff and the evolving size and scope of the situation.
Goal	**Goal Narrative**
Sustain	MDPH plans to continue using the IAP template during all incidents. The IAP template will also be incorporated into WebEOC during year one of the cooperative agreement.
Funding Type	**Non PHEP Funding Type**
PHEP	NA

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element Name: P1. Template for producing incident action plans

Description Written plans should include a template for producing Incident Action Plans. The following should be considered for inclusion in Incident Action Plans as indicated by the scale of the incident:
– Incident goals
– Operational period objectives (major areas that must be addressed in the specified operational period to achieve the goals or control objectives)
– Response strategies (priorities and the general approach to accomplish the objectives)
– Response tactics (methods developed by Operations to achieve the objectives)
– Organization list with Incident Command System chart showing primary roles and relationships
– Assignment list with specific tasks
– Critical situation updates and assessments
– Composite resource status updates
– Health and safety plan (to prevent responder injury or illness)
– Logistics plan (e.g., procedures to support Operations with equipment and supplies)
– Responder medical plan (providing direction for care to responders)
– Map of the incident or of ill/injured persons (e.g., map of incident scene)
– Additional component plans, as indicated by the incident

Current Status	Current Status Narrative
Fully in place	MDPH currently maintains a word version of an IAP plan template.
Goal	**Goal Narrative**
Fully in place	MDPH will develop an IAP menu within WebEOC. MDPH will continue to utilize IAP templates for real events as well as exercises.

CAPABILITY: EMERGENCY OPERATIONS COORDINATION

FUNCTION: 4. Manage and sustain the public health response

Description: Direct ongoing public health emergency operations to sustain the public health and medical response for the duration of the response, including multiple operational periods and multiple concurrent responses.

Current Status	Current Status Narrative
Infrastructure Fully in Place - Fully Evaluated and Demonstrated	During H1N1, MDPH managed the public health and medical response for the duration of the incident. This response required multiple operational periods; thus other incidents occurred during this time period that needed attention as well. MDPH was able to manage multiple incidents by prioritizing staff and resources based on the size and scope of the incident.
Goal	**Goal Narrative**
Sustain	MDPH will continue to manage the public health and medical response f or the Commonwealth in collaboration with key response partners.
Funding Type	**Non PHEP Funding Type**
PHEP	NA

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element Name: P1. Process to ensure continued performance of pre-identified essential functions

Description Written plans should include processes and protocols to ensure the continued performance of pre-identified essential functions during a public health incident and during an incident that renders the primary location where the functions are performed inoperable. This can be a stand-alone plan or annex but at a minimum the plan must include these elements:
– Definitions and identification of essential services needed to sustain agency mission and operations|
– Plans to sustain essential services regardless of the nature of the incident (e.g., all-hazards planning)
– Scalable workforce reduction
– Limited access to facilities (e.g., social distancing and staffing or security concerns)
– Broad-based implementation of social distancing policies if indicated
– Positions, skills, and personnel needed to continue essential services and functions (Human Capital Management)
– Identification of agency vital records (e.g., legal documents, payroll, and staff assignments) that support essential functions and/or that must be preserved in an incident
– Alternate worksites
– Devolution of uninterruptible services for scaled-down operations
– Reconstitution of uninterruptible services

Current Status	Current Status Narrative
Fully in place	MDPH maintains a COOP plan for the Department, though it does need to be updated.
Goal	**Goal Narrative**
Fully in place	MDPH aims to update and refine the COOP plans for each Bureau. The plans will be enhanced to include more specific elements suggested by CDC. In addition, the COOP plan will be migrated to WebEOC for greater efficiency and access. The COOP update will take place during year one of the cooperative agreement.

CAPABILITY: EMERGENCY OPERATIONS COORDINATION

FUNCTION: 5. Demobilize and evaluate public health emergency operations

Description: Release and return resources that are no longer required by the event or incident to their pre-ready state and conduct an assessment of the efforts, resources, actions, leadership, coordination, and communication utilized during the incident for the purpose of identifying and implementing continuous improvement activities.

Current Status	Current Status Narrative
Infrastructure Fully in Place - Fully Evaluated and Demonstrated	Following large-scale incidents, MDPH develops an AAR/IP to identify corrective actions that need to be implemented.

Goal	Goal Narrative
Sustain	MDPH will continue to develop AAR/IP following each incident and impl ement the corrective actions.

Funding Type	Non PHEP Funding Type
PHEP	NA

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element Name: P1. Demobilization procedures for public health operations

Description Written plans should include demobilization procedures for public health operations. The following should be considered for inclusion:
– General information about the demobilization process
– Responsibilities/agreements for reconditioning of equipment/resources
– Responsibilities for implementation of the Demobilization Plan
– General release priorities (i.e., resource type such as staff or equipment to be released) and detailed steps and processes for releasing those resources
– Directories (e.g., maps and telephone listings)

Current Status	Current Status Narrative
Fully in place	Demobilization procedures are outlined in the MDPH Emergency Operations Plan. MDPH maintains an AAR/IP template that is used following activations and events.

Goal	Goal Narrative
Fully in place	Demobilization procedures will be adapted from the EOP and will be included in the DOC SOPs.

CAPABILITY: EMERGENCY PUBLIC INFORMATION AND WARNING

Description: Emergency public information and warning is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders.

FUNCTION: 1. Activate the emergency public information system

Description: Notify and assemble key public information personnel and potential spokespersons, which were identified prior to an incident, to provide information to the public during an incident.

Current Status	Current Status Narrative
Infrastructure Fully in Place - Fully Evaluated and Demonstrated	The MDPH Office of Public Health Strategy and Communications maintain s a robust public information system and the capacity to relay health information quickly and concisely.

Goal	Goal Narrative

CAPABILITY: EMERGENCY PUBLIC INFORMATION AND WARNING

FUNCTION: 1. Activate the emergency public information system

Sustain	MDPH intends to use current methods of communications and the system for activating the public information system.

Funding Type	Non PHEP Funding Type
Partial PHEP	State Funds

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element Name: P1. Role of Public Information Officer, support staff, and potential spokespersons

Description	Written plans should include description of the roles and responsibilities for the Public Information Officer, support staff (depending on incident and subject matter expertise), and potential spokesperson(s) to convey information to the public.

Current Status	Current Status Narrative
Fully in place	In a public health emergency, a primary PIO and two alternates have been identified and trained as well as a Spanish-language PIO (who also does ethnic media outreach during emergencies). MDPH maintains a roster of five staff members who are trained as spokespersons and can contribute to the public information system during an emergency.

Goal	Goal Narrative
Fully in place	MDPH plans to continue identifying and training spokespersons for additional support during long-term public health emergency response situations. The identification and training of new PIOs will take place throughout the cooperative agreement.

Resource Element Name: P2. Message templates addressing jurisdictional vulnerabilities

Description	Written plans should include message templates that address jurisdictional vulnerabilities and should be maintained on a jurisdictionally defined regular basis and include: – Stakeholder identification – Potential stakeholder questions and concerns – Common sets of underlying concerns – Key messages in response to the generated list of underlying stakeholder questions and concerns

Current Status	Current Status Narrative
Fully in place	The Emergency Preparedness Bureau has created a central, internal database containing press releases/fact sheets/public health information that is likely to be asked for in more common emergencies. Information is kept current and is readily accessible to the MDPH communications staff and other bureaus' staff members at all times.

Goal	Goal Narrative
Fully in place	MDPH will make the database more robust and comprehensive by identifying further potential vulnerabilities and producing templates for them.

RESOURCE ELEMENT CATEGORY: Skills and Training

Priority Resource Element

Resource Element Name: S1. NIMS training for public information staff

Description	Public Information staff should complete the following National Incident Management System training: – Introduction to Incident Command System (IS-100.b) – Incident Command System for Single Resources and Initial Action Incidents (IS-200.b) – Emergency Support Function 15 External Affairs: A New Approach to Emergency Communication and Information Distribution (IS-250) – National Incident Management System, An Introduction (IS-700.a) – National Incident Management System Public Information Systems (IS-702.a) – National Response Framework, An Introduction (IS-800.b)

Current Status	Current Status Narrative
Fully in place	Several of the existing identified PIOs have undergone NIMS training; others have not.

Goal	Goal Narrative
Fully in place	MDPH will ensure all identified PIOs have undergone the necessary NIMS training by adding them to the existing tracking system. MDPH will ensure NIMS training of PIOs throughout the cooperative agreement.

Resource Element Name: S2. Crisis and emergency risk communication training

Description	Deliver key messages using principles of crisis and emergency risk communication. To ensure this, the following training must be taken within six months of hire date and at least once every five years thereafter by public information staff within the jurisdiction: – CDC Crisis and Emergency Risk Communication Basic – CDC Crisis and Emergency Risk Communication for Pandemic Influenza These courses may be taken in any of the following ways: – Self-paced online training, which is available at all times – Any CDC webinar course, which is offered four times per year – In-person training at CDC, which is offered four times per year – Access to Crisis and Emergency Risk Communication courses at the Preparedness and Emergency Response Learning Centers If for any reason staff is not able to attend these courses, completing training given by staff that has been CDC trained is acceptable (train the trainer model).

Current Status	Current Status Narrative
Fully in place	MDPH has contracted with three vendors (one focusing specifically on the public health workforce and two that are hospital-based training centers) to create a course and curriculum for two basic risk communication trainings. The courses are intended to be offered to local public health departments and hospital-based personnel using the same overall objectives but offering different scenarios and trainers for the two intended audiences.

Goal	Goal Narrative
Fully in place	Once the basic course is created and the trainings are underway, MDPH will evaluate the need for an advanced risk communication training. The overall goal is to ensure that all mid-level local health practitioners have basic risk communication training and that all local health leaders will have advanced training. These training sessions will be offered throughout the cooperative agreement.

FUNCTION: 2. Determine the need for a joint public information system

CAPABILITY: EMERGENCY PUBLIC INFORMATION AND WARNING

FUNCTION: 2. Determine the need for a joint public information system

Description: Determine the need for, and scale of, a joint public information system, including if appropriate, activation of a Joint Information Center within the public health agency. Participate with other jurisdictional Joint Information Centers in order to combine information sharing abilities and coordinate messages.

Current Status	Current Status Narrative
Infrastructure Not Fully in Place	MEMA is the lead agency for public information and communication duri ng an emergency. MDPH works very closely with MEMA on ensuring consistent messaging and coordinating information. MDPH has activated a Joint Information Center (JIC) within the Department during recent emergencies, most notably H1N1. MDPH has worked with many jurisdictional JICs, though some are more robust than others.
Goal	**Goal Narrative**
Build	MDPH will continue to build relationships with public information per sonnel at the state and local level. MDPH will also enhance the capacity at the Department to maintain a virtual JIC through WebEOC.
Funding Type	**Non PHEP Funding Type**
Partial PHEP	State Funds

RESOURCE ELEMENT CATEGORY: Equipment and Technology

Priority Resource Element

Resource Element Name: E1. Minimum components of a virtual joint information center

Description Minimum components of a Virtual Joint Information Center:
– Equipment to exchange information electronically within the jurisdiction and CDC, in real-time, if possible
– Shared site or mechanism or system to store electronic files of joint information center products, e-mail group lists, incident information, and scheduling

Minimum components of a Virtual Joint Information Center for territory jurisdictions entail the following:
– Electronic access to both the CDC public website and the World Health Organization shared information site

Current Status	Current Status Narrative
Partially in place	MDPH has created a department operations center (DOC) that provides limited physical JIC space in the event of an emergency. The DOC also employs a number of technological tools that enable a virtual JIC including WebEOC which is used widely throughout the state by MEMA, hospitals, and local public health departments. WebEOC is a valuable tool for situational awareness within a virtual JIC.
Goal	**Goal Narrative**
Fully in place	As part of the deliverables through PHEP, MDPH maintains and updates a database of all cities/towns emergency contacts on a quarterly basis, but those contacts are not necessarily the same as PIOs (PIOs tend to be distinct roles within the larger health departments). MDPH will continue to identify those specific PIO partners within the 351 cities and towns across the Commonwealth and their relevant contact information.

CAPABILITY: EMERGENCY PUBLIC INFORMATION AND WARNING

FUNCTION: 3. Establish and participate in information system operations

Description: Monitor jurisdictional media, conduct press briefings, and provide rumor control for media outlets, utilizing a National Incident Management System compliant framework for coordinating incident related communications.

Current Status	Current Status Narrative
Infrastructure Fully in Place - Fully Evaluated and Demonstrated	MDPH continues to monitor media, conduct press briefings and provide rumor control within the NIMS framework as demonstrated during recent emergencies. MDPH has enhanced relationships with the media over the past several years, integrating media representatives in conferences, training sessions and press briefings.
Goal	**Goal Narrative**
Build	MDPH will continue to enhance jurisdictional media relationships to i nclude ethnic media over the five-year cooperative agreement.
Funding Type	**Non PHEP Funding Type**
Partial PHEP	State Funds

FUNCTION: 4. Establish avenues for public interaction and information exchange

Description: Provide methods for the public to contact the health department with questions and concerns through call centers, help desks, hotlines, social media, web chat or other communication platforms.

Current Status	Current Status Narrative
Infrastructure Fully in Place - Fully Evaluated and Demonstrated	This has been demonstrated multiple times throughout the past several budget periods. MDPH utilizes social networking, technology, and blogs to reach as many people as possible. MDPH also ensures that important health communications are translated into multiple languages. Massachusetts also utilizes Mass 2-1-1 as the Commonwealth's primary telephone information call center during times of emergency. During H1N1 and other emergencies, MDPH worked very closely with call center staff to educate them about the health information being disseminated. MDPH has sponsored statewide conferences, webinars, and weekly conference calls as a communication platform with local and state planners.
Goal	**Goal Narrative**
Build	Throughout the five-year cooperative agreement, MDPH will continue to add progressive methods of communicating with the public in order to reach as many people as possible.
Funding Type	**Non PHEP Funding Type**
Partial PHEP	State Funds

CAPABILITY: EMERGENCY PUBLIC INFORMATION AND WARNING

FUNCTION: 5. Issue public information, alerts, warnings, and notifications

Description: Utilizing crisis and emergency risk communication principles, disseminate critical health and safety information to alert the media, public, and other stakeholders to potential health risks and reduce the risk of exposure to ongoing and potential hazards.

Current Status	Current Status Narrative
Infrastructure Fully in Place - Fully Evaluated and Demonstrated	MDPH prioritizes crisis and emergency risk communication principles a nd has demonstrated timely dissemination of information during multiple incidents. MDPH works very closely with the Massachusetts Emergency Management Agency (MEMA) and other key response partners to ensure consistent messaging. MDPH utilizes both traditional and non-traditional media outlets and the Health and Homeland Alert Network (HHAN) to ensure rapid communication.
Goal	**Goal Narrative**
Sustain	MDPH will continue to issue public information and alerts using the c urrent infrastructure.
Funding Type	**Non PHEP Funding Type**
Partial PHEP	State Funds

CAPABILITY: FATALITY MANAGEMENT

Description: Fatality management is the ability to coordinate with other organizations (e.g., law enforcement, healthcare, emergency management, and medical examiner/coroner) to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental/behavioral health services to the family members, responders, and survivors of an incident.

FUNCTION: 1. Determine role for public health in fatality management

Description: Coordinate with the lead jurisdictional authority (e.g., coroner, medical examiner, sheriff, or other agent) to identify the roles and responsibilities of jurisdictional public health entities in fatality management activities.

Current Status	Current Status Narrative
Infrastructure Not Fully in Place	MDPH has worked closely with the Office of the Chief Medical Examiner (OCME) and the Massachusetts Emergency Management Agency (MEMA) in developing a statewide Fatality Management Plan. The planning process included the state funeral directors, EMS, police, Fire, National Guard and other agencies who would be called upon to respond to a mass fatality situation. The plan has been tested throughout its development through a series of regional tabletops. These have provided valuable feed back and identified corrective actions to the plan.
Goal	**Goal Narrative**
Build	The lead agencies will continue to work with its partners to refine t he plan's functionality and provide training. The state will continue to develop MOUs, conduct ongoing training and identify equipment needs required to respond to a mass fatality event.
Funding Type	**Non PHEP Funding Type**
Other Funding Sources	HPP Funds

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element Name: P1. Letters of agreement with agencies to share resources, facilities, and other potential support

Description	Written plans should include memoranda of agreement, memoranda of understanding, mutual aid agreements, contracts, and/or letters of agreement with other agencies to support coordinated activities and with other jurisdictions to share resources, facilities, services, and other potential support required during the management of fatalities. Requests should be determined by the local authority and follow the jurisdictional escalation process (i.e., local to state to federal). – State and federal resources (to include Disaster Mortuary Operational Response Teams) are requested when anticipated resource needs exceed the local capacity. County/jurisdictional plans should address mass fatality planning and thresholds for requesting additional resources. – Federal resources should be engaged/notified through the U.S. Department of Health and Human Services (HHS) Regional Emergency Coordinators – Resources available through mutual aid (e.g., Emergency Management Assistance Compact (EMAC), memoranda of understanding, and/or memoranda of agreement) should be engaged/notified through appropriate channels (EMAC Coordinator, emergency management)

Current Status	Current Status Narrative
Not in place	OCME and MEMA are in the process of developing a series of MOUs with vendors that would provide for such things as refrigeration units and other support required during a mass fatality incident. MOUs are being developed and negotiated between the state and the funeral director's association for transportation of decedents.

Goal	Goal Narrative
Fully in place	MDPH will work with OCME and MEMA to identify and execute a complete list of MOUs needed to support a fatality management event. MDPH will maintain records of the updated list as needed with contact names, locations and phone numbers.

RESOURCE ELEMENT CATEGORY: Planning

Resource Element Name: P2. Documentation that identifies how public health has participated in planning activities

Description

Written plans should include documentation that identifies how the jurisdictional public health agency has participated in planning activities with the jurisdictional fatality management lead authority to identify agencies' roles and responsibilities relating to the following topics during an incident with fatalities:
– Magnitude: the estimated number of decedents and body portions
– Type of incident: natural, criminal, terrorist, or accidental
– Manifest: closed population with an existing manifest available, closed population with no manifest available, or open population
– Condition of human remains: visually identifiable, whole bodies, fragmented bodies, comingled, decomposed, charred, or mutilated
– Rate of recovery: rapid, moderate, slow
– Recovery complexity: highly complex requiring anthropological consult, shifting, extensive gridding, known or unknown recovery area boundaries
– Presence of contamination or transmissible infection: decedents contaminated with chemical, biological, or
radiological agents or materials
– Disaster site location characteristics: fixed or distributive location; presence of building materials, water/tides, fire/smoldering; need to conduct excavation or debris removal
– Environmental conditions: weather conditions (e.g., heat, cold, humidity, or rain)
– Institution of public health/law enforcement community constraints: limitations placed on public gatherings or establishment of curfews
– Inherent limitation of assets or technology: present or not
– Requirement to establish formal Health and Safety Plans: required for all fixed and/or ad hoc facilities, and/or tasks involving hazardous work (e.g., recovery operations)
– Level of asset integration: requirement for a simple functional or highly matrixed response command structure
– Event occurrence: single event at one location, single event at multiple locations, reoccurring event at multiple locations
– Medical Examiner/Coroner and local jurisdiction infrastructure: operational, partially operational, or nonoperational
– Decedent identification complexity: antemortem data collection complications, postmortem data collection
complications, requirement to issue death certificates via judicial decree, difficulty communicating with next of kin
– Family management considerations: single or multiple family assistance centers required; establishment of
virtual FACs; need for establishing a long-term family management response

Additional consideration should also be given to the following:
– Whether people should call 911 to report a death or whether the jurisdiction wishes to establish a separate call center to coordinate this activity
– Providing for mental/behavioral health services
– Coordination with hospitals and healthcare facilities

(For additional or supporting detail; see Capability 12: Public Health Laboratory Testing and Capability 13: Public Health Surveillance and Epidemiological Investigation)

Current Status	Current Status Narrative
Fully in place	MDPH is included in the statewide Fatality Management plan.

Goal	Goal Narrative
Fully in place	MDPH will continue to participate in planning activities and ensure that representation is documented.

RESOURCE ELEMENT CATEGORY: Planning

Resource Element Name: P3. Coordination with SMEs to determine roles and responsibilities of public health

Description	Written plans should include processes and protocols specifying how the public health agency will coordinate with medical/legal authority and subject matter experts (e.g., those with expertise in epidemiology, laboratory, surveillance; community cultural/religious beliefs or burial practices; chemical, biological, radiological and emergency operations leads; and partners from hospital, mortuary, emergency medical services) to make a determination on the roles and responsibilities of public health entities in the response.
Current Status	**Current Status Narrative**
Fully in place	The statewide Fatality Management plan specifies the roles and responsibilities of public health.
Goal	**Goal Narrative**
Fully in place	MDPH will continue to evaluate the roles and responsibilities identified.

Resource Element Name: P4. All-hazards fatality management including addressing public health roles

Description	Written plans should include processes and protocols for jurisdictional all-hazards fatality management including addressing public health roles in fatality management. The plan should address the following items: – Coordination of facilities (e.g., morgue locations, portable and temporary morgues, decontamination, decedent storage, hospitals, and healthcare facilities) – Coordination of family relations (e.g., notification, grief services, antemortem information, and call centers) – Procedures to acquire death certificates or permits (including sending human remains to international destinations) – Regulations for crematoriums and other support groups – Antemortem data management (e.g., establish record repository, identify repository physical location, enter interview data into library, and balance victim needs with those who have lost family members) – Personnel needs (e.g., medical and mental/behavioral, including psychological first aid) – Frequency that critical documentation is reviewed and updated (e.g., comprehensive fatality management mission critical list, and contingency plans with local, state, and private entities regarding final disposition of human remains)
Current Status	**Current Status Narrative**
Fully in place	The statewide Fatality Management plan is all-hazards and specifies the roles and responsibilities of public health.
Goal	**Goal Narrative**
Fully in place	MDPH will continue to plan with key response partners.

FUNCTION: 2. Activate public health fatality management operations

Description:	Facilitate access to resources (e.g., human, record keeping, physical space) to address the fatalities from an incident in accordance with public health jurisdictional standards and practices and as requested by lead jurisdictional authority.
Current Status	**Current Status Narrative**
Infrastructure Not Fully in Place	MDPH, MEMA and OCME are working to together develop the appropriate p rotocols to manage Family Assistance Centers (FAC), identify local space for temporary morgues, identification and other key elements of the plan.
Goal	**Goal Narrative**
Build	Over the five-year cooperative agreement, MDPH will work with MEMA an d OCME to identify and execute a complete list of MOUs needed to support a fatality management event. All agencies will update the list as needed with contact names, locations and phone numbers
Funding Type	**Non PHEP Funding Type**

CAPABILITY: FATALITY MANAGEMENT

FUNCTION: 2. Activate public health fatality management operations

Other Funding Sources	HPP Funds

RESOURCE ELEMENT CATEGORY: Equipment and Technology

Resource Element Name: E1. Material required to manage fatality operations

Description

Have or have access to material required to manage fatality operations as required by the incident:
– Protective clothing (e.g., gloves, boots, coats, hard hats, rain suits, respirators)
– Body bags (appropriate number and type)
– Refrigerated storage
– Tents
– Storage for equipment/supplies and bodies
– Paint for numbering
– Flags for marking locations
– Plastic toe tags
– Biohazard bags and boxes
– Photography equipment
– Gridding, laser survey, and global positioning systems
– Communication devices: radio and cell phones
– Equipment for scene documentation
– Decontamination unit
– Radiation survey equipment

Current Status	Current Status Narrative
Partially in place	Mass fatality incidents will likely exceed local response capacity. Once local resources are depleted or are likely to be depleted, additional resources may be drawn from regional mutual aid agreements at the local, state and federal level using appropriate procedures. MEMA will assist with resource coordination by locating and activating resources and facilitating resource requests from local, regional, state and federal agencies as well as through the Emergency Management Assistance Compact (EMAC). MDPH will work with MEMA to ensure appropriate material is acquired for fatality operations. In the current version of the Massachusetts Fatality Management plan, some of the CDC recommended items are accounted for.
Goal	**Goal Narrative**
Partially in place	Over the five-year cooperative agreement, MDPH in collaboration with OCME and MEMA will develop a more comprehensive list of necessary items for fatality operations and work on tracking the acquisition of those assets.

RESOURCE ELEMENT CATEGORY: Equipment and Technology

Resource Element Name: E2. System to record and track fatalities

Description

Have or have access to systems to record and track fatalities under the leadership of the coroner/medical examiner.
– Database for the centralization of information. Consideration should be given to the inclusion of these elements:
? A centralized information clearinghouse for reporting deaths
? A centralized information clearinghouse for collating data. Either a software program or a series of preprinted forms should be designed to accurately track refrigerated storage, funeral home capacity, and the whereabouts and status of the deceased
– Death reporting system that can demonstrate cross-agency collaboration and information sharing of mortality
data (e.g., transmit death certificate data including cause of death data to appropriate federal agencies)
– Tracking system for recovery activities. Consideration for the data gathering system should be given to the
inclusion of these elements:
? Where human remains are found
? How fragmented portions are tracked
? How case numbers are correlated
? How antemortem data (obtained from family members) can be cross-referenced with other case numbers assigned to recovered human remains
? How to distinguish disaster cases from other caseloads
– System should enable the cross-leveling of data between several operational areas, such as the morgue, the
family assistance centers, and the incident site, or any location where case data is entered
– System should have redundant backup capabilities to ensure that information is not lost due to unexpected
system failure or other type of event/incident

Current Status	Current Status Narrative
Not in place	In the current version of the Massachusetts Fatality Management plan, the following items were identified as minimum amount of information required to track: ? Name and/or human remains number ? Date in and out of the holding facility ? Time in and out of the holding facility ? Name and signature of personnel accepting or releasing the human remains ? Location of the human remains within the holding facility OCME would be the lead agency on tracking fatalities. This information could be tracked in WebEOC, but that is not currently in place.

Goal	Goal Narrative
Partially in place	MDPH will work with MEMA and OCME to confirm the system used to record and track fatalities within the five-year cooperative agreement.

RESOURCE ELEMENT CATEGORY: Planning

Resource Element Name: P1. List of potential fatality management advisory roles that public health may need to fill

Description	Written plans should include a list of potential fatality management advisory roles that public health may need to fill to support a response per the jurisdiction's plan. Consideration should be given to the inclusion of these elements: – Search and recovery of human remains – Removal, transfer/transportation, storage, and temporary burial of human remains – Identification and re-burial of human remains where grave sites have been disrupted by the incident – Assessment of morgue/examination center capacities – Morgue/examination site staff – Disposal of human remains – Mental/behavioral health services – Public affairs/communications (For additional or supporting detail, see Capability 4: Emergency Public Information and Warning and Capability 15: Volunteer Management)
Current Status	**Current Status Narrative**
Partially in place	MDPH has been working with OCME and MEMA in developing a statewide fatality management plan. While some roles and responsibilities have been identified for public health, there is still a need to refine these responsibilities and provide appropriate training.
Goal	**Goal Narrative**
Partially in place	MDPH will continue to work with its partners to develop and refine the advisory roles assumed by public health during a mass fatality incident.

RESOURCE ELEMENT CATEGORY: Skills and Training

Resource Element Name: S1. Training on jurisdictional fatality management plan

Description	Public health staff participating in fatality management operations should be trained on plans and procedures (i.e., standard operating procedures) and the jurisdictional fatality management plan and understand their role(s), if any, during a public health response with fatalities.
Current Status	**Current Status Narrative**
Partially in place	OCME, MEMA and MDPH have developed a statewide fatality management plan. Using this plan, these agencies have sponsored a series of tabletops and presentations to provide training to their partners.
Goal	**Goal Narrative**
Partially in place	MDPH, MEMA and OCME will continue to provide training to their fatality management partners.

FUNCTION: 3. Assist in the collection and dissemination of ante-mortem data

Description:	Assist, if requested, the lead jurisdictional authority and jurisdictional and regional partners to gather and disseminate ante-mortem data through a Family Assistance Center Model or other mechanism.
Current Status	**Current Status Narrative**
Infrastructure Not Fully in Place	OCME, MDPH and the American Red Cross (ARC) are working jointly to de velop a robust (FAC) function that includes the gathering and dissemination of ante-mortem data. OCME has the lead in developing the manner in which this data will be collected. OCME has SOPs that govern this process and are working with their partners with their partners in insuring the speed and accuracy of collecting ante mortem data.
Goal	**Goal Narrative**

CAPABILITY: FATALITY MANAGEMENT

FUNCTION: 3. Assist in the collection and dissemination of ante-mortem data

Build	The lead agencies will continue to refine their policies in this area . OCME and other agencies will conduct appropriate training in this area.

Funding Type	Non PHEP Funding Type
Other Funding Sources	HPP Funds

RESOURCE ELEMENT CATEGORY: Equipment and Technology

Resource Element Name: E1. Central repository/database for antemortem and postmortem data

Description	Have or have access to a central repository/database, for the collection, recording, and storage of antemortem and postmortem data.

Current Status	Current Status Narrative
Partially in place	OCME has been evaluating the purchase of software that would allow it to develop a repository of antemortem and postmortem data.

Goal	Goal Narrative
Fully in place	OCME will have this system installed by the end of 2012 and will work with agencies such as MDPH, the State and Local Police, Hospitals and the appropriate Federal agencies to familiarize them with the system.

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element Name: P1. Procedure for the collection of antemortem data

Description

Written plans should include a procedure for the collection of antemortem data. Consideration should be given to the inclusion of these elements:
– Data collection/dissemination methods
  ? Call Center or 1-800 number
  ? Family Reception Center
  ? Family Assistance Center
– Staff who can perform the following functions:
  ? Administrative activities
  ? Interviews of families in order to acquire antemortem data
  ? System data entry of antemortem data

Current Status	Current Status Narrative
Partially in place	The State Office of the Chief Medical Examiner (OCME) has established a protocol for collecting antemortem data. OCME has worked closely with local, state and federal law enforcement agencies along with the MDPH lab in coordinating their protocols with those of these other agencies.

Goal	Goal Narrative
Fully in place	OCME will continue working with the appropriate agencies in coordinating and refining the collection of antemortem data. These agencies will work at refining this resource throughout the five years of the cooperative agreement

RESOURCE ELEMENT CATEGORY: Planning

Resource Element Name: P2. Family notification procedures and protocols

Description	Written plans should include family notification procedures and protocols in the event that public health has a lead role in the incident. Consideration should be given to the inclusion of the following elements: – Where the notification occurs – Which family members are notified and how they are contacted – Assurance that the spokesperson is releasing accurate information that was officially issued by the coroner's/ medical examiner's office – Informing families about identification methods being used for the incident including what they involve and their reliability (e.g., fingerprints and DNA) – Handling and release of decedent's personal effects

Current Status	Current Status Narrative
Partially in place	The Office of the Chief Medical Examiner, MDPH, MEMA, the Department of Mental Health and the ARC have been working jointly to plan for family notification during a mass fatality event. This includes developing a comprehensive Family Assistance Center, reviewing legal responsibilities and other issues associated with this function.

Goal	Goal Narrative
Fully in place	The Office of the Chief Medical Examiner, MDPH, MEMA, the Department of Mental Health and the ARC will continue their planning for family notification during a mass fatality event. They will refine existing plans through out the remainder of the cooperative agreement.

RESOURCE ELEMENT CATEGORY: Skills and Training

Resource Element Name: S1. Training on family assistance

Description

Public health staff participating in fatality management activities should be trained on plans and procedures and jurisdictional fatality management plans and understand their role(s), if any, during a public health response with fatalities.

Recommended trainings include the following:
– Providing Relief to Families after a Mass Fatality: Roles of the Medical Examiner's Office and the Family Assistance Center, Department of Justice's Office of Justice Programs, the Office for Victims of Crime: http://www.ojp.usdoj.gov/ovc
– Creating and Operating A Family Assistance Center: A Toolkit for Public Health: http://www.apctoolkits.com/family-assistance-center/
– National Transportation Safety Board Training Center: http://www.ntsb.gov/tc/sched_courses.htm
? Family Assistance (TDA301)
? Advanced Skills in Disaster Family Assistance (TDA405)
? Mass Fatality Incidents for Medicolegal Professionals (TDA403)

Current Status	Current Status Narrative
Partially in place	The Office of the Chief Medical Examiner, MDPH, MEMA, the Department of Mental Health and the ARC have been working jointly to plan for the establishment of a Family Assistance Center during a mass fatality event. Included in this planning has been the identification of space and equipment retirements, staffing needs, the establishment of protocols for family counseling, family notification, PIO training and other issues associated with this resource. MDPH, MEMA and OCME have developed a Statewide Mass Fatality Plan which provides the basis for much of this work.

Goal	Goal Narrative
Fully in place	Over the next five years, the Office of the Chief Medical Examiner, MDPH, MEMA, the Department of Mental Health and the ARC will continue to work jointly to expand and refine the existing plan for the Family Assistance Center during a mass fatality event. Included in this planning will be a series of tabletop exercises, folding in staff from the local MRCs and other initiatives that will enhance the planning that has already taken place.

FUNCTION: 4. Participate in survivor mental/behavioral health services

Description: Coordinate with the lead jurisdictional authority and jurisdictional and regional partners to support the provision of non-intrusive, culturally sensitive mental/behavioral health support services to family members of the deceased, incident survivors, and responders, if requested.

Current Status	Current Status Narrative
Infrastructure Not Fully in Place	The Statewide Mass Fatality Plan has identified a number of resources available that will provide mental/behavioral health support. Ongoing training is in place.

Goal	Goal Narrative
Build	Hospitals, the Department of Mental Health (DMH) MDPH and ARC are id entifying personnel that will fill ICS roles. The OCME would be available as a resource to answer questions or to guide hospital/local public health personnel if needed.

Funding Type	Non PHEP Funding Type
Other Funding Sources	HPP Funds

RESOURCE ELEMENT CATEGORY: Planning

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element	**Name: P1. Resources to provide mental/behavioral health support to responders, survivors, and families**
Description	Written plans should include processes and protocols developed in conjunction with jurisdictional mental/ behavioral health partners to identify services to provide to survivors after an incident involving fatalities. Written plans should include a contact list of pre-identified resources that could provide mental/behavioral health support to responders and families according to the incident. Consideration should be given to the inclusion of the following elements: – Mental/behavioral health professionals – Spiritual care providers – Hospices – Translators – Embassy and Consulate representatives when international victims are involved

Current Status	Current Status Narrative
Partially in place	OCME, MDPH and MEMA has worked closely with the State Department of Mental Health in developing training to provide mental and behavioral health support to responders, survivors and families. DMH is in the process of developing a Mental Health Team, to be staffed by the Massachusetts MassSupport Disaster Behavioral Health Network, which is made up of various agencies, organizations and volunteers that are trained and qualified to provide behavioral health services. The Department of Mental Health will lead the coordination of this group following a mass fatality incident.

Goal	Goal Narrative
Fully in place	The State will continue to develop this resource during the remainder of the cooperative agreement.

RESOURCE ELEMENT CATEGORY: Planning

Resource Element Name: P2. List of staff that could potentially fill fatality management roles

Description	Written plans should include list of staff selected in advance of an incident that could potentially fill the fatality management roles adequate to a given response.

Current Status	Current Status Narrative
Partially in place	Each of the agencies listed below were consulted during the course of developing a Statewide Fatality Management plan. As a part of this planning process each agency has been asked, as is appropriate, to identify its role in a response and plan for how it will execute its role. Identifying staff is a part of this planning process and these agencies have begun to compile these lists. -Massachusetts Department of Public Health - coordinate with hospitals, work with locals on buriel permits, Incident Command during pandemics, consult on infectious diseases -Executive Office of Public Safety and Security – public information, media relations, representative of and liaison to the Office of the Governor, coordination amongst local, state and federal public safety and emergency management agencies -Massachusetts Emergency Management Agency – resource coordination, communications support -American Red Cross – mental health support, family assistance, mass feeding - Department of Mental Health – mental health support - Massachusetts Funeral Directors Association – transport of remains, family assistance - Massachusetts Peer Support Network – critical incident stress management for responders -Department of Fire Services – hazmat management and decontamination, incident support -Hospitals – patient tracking -Local Law Enforcement Agencies – security, crime scene investigation -Emergency Medical Services – patient tracking -Metropolitan Medical Response Systems (MMRS) – support for large scale incidents -Fire Departments – fire suppression, emergency medical services, incident management -State Police – security, crime scene investigation -State Police Crime Lab – evidence processing, crime scene processing -Massachusetts Port Authority – incident morgue and family assistance in Metro Boston - MBTA Transit Police – security, crime scene investigation for incidents involving MBTA -Salvation Army – support for first responders -National Guard – logistical support, personnel, resources -Department of Public Health Radiation Control Program – support for radiological incidents -Mass211 – telephone inquiries -Local Boards of Health – issuance of burial permits Community Emergency Management Directors – resource coordination
Goal	**Goal Narrative**
Fully in place	OCME, MEMA and MDPH will continue to work with its partners, refining this part of the plan and updating staffing in response to changing priorities and staff turnover. This work will continue through the remainder of the cooperative agreement.

RESOURCE ELEMENT CATEGORY: Skills and Training

RESOURCE ELEMENT CATEGORY: Skills and Training

Resource Element Name: S1. Training on death notification, providing relief to families, and spiritual care

Description	Public health staff participating in fatality management should be trained on jurisdictional fatality management plans and procedures, and understand their role(s), if any, during a public health response that includes fatalities. Recommended trainings include the following: – Trauma, Death, and Death Notification: A Seminar for Professional Counselors and Victim Advocates (1996): http://www.ojp.usdoj.gov/ovc/publications/infores/death.htm – Providing Relief to Families After a Mass Fatality: Roles of the Medical Examiner's Office and the Family Assistance Center, Department of Justice's Office of Justice Programs, the Office for Victims of Crime: http://www.ojp.usdoj.gov/ovc – Light Our Way: A Guide for Spiritual Care in Times of Disaster for Disaster Response Volunteers, First Responder and Disaster Planners, Emotional and Spiritual Care Committee and the Light Our Way Task Force of National Voluntary Organizations Active in Disaster: http://www.ldr.org/care/Light_Our_Way.pdf
Current Status	**Current Status Narrative**
Partially in place	MDPH is working with a variety of agencies to develop plans and training associated with death notification, relief to families and spiritual care. Death Notification: It is currently understood that Identification Liaisons from the OCME will make notifications to next-of-kin after remains have been positively identified. Notifications may be made to next-of-kin at the Family Assistance Center/Family Information Center (FAC/FIC) or at the home of the next-of-kin. State and local law enforcement may assist with making notifications as needed. If next-of-kin live outside of Massachusetts, the law enforcement agency in their jurisdiction will be asked to make the notification OCME, MDPH MEMA and DMH have identified a number of strategies for providing family support during a mass fatality event these include: A. Family Briefings: Families are briefed on a regular basis with information that is provided to families before it is provided to the media. The Chief of Staff or designee of the responsible agency (OCME or DPH) will lead the briefings and will request other agency representatives to participate as needed.The briefings will include an update of the recovery and identification progress as well as any necessary explanations regarding the identification process. Families will be allowed to ask questions during the briefing. B. Grief and Loss Counselors: MDPH is working closely with the Department of Mental Health to provide specially-trained Grief and Loss Counselors to work with families as needed after notifications have been made by the Identification Team. C. Family Logistics: The Family Assistance Logistics team is responsible for providing security, food, medical support for staff, supplies, facilities support, communications and ground transportation as necessary. The number of families being served will determine how many people need to staff logistics. This team will be staffed by multiple agencies, depending on availability. Spiritual Support: MDPH is working with DMH OCME ARC and MEMA to develop plans to establish a place at the FAC to pray, meditate or reflect. Currently it is expected that the FAC may include an interfaith room. It is understood that the interfaith room remains nondenominational, comfortable and calming, but will have no religious symbols. Local clergy will be contacted to provide spiritual support at the FAC.
Goal	**Goal Narrative**
Fully in place	MDPH will continue to work with its partner agencies in the development of additional resources for family support during a mass fatality event. This work will continue through the entire cooperative agreement.

CAPABILITY: FATALITY MANAGEMENT

FUNCTION: 5. Participate in fatality processing and storage operations

Description: Assist the lead jurisdictional authority and partners in ensuring that human remains and associated personal effects are safely recovered, processed, transported, tracked, stored, and disposed of or released to authorized person(s), if requested.

Current Status	Current Status Narrative
Infrastructure Not Fully in Place	Educate the hospitals and local public health planners to the Statewi de Mass Fatality Plan. OCME and MEMA are in the process of developing a series of MOUs with vendors that would provide for such things as refrigeration units to handle overcrowding in a morgue that is available statewide.

Goal	Goal Narrative
Build	Update the Statewide Mass Fatality Plan yearly or as needed. Ident ify equipment needs for refrigeration, temporary morgues, and transportation needs associated with this function.

Funding Type	Non PHEP Funding Type
Other Funding Sources	HPP Funds

RESOURCE ELEMENT CATEGORY: Equipment and Technology

Resource Element Name: E1. Equipment required to process, store, and/or dispose of human remains

Description Have or have access to material and equipment required to process, store, and/or dispose of human remains.
Consideration should be given to the following equipment:
– Portable x-ray unit
– Morgue equipment
– Medical instruments for autopsies
– Radiation survey equipment
– Portable autoclave
– Gloves, gowns, personal protective equipment
– Digital cameras
– Specimen containers and preservatives
– Refrigerated storage
– Computers/printers
– Death certificates

Current Status	Current Status Narrative
Partially in place	OCME maintains a portable morgue that has most of the equipment and supplies identified for this resource element.

Goal	Goal Narrative
Partially in place	OCME will continue to support a portable morgues and acquire and replace equipment as required. This work will be ongoing throughout the cooperative agreement.

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element Name: P1. Support of the coordination of healthcare organization fatality management plans

Description	Written plans should include protocols that ensure that the health department, through healthcare coalitions or other mechanisms, supports the coordination of healthcare organization fatality management plans with the jurisdictional fatality management plan.
Current Status	**Current Status Narrative**
Partially in place	As a part of the ASPR grant, all hospitals in the Commonwealth have developed a mass fatality plan for their institution. In addition one of the planning assumptions of the Massachusetts Mass Fatality Plan is that during a pandemic or some other mass fatality event, hospitals will quickly exhaust their morgue space. The plan calls for MEMA to retain refrigeration trucks and other capabilities to insure that remains are removed from hospitals in a humane and efficient manner and moved to holding areas pending final disposition. Partner agencies include OCME, MEMA, MDPH, and the state Funeral Director's Association.
Goal	**Goal Narrative**
Partially in place	During the course of the Cooperative agreement, MEMA will finalize the establishment of an MOU with trucking companies, planning will continue for the management of temporary morgues and holding units, and OCME will acquire alternatives to refrigerated trucks.

RESOURCE ELEMENT CATEGORY: Skills and Training

Resource Element Name: S1. Training on radiological terrorism and contaminated deceased body management

Description	Public health staff participating in fatality management should be trained on fatality management plans and procedures (e.g., Standard Operating Procedures), and understand their role(s), if any, during a public health response that includes fatalities. Recommended trainings (primarily for medical examiners and morticians) include the following: – Radiological Terrorism: A Tool Kit for Public Health Officials: http://emergency.cdc.gov/radiation/publichealthtoolkit.asp ? Guidelines for Handling Decedents Contaminated with Radioactive Materials (document and video) ? Satellite Broadcast: Preparing for Radiological Population Monitoring and Decontamination – The Medical Examiner and Coroner's Guide for Contaminated Deceased Body Management: http://thename.org/index.php?option=com_docman&task=doc_download&gid=13&Itemid=26
Current Status	**Current Status Narrative**
Partially in place	State and local hazmat units have received training in the area of radiological terrorism and the management of contaminated remains. This training has been offered through the State Fire Marshal's Office and MDPH.
Goal	**Goal Narrative**
Partially in place	Training in both of these areas will continue through the course of the cooperative agreement.

CAPABILITY: INFORMATION SHARING

CAPABILITY: INFORMATION SHARING

Description: Information sharing is the ability to conduct multijurisdictional, multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, territorial, and tribal levels of government, and the private sector. This capability includes the routine sharing of information as well as issuing of public health alerts to federal, state, local, territorial, and tribal levels of government and the private sector in preparation for, and in response to, events or incidents of public health significance.

FUNCTION: 1. Identify stakeholders to be incorporated into information flow

Description: Identify stakeholders within the jurisdiction across public health, medical, law enforcement, and other disciplines that should be included in information exchange and identify inter-jurisdictional public health stakeholders that should be included in information exchange. Determine the levels of security clearance needed for information access across and between these stakeholders.

Current Status	Current Status Narrative
Infrastructure Not Fully in Place	MDPH utilizes the Health and Homeland Alert Network (HHAN) to exchang e information with key stakeholders. Currently, 11,736 people hold individual accounts and there are 210 role-based groups. The most utilized role-based groups are hospitals, long-term care, local boards of health, school nurse leaders, community health centers, Health and Human Service agency leads, EMS regions, Massachusetts Emergency Management Agency and public safety. The larger groups conduct monthly drills to ensure user familiarity with the system during an emergency. The infrastructure for the HHAN is fully in place and has been demonstrated. In addition, MDPH is in the process of customizing a secure web-based crisis information management system (WebEOC) which will allow users to gather/disseminate pertinent information and provide situational awareness during disaster/emergent situations. The Bureau of Infectious Disease (BID) utilizes MAVEN (the Massachusetts Virtual Epidemiologic Network) a PHIN compliant web-based disease surveillance and case management system to communicate with the 351 local boards of health in Massachusetts regarding all notifiable infectious disease events. State and local users are granted access rights to specific infectious disease information in accordance with appropriate state and federal standards. These rights are role-based and dependent on disease, jurisdiction, information type, programmatic need and programmatic role. Currently, approximately 200 of the 351 jurisdictions are on line with MAVEN and there are almost 1,000 users at both the state and local level. MDPH promulgated new regulations in June 2011 mandating the use of MAVEN by all local boards of health by the end of calendar year 2012. The infrastructure for MAVEN is not fully in place.
Goal	**Goal Narrative**
Build	During the next few years, MDPH will conduct system-wide implementati on and training on the new spreadsheet alerting functionality for stakeholders to use when alerting larger populations during an emergency via the HHAN. MDPH intends to implement WebEOC in all hospitals, community health centers, local public health departments, long term care facilities, and EMS agencies (over 1000 users). The Department's version of WebEOC will also be integrated with other web-based crisis information management systems, including Massachusetts Emergency Management Agency, Massachusetts State Police, regional entities, and stand-alone hospital systems. The BID will continue its efforts to deploy MAVEN at all 351 local health departments, with the goal of reaching 95% by the end of 2012. The Director of the Office of Integrated Surveillance and Informatics Services within the BID has overall responsibility for these efforts.
Funding Type	**Non PHEP Funding Type**
Partial PHEP	Epi/Lab Capacity Funds, HPP Funds, Other: Other CDC Cooperative Agreements.

CAPABILITY: INFORMATION SHARING

FUNCTION: 1. Identify stakeholders to be incorporated into information flow

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element Name: P1. Stakeholder engagement

Description	Written plans should include processes to engage stakeholders that may include the following: – Law enforcement – Fire – Emergency Medical Services – Private healthcare organizations (e.g., hospitals, clinics, large corporate medical provider organizations and urgent care centers) – Fusion centers – For states: local health departments, tribes and territories – Individuals who have or may need a security clearance, based on functional role
Current Status	**Current Status Narrative**
Partially in place	MDPH encourages users of the HHAN to submit feedback and ideas for system improvements.
Goal	**Goal Narrative**
Fully in place	MDPH intends to develop and implement bi-directional data exchange, role development and surveying for stakeholders.

Resource Element Name: P2. Role-based public health directory for public health alert messaging

Description	Written plans should include a role-based public health directory that will be used for public health alert messaging. The directory profile of each user includes the following elements: – Assigned roles – Multiple device contact information – Organizational affiliation
Current Status	**Current Status Narrative**
Fully in place	As stated previously, 210 role-based groups participate in the HHAN, including hospitals, long-term care, local boards of health, Health and Human Service agency leads, community health centers and emergency management directors. Many of the larger role-based groups have regional protocol groups to target alerting for affected areas. MDPH intends to maintain PHIN compliance and work on updated guidelines and requirements, including cascade alerting.
Goal	**Goal Narrative**
Fully in place	MDPH intends to develop and implement detailed role-based confirmation reports including when and how stakeholders confirm alerts and whether a stakeholder has viewed an attachment. MDPH will ensure site is scalable for unforeseen spikes in use during emergencies, including use of live and hot backup sites. Over the next few years development, testing and implementation of role-based template alerting will be utilized during a large-scale incident. MDPH will identify and add desired administrative features for stakeholders, including: phone number lookup, sending stakeholder invites from user portal, blacklisting certain phone numbers from receiving alerts and making permission levels more viewable. The HHAN code will be updated to allow for more user-friendly use of HHAN on mobile devices, such as smartphones.

FUNCTION: 2. Identify and develop rules and data elements for sharing

CAPABILITY: INFORMATION SHARING

FUNCTION: 2. Identify and develop rules and data elements for sharing

Description: Define minimum requirements for information sharing for the purpose of developing and maintaining situational awareness. Minimum requirements include the following elements:
• When data should be shared
• Who is authorized to receive data
• Who is authorized to share data
• What types of data can be shared
• Data use and re-release parameters
• What data protections are sufficient
• Legal, statutory, privacy, and intellectual property considerations

Current Status	Current Status Narrative
Infrastructure Not Fully in Place	Policies and protocols are in place for information sharing to includ e a matrix that explains the severity of alerting. Massachusetts has laws and corresponding regulations governing the reporting and response to notifiable infectious diseases. State law clearly authorizes appropriate data sharing across jurisdictions in response to infectious diseases. Regulations are routinely assessed and updated as necessary in accordance with the promulgation process. In June 2011, the Massachusetts Public Health Council promulgated regulations mandating the use of MAVEN, MDPH's infectious disease surveillance and case management system, by local boards of health by the end of calendar year 2012. This system enhances the flow of data and information sharing amongst responders. The Bureau of Infectious Disease (BID) has developed informal protocols documenting appropriate state and local user access rights to specific infectious disease information held within MAVEN. These protocols are in accordance with appropriate state and federal standards and are role-based with need-to-know privileges and access: this is based on disease, jurisdiction, programmatic need and programmatic role.
Goal	**Goal Narrative**
Build	Throughout the five-year cooperative agreement, MDPH intends to provi de training to all users of the HHAN on the current policies and procedures. The BID will develop formalized written protocols to further document and specify access rights for all state and local users of MAVEN by January 2012. BID will ensure all policies are consistent with state and federal privacy regulations. This effort will be the responsibility of the Director of the Office of Integrated Surveillance and Informatics Services within the BID.
Funding Type	**Non PHEP Funding Type**
Partial PHEP	Epi/Lab Capacity Funds, HPP Funds

RESOURCE ELEMENT CATEGORY: Equipment and Technology

Resource Element Name: E1. Information systems following industry or national system-independent data standards

Description	Information systems should follow industry or national system-independent data standards as identified by CDC

Current Status	Current Status Narrative
Partially in place	The Bureau of Infectious Disease (BID) follows all relevant national data standards including those defined by CDC (including PHIN), ONC and HIPAA. MAVEN, the BID's web-based disease surveillance and case management system and its supporting electronic laboratory reporting infrastructure are fully PHIN compliant. MAVEN utilizes PHIN-MS for messaging of specific notifiable diseases to the CDC. The ELR infrastructure utilizes LOINC and SNOMED coding vocabularies and is currently being upgraded to support HL7 2.5.1 to ensure it will meet Meaningful Use requirements.
Goal	**Goal Narrative**
Partially in place	The Director of the Office of Integrated Surveillance and Informatics Services and the Director of IT within the BID have responsibility to ensure all data systems comply with national standards. The ELR infrastructure upgrade will be operational by September 2011. The BID will work to upgrade data transmissions to CDC as new PHIN-MS messaging requirements become available for additional notifiable diseases.

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element Name: P1. Data exchange requirements for each stakeholder

Description	Written plans should include a listing of data-exchange requirements for each stakeholder (including the use of common terminology, definitions, and lexicon by all stakeholders) that adhere to available national standards for data elements to be sent and data elements to be received.

Current Status	Current Status Narrative
Partially in place	MDPH has developed a standardized alerting severity matrix for the HHAN. This matrix includes guidelines for extreme, severe, moderate and minor alerts with examples for larger groups. Data exchange requirements for the various levels of alerts (extreme, severe, moderate, minor) in the matrix are based upon whether an action is required by the stakeholder. For WebEOC, MDPH is in the process of developing guidelines for use with the WebEOC system, including severity levels and type of information to be shared. The BID maintains a comprehensive Standard Operating Procedures Manual containing protocols for managing and triaging all surveillance data held in MAVEN, including notifiable reports received from clinicians, laboratories (whether in electronic or paper format). The BID employs standard case definitions and data collection elements. Requirements for data exchange comply with national standards set forth by PHIN, ONC and HIPAA.
Goal	**Goal Narrative**
Fully in place	MDPH will formalize the severity matrix and train HHAN role/group administrators on the data exchange requirements. For WebEOC, MDPH will formalize guidelines and provide training statewide to healthcare entities, based on role-based groups.

RESOURCE ELEMENT CATEGORY: Planning

Resource Element Name: P2. Health information exchange protocols

Description	Written plans should include health information exchange protocols for each stakeholder that identify determinants for exchange and which may include the following elements: – Unusual cluster(s) or illness that threaten closure of institutional settings (e.g., illness among healthcare workers or prisoners) – High burden of illness or a cluster of illness confined to a specific population (e.g., racial or ethnic group, or vulnerable populations) – Illness burden that is expected to overwhelm local medical or public health resources – A public health laboratory finding of interest (e.g., a novel virus identified by lab) that is not picked up clinically or through other surveillance – Large numbers of patients with similar and unusual symptoms – Large number of unexplained deaths – Higher than expected morbidity and mortality associated with common symptoms and/or failure of patients to respond to traditional therapy – Simultaneous clusters of similar illness in noncontiguous areas – Received threats or intelligence – Incidents in other jurisdictions that raise possible risk in home jurisdiction (e.g., elevation of pandemic influenza alert level)
Current Status	**Current Status Narrative**
Partially in place	MDPH established a role protocol with the Massachusetts Emergency Management Agency and its stakeholders. MDPH is in the process of developing role-based alerting protocols for other large groups. MDPH has written plans to exchange critical health information with various stakeholders depending on the situation. Some of these plans should be more formalized and/or enhanced. Examples include the Working Group on Foodborne Illness Complaints (WIGFIC) and coordinatation between the Bureau of Infectious Disease (BID) and Health Care Quality. The WIGFIC is comprised of representatives from the BID, the Food Protection Program (FPP) and the Bureau of Laboratory Sciences. This group appropriately shares information in response to foodborne outbreaks and has written response protocols. MDPH would like to develop a foodborne illness complaint module within MAVEN to enhance role-based information sharing between group members as well as with relevant members at the local level. Informal documentation exists outlining the reponse to clusters of illness in institutions requiring the coordiantion between BID, HCQ and LBOH staff. These protocols should be reassessed to ensure all stakeholders are represented and information shared is delineated.
Goal	**Goal Narrative**
Partially in place	MDPH will finalize, disseminate to and train stakeholders regarding the protocols and health information exchange agreements for each group. MDPH will include all system updates, including spreadsheet alerting of large groups during an emergency in the protocols. The BID will review existing data exchange protocols and identify areas requiring enhancement and or formalization. The Epidemiology Program Manager and Director of the Office of Integrated Surveillance and Informatics Services will coordinate these efforts.

FUNCTION: 3. Exchange information to determine a common operating picture

Description:	Share information (both send and receipt) within the public health agency, with other identified intra-jurisdictional stakeholders, and with identified inter-jurisdictional stakeholders, following available national standards for data vocabulary, storage, transport, security and accessibility.
Current Status	**Current Status Narrative**

CAPABILITY: INFORMATION SHARING

FUNCTION: 3. Exchange information to determine a common operating picture

Infrastructure Not Fully in Place	MDPH, MEMA, and other response partners utilize the HHAN as the prima ry method of one-way communication during an emergency. The Bureau of Infectious Disease (BID) utilizes MAVEN (the Massachusetts Virtual Epidemiologic Network) a PHIN-compliant web-based disease surveillance and case management system to communicate with the 351 local boards of health in Massachusetts regarding all notifiable infectious disease events. Currently, MAVEN is deployed at approximately 200 local jurisdictions. MAVEN is fully compliant will all appropriate national standards for data vocabularies, storage, transport, security and accessibility as outlined by PHIN and the ONC. MAVEN has built in algorithms to identify reports that require the immediate notification of a health professional and to identify excess reports of illness that might signal an aberration from normal disease patterns. This system has automatic (24/7/365) pager notification of state and local officials of any event requiring their attention.
Goal	**Goal Narrative**
Build	MDPH and other response partners have fully incorporated the HHAN int o Emergency Operations Plans for alerting and communication. MDPH plans to enhance bi-directional communication through the HHAN to enhance the common operating picture over the five-year cooperative agreement. MDPH also plans to have WebEOC operational within BP11 to enhance bi-directional communication. The BID will also continue its efforts to deploy MAVEN at all 351 local health departments, with the goal of reaching 95% by the end of 2012. The Director of the Office of Integrated Surveillance and Informatics Services within the BID has overall responsibility for this effort.
Funding Type	**Non PHEP Funding Type**
Partial PHEP	Epi/Lab Capacity Funds, HPP Funds, Other: other CDC Cooperative Agreements.

RESOURCE ELEMENT CATEGORY: Equipment and Technology

RESOURCE ELEMENT CATEGORY: Equipment and Technology

Resource Element Name: E1. Electronic systems capable of handling routine information and emergency notification

Description

Have or have access to electronic systems capable of handling routine day-to-day information data transmission as well as emergency notification and situational awareness. When conveying personal health information or syndromic surveillance information the system should meet the following standards:
– Federal standards and specifications, (e.g., messaging guides) when applicable
(For additional or supporting detail, see Capability 13: Public Health Surveillance and Epidemiological Investigation)
– Applicable patient privacy-related laws and standards, including state or territorial laws, and Health Insurance Portability and Accountability, Health Information Technology for Economic and Clinical Health, National Institute of Standards and Technology, and the Office of the National Coordinator standards such as:
? Data must be encrypted during transit according to jurisdictional and, if available, national standards93,94
? Data protections based on the types of data shared such as:
o All data exchanges should abide by the National Institute of Standards and Technology/Federal Information Security Management Act requirements for the integrity, confidentially and availability appropriate for the data sensitivity level (e.g., low, medium, and high).
o All communication containing health data (personally identifiable information and non-personally identifiable information) should take place over transport layer security/secure socket layers using authentication appropriate for the data sensitivity level (e.g., userid/ password, and secureID)
o For more sensitive data, public key infrastructure should be used to authenticate all parties and to encrypt the data (e.g., mutual authentication SSL, XMLEncryption, NIST FIPS 140-1-compliant encryption scheme)
? Software storing data must have the ability to encrypt and, based on data exchange packages, some exchanges may require data to be encrypted while at rest95,96
? Data storage and retrieval must be compliant with the Nationwide Privacy and Security Framework for Electronic Exchange of Individually Identifiable Health Information97
? Should be able to generate an audit log for a user-specified time period
– Recipient systems be patched and maintained with recent security controls (e.g., strong system administrator password policies and anti-malware patches)
(State and local jurisdictions)

Current Status	Current Status Narrative

Partially in place	The Bureau of Infectious Disease (BID) deployed a PHIN compliant integrated public health surveillance and case management system, MAVEN, in September 2006. MAVEN allows for the secure exchange of information between state and local health and other public health partners. Massachusetts has 351 independent jurisdictions responsible for case investigation and follow-up of notifiable diseases and currently, approximately 200 of the 351 local health departments are utilizing MAVEN. The system fully interfaces with BID's electronic laboratory reporting (ELR) initiative and can exchange information with CDC via standards-based electronic messaging. MAVEN currently supports the surveillance and case management needs for all notifiable conditions at the state and local level except STDs and HIV/AIDS. MAVEN allows appropriate data-sharing between state and local health, direct access to data by epidemiologists, and improved data management and analysis. It has the ability to capture all relevant information on reportable conditions and can be easily modified to capture additional information as circumstances change, such as in a pandemic event. However, for full implementation of MAVEN and to take advantage of its capability, additional workflows must be developed. Once fully deployed at the state and local level, MAVEN will replace current paper-based methods of data exchange. MAVEN allows automatic generation of workflows and questionnaires: receipt of an electronic laboratory report results in a questionnaire that sits in queue for an appropriate investigator at the state or local level to respond to. When users log on, they are prompted with the cases currently in their respective workflows. Once the investigation is complete, a new workflow is called that sends the information about that case into the queue for the next stage of review. MAVEN has built in algorithms to identify reports that require the immediate notification of a health professional and to identify excess reports of illness that might signal an aberration from normal disease patterns. This system has automatic (24/7/365) notification of state and local officials of any event requiring their attention. The BID developed an outbreak management module which interfaces with the event level data in the system and has the capability of capturing point source data and environmental laboratory results. In addition, MAVEN has a deidentified module that will allow the tracking of individuals exposed to suspect rabid animals and animal test results, an aggregate influenza reporting database to monitor seasonal and pandemic influenza. Data are appropriately stored and exchanged pursuant to Massachusetts and federal privacy laws and regulations, HIPAA, HITECH and other relevant vocabulary and messaging standards.

RESOURCE ELEMENT CATEGORY: Equipment and Technology

Resource Element Name: E1. Electronic systems capable of handling routine information and emergency notification

Description	Have or have access to electronic systems capable of handling routine day-to-day information data transmission as well as emergency notification and situational awareness. When conveying personal health information or syndromic surveillance information the system should meet the following standards: – Federal standards and specifications, (e.g., messaging guides) when applicable (For additional or supporting detail, see Capability 13: Public Health Surveillance and Epidemiological Investigation) – Applicable patient privacy-related laws and standards, including state or territorial laws, and Health Insurance Portability and Accountability, Health Information Technology for Economic and Clinical Health, National Institute of Standards and Technology, and the Office of the National Coordinator standards such as: ? Data must be encrypted during transit according to jurisdictional and, if available, national standards93,94 ? Data protections based on the types of data shared such as: o All data exchanges should abide by the National Institute of Standards and Technology/Federal Information Security Management Act requirements for the integrity, confidentially and availability appropriate for the data sensitivity level (e.g., low, medium, and high). o All communication containing health data (personally identifiable information and non-personally identifiable information) should take place over transport layer security/secure socket layers using authentication appropriate for the data sensitivity level (e.g., userid/ password, and secureID) o For more sensitive data, public key infrastructure should be used to authenticate all parties and to encrypt the data (e.g., mutual authentication SSL, XMLEncryption, NIST FIPS 140-1-compliant encryption scheme) ? Software storing data must have the ability to encrypt and, based on data exchange packages, some exchanges may require data to be encrypted while at rest95,96 ? Data storage and retrieval must be compliant with the Nationwide Privacy and Security Framework for Electronic Exchange of Individually Identifiable Health Information97 ? Should be able to generate an audit log for a user-specified time period – Recipient systems be patched and maintained with recent security controls (e.g., strong system administrator password policies and anti-malware patches) (State and local jurisdictions)

Goal	Goal Narrative
Partially in place	The BID would like to add enhanced functionality to MAVEN. Development plans for this grant period include the ability to track non-designated notifiable infectious diseases that are unusual and of public health importance, white powder incidents, a new foodborne illness and complaints module, additional quality assurance reports to assess timeliness and completeness of reports received, and incorporate additional analytic tools such as GIS into routine surveillance. The BID will also continue its efforts to deploy MAVEN at all 351 local health departments, with the goal of reaching 95% by the end of 2012. The BID will continue to implement ELR at the remainder of the clinical and commercial laboratories and employ quality assurance measures. In addition, the BID will continue its engagement with health information exchanges and sites with electronic medical records. The Director of the Office of Integrated Surveillance and Informatics Services within the BID has overall responsibility for these efforts.

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element Name: P1. Development of public health alert messages

Description	Written plans should include a protocol for the development of public health alert messages that include the following elements: – Time sensitivity of the information – Relevance to public health – Target audience – Security level or sensitivity – The need for action may include ? Awareness ? Request a response back ? Request that specific actions be taken

Current Status	Current Status Narrative
Partially in place	Many health professionals and organizations rely on the HHAN as the source of public health information from public safety and public health. For WebEOC, MDPH is creating a system that will provide consistent, targeted information to role-based groups, depending on the type and impact of an event.

Goal	Goal Narrative
Fully in place	MDPH will continue to work closely with other group administrators to ensure a common operating procedure and common message when alerts are pushed out to stakeholders during an emergency. MDPH will continue to develop and maintain a WebEOC system that users will rely upon for situational awareness and pertinent information during an emergency.

RESOURCE ELEMENT CATEGORY: Planning

Resource Element Name: P2. Health information exchange protocols

Description	Written plans should include a process for information system development and maintenance that take into account the following elements: – Controls and safeguards for data access levels – Data structure definitions and specification of databases (structured/unstructured data). Structured healthcare data should utilize the latest applicable federal standards. – Ownership of the data – Data quality and data reliability – Security and privacy of patient health information as applicable ? Consent, security, and privacy procedures ? Access permissions, including data release and reuse agreements ? Additional protections against data theft such as encryption, data loss, and back-up storage – Authentication service to authenticate requestors and data submissions from various locations
Current Status	**Current Status Narrative**
Partially in place	Data are stored within the MAVEN and ELR infastructure in accordance with national standards. Data exchange mechanisms also comply with national standards. The Bureau of Infectious Disease (BID) has developed informal protocols documenting appropriate state and local user access rights to specific infectious disease information. These protocols are in accordance with appropriate state and federal standards and are role-based with need to know privileges and access: this is based on disease, jurisdiction, programmatic need and programmatic role. BID epidemiologists routinely assess the timeliness and completeness of data; additional quality assurance reports are under development to support these efforts.
Goal	**Goal Narrative**
Fully in place	The BID will develop formalized written protocols to further document and specify access rights for all state and local users of MAVEN by January 2012. BID will ensure all policies are consistent with state and federal privacy regulations. Routine quality assurance protocols will be developed and documented by July 2012. These efforts will be the responsibility of the Director of the Office of Integrated Surveillance and Informatics Services and the Director of IT within the BID.

RESOURCE ELEMENT CATEGORY: Skills and Training

Resource Element Name: S1. Staff that meet jurisdictionally defined competencies for a public health informatician

Description	Identify staff that meets jurisdictionally defined competencies for a Public Health Informatician as defined in Competencies for Public Health Informaticians -2009(or updated versions of this document) to participate in health information exchange.
Current Status	**Current Status Narrative**
Partially in place	The Bureau of Infectious Disease (BID) has not had resources to provide competency training to staff in informatics. However, certain staff within the BID have undertaken certificate courses at their own initiative. Core informatics training for all surveillance epidemiologists is necessary for the development and enhancement of MAVEN, our surveillance and case management system, as well as the utilization and management of infectious disease data from other sources.
Goal	**Goal Narrative**
Partially in place	As resources bear, the BID will identify relevant trainings and corresponding funding to support core compentency in informatics for appropriate staff.

CAPABILITY: MASS CARE

Description: Mass care is the ability to coordinate with partner agencies to address the public health, medical, and mental/behavioral health needs of those impacted by an incident at a congregate location. This capability includes the coordination of ongoing surveillance and assessment to ensure that health needs continue to be met as the incident evolves.

FUNCTION: 1. Determine public health role in mass care operations

Description: In conjunction with Emergency Support Function #6, #8, and #11 partners, emergency management, and other partner agencies, determine the jurisdictional public health roles and responsibilities in providing medical care, health services, and shelter services during a mass care incident.

Current Status	Current Status Narrative
Infrastructure Not Fully in Place	MDPH, MEMA and the American Red Cross (ARC) have worked together to d evelop a consistent model of shelters across the state. Currently, local jurisdictions have developed community shelters. Cape Cod and the Berkshires have also been working to establish regional shelters. The State only has one large regional shelter capable of sheltering 3,000 residents which is located Cape Cod. In addition there is also a series of 8 regional shelters located on Cape Cod. This activity has been undertaken in response to the threat posed by Hurricane activity.
Goal	**Goal Narrative**
Build	MEMA has received DHS funding to undertake a comprehensive planning i nitiative to review the State's current mass care capabilities, plan for and increase the number of regional shelters and develop better coordination between State and local initiatives. MDPH will provide a leadership role in developing the medical component for the regional shelters. MDPH will coordinate its activities with ARC, MA National Guard (MANG), MRC, Hospitals, EMS and local jurisdictions.
Funding Type	**Non PHEP Funding Type**
Other Funding Sources	DHS Funds

FUNCTION: 2. Determine mass care needs of the impacted population

Description: In conjunction with Emergency Support Function #6, #8, and #11 partners, emergency management and other partner agencies, determine the public health, medical, mental/behavioral health needs of those impacted by the incident.

Current Status	Current Status Narrative
Infrastructure Not Fully in Place	MDPH has been working with its ESF partners in determining the public health, medical, mental/behavioral and other health-related needs of those residents impacted by an incident and in need of mass care support. These partners include MEMA, ARC, the Massachusetts Army National Guard (MANG), Federal HHS, MRCs DMH and local emergency managers.
Goal	**Goal Narrative**
Build	MDPH will be working closely with MEMA which is leading a comprehensi ve planning process to prepare for the establishment of a system regional and local shelters. This process will examine current capabilities, identify current gaps in materials, staffing space and organization. This process is scheduled to begin in BP11 and continue through BP12. In succeeding years MEMA, MDPH and other partners will build upon these initial findings with the goal of developing a robust system of shelters.
Funding Type	**Non PHEP Funding Type**
Other Funding Sources	DHS Funds

RESOURCE ELEMENT CATEGORY: Equipment and Technology

Priority Resource Element

Resource Element Name: E1. Shelter registration health screening tool

Description	Have or have access to a tool for health screening of individuals during shelter registration. The following are suggested elements for inclusion: – Immediate medical needs – Assistive device needs – Mental health needs – Sensory impairment or other disability – Medication use – Need for assistance with activities of daily living – Substance abuse

Current Status	Current Status Narrative
Partially in place	The ARC and the MRCs have developed similar screening tools which are currently used during mass care deployments.

Goal	Goal Narrative
Partially in place	Shelter registration health screening tools will be reviewed and standardized during the BP11 MEMA mass care planning process. Consensus around this tool will be developed in BP12.

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element Name: P1. Assessment form for shelter environmental health inspections

Description	Written plans should include an assessment form to be used in shelter environmental health inspections, including at a minimum the following elements: – Identification of barriers for disabled individuals – Structural integrity – Facility contamination (e.g., radiological, nuclear, or chemical) – Adequate sanitation (e.g., toilets, showers, and hand washing stations) and waste removal – Potable water supply – Adequate ventilation – Clean and appropriate location for food preparation and storage

Current Status	Current Status Narrative
Partially in place	Currently each town has developed its own form and there is little standardization to this process.

Goal	Goal Narrative
Fully in place	These forms will be reviewed during MEMA's planning process with the goal of greater standardization. This will be reviewed in BP11 and a standard will be established in BP12.

Resource Element Name: P2. List of potential sites to serve as congregate locations

Description	Written plans should include a list of pre-identified site(s) that have undergone an initial assessment to determine their adequacy to serve as a congregate location (based on the size, scope and nature of potential incidents, based on jurisdictional risk assessment).

Current Status	Current Status Narrative
Partially in place	There is currently a list of possible sites to serve as congregate locations. This list has not been updated in a number of years and there is a concern about the lists accuracy.

Goal	Goal Narrative
Fully in place	In the course of completing a gap analysis as a part of the MEMA mass care initiative scheduled for BP11, Based upon this planning process, MEMA and MDPH will be able to develop an accurate list of these locations. This will be done during BP12 and BP13.

CAPABILITY: MASS CARE

FUNCTION: 3. Coordinate public health, medical, and mental/behavioral health services

Description: Coordinate with partner agencies to provide access to health services, medication and consumable medical supplies (e.g., hearing aid batteries, incontinence supplies), and durable medical equipment for the impacted population.

Current Status	Current Status Narrative
Infrastructure Not Fully in Place	MDPH has purchased and stocked 5 trailers to address the needs of mas s care medical supplies. They have been pre-positioned through out the state and can be moved by MEMA or MANG to the appropriate setting. These trailers contain medical routine supplies such as ostomy care supplies, wound care and other conditions that might need to be addressed during a mass care situation. The trailers also contained first aid equipment such as AEDs for use in a mass care setting.
Goal	**Goal Narrative**
Build	Working with MEMA and its other partners, MDPH will continue to ident ify other medical supply needs as a part of the MEMA lead mass care planning process. Included in this will be the development of MOUs with medical supply, pharmaceutical, respiratory and other vendors in support of mass care. This will take place throughout the five-year cooperative agreement.
Funding Type	**Non PHEP Funding Type**
Other Funding Sources	DHS Funds, HPP Funds

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element Name: P1. MOUs or letters of agreement with medication providers

Description Written plans should include memoranda of understanding, memoranda of agreement, or letters of agreement with medication providers, including but not limited to the following elements:
– Requesting medication from providers
– Bringing medication to congregate locations
– Storing and distributing medication at congregate locations
– Referring and transporting individuals to pharmacies and other providers for medication
(For additional or supporting detail, see Capability 8: Medical Countermeasure Dispensing, Capability 9: Medical Materiel Management and Distribution, and Capability 10: Medical Surge)

Current Status	Current Status Narrative
Not in place	MDPH and MEMA do not currently have MOUs in place with medication providers.
Goal	**Goal Narrative**
Fully in place	MOUs will be developed during the course of the MEMA planning process in BP11. Signed agreements will be in place by BP15.

Resource Element Name: P3. Procedures to coordinate with partner organizations for patient transfer

Description Written plans should include procedures to coordinate with partner agencies to transfer individuals from general shelters to specialized shelters or medical facilities if needed, including the following procedural elements:
– Patient information transfer (e.g., current condition and medical equipment needs)
– Physical transfer of patient
(For additional or supporting detail, see Capability 10: Medical Surge)

Current Status	Current Status Narrative
Partially in place	There is no consistency in place relative to protocols and relationships associated with patient transfer.
Goal	**Goal Narrative**
Fully in place	Patient transfer protocols will be developed during the BP11 MEMA mass care planning process.

RESOURCE ELEMENT CATEGORY: Planning

Resource Element Name: P4. Process to coordinate with partners to monitor populations at congregate locations

Description	Written plans should include a process to coordinate with partner agencies to monitor populations at congregate locations, including but not limited to the following processes: – Establishing registries for exposed or potentially exposed individuals for long-term health monitoring – Separate shelter facilities for monitoring individuals at congregate locations – Identifying, stabilizing and referring individuals who need immediate medical care or decontamination – Prioritization of at-risk populations at congregate locations that have specific needs after a radiation incident (e.g., children, elderly, and pregnant women)

Current Status	Current Status Narrative
Partially in place	The ARC and MRC's have developed protocols for monitoring populations at mass care locations.

Goal	Goal Narrative
Not in place	Protocols for monitoring populations at mass care locations will be standardized through out the state as a part of the BP11 MEMA mass care planning process. This will be finalized by BP14.

Resource Element Name: P2. Scalable congregate location staffing model

Description	Written plans should include a scalable congregate location staffing model based on number of individuals, resources available, competing priorities, and time frame in which intervention should occur that is incident-driven and, at a minimum, includes the ability to provide the following elements: – Medical care services – Management of mental/behavioral disorders – Environmental health assessments (e.g., food, water, and sanitation) – Data collection, monitoring, and analysis – Infection control practices and procedures

Current Status	Current Status Narrative
Partially in place	MEMA, MDPH and the MRC's have all developed scalable staffing models.

Goal	Goal Narrative
Fully in place	As part of the MEMA lead mass care planning process the State will develop a standard scalable staffing model. This will be completed in BP15.

Resource Element Name: P5. Scalable congregate location staffing matrix

Description	Written plans should include a scalable congregate location staffing matrix identifying at least one back-up for each population monitoring and decontamination response role. Skill sets at a minimum should include the following elements: – The ability to manage population monitoring operation – The ability to monitor arrivals for external contamination and assess exposure – The ability to assist with decontamination services – The ability to assess exposure and internal contamination

Current Status	Current Status Narrative
Partially in place	MEMA, MDPH and the MRC's have all developed staffing matrices .

Goal	Goal Narrative
Fully in place	As part of the MEMA lead mass care planning process the State will develop a standard staffing matrix. This will be completed in BP15.

RESOURCE ELEMENT CATEGORY: Skills and Training

Resource Element Name: S1. Radiation training for mass care responders

Description	Radiation training for mass care responders.
Current Status	**Current Status Narrative**
Partially in place	MDPH Bureau of Environmental Health and the Department of Fire Safety have working with MEMA, the MRCs and the ARC to provide radiation training for mass care responders.
Goal	**Goal Narrative**
Partially in place	To continue this effort through the duratio of the cooperative agreement.

Resource Element Name: S2. Animal care training for personnel involved with animal care services

Description	Personnel that will be involved with animal care services should have access to the following training: – Federal Emergency Management Agency Animals in Disaster—Module A: Awareness and Preparedness (IS10)http://www.training.fema.gov/emiweb/Is/is10.asp and Animals in Disaster—Module B: Community Planning (IS11) http://training.fema.gov/EMIWEB/IS/IS11.asp – Humane Society of the United States, 2009 Disaster Training Program: http://www.hsus.org/hsus_field/hsus_disaster_center/disaster_training_dates_2007.html
Current Status	**Current Status Narrative**
Partially in place	State of Massachusetts Animal Response Team (SMART) offers a series of training in both general shelter skills (e.g. ICS training) and courses associated with the care of animals in mass care situations. In addition, SMART has developed educational literature for pet owners to care for their pets during emergencies.
Goal	**Goal Narrative**
Partially in place	SMART will continue to provide will continue to provide mass care training as it relates to animal care. These training will continue through out the course of the cooperative agreement.

FUNCTION: 4. Monitor mass care population health

CAPABILITY: MASS CARE

FUNCTION: 4. Monitor mass care population health

Description: Monitor ongoing health-related mass care support, and ensure health needs continue to be met as the incident response evolves.

Current Status	Current Status Narrative
Infrastructure Not Fully in Place	MDPH has been working closely with the State's 46 MRCs and the ARC to develop protocols for providing care to residents seeking shelter during a mass care situation. MDPH has been working with partner organizations to identify treatment, assessment and triage protocols appropriate to a mass care situation. MDPH has also been working closely with these partners to provide training associated with the provision of health care services in a mass care setting. Working through the ASPR, MDPH has purchased and stocked 5 trailers containing medical supplies and equipment appropriate for mass care medical services.
Goal	**Goal Narrative**
Build	During the course of the cooperative agreement, MDPH will work with i ts partner organizations to refine existing plans and provide additional training.
Funding Type	**Non PHEP Funding Type**
Other Funding Sources	DHS Funds

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element Name: P1. Process to conduct ongoing shelter population health surveillance

Description Written plans should include a process to conduct ongoing shelter population health surveillance, including the following elements:
– Identification or development of mass care surveillance forms and processes
– Determination of thresholds for when to start surveillance
– Coordination of health surveillance plan with partner agencies' (e.g., Red Cross) activities
(For additional or supporting detail, see Capability 14: Public Health Surveillance and Epidemiological Investigation)

Current Status	Current Status Narrative
Partially in place	Health Surveillance has not to date been a formal part of the planning to provide medical services during a mass shelter episode. As a part of its duty, shelter health staff are required to monitor the health of the shelter population, but to date have not been provided with the tools and forms to conduct epidemiological reviews.
Goal	**Goal Narrative**
Partially in place	These forms and capabilities will be added to the scope of the medical team's planning and responsibilities. These additional duties will be in place by BP15. Training will be provided as these resources are developed.

Resource Element Name: P2. Templates for disaster surveillance forms

Description Written plans should include templates for disaster-surveillance forms, including Active Surveillance and Facility 24-hour Report forms.

Current Status	Current Status Narrative
Partially in place	Included among the responsibilities of the shelter medical teams its to provide a summary of activities as a part of the change of shift routine. As of this writing there is no active surveillance form.
Goal	**Goal Narrative**
Partially in place	MDPH will work closely with the MRCs and ARC to create and adopt an active surveillance form. This resource should be in place by BP14.

CAPABILITY: MEDICAL COUNTERMEASURE DISPENSING

Description: Medical countermeasure dispensing is the ability to provide medical countermeasures (including vaccines, antiviral drugs, antibiotics, antitoxin, etc.) in support of treatment or prophylaxis (oral or vaccination) to the identified population in accordance with public health guidelines and/or recommendations.

FUNCTION: 1. Identify and initiate medical countermeasure dispensing strategies

Description: Notify and coordinate with partners to identify roles and responsibilities consistent with the identified agent or exposure and within a timeframe appropriate to the incident.

Current Status	Current Status Narrative
Infrastructure Fully in Place - Not Fully Evaluated and Demonstrated	The Strategic National Stockpile (SNS) team within MDPH utilizes a va riety of approaches to work with local health departments. MDPH has developed an EDS guidance manual published on the website which serves as a tool for local planners to develop their dispensing site plans. The SNS team conducts a monthly workgroup to discuss current dispensing strategies and share best practices. Each year the team holds regional meetings to discuss the Technical Assistance Review (TAR) and complete the deliverable with local planners. The Exercise and Training Manager within MDPH is available to assist local planners in developing and conducting their exercises and drills. While there is solid infrastructure at the state and local level, additional exercises and drills would be important to clarify roles and responsibilities and coordination during an incident.
Goal	**Goal Narrative**
Build	MDPH intends to exercise coordination between the state and local lev el and assist local planners with their mass dispensing strategies. In addition, MDPH will assist local planners in evaluating the need for alternate dispensing modalities.
Funding Type	**Non PHEP Funding Type**
PHEP	NA

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element Name: P1. SOPs to identify medical countermeasures required for the incident or potential incident

Description Written plans should include standard operating procedures that provide guidance to identify the medical countermeasures required for the incident or potential incident. Consideration should be given to the following elements:
– Number and location of people affected by the incident, including a process to collect and analyze medical and social demographic information of the jurisdiction’s population to plan for the types of medications, durable medical equipment, or consumable medical supplies that may need to be provided during an incident, including supplies needed for the functional needs of at-risk individuals.
– Agent or cause of the incident
(For additional or supporting detail, see Capability 12: Public Health Laboratory Testing)
– Severity of the incident
– Potential medical countermeasures
(For additional or supporting detail, see Capability 13: Public Health Surveillance and Epidemiological Investigation)
– Time line for establishing medical countermeasure dispensing operations
– Personnel and staffing mix

Current Status	Current Status Narrative
Fully in place	SOPs have been developed and are continuously reviewed, edited and updated. This activity requires coordination with epidemiologists within MDPH, surveillance activities, Bio-watch, the Fusion Center, and EDS planning.
Goal	**Goal Narrative**
Fully in place	MDPH will continue to review and improve performance standards.

CAPABILITY: MEDICAL COUNTERMEASURE DISPENSING

FUNCTION: 2. Receive medical countermeasures

Description: Identify dispensing sites and/or intermediary distribution sites and prepare these modalities to receive medical countermeasures in a timeframe applicable to the agent or exposure.

Current Status	Current Status Narrative
Infrastructure Fully in Place - Fully Evaluated and Demonstrated	MDPH maintains a database of over 800 Emergency Dispensing Sites (EDS) within Massachusetts that would receive medical countermeasures during a public health emergency. MDPH has the capacity to export information from the database and import it into the web-based inventory management system. MDPH utilizes 2 private warehouses for Receipt, Stage, Store (RSS) facilities. One RSS has been tested and evaluated during a Full-Scale Exercise (FSE) in 2007 and real-world event, H1N1 in 2009-2010. By utilizing a web-based system, MDPH can create picklists for local EDS planners in remote locations.
Goal	**Goal Narrative**
Build	Over the course of this funding cycle MDPH intends to further enhance policies and procedures to coordinate and communicate with local EDS planners during an incident. For example, if the information in the EDS database is outdated, there needs to be a protocol for how this information would be updated in a timely way.
Funding Type	**Non PHEP Funding Type**
PHEP	NA

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element Name: P1. Protocols to request additional medical countermeasures

Description Written plans should include protocols to request additional medical countermeasures, including memoranda
of understanding or other letters of agreement with state/local partners. Consideration should be given to the following elements:
– Assessment of local inventory/medical countermeasure caches
– Identification of local pharmaceutical and medical-supply wholesalers
– Identification of a decision matrix guiding the process of requesting additional medical countermeasures if local supplies are exhausted. Matrix should take into account the Stafford Act and U.S. Department of Health and Human Services Regional Emergency Coordinators.
– If jurisdictions decide to purchase their own medical countermeasures, they are required to meet regulatory
standards (abide by U.S. Food and Drug Administration standards including current good manufacturing practices, have appropriate Drug Enforcement Administration registrations, and be responsible to fund and track medical countermeasures rotation)

Current Status	Current Status Narrative
Fully in place	Standard written protocols and an algorithm are available in accordance with CDC's SNS Planning Guidance Version 10.02.
Goal	**Goal Narrative**
Fully in place	MDPH intends to maintain the algorithm in accordance with guidance from CDC and test it on a regular basis.

FUNCTION: 3. Activate dispensing modalities

Description: Ensure resources (e.g., human, technical, space) are activated to initiate dispensing modalities that support a response requiring the use of medical countermeasures for prophylaxis and/or treatment.

Current Status	Current Status Narrative
Infrastructure Fully in Place - Fully Evaluated and Demonstrated	All 351 communities within the Commonwealth are required to maintain Emergency Dispensing Site plans. MDPH required a facility set-up drill in accordance with CDC metrics during last year's budget period. Many municipalities utilize seasonal flu clinics to test their EDS plans. During H1N1, the municipalities exercised their EDS plans through flu clinics.

CAPABILITY: MEDICAL COUNTERMEASURE DISPENSING

FUNCTION: 3. Activate dispensing modalities

Goal	Goal Narrative
Build	Over the five-year cooperative agreement, MDPH will work with EDS pla nners to enhance current EDS plans and test their dispensing strategies. MDPH will provide technical assistance to local planners conducting exercises and drills of their EDS plans. MDPH will also assist local planners in utilizing flu clinics as their exercises.
Funding Type	**Non PHEP Funding Type**
PHEP	NA

CAPABILITY: MEDICAL COUNTERMEASURE DISPENSING

FUNCTION: 3. Activate dispensing modalities

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element Name: P1. Written agreements to share resources, facilities, services, and other potential support

Description	Written plans should include written agreements (e.g., memoranda of agreement, memoranda of understanding, mutual aid agreements or other letters of agreement) to share resources, facilities, services, and other potential support required during the medical countermeasure dispensing activities.

Current Status	Current Status Narrative
Fully in place	Emergency Dispensing Sites (EDS) are provided by local public health through their authority. Many local EDS planners have MOAs with other communities to enhance their capacity for resources.

Goal	Goal Narrative
Fully in place	MDPH will work with local planners to maintain their current capability, but expand volunteer basis. Staffing shortages continue to be a problem for local health departments.

Resource Element Name: P2. Processes to govern the activation of dispensing modalities

Description

Written plans should include processes and protocols to govern the activation of dispensing modalities.
– Identify multiple dispensing modalities that would be activated depending on the incident characteristics (e.g., identified population and type of agent/exposure). Consideration should be given to the following elements:
? Traditional public health operated (e.g., open points of dispensing)
? Private organizations (e.g., closed points of dispensing)
? Pharmacies
? Provider offices and clinics
? Military/tribal
? Incarcerated population
? Other jurisdictionally approved dispensing modalities
– Initiate notification protocols with the dispensing locations. The following information should be determined for the sites:
? Dispensing site name/identifier
? Demand estimate (number of people planning to visit the site)
? Required throughput
? Staff required to operate one shift
? Number of shifts of distinct staff
? Staff availability
? Total number of staff required to operate the dispensing location through the whole incident
– Plan for functional needs of at-risk individuals (e.g., wheelchair access for handicapped)
– Identify, assess, prioritize, and communicate legal and liability dispensing barriers to those with the authority to address issues. Consideration should be given to the following elements:
? Clinical standards of care
? Licensing
? Civil liability for volunteers
? Liability for private sector participants
? Property needed for dispensing medication

Current Status	Current Status Narrative
Fully in place	MDPH has developed written procedures that detail notification and activation of EDS. Local Public Health departments exercise their plans in accordance with CDC deliverables

Goal	Goal Narrative
Fully in place	MDPH will work with local EDS planners to Increase the number of volunteers available and trained to respond to EDS activations.

CAPABILITY: MEDICAL COUNTERMEASURE DISPENSING

FUNCTION: 4. Dispense medical countermeasures to identified population

Description: Provide medical countermeasures to individuals in the target population, in accordance with public health guidelines and/or recommendations for the suspected or identified agent or exposure.

Current Status	Current Status Narrative
Infrastructure Fully in Place - Fully Evaluated and Demonstrated	Municipalities have developed EDS plans capable of meeting a 48 hour dispensing timeframe for countermeasures. During H1N1, municipalities dispensed countermeasures to the target populations for the vaccine and within the appropriate timeframe. Local planners could face challenges in attempting to meet the 48-hour timeframe.
Goal	**Goal Narrative**
Build	The majority of local EDS planners need to increase the number of vol unteers available and trained to respond to EDS activations. In addition, while local plans encompass traditional push methods of dispensing, many municipalities are ready to consider alternate dispensing strategies as well. MDPH will also work with local planners over the course of the five-year cooperative agreement to meet the 48-hour dispensing goal.
Funding Type	**Non PHEP Funding Type**
PHEP	NA

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element Name: P1. Process to govern the dispensing of medical countermeasures

Description Written plans should include processes and protocols to govern the dispensing of medical countermeasures to the target population.
– Protocol for screening and triaging patients, taking into consideration an assessment of patient characteristics (e.g., age, weight, clinical manifestations, available medical history, and drug or food allergies, assessment of radiation exposure duration and time since exposure, presence of radioactive contamination on the body or clothing, intake of radioactive materials into the body, identification of the radioactive isotope, removal of external or internal contamination) to determine the medical countermeasure to dispense
– Ensure that the permanent medical record (or log/file) of the recipient indicates the following information as deemed necessary:
? The date the medical countermeasure was dispensed
? Information on the medical countermeasure including, but not limited to, product name, national drug control number, and lot number
? The name and address of the person dispensing the medical countermeasure. Federal dispensing law requires: name/address of dispenser, prescription number, date of prescription, name of prescriber, name of patient (if stated on prescription), directions for use, and cautionary statements.
? The edition date of the information statement (e.g., pre-printed drug information sheets) distributed
– Ensure medical countermeasure recipient receives the information sheet matching the medical countermeasure dispensed
– Data recording protocols to report the data at an aggregate level to state/federal entities. Considerations should be given to population demographics (e.g., sex, age group, and if an at-risk individual) and dispensing
information (e.g., medical countermeasure name, location, and date)

Current Status	Current Status Narrative
Fully in place	All 351 communities are required to maintain EDS plans in accordance with grant deliverables. The municipalities collaborate with local emergency management, law enforcement, and other key response partners.
Goal	**Goal Narrative**
Fully in place	Many local public health planners need to build and enhance their collaborations with key response agencies within the community.

CAPABILITY: MEDICAL COUNTERMEASURE DISPENSING

FUNCTION: 5. Report adverse events

Description: Report adverse event notifications (e.g., negative medical countermeasure side effects) received from an individual, healthcare provider, or other source.

Current Status	Current Status Narrative
Infrastructure Not Fully in Place	Adverse event reporting is available and detailed for medical counter measures by referencing federal programs (eg; VAERS, MedWatch, FDA).

Goal	Goal Narrative
Build	MDPH needs to build capacity within the state for reporting adverse e vents and rely less on federal programs.

Funding Type	Non PHEP Funding Type
PHEP	NA

CAPABILITY: MEDICAL COUNTERMEASURE DISPENSING

FUNCTION: 5. Report adverse events

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element Name: P1. Processes to govern reporting of adverse events

Description

Written plans should include processes and protocols to govern reporting of adverse events. The following items should be considered in the plans:
– Guidance and communications messages/campaign that articulates the importance of adverse reporting regardless of suspected cause
– Process to ensure individuals receive the information sheet about potential adverse events of the medical
countermeasure dispensed and how to report adverse events
– Triage protocols when receiving notifications of adverse events
– Protocols when receiving notifications of adverse events. Information required to document adverse events
includes the following:
? Patient, provider, and reporter demographics
? Adverse event
? Relevant diagnostic tests/laboratory data
? Recovery status
? Vaccine(s)/pharmaceutical(s) received, including receipt location, date, vaccine/pharmaceutical type, lot
number, and dose number
– Utilize existing federal and jurisdictional adverse event reporting system, processes and protocols

Current Status	Current Status Narrative
Partially in place	Adverse event reporting is available and detailed for medical countermeasures by referencing federal programs (eg; VAERS, MedWatch, FDA).

Goal	Goal Narrative
Fully in place	Over the course of this funding cycle MDPH will work to build capacity within the state for reporting adverse events and rely less on federal programs.

RESOURCE ELEMENT CATEGORY: Skills and Training

Priority Resource Element

Resource Element Name: S1. Training on adverse event reporting system, processes, and protocols

Description

Public Health staff should be trained on federal as well as their jurisdiction’s adverse event reporting system,
processes and protocols.

Current Status	Current Status Narrative
Not in place	There has been no formal training on adverse event reporting offered by MDPH or at the local level.

Goal	Goal Narrative
Partially in place	Once MDPH develops a system for statewide adverse event reporting, training will be offered to local planners.

CAPABILITY: MEDICAL MATERIEL MANAGEMENT & DISTRIBUTION

Description: Medical materiel management and distribution is the ability to acquire, maintain (e.g., cold chain storage or other storage protocol), transport, distribute, and track medical materiel (e.g., pharmaceuticals, gloves, masks, and ventilators) during an incident and to recover and account for unused medical materiel, as necessary, after an incident.

FUNCTION: 1. Direct and activate medical materiel management and distribution

Description: Coordinate logistical operations and medical materiel requests when an incident exceeds the capacity of the jurisdiction's normal supply chain, including the support and activation of staging operations to receive and/or transport additional medical materiel. This should be accomplished at the request of the incident commander and in coordination with jurisdictional emergency management.

Current Status	Current Status Narrative
Infrastructure Fully in Place - Not Fully Evaluated and Demonstrated	MDPH partners with a private warehouse to perform the RSS function. This turnkey operation utilizes Radio-Frequency Identification (RFID) technology for inventory. This warehouse also has the capacity to transport medical material. This warehouse has been fully tested during a Full-Scale Exercise (2007) and real-world event (H1N1), however, since these events were a few years ago, we will be conducting a tabletop exercise in August 2011 to reevaluate this capability/function. MDPH is in the process of partnering with a second private warehouse to further increase capacity within the Commonwealth and they will be part of the August 2011 exercise as well.
Goal	**Goal Narrative**
Build	MDPH intends to demonstrate and evaluate the capacity of both warehou ses in the Commonwealth via a tabletop exercise in August 2011 and a full scale exercise in the fall of 2012.
Funding Type	**Non PHEP Funding Type**
PHEP	NA

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element Name: P1. Documentation of primary and backup receiving sites

Description Written plans should include documentation of primary and backup receiving sites that take into consideration federal Strategic National Stockpile recommendations. Written plans should include the following elements:
– Type of site (commercial vs. government)
– Physical location of site
– 24-hour contact number
– Hours of operation
– Inventory of material-handling equipment on-site and list of minimum materials that need to be procured and/or delivered at the time of the incident
– Inventory of office equipment on-site and list of minimum materials that need to be procured and/or delivered at the time of the incident
– Inventory of storage equipment (e.g., refrigerators and freezers) on-site and list of minimum materials/supplies that need to be procured and/or delivered at the time of the incident

Current Status	Current Status Narrative
Fully in place	MDPH maintains an MOA with the Primary RSS.
Goal	**Goal Narrative**
Fully in place	MDPH will obtain an MOA with the Secondary RSS during BP1.

RESOURCE ELEMENT CATEGORY: Planning

Resource Element Name: P2. Transportation strategy

Description	Written plans should include transportation strategy. If public health will be transporting material using their own vehicles, plan should include processes for cold chain management, if necessary to the incident. If public health will be using outside vendors for transportation, there should be a written process for initiating transportation agreements (e.g., contracts, memoranda of understanding, formal written agreements, and/or other letters of agreement). Transportation agreements should include, at a minimum, the following elements: – Type of vendor (commercial vs. government) – Number and type of vehicles, including vehicle load capacity and configuration – Number and type of drivers, including certification of drivers – Number and type of support personnel – Vendor's response time – Vendor's ability to maintain cold chain, if necessary to the incident In addition to this process, public health should have written evidence of a relationship with outside transportation vendors. This relationship may be demonstrated by a signed transportation agreement or documentation of transportation planning meeting with the designated vendor.

Current Status	Current Status Narrative
Fully in place	Distribution is primarily provided by private vendors capable of distributing medical countermeasures throughout the Commonwealth. This function is backed up by the State Department of Transportation and the Massachusetts National Guard.

Goal	Goal Narrative
Fully in place	MDPH will maintain a working relationship with private vendors for RSS which provide this function.

Resource Element Name: P3. Protocol for reporting Medical materiel levels

Description	Written plans should include protocols for medical and health-related agencies and organizations to report medical materiel levels to public health at least weekly, but potentially more frequently. (For additional or supporting detail, see Capability 6: Information Sharing)

Current Status	Current Status Narrative
Fully in place	Inventory management is provided by private vendors via a secure web-based system accessible in real or near real time.

Goal	Goal Narrative
Fully in place	MDPH will maintain a working relationship with private vendors for RSS which provide this function.

FUNCTION: 2. Acquire medical materiel

CAPABILITY: MEDICAL MATERIEL MANAGEMENT & DISTRIBUTION

FUNCTION: 2. Acquire medical materiel

Description: Obtain medical materiel from jurisdictional caches and request materiel from jurisdictional, private, regional, or federal partners, as necessary.

Current Status	Current Status Narrative
Infrastructure Fully in Place - Not Fully Evaluated and Demonstrated	MDPH maintains policies, procedures and an algorithm to request mater iel from federal partners and has tested such in a full scale exercise in 2007 and during H1N1. However, since these events were a few years ago, we are planning to reevaluate this capability/function during a tabletop exercise in August of 2011.

Goal	Goal Narrative
Build	We will be reevaluating this function during our August 2011 tabletop exercise. In addition, MDPH will work with local healthcare partners to assist them in refining/testing plans, policies and procedures to request SNS assets from the state and obtain medical material from jurisdictional caches.

Funding Type	Non PHEP Funding Type
PHEP	NA

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element Name: P1. Medical materiel request process

Description Written plans should include a process to request medical materiel (initial request and re-supply requests), including memoranda of understanding and mutual aid agreements with state/local partners if applicable. These plans should consider the following elements:
– Assessment of local inventory/medical countermeasure caches
– Identification of local pharmaceutical and medical-supply wholesalers
– Assessment of asset request trigger indicators, thresholds, and validation strategies to guide decision-making
– A process for requesting medical countermeasures through the Emergency Management Assistance Compact
– A process for requesting medical countermeasures from the federal level, which takes into account
? Stafford Act vs. non-Stafford Act declarations
? National Emergencies Act
? Coordination between federal and state resources, including memoranda of understanding between CDC and the state
? Role of U.S. Department of Health and Human Services Regional Emergency Coordinators, if necessary to the incident: http://www.phe.gov/Preparedness/responders/rec/Pages/contacts.aspx
– A process for justifying medical countermeasure requests
– If sites decide to purchase their own medical countermeasures, they are required to meet regulatory standards (i.e., abide by U.S. Food and Drug Administration standards including current good manufacturing practices (cGMP), have appropriate Drug Enforcement Administration registrations, and be responsible to fund and track medical countermeasures rotation)

Current Status	Current Status Narrative
Fully in place	MDPH maintains a plan and protocol for request procedures in accordance with guidance provided by CDC and FEMA.

Goal	Goal Narrative
Fully in place	MDPH will continue to utilize current request procedures and assist local partners in enhancing their plans.

CAPABILITY: MEDICAL MATERIEL MANAGEMENT & DISTRIBUTION

FUNCTION: 3. Maintain updated inventory management and reporting system

Description: Maintain inventory system for the jurisdiction's medical materiel for the life of the materiel, including acquisition, receipt, storage, transport, recovery, disposal, and return or loss.

Current Status	Current Status Narrative
Infrastructure Fully in Place - Not Fully Evaluated and Demonstrated	Both RSS facilities utilize RFID technology and a web-based inventory management system. This system can create picklists for local partners and show real-time data. MDPH has tested the inventory management at the Primary RSS during H1N1 and will reevaluate this capability/function during a tabletop exercise in August 2011.
Goal	**Goal Narrative**
Build	MDPH will test the inventory management system at the secondary RSS s ite during a full scale exercise in the fall of 2012.
Funding Type	**Non PHEP Funding Type**
PHEP	NA

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element Name: P1. Protocol for reporting to jurisdictional, state, regional, and federal authorities

Description Written plans should include protocols for reporting to jurisdictional, state, regional, and federal authorities. At a minimum, report should include the following elements:
– Amount of materiel received (including receipt date/time and name of individual who accepted custody of materiel)
– Amount of materiel distributed
– Amount of materiel expired
– Current available balance of materiel
(For additional or supporting detail, see Capability 6: Information Sharing)

Current Status	Current Status Narrative
Fully in place	MDPH is able to export inventory data from the web-based system. This may be uploaded into any format required by federal partners.
Goal	**Goal Narrative**
Fully in place	MDPH will continue to utilize and test the web-based inventory management systems at the RSS facilities.

CAPABILITY: MEDICAL MATERIEL MANAGEMENT & DISTRIBUTION

FUNCTION: 4. Establish and maintain security

Description: In coordination with emergency management and jurisdictional law enforcement, secure personnel and medical materiel during all phases of transport and ensure security for receiving site and distribution personnel.

Current Status	Current Status Narrative
Infrastructure Not Fully in Place	MDPH has tested and evaluated plans with the Massachusetts State Poli ce to maintain security of the medical materiel as it is transported into the Commonwealth and received at the RSS. MDPH continues to work with local health departments to ensure their security plans are in place at the EDS. There are varying degrees of preparedness for the security function at the local level. This continues to be a challenge for many of our local partners.
Goal	**Goal Narrative**
Build	MDPH will continue to work with local partners over the course of thi s funding cycle to ensure their EDS security plans are in place and are tested.
Funding Type	**Non PHEP Funding Type**
PHEP	NA

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element Name: P1. Protocols that address physical security of medical materiel

Description Written plans should include processes and protocols that address the maintenance of physical security of medical countermeasures throughout acquisition, storage, and distribution, and include, at a minimum, the following elements:
– Contact information for security coordinator
– Coordination with law enforcement and security agencies to secure personnel and facility
– Acquisition of physical security measures (e.g., cages, locks, and alarms) for materiel within the receiving site
– Maintenance of security of medical materiel in transit

Current Status	Current Status Narrative
Partially in place	Security at RSS and during distribution is provided by the Massachusetts State Police. Security at EDS and hospitals are provided by the local jurisdiction.
Goal	**Goal Narrative**
Fully in place	MDPH will continue to work with local partners in developing their security plans at the dispensing sites.

CAPABILITY: MEDICAL MATERIEL MANAGEMENT & DISTRIBUTION

FUNCTION: 5. Distribute medical materiel

Description: Distribute medical materiel to modalities (e.g., dispensing sites, treatment locations, intermediary distribution sites, and/or closed sites).

Current Status	Current Status Narrative
Infrastructure Fully in Place - Not Fully Evaluated and Demonstrated	MDPH utilizes the database of EDS to distribute medical material thro ughout the Commonwealth. The RSS facilities provide the transport function. This has been tested and evaluated during a FSE (in 2007) and real-world event (H1N1). This capability/function will be reevaluated during an exercise planned for August 2011.
Goal	**Goal Narrative**
Build	MDPH will test and evaluate the distribution function at the secondar y RSS during an exercise being planned for fall of 2012.
Funding Type	**Non PHEP Funding Type**
PHEP	NA

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element Name: P1. Medical materiel allocation and distribution strategy

Description Written plans should include an allocation and distribution strategy including delivery locations, routes, and delivery schedule/frequency, and should take into consideration the transport of materials through restricted areas. The strategy should also consider whether recipients will be responsible for acquiring materiel from an intermediary distribution site or if the health department is responsible for delivering materiel.

Current Status	Current Status Narrative
Fully in place	Distribution is primarily provided by private vendors capable of distributing medical countermeasures throughout the Commonwealth. This function is backed up by the State Department of Transportation and the Massachusetts National Guard.
Goal	**Goal Narrative**
Fully in place	MDPH will continue to work with the private vendors for the distribution function over the course of this funding cycle.

CAPABILITY: MEDICAL MATERIEL MANAGEMENT & DISTRIBUTION

FUNCTION: 6. Recover medical materiel and demobilize distribution operations

Description: Recover remaining medical materiel in accordance with jurisdictional policies and federal regulations and demobilize distribution operations as required by incident needs.

Current Status	Current Status Narrative
Infrastructure Fully in Place - Not Fully Evaluated and Demonstrated	MDPH has developed a Transfer of Custody form that is signed by MDPH and the local jurisdiction receiving the medical countermeasures. Unused material is maintained by the jurisdiction. Any unused material that has not been distributed remains at the RSS. This function will be tested and evaluated during a tabletop exercise planned for August 2011.
Goal	**Goal Narrative**
Sustain	MDPH will continue to work with local partners when recovering medica l material and demobilizing operations.
Funding Type	**Non PHEP Funding Type**
PHEP	NA

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element Name: P1. Protocols for unused medical material

Description Written plans should include protocols for the storage, distribution, disposal, or return of unused (unopened) medical materiel, unused pharmaceuticals, and durable items, including plans for maintaining integrity of medical materiel during storage and/or distribution within the jurisdictional health system.

Current Status	Current Status Narrative
Fully in place	MDPH transfers custody of medical material to the local jurisdiction. At the state level, unused material is maintained by the RSS.
Goal	**Goal Narrative**
Fully in place	MDPH will continue to work with private vendors of RSS which provide this function.

CAPABILITY: MEDICAL SURGE

Description: Medical surge is the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community. It encompasses the ability of the healthcare system to survive a hazard impact and maintain or rapidly recover operations that were compromised.

FUNCTION: 1. Assess the nature and scope of the incident

Description: In conjunction with jurisdictional partners, coordinate with the jurisdiction's healthcare response through the collection and analysis of health data (e.g., from emergency medical services, fire service, law enforcement, public health, medical, public works, utilization of incident command system, mutual aid agreements, and activation of Emergency Management Assistance Compact agreements) to define the needs of the incident and the available healthcare staffing and resources.

Current Status	Current Status Narrative
Infrastructure Not Fully in Place	As is outlined in the state's CEMP, MDPH staff is responsible for th e ESF-8 Desk during an activation of the State Emergency Operations Center (SEOC). MDPH has established a Department Operations Center (DOC) that manages public health emergencies that do not require the activation of the SEOC. Based on an ICS structure MDPH staff works with local public health and other entities during an emergency. Examples include blizzards and ice storms, large scheduled events like the Boston Marathon, or infectious disease outbreaks.
Goal	**Goal Narrative**

CAPABILITY: MEDICAL SURGE

FUNCTION: 1. Assess the nature and scope of the incident

Build	MDPH Staff will participate in drills and training as opportunities b ecome available. New staff (as appropriate) will receive training and orientation which will allow them to participate in a departmental response. MDPH will routinely conduct communications and readiness drills. These goals will take place throughout the five-year cooperative agreement.

Funding Type	Non PHEP Funding Type
Other Funding Sources	HPP Funds

RESOURCE ELEMENT CATEGORY: Equipment and Technology

Resource Element Name: E1. Primary and back-up internet connection

Description	Have or have access to a computer with primary and back-up internet connection to access local and state National Emergency Medical Services Information System, 911 data, or access bed-tracking data. (Does not apply to territories)

Current Status	Current Status Narrative
Fully in place	MDPH has access to a computer with primary and back-up internet connection to access local and state National Emergency Medical Services Information System, 911 data, or access bed-tracking data.

Goal	Goal Narrative
Fully in place	Will continue to maintain these systems throughout the duration of the cooperative agreement.

Resource Element Name: E2. Access to the jurisdictional bed-tracking system

Description	Have or have access to the jurisdictional bed-tracking system that complies with current Hospital Preparedness Program standards.

Current Status	Current Status Narrative
Partially in place	Through its participation in the ASPR program, MDPH staff manage the state's HaVBED system. This system has been used in a variety of situations including H1N1, Mass Casualty Incidents and natural disasters. MDPH staff conducts drills of this system on a monthly basis.

Goal	Goal Narrative
Partially in place	MDPH staff will continue to work with its federal partners to refine the HaVBED system and conduct monthly drills. These activities will continue through the remainder of the cooperative agreement.

Resource Element Name: E3. System to collect bed-tracking data

Description	Bed-tracking data are to be reported in aggregate by the state, therefore the state must have a system that collects bed-tracking data from the participating healthcare systems, or states may use existing systems to automatically transfer required data to the HAvBED server using the HAvBED EDXL Communication Schema, found at https://havbed.hhs.gov/v2/

Current Status	Current Status Narrative
Partially in place	Through its participation in the ASPR program, MDPH staff manage the state's HaVBED system. This system has been used in a variety of situations including H1N1, Mass Casualty Incidents and natural disasters. MDPH staff conducts drills of this system on a monthly basis.

Goal	Goal Narrative
Partially in place	MDPH staff will continue to work with its federal partners to refine the HaVBED system and conduct monthly drills. These activities will continue through the remainder of the cooperative agreement.

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element Name: P1. Staff assigned to fill incident management roles

Description	Written plans should include documentation of staff assigned and trained in advance to fill public health incident management roles as applicable to a given response. Health departments must be prepared to staff emergency operations centers at agency, local, and state levels as necessary. (For additional or supporting detail, see Capability 3: Emergency Operations Coordination)
Current Status	**Current Status Narrative**
Partially in place	MDPH has a team of Duty Officers who act as the initial point of contact for MDPH during public health emergencies. Each team member has been trained in ICS and is familiar with the protocols for responding to emergencies. This team, along with the Department's regional coordinators are trained in ICS and are prepared to work with State, Federal and local public health partners. MDPH staff is trained to fill incident management roles during an emergency. MDPH is responsible for staffing the State ESF-8 desk should the State Emergency Operations Center be activated. MDPH has also established its own Department Operations Center (DOC) which is staffed during emergencies and acts in support of the ESF-8 Desk at the SEOC. These responsibilities are outlined in the department's Emergency Operations Plan and will also be included in the state's Medical Surge Plan which is under development.
Goal	**Goal Narrative**
Partially in place	MDPH will continue to participate in relevant training and exercise opportunities. MDPH will also continue to staff the DOC and the ESF-8 Desk at the SEOC. This activity will continue through the duration of the CDC Cooperative agreement.

Resource Element Name: P2. Events operating in accordance with Incident Command Structure

Description	Written plans should include documentation that all joint (e.g., healthcare organizations, public health, and emergency management) emergency incidents, exercises, and preplanned (i.e., recurring or special) events operate in accordance with Incident Command Structure organizational structures, doctrine, and procedures, as defined in the National Incident Management System. (For additional or supporting detail, see Capability 3: Emergency Operations Coordination)
Current Status	**Current Status Narrative**
Partially in place	MDPH Emergency Operations Plan, the Pandemic Flu Plan and other planning initiatives have been written in accordance with national Incident Command Structure. MDPH is also in the process of completing the first draft of a Statewide Medical Surge Plan which is also based upon the use of Incident Command Principles.
Goal	**Goal Narrative**
Partially in place	MDPH will continue to include ICS in all of its planning initiatives, and amend existing documents as elements of ICS management are refined over time. The planning initiatives and amendments to existing planning documents will be ongoing through out the course of the cooperative agreement.

Resource Element Name: P3. Access to jurisdictional bed tracking system

Description	Written plans should include process to ensure access into the jurisdiction’s bed-tracking system to maintain visibility of bed availability across the jurisdiction.
Current Status	**Current Status Narrative**
Partially in place	MDPH has access to a bed tracking HaVBED system developed with funding from the ASPR program. In addition, MDPH is using ASPR funding to develop a WebEOC capability for the Commonwealth's acute care hospitals. HaVBED has been used on a number of occasions, most recently in the Commonwealth's response to the tornados in central Massachusetts.
Goal	**Goal Narrative**
Partially in place	MDPH will work with the hospitals in refining the HaVBED capability and finish the implementation of the WebEOC system. This work will be ongoing through out the duration of the cooperative agreement.

RESOURCE ELEMENT CATEGORY: Planning

Resource Element Name: P4. Engage in healthcare coalitions

Description

Written plans should include processes to engage in healthcare coalitions and understand the role that each coalition partner will play to obtain and provide situational awareness. Coalitions are not expected to replace or relieve healthcare systems of their institutional responsibilities during an emergency, or to subvert the authority and responsibility of the state or local jurisdiction. The purpose of jurisdictional healthcare coalitions is as follows:
– Integrate plan and activities of all participating healthcare systems into the jurisdictional response plan and the state response plan
– Increase medical response capabilities in the community, region and state
? Prepare for the needs of at-risk individuals and the general population in their communities in the event of a public health emergency
? Coordinate activities to minimize duplication of effort and ensure coordination among federal, state, local and tribal planning, preparedness, response, and de-escalation activities
? Maintain continuity of operations in the community vertically with the local jurisdictional emergency management organizations
? Unify the management capability of the healthcare system to a level that will be necessary if the normal day-to-day operations and standard operating procedures of the health system are overwhelmed, and disaster operations become necessary
? Support sufficient jurisdiction-wide situational awareness to ensure that the maximum number of people requiring care receive safe and appropriate care, which may involve, but is not limited to, facilitating the triage and/or distribution of people requiring care to appropriate facilities throughout the jurisdiction and providing appropriate support to these facilities to support the provision of optimal and safe care to those individuals

Current Status	Current Status Narrative
Partially in place	MDPH works with six established Emergency Preparedness Regions within Massachusetts, as well as 16 local public health coalitions. Each MDPH Hospital Emergency Preparedness Region contains approximately 11-16 hospitals and works with an MDPH Regional Hospital Preparedness Coordinator. MDPH provides material support to the regions through funding to elements of the health care system including hospitals, long-term care facilities, ambulatory care and community health centers, local public health, and EMS. This funding supports preparedness planning and system implementation, communications (e.g., radios and HHAN), pharmaceutical caches, MCI trailers, the HHAN, mobile decontamination units, satellite phones and other tools that enhance a region's ability to respond to a medical surge situation. MDPH also supports the Massachusetts Mutual Aid Program (MassMAP) planning process for long-term care (LTC) facilities. Mass MAP that established a series of mutual aid instruments and procedures that assist long-term care(LTC) facilities in coordinating their emergency response, such as facility evacuation due to a fire or natural disaster.

Goal	Goal Narrative
Partially in place	MDPH will continue to work with both the public health and hospital coalitions as it refines it's emergency response capability. The long term goal is to incorporate these regions into the Medical Surge Capability and Capacity model which has been adopted as a federal standard. MDPH will also be working with the regions to develop Regional Medical Coordinating Groups which will work with MDPH through either the DOC or the SEOC's ESF-8 desk to provide situational awareness and logistics support.

RESOURCE ELEMENT CATEGORY: Planning

Resource Element Name: P5. Indicators for standards of care levels

Description	Written plans should include processes (e.g., MOUs or other written agreements) to work in conjunction with emergency management, healthcare organizations, coalitions, and other partners to develop written strategies that clearly define the processes and indicators as to when the jurisdiction's healthcare organizations and health care coalitions transition into and out of conventional, contingency, and crisis standards of care. Jurisdiction should utilize the risk assessment to build jurisdiction-specific strategies and triggers. (For additional or supporting detail, see Capability 1: Community Preparedness)

Current Status	Current Status Narrative
Not in place	MDPH has chaired a multi-disciplinary advisory committee that has examined the issues associated with Crisis Standards of Care. This advisory committee published an interim report in 2010. The committee has temporarily suspended its work pending the outcome of the work in progress through the Institute of Medicine's (IOM) examination of this issue.

Goal	Goal Narrative
Partially in place	The MDPH state advisory committee will continue its work once the IOM has competed its current process. This work will continue through the duration of the cooperative agreement.

RESOURCE ELEMENT CATEGORY: Skills and Training

Resource Element Name: S1. Utilization of EMS and 911 information

Description	Public health personnel who may participate in medical surge operations should be aware of how to use local and state National Emergency Medical Services Information System and 911 data.

Current Status	Current Status Narrative
Partially in place	Many of the Commonwealth's public health emergency responders have been trained in the use of EMS and 911 information. Much of this information is transmitted through the CMED system and the HHAN. Local and State public health officials have received training in the use of the HHAN and specific public health groups have been established to provide public health related information in a timely basis. This capability was used extensively during H1N1, boil water emergencies, the recent tornadoes and a variety of other emergencies.

Goal	Goal Narrative
Partially in place	MDPH will continue to work with local public health to refine the existing system and provide training. This is an ongoing process and will continue through out the course of the CDC cooperative agreement.

Resource Element Name: S2. Utilization of bed tracking information

Description	Public health staff who may participate in medical surge operations should be trained to use the jurisdictional bed-tracking system to obtain data for jurisdictional situational awareness activities.

Current Status	Current Status Narrative
Partially in place	Through its participation in the ASPR program, MDPH staff manage the state's HaVBED system. This system has been used in a variety of situations including H1N1, Mass Casualty Incidents and natural disasters. MDPH staff conducts drills of this system on a monthly basis.

Goal	Goal Narrative
Partially in place	MDPH staff will continue to work with its federal partners to refine the HaVBED system and conduct monthly drills. These activities will continue through the remainder of the cooperative agreement.

RESOURCE ELEMENT CATEGORY: Skills and Training

Resource Element Name: S3. Incident management roles

Description	Staff should understand the role of the public health department in incident management as described in the following resources: – Emergency Support Function #8 – Public Health and Medical Services (IS-808) – Introduction to Incident Command System (IS-100.b) – Incident Command System for Single Resources and Initial Action Incidents (IS-200.b) – National Incident Management System, An Introduction (IS-700.a) – National Response Framework, An Introduction (IS-800.b)

Current Status	Current Status Narrative
Partially in place	MDPH staff receives ongoing training in incident management rolls. This includes ICS training, familiarization with ESF-8 responsibilities, working with the department's response partners and other training in support of incident management. MDPH also conducts monthly readiness and communication drills of the response staff. They are required to respond to a page or report to the Department Operations Center within an hour.

Goal	Goal Narrative
Partially in place	Training and drills will continue through out the remainder of the cooperative agreement.

FUNCTION: 2. Support activation of medical surge

Description:	Support healthcare coalitions and response partners in the expansion of the jurisdiction's healthcare system (includes additional staff, beds and equipment) to provide access to additional healthcare services (e.g., call centers, alternate care systems, emergency medical services, emergency department services, and inpatient services) in response to the incident.

Current Status	Current Status Narrative
Infrastructure Not Fully in Place	MDPH has completed an initial statewide medical surge plan that calls for the development and support of medical coalitions that will coordinate regional response. MDPH and MEMA work with the state's 211 call center during health related emergencies. MDPH has developed a Departmental ICS which has been used for a number of emergencies. Local public health has been provided ICS training. Local public health has also been given the opportunity to attend drills and exercises in which ICS is used. Emergency Dispensing Sites in the state base their planning upon incident command structure and are and NIMS-compliant.

Goal	Goal Narrative
Build	MDPH will continue to train staff in accordance with the incident com mand structure. MDPH will continue its work with regional coordination structures which will be used to bring together multiple health disciplines, provide situational awareness and help to manage logistics. This will take place throughout the cooperative agreement.

Funding Type	Non PHEP Funding Type
Other Funding Sources	HPP Funds

RESOURCE ELEMENT CATEGORY: Equipment and Technology

Resource Element Name: E1. Equipment, communication, and data interoperability are incorporated into HCO's acquisition programs

Description	Promote and assure that equipment, communication, and data interoperability are incorporated into the healthcare organizations' acquisition programs. (For additional or supporting detail, see Capability 6: Information Sharing)

Current Status	Current Status Narrative
Partially in place	Communications and data interoperability is addressed through the HCO's participation in the ASPR program.

Goal	Goal Narrative
Partially in place	The ASPR program will continue to concentrate on developing communications and data interoperability during the course of the cooperative agreement.

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element Name: P1. Access to and coordination of volunteer resources

Description	Written plans should include the following elements: – Documentation of process or protocol for how the health agency will access volunteer resources through the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) and the Medical Reserve Corps program of credentialed personnel available for assistance during an incident. – Documentation of processes for coordinating with health professional volunteer entities (e.g., MRC) and other personnel resources from various levels. (ESAR-VHP Compliance Requirements) (For additional or supporting detail, see Capability 15: Volunteer Management)

Current Status	Current Status Narrative
Partially in place	MDPH has worked closely with local public health and other entities in developing 46 MRC units. During emergency MDPH staff at the ESF-8 desk works closely with the local MRC leadership to coordinate the deployment of MRC volunteers. MDPH also manages the ESAR-VHP program. There are written planning documents that provide guidance for managing volunteers. These are revised on an ongoing basis either through routine reviews or as a result of an After Action Review.

Goal	Goal Narrative
Partially in place	MDPH will continue to refine its MRC and ESAR-VHP planning efforts during the course of the cooperative agreement.

RESOURCE ELEMENT CATEGORY: Planning

Resource Element Name: P2. Engaging in HCCs in the activation of Alternate care systems

Description	Written plans should include documentation of the process for how the public health agency will engage in healthcare coalitions and other response partners regarding the activation of alternate care systems. Documentation should also include the following elements: – Written list of healthcare organizations with alternate care system plans – Written list of home health networks and types of resources available that are able to assist in incident response – List of pre-identified site(s) that have undergone an initial assessment to determine their adequacy to serve as an alternate care facility (For additional or supporting detail, see Capability 7: Mass Care)
Current Status	**Current Status Narrative**
Partially in place	MDPH is leading a medical surge planning process that includes the identification of strategies to activate alternate care systems. This plan includes all elements of the health care system including acute care hospitals, long term care, home health, EMS, ambulatory care and other emergency partners.
Goal	**Goal Narrative**
Partially in place	MDPH plans to have a draft surge plan in place in BP1 and will use the remainder of the cooperative agreement to refine the state's alternate care system.

Resource Element Name: P3. Essential situational awareness information

Description	Written plans should include processes and protocols to identify essential situational awareness information for federal, state, local, and non-governmental agencies; private sector agencies; and other Emergency Support Function # 8 partners. Jurisdictional processes to identify essential situational awareness requirements should consider the following elements: – Identifying essential information – Defining required information – Establishing requirements – Determining common operational picture elements – Identifying data owners – Validating data with stakeholders (For additional or supporting detail, see Capability 6: Information Sharing)
Current Status	**Current Status Narrative**
Partially in place	Situational awareness is central to the development of the statewide medical surge plan. Using the MSCC structure, the plan calls for the development of Regional Medical Coordinating Groups to provide situational awareness for ESF-8 from all of the elements that comprise the health care delivery system.
Goal	**Goal Narrative**
Partially in place	MDPH plans to have a draft surge plan in place in BP11 and will use the remainder of the cooperative agreement to refine the state's situational awareness capability.

RESOURCE ELEMENT CATEGORY: Planning

Resource Element Name: P4. Pediatric providers and leaders in response planning

Description	Written plans should include documentation of participation from jurisdictional and regional pediatric providers and leaders from a variety of settings (e.g., maternal and child health programs, clinic-based, hospital-based, home healthcare, and rehabilitation) in jurisdictional response planning. Plans should include but are not limited to the following elements: – Process to identify gaps in the provision of pediatric care – Process to access pediatric providers or pediatric medical liaisons for consultation related to clinical care. In order to access the appropriate level of care or consultation, plans should include lists of healthcare organizations that can stabilize and/or manage pediatric traumatic and medical emergencies and that have written inter-facility transfer agreements that cover pediatric patients.

Current Status	Current Status Narrative
Partially in place	This has not been a central part of the surge planning efforts. MDPH staff has joined an effort to examine the specific needs of the pediatric population during a medical surge planning incident.

Goal	Goal Narrative
Partially in place	The findings of the effort to examine the specific needs of the pediatric population during a medical surge planning incident will be added to the Statewide Medical Surge Plan during the five-year cooperative agreement.

RESOURCE ELEMENT CATEGORY: Skills and Training

Resource Element Name: S1. Personnel management training

Description	Training for staff involved in personnel management.

Current Status	Current Status Narrative
Not in place	There is currently no training in place for personnel management during an emergency event.

Goal	Goal Narrative
Partially in place	By BP15 MDPH will provide training for personnel management during an emergency event.

Resource Element Name: S2. Pediatric competencies identified in jurisdiction

Description	Competency identified in jurisdiction to recognize sick infants and children (either through telemedicine arrangements, neighboring partnerships, or other mechanism). Identify the appropriate personnel to complete training for pediatric care.

Current Status	Current Status Narrative
Partially in place	There are strong pediatric programs through out the Commonwealth. This includes Children's Hospital, Massachusetts General, Boston Medical Center, UMASS Medical Center, Baystate Medical Center and many community hospitals. In addition, there are many multi-specialty group practices through out the state that include pediatrics among their services. These institutions along with the Mass Medical Society and other pediatric related organizations proved a foundation for the care of the pediatric population during a medical emergency.

Goal	Goal Narrative
Partially in place	Emergency care training will continue to be conducted during the remainder of the cooperative agreement.

FUNCTION: 3. Support jurisdictional medical surge operations

Description:	In conjunction with health care coalitions and response partners, coordinate healthcare resources in conjunction with response partners, including access to care and medical service, and the tracking of patients, medical staff, equipment and supplies (from intra or interstate and federal partners, if necessary) in quantities necessary to support medical response operations.

CAPABILITY: MEDICAL SURGE

FUNCTION: 3. Support jurisdictional medical surge operations

Current Status	Current Status Narrative
Infrastructure Not Fully in Place	Many of the State's emergency preparedness regions have developed reg ional coordinating structures. MDPH has worked closely with MEMA, HHS, DHS and other partners to coordinate the utilization and deployment of medical assets during an medical surge event. There are a number of patient tracking systems in place through the MMRS and MDPH is working with these groups to refine these tools.
Goal	**Goal Narrative**
Build	MDPH will continue to develop regional coordination capabilities, Web EOC and refine the HHAN system throughout the five-year cooperative agreement.
Funding Type	**Non PHEP Funding Type**
Other Funding Sources	HPP Funds

RESOURCE ELEMENT CATEGORY: Equipment and Technology

Resource Element Name: E1. Access to situational awareness data storage system

Description	Have or have access to electronic or other data storage systems that will be utilized to maintain situational awareness such as the Joint Patient Assessment and Tracking System. Electronic or other data storage systems must be consistent with national standards for communication. (For additional or supporting detail, see Capability 6: Information Sharing)
Current Status	**Current Status Narrative**
Partially in place	Through the ASPR program, MDPH manages the HaVBED system which provides situational awareness as it relates to bed availability throughout the Commonwealth. MDPH participates with WebEOC systems in Boston and through MEMA. MDPH is current implementing a medical based WebEOC system that will coordinate with MEMA and with Boston which will provide a greater degree of data storage and communication.
Goal	**Goal Narrative**
Partially in place	The new WebEOC will be in place in 2011

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element Name: P1. Protocols to communicate situational awareness information

Description	Written plans should include processes and protocols to communicate situational awareness information to federal, state, local, and non-governmental agencies; private sector agencies; and other Emergency Support Function #8 partners at least weekly, but potentially more frequently (e.g., as often as once per operational period). (For additional or supporting detail, see Capability 6: Information Sharing)
Current Status	**Current Status Narrative**
Partially in place	A variety of written plans (Surge, MDPH Operations Plan, Pan flu etc.) include processes and protocols to communicate situational awareness information to federal, state, local, and non-governmental agencies; In addition, there are protocols for communicating with our private sector partners and other Emergency Support Function-8 partners at least weekly, but potentially more frequently (e.g., as often as once per operational period). This is accomplished through the HHAN, the distribution of daily or weekly Situational Reports, conference calls and other mechanisms.
Goal	**Goal Narrative**
Partially in place	MDPH will continue throughout the cooperative agreement to create a more robust set of communications protocols to provide situational awareness during an emergency situation.

Resource Element Name: P2. Protocols to address the functional needs of at- risk individuals

Description	Written plans should include documentation that public health participates in the development and execution of healthcare coalition plans to address the functional needs of at- risk individuals. Plans should include a written list of healthcare organizations and community providers that are able to address the functional needs for at-risk individuals and a process to communicate with healthcare organizations and community providers to maintain a current list of available services that support the functional needs of at-risk individuals. (For additional or supporting detail, see Capability 1: Community Preparedness)
Current Status	**Current Status Narrative**
Partially in place	All MDPH planning documents address issues associated with the functional needs of at risk populations. There is, however, considerably more work to be accomplished in the area. MDPH staff is currently working to refine these plans and develop a more robust level of support for the functional needs of at-risk populations.
Goal	**Goal Narrative**
Partially in place	By BP14 MDPH will re-write the functional needs sections in each of its plans and incorporate this set of issues into any new planning initiatives.

RESOURCE ELEMENT CATEGORY: Planning

Resource Element Name: P3. Processes to support or implement family reunification

Description	Written plans should include processes to support or implement family reunification. Considerations should include the following elements: – Capturing and transferring the following known identification information throughout the transport continuum: ? Pickup location (e.g., cross streets, latitude & longitude, and/or facility/school) ? Gender and name (if possible) ? For nonverbal or critically ill children, collect descriptive identifying information about the physical characteristics or other identifiers of the child. ? Keep the primary caregiver (e.g., parents, guardians, and foster parents) with the patient to the extent possible
Current Status	**Current Status Narrative**
Partially in place	Family re-unification plans have not been included in the planning documents developed for medical surge, the Department Operations Plan and pan flu. There has been, however, a number of programs that address the need for home based emergency planning that talk specifically about efforts for reunification.
Goal	**Goal Narrative**
Partially in place	MDPH will, as is appropriate, incorporate reunification plans as a part of its current planning and future planning initiatives. Current plans will be amended to include this topic by BP14.

FUNCTION: 4. Support demobilization of medical surge operations

CAPABILITY: MEDICAL SURGE

FUNCTION: 4. Support demobilization of medical surge operations

Description: In conjunction with other jurisdictional partners, return healthcare system to pre-incident operations by incrementally decreasing surge staffing, equipment needs, alternate care facilities, and other systems, and transition patients from acute care services into their pre-incident medical environment or other applicable medical setting.

Current Status	Current Status Narrative
Infrastructure Not Fully in Place	Protocols for Demobilization have been identified through the MDPH me dical Surge plan and the state's CEMP. These policies include provisions for staffing, transportation and equipment.

Goal	Goal Narrative
Build	MDPH will continue to work with its planning partners to refine these demobilization policies and to build community resiliency throughout the cooperative agreement.

Funding Type	Non PHEP Funding Type
Other Funding Sources	HPP Funds

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element Name: P1. Demobilize transportation assets

Description Written plans should include a process for the jurisdiction to coordinate with state emergency medical services to demobilize transportation assets used in the incident.

Current Status	Current Status Narrative
Partially in place	The state CEMP provides a description of the process for a jurisdiction to coordinate with state emergency medical services to demobilize transportation assets used in the incident.

Goal	Goal Narrative
Partially in place	During the course of BP11 and BP12 MEMA and MDPH will more fully disseminate this information.

Resource Element Name: P2. Demobilize surge staff

Description Written plans should include a process to demobilize surge staff to include other state (e.g., MRC) and federal medical resources (e.g., NDMS). Process should include identification of triggers that would identify the need for demobilization. (For additional or supporting detail, see Capability 15: Volunteer Management)

Current Status	Current Status Narrative
Partially in place	The Statewide Medical Surge Plan and the MDPH operations plan both have demobilization sections. Additionally all MRC and EDS Job Action Sheets include demobilization protocols for volunteers and professional staff.

Goal	Goal Narrative
Partially in place	Demobilization policies will be reviewed each year as a part of each plan's annual review.

CAPABILITY: NON-PHARMACEUTICAL INTERVENTIONS

CAPABILITY: NON-PHARMACEUTICAL INTERVENTIONS

Description: Non-pharmaceutical interventions are the ability to recommend to the applicable lead agency (if not public health) and implement, if applicable, strategies for disease, injury, and exposure control. Strategies include the following:
- Isolation and quarantine
- Restrictions on movement and travel advisory/warnings
- Social distancing
- External decontamination
- Hygiene
- Precautionary protective behaviors

FUNCTION: 1. Engage partners and identify factors that impact non-pharmaceutical interventions

Description: Identify and engage with health partners, government agencies, and community sectors (e.g., education, social services, faith-based, and business/industry) to identify the community factors that affect the ability to recommend and implement non-pharmaceutical interventions.

Current Status	Current Status Narrative
Infrastructure Not Fully in Place	MDPH has developed a risk communication plan to reach agencies that s erve Individuals Requiring Additional Assistance and the communities that would affect non-pharmaceutical interventions. MDPH also works closely with local health departments, requiring all 351 communities to have a Risk Communication plan. In the plan MDPH encourages local communities to work with the various community sectors and reach out to non-traditional response partners.
Goal	**Goal Narrative**
Build	Now that MDPH and local health have engaged many community partners, education surrounding non-pharmaceutical interventions is necessary. In addition, MDPH must identify other factors that would impact implementation. Identifying factors that would impact implementation will be a priority in years 2 and 3 of the cooperative agreement.
Funding Type	**Non PHEP Funding Type**
No Funding	NA

CAPABILITY: NON-PHARMACEUTICAL INTERVENTIONS

FUNCTION: 1. Engage partners and identify factors that impact non-pharmaceutical interventions

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element Name: P1. Documentation of applicable policies for non-pharmaceutical interventions

Description

Written plans should include documentation of the applicable jurisdictional, legal, and regulatory authorities and policies for recommending and implementing non-pharmaceutical interventions in both routine and incident-specific situations. This includes but is not limited to authorities for restricting the following elements:
– Individuals
– Groups
– Facilities
– Animals (e.g., animals with infectious diseases and animals with exposure to environmental, chemical, radiological hazards)
– Consumer food products
– Public works/utilities (e.g., water supply)
– Travel through ports of entry

Public health departments are strongly encouraged to consult with jurisdictional legal counsel or academic centers for assistance. If applicable by jurisdictional authority, develop written memoranda of understanding or other letters of agreement with law enforcement for enforcing mandatory restrictions on movement.

Current Status	Current Status Narrative
Not in place	MDPH utilized non-pharmaceutical interventions of school closures and PPE policies during H1N1. The Commonwealth maintains legislation that gives the Department authority to implement Isolation and Quarantine policies.

Goal	Goal Narrative
Partially in place	Over the next five years MDPH will develop an policy regarding non-pharmaceutical interventions and strategies for implementation in the communities. Lessons learned from H1N1 and pre-existing legislation will form the basis of this document.

Resource Element Name: P2. Contact information and agreements with partner agencies

Description

Written plans should include documentation of the following elements:
– Contact information of at least two representatives from each partner agency/organization
? Suggested community partners: schools, community organizations (e.g., churches and homeless shelters), businesses, hospitals, and travel/transportation industry planners
– Memoranda of understanding or other written acknowledgements/agreements with community partners outlining roles, responsibilities, and resources in non-pharmaceutical interventions
– Agreements with healthcare providers which must include at a minimum:
? Procedures to communicate case definitions determined by epidemiological surveillance
? Procedures for reporting identified cases of inclusion to the health department
(For additional or supporting detail, see Capability 13: Public Health Surveillance and Epidemiological Investigation)

Current Status	Current Status Narrative
Partially in place	MDPH has collected contact information from state agencies and other key response partners who serve the community. Agreements would need to be developed regarding implementation of non-pharmaceutical interventions.

Goal	Goal Narrative
Partially in place	MDPH will continue to work with key stakeholders over the course of this funding cycle to educate them about non-pharmaceutical interventions and barriers to implementation.

CAPABILITY: NON-PHARMACEUTICAL INTERVENTIONS

FUNCTION: 2. Determine non-pharmaceutical interventions

Description:	Work with subject matter experts (e.g., epidemiology, laboratory, surveillance, medical, chemical, biological, radiological, social service, emergency management, and legal) to recommend the non-pharmaceutical intervention(s) to be implemented.

Current Status	Current Status Narrative
Infrastructure Not Fully in Place	MDPH has worked with subject matter experts within the Department to recommend non-pharmaceutical interventions during H1N1.

Goal	Goal Narrative
Build	MDPH needs to develop written protocols to specify how interventions are determined and what key stakeholders need to be involved depending on the size and scope of the incident. These protocols will be developed over the course of the five-year cooperative agreement.

Funding Type	Non PHEP Funding Type
No Funding	NA

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element Name: P1. Jurisdictional non-pharmaceutical intervention "playbook" for NPI implementation

Description	Written plans should include a jurisdictional non-pharmaceutical intervention "playbook" detailing plans for intervention recommendation and/or implementation, based on potential interventions identified from the jurisdictional risk assessment. Suggested categories of interventions include isolation, quarantine, school and child care closures, workplace and community organization/event closure, and restrictions on movement (e.g., port of entry screenings and public transportation). Each plan should address the following items, at a minimum: – Staff and subject matter expert roles and responsibilities – Legal and public health authorities for the intervention actions – Intervention actions – List of identified locations that have the specific equipment required for, or locations that are easily adaptable for the intervention – Contact information/notification plan of community partners involved in intervention (e.g., those providing services or equipment) – Identification of any issues that may be associated with the implementation of individual community-mitigation measures or the net effect of the implementation of measures (secondary effects) – Intervention-specific methods for information dissemination to the public (e.g. information cards to be distributed at ports of entry during movement restrictions) – Processes for de-escalation of intervention once it is no longer needed – Documentation of the intervention during an incident

Current Status	Current Status Narrative
Not in place	MDPH does not currently have a SOP for NPI implementation. However, there are several aspects of NPI MDPH maintains that could be incorporated into guidelines. Massachusetts state law provides MDPH the authority to implement Isolation and Quarantine during a public health emergency. Several education initiatives throughout the years have included information on hygiene, social distancing, and other protective measures. MDPH would need to develop protocols on issuing travel advisories/warnings with MEMA and other key response partners.

Goal	Goal Narrative
Partially in place	Over the course of this funding cycle MDPH will pull together current information on NPI and policies that have been implemented in the past, which will help us develop a playbook for NPI implementation.

CAPABILITY: NON-PHARMACEUTICAL INTERVENTIONS

FUNCTION: 3. Implement non-pharmaceutical interventions

Description: Coordinate with health partners, government agencies, community sectors (e.g., education, social services, faith-based, and business), and jurisdictional authorities (e.g., law enforcement, jurisdictional officials, and transportation) to make operational, and if necessary, enforce, the recommended non-pharmaceutical intervention(s).

Current Status	Current Status Narrative
Infrastructure Not Fully in Place	MDPH and law enforcement have worked closely together on planning for Isolation and Quarantine regulations. MDPH has also worked with local health and schools to implement school closures and other methods of non-pharmaceutical interventions.

Goal	Goal Narrative
Build	In years 2 and 3 of the grant, MDPH intends coordinate with additiona l health partners, government agencies, and other key stakeholders to develop plans and procedures for non-pharmaceutical interventions. In years 4 and 5 MDPH will test these policies during an exercise or planned event.

Funding Type	Non PHEP Funding Type
No Funding	NA

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element Name: P1. Support services during isolation or quarantine scenarios

Description Written plans should include agreements with healthcare coalitions and other community partners to coordinate support services to individuals during isolation or quarantine scenarios. (For additional or supporting detail, see Capability 10: Medical Surge)

Current Status	Current Status Narrative
Partially in place	MDPH works the Department of Mental Health to provide Disaster Behavioral Health during an emergency. This all-hazards planning is currently in place.

Goal	Goal Narrative
Fully in place	MDPH will work with the Department of Mental Health to develop plans and protocols for providing Disaster Behavioral Health and other support services in an Isoluation or Quarantine scenario.

Resource Element Name: P2. Procedures to support the separation of cohorts of potentially exposed persons

Description Written plans should include procedures to support the separation of cohorts of potentially exposed travelers from the general population at ports of entry. Plans should include but are not limited to the following elements:
– Identification of resources (e.g., staff, facilities, and equipment) at or near ports of entry to be used for separation of cohorts
– Scalable plans to accommodate cohorts of various sizes in identified facilities
– Local and state Communicable Disease Response Plan compatible with CDC's Division of Global Migration and Quarantine guidance
– Applicable state/local legal authorities for detention, quarantine, and conditional release of potentially exposed persons and isolation of ill persons
– Processes for transportation of cohorts to, and security at, pre-identified sites

Current Status	Current Status Narrative
Partially in place	MDPH does not have a protocol for separating cohorts of exposed persons. At the local level, hospitals and healthcare facilities are required to maintain policies for Isolation and Quarantine.

Goal	Goal Narrative
Partially in place	MDPH will continue to work with healthcare sites during the course of this funding cycle to develop plans and procedures for separating exposed individuals.

CAPABILITY: NON-PHARMACEUTICAL INTERVENTIONS

FUNCTION: 4. Monitor non-pharmaceutical interventions

Description: Monitor the implementation and effectiveness of interventions, adjust intervention methods and scope as the incident evolves, and determine the level or point at which interventions are no longer needed.

Current Status	Current Status Narrative
Infrastructure Not Fully in Place	During H1N1, MDPH continuously evaluated the need for school closure, PPE, and other non-pharmaceutical interventions. Once there was no longer a need for non-pharmaceutical interventions, MDPH either rescinded the policy or modified it to meet the needs of the scope of the incident.
Goal	**Goal Narrative**
Build	The Emergency Preparedness Bureau will work with Epidemiologists and Surveillance experts within MDPH to determine the need for non-pharmaceutical interventions throughout the five-year cooperative agreement.
Funding Type	**Non PHEP Funding Type**
No Funding	NA

CAPABILITY: PUBLIC HEALTH LABORATORY TESTING

Description: Public health laboratory testing is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data reporting, investigative support, and laboratory networking to address actual or potential exposure to all-hazards. Hazards include chemical, radiological, and biological agents in multiple matrices that may include clinical samples, food, and environmental samples (e.g., water, air, and soil). This capability supports routine surveillance, including pre-event or pre-incident and post-exposure activities.

FUNCTION: 1. Manage laboratory activities

Description: Manage and coordinate communications and resource sharing with the jurisdiction's network of human, food, veterinary, and environmental testing laboratory efforts in order to respond to chemical, biological, radiological, nuclear, explosive, and other public health threats.

Current Status	Current Status Narrative
Infrastructure Not Fully in Place	The MA PHL is the only LRN-C Laboratory in the jurisdiction. A writt en agreement exists and is renewed annually between the LRN-B lab and the NERCE lab (an LRN-B Reference lab) and the LRN-B sentinel labs within our jurisdiction. This agreement is used to identify the participating laboratories, collect their contact information, and ensure overall communication. Many informal agreements are in place with other state, federal and partner laboratories in Massachusetts. The MA PHL is actively engaged with the Poison Control Center (PCC), which conducts Grand Rounds for Toxicology Fellows and regular training activities. The Chemical Threat Response Coordinator sits on the PCC Advisory Board. The MA PHL is a member of the Food Emergency Response Network and plans to join the Environmental Laboratory Response Network. Federal laboratory networks as well as veterinary and environmental labs have also been identified; however no written agreements are currently in place. The MA PHL contacts sentinel labs annually, and coordinates jurisdiction-wide stakeholders involved in a biological response following the MA Joint Biological Threat Response System (JBTRS) protocol, which was used in developing the ASTM Operational Guidelines. While some procedures are in place, no written plan exists that includes all the necessary elements.
Goal	**Goal Narrative**
Build	The MA PHL will continue to maintain and develop capability and capac ity as an LRN-C Level 1 Laboratory. The MA PHL will formalize some of the partnership agreements, and will write a plan that includes the identification of laboratories and laboratory networks within our jurisdiction as well as procedures for interaction within the laboratories and groups. The MA PHL will work with partners towards the development of jurisdiction-wide coordination of CBRNE events. The LRN-B lab plans to write a plan that describes the current process of contacting sentinel labs.
Funding Type	**Non PHEP Funding Type**
Partial PHEP	HPP Funds, State Funds

RESOURCE ELEMENT CATEGORY: Equipment and Technology

Resource Element Name: E1. Database of contact information for laboratory networks

Description	Have or have access to a database of current contact information for identified LRN-B advanced sentinel laboratories, LRN-B reference laboratories, LRN-R laboratories (if program funds become available), and LRN-C laboratories in the jurisdiction, as well as laboratories both inside and outside the jurisdiction that work with the jurisdictional public health agency.
Current Status	**Current Status Narrative**
Fully in place	The MA PHL maintains a comprehensive database of current contact information for all LRN-B sentinel, LRN-B reference, and LRN-C laboratories in Massachusetts. In addition, the laboratory maintains a directory of contact information for public health partners and laboratories outside of Massachusetts who may have a role in public health emergencies. The list includes contact information for each of the public health and environmental laboratory directors in the remaining 5 New England states and New York. MA PHL would also look to the LRN-B, LRN-C, CDC and the other laboratory networks for assistance in a surge event.
Goal	**Goal Narrative**
Fully in place	The MA PHL will maintain the comprehensive database and expand to include LRN-R laboratories should that network be funded.

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element Name: P1. Identification of laboratories and laboratory networks

Description	Written plans must include at a minimum the identification of laboratories and laboratory networks within the jurisdiction as well as procedures for interaction with the following laboratories and groups: – LRN-B reference laboratories within the jurisdiction ? Support and ensure LRN-B reference laboratory communication with all LRN-B sentinel and all other LRN-B reference laboratories within the jurisdiction – CDC's LRN chemical (LRN-C) laboratories within the jurisdiction – CDC's LRN radiological (LRN-R) laboratories within the jurisdiction (if program funds become available) – Other state laboratories within the jurisdiction ? e.g., non-LRN public health, environmental, agricultural, veterinary, and university laboratories – Federal laboratory networks and member laboratories within the jurisdiction ? e.g., the Food Emergency Response Network, National Animal Health Laboratory Network, and the -Environmental Response Laboratory Network ? Poison control centers for chemical or radiological exposure incidents, such as food poisoning
Current Status	**Current Status Narrative**
Partially in place	The MA PHL is the only LRN-C Laboratory in the jurisdiction. A written agreement exists and is renewed annually between the LRN-B lab and the NERCE lab (an LRN-B Reference lab), and the LRN-B sentinel labs within our jurisdiction. This agreement is used to identify the participating laboratories, collect their contact information, and ensure overall communication. Many informal agreements are in place with other state, federal and partner laboratories in Massachusetts. The MA PHL is actively engaged with the Poison Control Center (PCC), which conducts Grand Rounds for Toxicology Fellows and regular training activities. The Chemical Threat Response Coordinator sits on the PCC Advisory Board. The MA PHL is a member of the Food Emergency Response Network and plans to join the Environmental Laboratory Response Network. Federal laboratory networks as well as veterinary and environmental labs have also been identified; however no written agreements are currently in place.
Goal	**Goal Narrative**
Fully in place	The MA PHL will continue to maintain and develop capability and capacity as an LRN-C Level 1 Laboratory. The MA PHL will work to formalize some of the partnership agreements. The lab plans to write a plan that includes the identification of laboratories and laboratory networks within our jurisdiction as well as procedures for interaction within the laboratories and groups.

RESOURCE ELEMENT CATEGORY: Planning

Resource Element Name: P2. Procedures for contacting sentinel laboratories and standard response guidelines

Description	Written plans must include the following elements: – Documented procedures for contacting sentinel laboratories in the event of a public health incident 266 – Coordination of jurisdiction-wide stakeholders involved in chemical, biological, radiological, nuclear, and explosive response and their standard response guidelines ? e.g., American Society for Testing and Material, Operational Guidelines for Initial Response to a Suspected BioThreat Agent

Current Status	Current Status Narrative
Partially in place	The MA PHL collects sentinel lab contact information annually, which has been used to communicate information during a public health incident, i.e. H1N1. The lab coordinates jurisdiction-wide stakeholders involved in a biological response following the MA Joint Biological Threat Response System (JBTRS) protocol, which was used in developing the ASTM Operational Guidelines. While some procedures are in place, no written plan exists that includes all the necessary elements.

Goal	Goal Narrative
Fully in place	The MA PHL will work with partners towards the development of jurisdiction-wide coordination of CBRNE events. The LRN-B lab plans to write a plan that describes the current process of contacting sentinel labs.

Resource Element Name: P3. Lab COOP

Description	Written plans should include processes and protocols for continuity of operations (e.g., Continuity of Operations Plan or Annex) for chemical laboratory, radiological laboratory, biological laboratory and select agents consistent with federal guidelines, which are updated on an annual basis. Continuity of Operations should include not only the ability to conduct testing on unknown and unusual agents but also routine testing such as the assurance of newborn screening. Plans should address, but are not limited to the following elements: – Laboratory maintenance of redundant utilities supplies for testing and support areas for short-term duration (i.e., 72 hours) in case of localized infrastructure failure – Formal or informal agreements in place with other agencies to take over critical testing – Staff illness – Equipment failure

Current Status	Current Status Narrative
Partially in place	The MA PHL does not have a written plan that addresses the protocols for the continuity of operations for the chemical and biological laboratories. A formal written agreement exists between the lab and the NERCE lab, an LRN-B Reference lab within our jurisdiction that has some redundant supplies and equipment to provide surge and continuity of operations testing for some bioterrorism agents. While some procedures are in place and have been used to respond to public health emergencies, there are no written plans that describe the current procedures and there are no formal agreements with any other agencies. The LRN-B and LRN-C labs would look to neighboring LRN labs and the LRN Network for laboratory assistance when necessary.

Goal	Goal Narrative
Fully in place	The MA PHL plans to fully develop and write a plan that includes the process and protocols for continuity of operations for the chemical and biological laboratories to include the testing of unknown specimens, unusual agents and routine testing consistent with select agent federal guidelines.

RESOURCE ELEMENT CATEGORY: Skills and Training

Resource Element Name: S1. Awareness of current laboratory national policy and practice

Description	Laboratory staff should be aware of current national policy and practice. Maintaining this understanding can be accomplished through sending one chemistry representative, one radiological representative, and one biological representative from the jurisdiction to the LRN national meeting. Also, it is recommended if possible, but not required, that each LRN Laboratory Director also attend LRN national meetings.
Current Status	**Current Status Narrative**
Fully in place	The MA PHL currently sends chemical and biologic representatives to the LRN national meeting. The lab does not have LRN-R funding.
Goal	**Goal Narrative**
Fully in place	The MA PHL plans to continue to send chemical and biologic representatives to the LRN national meeting. When possible the lab director will also attend the meeting.

Resource Element Name: S2. Personnel safety and laboratory methods trainings

Description	At least one individual on staff should be capable of coordinating personnel safety and methods trainings, plans, and guidance, and outreach to sentinel and first responder communities throughout the jurisdiction. These staff should coordinate biological, chemical, and radiological activities. Depending on the jurisdiction, these positions may be filled by one or more individuals with the appropriate experience and training to perform the duties.
Current Status	**Current Status Narrative**
Fully in place	The MA PHL currently has at least three individuals who are capable, routinely provide guidance, coordinate activities and perform outreach to sentinel labs, clinicians and first responders within our jurisdiction.
Goal	**Goal Narrative**
Fully in place	The MA PHL will continue to provide this guidance and outreach.

FUNCTION: 2. Perform sample management

Description:	Implement LRN-established protocols and procedures where available and applicable [and other mandatory protocols such as those for the International Air Transport Association (IATA) and the U.S. Department of Transportation (DOT)] for sample collection, handling, packaging, processing, transport, receipt, storage, retrieval, and disposal.
Current Status	**Current Status Narrative**
Infrastructure Not Fully in Place	Although the MA PHL provides training and written guidance on sample collection, triage, packaging, shipping, transport, handling, storage and disposal, including our 24/7 contact information and submission criteria, there is no written plan that describes this process. However, MA PHL personnel do maintain certification in packaging and shipping methods, provide packaging and shipping training courses for LRN personnel, and provide packaging and shipping advice as needed to specimen providers. The MA PHL has a chain of custody procedure, Select Agent procedures, and a chemical hygiene plan. Safety training is conducted annually.
Goal	**Goal Narrative**
Build	The MA PHL plans to write a plan that describes the procedures and pr otocols for sample collection, triage, packaging, shipping, transport, handling, storage and disposal. The MA PHL will maintain sufficient supplies onsite and continue to keep reagent and consumable inventories current. The lab plans to write a procedure to maintain and procure sampling and shipping supplies 24/7. The lab plans to develop and provide training for laboratory and sample submission personnel on the new Chain of Custody and Evidence Handling SOP. Refresher training will be given annually and documentation will include the training date and manner of delivery.
Funding Type	**Non PHEP Funding Type**
Partial PHEP	State Funds

RESOURCE ELEMENT CATEGORY: Equipment and Technology

Resource Element Name: E1. Access to sampling and shipping supplies

Description	Have or have access to sampling and/or shipping supplies stock, along with contingency agreements to procure supplies 24/7.
Current Status	**Current Status Narrative**
Partially in place	The Chemical Threat Response Laboratory has an inventory of sampling and shipping supplies appropriate for 1000 clinical specimens. The lab maintains a level of sampling and/or shipping supplies on hand and some materials are readily available through the in-house stock room. The LRN-B and LRN-C labs would contact neighboring LRN labs and the LRN Network to identify laboratories who may be potential sources of back-ordered items. Although there are some processes in place, there are no contingency agreements to procure supplies.
Goal	**Goal Narrative**
Fully in place	The laboratory will develop contingency agreements with local vendors, neighboring states and other LRN and LRN-C partners to procure sampling and/or shipping supplies, as needed in a surge event.

RESOURCE ELEMENT CATEGORY: Planning

Resource Element Name: P1. Procedures and protocols for sample collection

Description	Written plans should include procedures and protocols for sample collection, triage, packaging, shipping, transport, handling, storage and disposal. Sample collection procedure should address 24/7 contact information and submission criteria.
Current Status	**Current Status Narrative**
Partially in place	Although the MA PHL provides training and written guidance on sample collection, triage, packaging, shipping, transport, handling, storage and disposal including our 24/7 contact information and submission criteria, there is no written plan that describes this process.
Goal	**Goal Narrative**
Fully in place	The MA PHL plans to write a plan that describes the procedures and protocols for sample collection, triage, packaging, shipping, transport, handling, storage and disposal.

Resource Element Name: P2. Protocol for transportation security for laboratory materials

Description	Written plans should address transportation security and, at a minimum: – LRN-B: Select Agent and Toxin Regulations – LRN-C: Chemical Hygiene Plan – LRN-R: Radiation Safety and Security Plan, if program funds become available
Current Status	**Current Status Narrative**
Fully in place	The MA PHL currently has written plans to address all Select Agents and Toxins Regulations, and a Chemical Hygiene Plan. All plans are reviewed annually and updated as needed.
Goal	**Goal Narrative**
Fully in place	The MA PHL plans to continue to annually review and update Select Agents and Toxins Regulations procedures, and the Chemical Hygiene Plan.

RESOURCE ELEMENT CATEGORY: Planning

Resource Element Name: P3. Protocol for chain of custody

Description	Written plans should include a protocol for chain of custody. Forensic chain of custody procedures must meet the minimum evidentiary control procedure requirements established by federal partners such as the Federal Bureau of Investigation (e.g., LRN, Integrated Consortium of Laboratory Network).

Current Status	Current Status Narrative
Fully in place	The lab has a written Chain of Custody and Evidence Handling procedure that was reviewed and approved by the FBI in order to meet minimum evidentiary control requirements.

Goal	Goal Narrative
Fully in place	The lab will maintain and update this SOP as necessary.

Resource Element Name: P4. Procedures in place to maintain sampling and/or shipping supplies stock

Description	Written plans should include procedures in place to maintain sampling and/or shipping supplies stock, or demonstrate ability to procure or have access to supplies 24/7.

Current Status	Current Status Narrative
Fully in place	The laboratory maintains sufficient reagents and supplies onsite to analyze 1000 patient samples, for each of the LRN-C assays. These requirements are detailed in the laboratory standard operating procedures and a written/electronic inventory is maintained. Specialty standards and control inventories are regularly updated on the LRN-C website by the CTRL Coordinator. The LRN-B lab maintains a level of sampling and/or shipping supplies on hand and some materials are readily available through the in-house stock room. Although this process in place, there are currently no written plans that describes the process.

Goal	Goal Narrative
Fully in place	The MA PHL will maintain sufficient supplies onsite and continue to keep reagent and consumable inventories current. The lab plans to write a plan that includes the procedures in place to maintain and procure sampling and shipping supplies 24/7.

RESOURCE ELEMENT CATEGORY: Skills and Training

Priority Resource Element

Resource Element Name: S1. Maintain certification of laboratory personnel in a shipping and packaging program

Description	Laboratory staff responsible for sample management must maintain certification of laboratory personnel in a shipping and packaging program that meets national and state requirements (e.g., Sample Collection, Packing and Shipping; ShipPack).

Current Status	Current Status Narrative
Fully in place	The MA PHL currently maintains packaging & shipping certification for all staff responsible for sample management, which meets national and state requirements.

Goal	Goal Narrative
Fully in place	The MA PHL will ensure that staff maintain their packaging and shipping certification as required.

RESOURCE ELEMENT CATEGORY: Skills and Training

Resource Element Name: S2. Document forensic chain of custody procedures training

Description	Document forensic chain of custody procedures training, with documentation updated a minimum of once per year, for laboratory and sample submission personnel. Documentation should include training date and manner of delivery (e.g., formal training or "train the trainer"). Formal training examples: CDC courses and CD or DVD-based courses, with completion verified by a formal demonstration.
Current Status	**Current Status Narrative**
Partially in place	A Chain of Custody and Evidence Handling SOP was recently written and approved; however training for laboratory and sample submission personnel on this new SOP has not yet occurred. Some training documentation does exist for those personnel who have completed formal trainings provided by the FBI and CDC.
Goal	**Goal Narrative**
Fully in place	The lab plans to develop and provide training for laboratory and sample submission personnel on the new Chain of Custody and Evidence Handling SOP. Refresher training will be given annually and documentation will include the training date and manner of delivery.

Resource Element Name: S3. Shipping and packaging training

Description	Ensure the ability to provide packaging and shipping training or information on the availability of packaging and shipping training in DOT/IATA regulations to LRN laboratorians utilizing commercial carriers.
Current Status	**Current Status Narrative**
Fully in place	The lab currently provides three packaging & shipping courses per year to LRN laboratorians and offers information on the availability of packaging & shipping training through the Association of Public Health Laboratories.
Goal	**Goal Narrative**
Fully in place	The lab will continue to provide packaging & shipping training to LRN laboratorians as well as provide additional training resources such as APHL.

Resource Element Name: S4. Document training on practices for personnel safety while managing samples

Description	Document training on practices for personnel safety while managing samples, with documentation updated a minimum of once per year, for laboratory personnel. Documentation should include training date and manner of delivery (e.g., formal training or "train the trainer"). Formal training examples: CDC courses and CD or DVD-based courses, with completion verified by a formal demonstration.
Current Status	**Current Status Narrative**
Fully in place	Training on practices for personnel safety are currently conducted and documented annually. Documentation includes training date and manner of delivery.
Goal	**Goal Narrative**
Fully in place	Training on practices for personnel safety will continue to be conducted and documented annually. Documentation will continue to include training date and manner of delivery.

RESOURCE ELEMENT CATEGORY: Skills and Training

Resource Element Name: S5. Maintain appropriate regulatory requirements

Description	Maintain appropriate regulatory requirements, including the following elements: – A valid Select Agent Registration Number (LRN-B labs only) – A valid U.S. Department of Agriculture/Animal and Plant Health Inspection Service/Veterinary Services shipping permit (LRN-B labs only) – Nuclear Regulatory Commission or state licensing requirements (LRN-R labs only, if program funds become available)
Current Status	**Current Status Narrative**
Fully in place	The MA PHL currently has a valid Select Agent Registration Number, and valid USDA/APHIS shipping permit.
Goal	**Goal Narrative**
Fully in place	The MA PHL plans to maintain valid Select Agent Registration Number, and continue to renew the USDA/APHIS shipping permit annually.

Resource Element Name: S6. Chain of custody procedure recommendations

Description	State public health laboratory coordinator or designee should be able to advise on proper collection, packaging, labeling, shipping, and chain of custody procedures for samples.
Current Status	**Current Status Narrative**
Fully in place	The MA PHL has trained analysts (microbiologists and chemists) on call 24/7 to answer calls regarding the appropriate specimens to collect in a public health emergency (infectious, chemical or radiological) and guidance on proper specimen packaging, transport and/or shipping. Detailed sampling protocols and 24/7 contact information are provided on the laboratory website and disseminated at Level 3 LRN-C training sessions.
Goal	**Goal Narrative**
Fully in place	The laboratory will continue to provide 24/7 guidance on specimen collection, packaging and shipping and regularly update written and electronic materials.

FUNCTION: 3. Conduct testing and analysis for routine and surge capacity

Description:	Perform, or coordinate with the applicable lead agency, testing of chemical, biological, radiological, nuclear, and explosive samples, utilizing CDC-established protocols and procedures (e.g., LRN), where available and applicable, to provide detection, characterization and confirmatory testing to identify public health incidents. This testing may include clinical, food, and environmental samples.
Current Status	**Current Status Narrative**
Infrastructure Not Fully in Place	While the laboratory has demonstrated the capacity to respond to larg e scale public health emergencies during structured exercises and real incidents, there are no written plans for processes and procedures for operation at expanded capacity. The lab currently has mechanisms in place to have all instruments inspected at least annually. Each piece of equipment has a service contract associated with it. A list of current contracts is maintained. Although the process is established, it is does not exist as a written plan. LRN-B and LRN-C labs are competent and demonstrate proficiency in their respective testing methods. The LRN-B lab maintains an inventory of LRN reagents, ancillary reagents, control strains and laboratory supplies necessary to respond to routine testing, training, and proficiency testing for LRN analytical methods. The LRN-C lab maintains an inventory of supplies, calibration standards, quality control samples, and other reagents to respond to routine testing, validation, and proficiency testing, as well as surge capacity exercises and large scale events. The LRN-B and LRN-C labs would contact neighboring LRN labs and the LRN Network to identify laboratories who may be potential sources of testing material or laboratory supplies. Although this process in place, there are currently no written plans that describes the process.
Goal	**Goal Narrative**

CAPABILITY: PUBLIC HEALTH LABORATORY TESTING

FUNCTION: 3. Conduct testing and analysis for routine and surge capacity

Build	The lab plans to develop a surge capacity plan, including options to optimize procedures based on regular and surge personnel, equipment, and facility resources for short and long term responses. The plan will include strategies for prioritizing testing and triaging specimens, and consideration of logistics associated with extended shifts. Within 5 years, the process by which instruments are maintained and serviced will be written. The current service contract list will be maintained and updated annually. The MA PHL will maintain sufficient supplies onsite and continue to keep reagent and consumable inventories current. The lab plans to write a procedure to maintain and procure sampling and shipping supplies 24/7.
Funding Type	**Non PHEP Funding Type**
Partial PHEP	Epi/Lab Capacity Funds, State Funds

RESOURCE ELEMENT CATEGORY: Equipment and Technology

Resource Element Name: E4. Maintain additional support equipment and supplies

Description	Level 1 laboratories must obtain and maintain additional support equipment and supplies listed in each method.
Current Status	**Current Status Narrative**
Fully in place	The laboratory currently has all the supporting equiment required to successfully perform LRN-C methods.
Goal	**Goal Narrative**
Fully in place	As additional small equipment needs are identified, the laboratory will purchase the instruments necessary to ensure the timeliness and quality of chemical laboratory data.

Resource Element Name: E1. Access to a biosafety level 3 laboratory

Description	Have or have access to a biosafety level 3 laboratory through a memorandum of understanding or other formalized agreement.
Current Status	**Current Status Narrative**
Fully in place	The MA PHL has a biosafety level 3 laboratory.
Goal	**Goal Narrative**
Fully in place	The MA PHL will continue to have a biosafety level 3 laboratory.

Resource Element Name: E2. Rapid nucleic acid testing instrument

Description	Laboratory owns and maintains at least one instrument each for rapid nucleic-acid detection and antigen-based detection and instruments are listed in the current equipment list (which is updated annually on the secure LRN website: https://lrnb.cdc.gov/(S(ofugwpznq2yotw45umy04u55))/Login.aspx).
Current Status	**Current Status Narrative**
Fully in place	The LRN-B lab owns and maintains at least one instrument each for rapid nucleic-acid detection and antigen-based detection. Instruments are listed in the current equipment list on the LRN website.
Goal	**Goal Narrative**
Fully in place	The LRN-B lab plans to continue to own and maintain at least one instrument each for rapid nucleic-acid detection and antigen-based detection. Instruments updated in the current equipment list on the LRN website.

RESOURCE ELEMENT CATEGORY: Equipment and Technology

Resource Element Name: E3. Instrument for detection of LRN-C agents

Description	Level 2 laboratories own and maintain equipment for at least one instrument each for detection of LRN-C agents, that are listed in the current equipment list (which is updated annually on the secure LRN website: https://lrnb.cdc.gov/(S(ofugwpznq2yotw45umy04u55))/Login.aspx), to demonstrate qualified status for the listed Level 1 (surge capacity laboratories only) and Level 2 methods.

Current Status	Current Status Narrative
Fully in place	The Chemical Threat Response Laboratory has the designated analytical instrumentation needed to accurately and efficiently analyze clinical specimens for chemical threat agents and/or their metabolites. Specifically, these include HPLC/ICP/MS (2), GC/MS (2), GC/MS/MS (1), LC/MS/MS (2), Gerstel Headspace samplers (2), Caliper Zephyr 96 -well plate extraction systems (2). Instrument redundantcy is intentional as a backup in the event of instrument failure and to provide additional capacity during surge events. The labotaory maintains priority service contracts for all instrumentation with the instrument manufacturers.

Goal	Goal Narrative
Fully in place	The laboratory will maintain existing instrumentation in excellent working condition, continue service agreements, and acquire additional instrumentation as appropriate, to ensure timely and accurate measurement of chemical agents.

Resource Element Name: E5. Instrument for detection of LRN-R agents

Description	LRN-R laboratories (if program funds become available) own and maintain equipment and maintain staff for at least one instrument each for detection of LRN-R agents that are listed in the LRN-R Equipment List (which is updated annually on the secure LRN website: https://lrnb.cdc.gov/ (S(ofugwpznq2yotw45umy04u55))/Login.aspx).

Current Status	Current Status Narrative
Not in place	Currently, the laboratory has no capabilty to measure radionuclides in clinical samples, aside from the elements measured in the urine metal panel

Goal	Goal Narrative
Fully in place	Laboratory will apply for LRN-R membership, purchase equipment and achieve qualified status, if program funds become available.

Resource Element Name: E6. Maintain inventory or reliable sources of testing material

Description	Maintain inventory or reliable sources of testing material that includes CDC/LRN provided analyte-specific test kits, ancillary reagents, control strains, calibration standards, and laboratory supplies required to run LRN analytical methods.

Current Status	Current Status Narrative
Fully in place	The LRN-B lab maintains an inventory of LRN reagents, ancillary reagents, control strains and laboratory supplies necessary to respond to routine testing, training and proficiency testing for LRN analytical methods. The LRN-C lab maintains an inventory of supplies, calibration standards, quality control samples and other reagents to respond to routine testing, validation and proficiency testing as well as surge capacity exercises and large scale events. The LRN-B and LRN-C labs would contact neighboring LRN labs and the LRN Network to identify laboratories who may be potential sources of testing material or laboratory supplies.

Goal	Goal Narrative
Fully in place	The lab will continue to maintain this inventory.

RESOURCE ELEMENT CATEGORY: Equipment and Technology

Resource Element Name: E7. Equipment necessary for performing LRN assays

Description	Have or have access to equipment necessary for performing LRN assays.
Current Status	**Current Status Narrative**
Fully in place	The MA PHL has equipment necessary for performing LRN assays.
Goal	**Goal Narrative**
Fully in place	The MA PHL will continue to have equipment necessary for performing LRN assays.

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element Name: P1. Laboratory surge capacity

Description	Written plans should include the following considerations for surge capacity: – Options to optimize procedures based on regular and surge personnel, equipment, and facility resources for short-term (e.g., days) and long-term (e.g., weeks to months) response efforts. Options should also be based on best practices and models available on the LRN website or other sources. – Triage policies that address how the laboratory will manage surge testing, that may include: ? Referral of samples to other jurisdictional laboratories ? Prioritization of testing based upon sample type ? Prioritization of testing based upon risk or threat assessment ? Contingencies to assure newborn screening in a surge situation. Newborn screening can be assured by memoranda of agreement or contracts with commercial vendors273 – Ensuring that laboratory testing and reporting can be performed for extended shifts based on need for Level 1 and Level 2 LRN-C laboratories. (Not applicable for territories) – Ensuring that laboratory testing, quality assurance and control review, and reporting can be performed for extended shifts based on need for LRN-R laboratories, if program funds become available
Current Status	**Current Status Narrative**
Partially in place	While the laboratory has demonstrated the capacity to respond to large scale public health emergencies during structured exercises and real incidents, there are no written plans for processes and procedures for operation at expanded capacity.
Goal	**Goal Narrative**
Fully in place	The lab plans to develop a surge capacity plan, including options to optimize procedures based on regular and surge personnel, equipment, and facility resources for short and long term responses. The plan will include strategies for prioritizing testing and triaging specimens, and consideration of logistics associated with extended shifts.

Resource Element Name: P2. Preventative maintenance contracts and service agreements

Description	Written plans should include preventative maintenance contracts and service agreements in place for equipment and instruments utilized in LRN protocols, procedures, and methods – at a minimum. Plans should also include protocols to ensure that equipment and instruments utilized in LRN protocols, procedures, and methods have been inspected and/or certified according to manufacturer's specifications.
Current Status	**Current Status Narrative**
Partially in place	The lab currently has mechanisms in place to have all instruments inspected at least annually. Each piece of equipment has a service contract associated with it. A list of current contracts is maintained. Although the process is established, it is does not exist as a written plan.
Goal	**Goal Narrative**
Fully in place	Within 5 years, the process by which instruments are maintained and serviced will be written. The current service contract list will be maintained and updated annually.

RESOURCE ELEMENT CATEGORY: Planning

Resource Element Name: P3. Guidance for referring suspicious samples

Description	Written plans should include a process that provides guidance for referring suspicious samples (e.g., from sentinel labs or first responders) to an LRN reference laboratory.
Current Status	**Current Status Narrative**
Partially in place	Although the lab trains and provides guidance to sentinel labs, clinicians, and first responders for referring suspicious samples to the LRN lab, there is no written plan that describes this process.
Goal	**Goal Narrative**
Fully in place	The lab plans to write a procedure that describes the process of referring suspicious samples to the LRN lab as it relates to sentinel labs, clinicians and first responders.

Resource Element Name: P4. Reagent and supply accessibility

Description	Written plans should include considerations for supply accessibility, including identifying multiple vendors for critical commercially available reagents/supplies.
Current Status	**Current Status Narrative**
Fully in place	The LRN-B lab maintains an inventory of LRN reagents, ancillary reagents, control strains and laboratory supplies necessary to respond to routine testing, training, and proficiency testing for LRN analytical methods. The LRN-C lab maintains an inventory of supplies, calibration standards, quality control samples, and other reagents to respond to routine testing, validation, and proficiency testing, as well as surge capacity exercises and large scale events. The LRN-B and LRN-C labs would contact neighboring LRN labs and the LRN Network to identify laboratories who may be potential sources of testing material or laboratory supplies. Although this process in place, there are currently no written plans that describes the process.
Goal	**Goal Narrative**
Fully in place	The MA PHL will maintain sufficient supplies onsite and continue to keep reagent and consumable inventories current. The lab plans to write a plan that includes the procedures in place to maintain and procure sampling and shipping supplies 24/7.

Resource Element Name: P5. Protocols to operate at expanded laboratory capacity for surge events

Description	Written plans should include processes and procedures to operate at expanded laboratory capacity for surge events and incidents.
Current Status	**Current Status Narrative**
Partially in place	While the laboratory has demonstrated the capacity to respond to large scale public health emergencies during structured exercises and real incidents, there are no written plans for processes and procedures for operation at expanded capacity.
Goal	**Goal Narrative**
Fully in place	The MA PHL will develop policies and procedures for the operation of the laboratory at expanded capacity in response to public health emergencies.

RESOURCE ELEMENT CATEGORY: Skills and Training

Priority Resource Element

Resource Element Name: S1. LRN-R Proficiency Testing Program Qualified status

Description	Laboratories participating in radiological or nuclear testing must attain LRN-R (if program funds become available) Proficiency Testing Program Qualified status for all analysis methods transferred by LRN-R through the following: – Attending LRN–R training, if program funds become available – Completing the associated laboratory validation exercise, demonstrating performance and precision according to the minimum standards for each analytical method
Current Status	**Current Status Narrative**
Not in place	The lab does not currently have an LRN-R laboratory.
Goal	**Goal Narrative**
Fully in place	Laboratory will apply for LRN-R membership and achieve qualified status, if program funds become available.

Resource Element Name: S2. Competency for LRN-B testing methods

Description	LRN-B reference laboratories must attain competency for LRN-B testing methods by having the ability to test for all agents/sample types/tests listed in the high risk environmental sample testing algorithm posted on the secure LRN website.
Current Status	**Current Status Narrative**
Fully in place	The lab currently attains competency for LRN-B testing methods by having the ability to test for all agents and sample types listed in the LRN-B high risk environmental sample testing algorithm posted on the secure LRN website.
Goal	**Goal Narrative**
Fully in place	The lab will continue to attain competency for all agents and sample types listed in the LRN-B high risk environmental sample testing algorithm.

Resource Element Name: S3. LRN proficiency tests

Description	All LRN Laboratories (excluding LRN-B sentinel laboratories) must maintain the competency to pass LRN proficiency tests.
Current Status	**Current Status Narrative**
Fully in place	All LRN labs currently maintain competency to pass LRN proficiency tests.
Goal	**Goal Narrative**
Fully in place	All LRN labs will continue to maintain competency to pass LRN proficiency tests.

Resource Element Name: S4. Attain LRN-C Proficiency Testing Program Qualified status

Description	Laboratories participating in chemical testing must attain LRN-C Proficiency Testing Program Qualified status, through the ability to perform the following: – Core LRN-C methods testing, for all Level 1 (surge capacity laboratories only) and Level 2 analysis methods transferred by CDC. Core LRN-C methods are identified on the LRN website and updated at least annually. – Validation and qualification of at least one new analysis method per year is required.
Current Status	**Current Status Narrative**
Fully in place	The MA PHL has qualified status for each of the nine LRN-C core methods and all of the current LRN-C Level 1 methods.
Goal	**Goal Narrative**
Fully in place	To retain qualified status, the laboratory will successfully participate in all LRN-C PT programs and will validate and achieve qualification for at least one additional chemical analysis method per grant year.

RESOURCE ELEMENT CATEGORY: Skills and Training

Resource Element Name: S5. LRN methods training documentation

Description	Document LRN methods training, with documentation updated a minimum of once per year, for personnel that regularly perform LRN methods, as well as staff identified as surge-capacity personnel. Documentation should include training date and manner of delivery (e.g., formal training or "train the trainer"). Formal training: CDC courses and CD or DVD-based courses, with completion verified by a formal demonstration.
Current Status	**Current Status Narrative**
Fully in place	The LRN-B and LRN-C labs currently perform and document initial and annual competency assessment for all personnel, including surge-capacity personnel that perform LRN methods. Documentation includes training date, manner of delivery and any formal trainings that are completed.
Goal	**Goal Narrative**
Fully in place	The lab will continue to perform and document this training.

Resource Element Name: S6. Meetings focused on technical competencies

Description	If possible, (but not required) send one chemical, one radiological, and one biological laboratory representative to meetings focused on technical competencies.
Current Status	**Current Status Narrative**
Fully in place	The PHEP-funded laboratory currently sends chemical and biologic representatives to meetings focused on technical competencies as needed.
Goal	**Goal Narrative**
Fully in place	The PHEP-funded laboratory plans to continue to send chemical and biologic representatives to meetings focused on technical competencies as needed.

Resource Element Name: S7. Level 1 surge laboratory LRN-C Level 1 meeting

Description	Send at least one chemistry representative from each LRN-C Level 1 surge laboratory to participate in the bi-annual LRN-C Level 1 surge capacity meeting.
Current Status	**Current Status Narrative**
Fully in place	Since joining the LRN-C, the laboratory has sent at least 1 chemistry representative to each of the bi-annual Level 1 Surge capacity meetings.
Goal	**Goal Narrative**
Fully in place	The MA PHL will continue to sent at least 1 chemistry representative to each of the bi-annual LRN-C Level 1 meetings.

Resource Element Name: S8. Safety training documentation

Description	Document safety training, with documentation updated a minimum of once per year, for personnel that regularly perform LRN testing, as well as staff identified as surge-capacity personnel. Documentation should include training date and manner of delivery (e.g., formal training or "train the trainer"). Formal training: CDC courses and CD or DVD-based courses, with completion verified by a formal demonstration.
Current Status	**Current Status Narrative**
Fully in place	Training on practices for personnel safety are currently conducted and documented annually. Documentation includes training date and manner of delivery.
Goal	**Goal Narrative**
Fully in place	Training on practices for personnel safety will continue to be conducted and documented annually. Documentation will continue to include training date and manner of delivery.

RESOURCE ELEMENT CATEGORY: Skills and Training

Resource Element Name: S9. Accreditation for LRN-C clinical testing

Description	Attain accreditation for LRN-C clinical testing, at a minimum, via an appropriate accreditation body [e.g., at a minimum, Clinical Laboratory Improvement Amendments (CLIA) or College of American pathologists (CAP)]
Current Status	**Current Status Narrative**
Fully in place	The LRN-C laboratory is currently accredited by Clinical Laboratory Improvement Amendments (CLIA).
Goal	**Goal Narrative**
Fully in place	The LRN-C laboratory will continue to be accredited by Clinical Laboratory Improvement Amendments (CLIA).

Resource Element Name: S10. Accreditation for LRN-B clinical testing

Description	Attain accreditation for LRN-B clinical testing, at a minimum, via an appropriate accreditation body (e.g., at a minimum, CLIA or CAP)
Current Status	**Current Status Narrative**
Fully in place	The LRN-B laboratory is currently accredited by Clinical Laboratory Improvement Amendments (CLIA).
Goal	**Goal Narrative**
Fully in place	The LRN-B laboratory will continue to be accredited by Clinical Laboratory Improvement Amendments (CLIA).

Resource Element Name: S11. Accreditation for LRN-R clinical testing

Description	Attain accreditation for LRN-R clinical testing, at a minimum, via an appropriate accreditation body, if program funds become available (e.g., at a minimum, CLIA or CAP)
Current Status	**Current Status Narrative**
Not in place	The laboratory currently has no capability to measure radionuclides in clinical specimens beyond the elements detected in the urine metals panel.
Goal	**Goal Narrative**
Fully in place	Laboratory will apply for LRN-R membership and achieve qualified status, if program funds become available.

FUNCTION: 4. Support public health investigations

Description:	Provide analytical and investigative support to epidemiologists, healthcare providers, law enforcement, environmental health, food safety, and poison control efforts to help determine cause and origin of, and definitively characterize, a public health incident.
Current Status	**Current Status Narrative**
Infrastructure Not Fully in Place	The laboratory currently has processes in place for coordinating inve stigations and other activities with various public health partners including poison control centers, first responders, Civil Support Teams, healthcare providers, epidemiologists, veterinary laboratories, law enforcement, and the state emergency operations center. Although the lab currently has processes in place and currently works with these partners on a routine basis, there is no written plan that describes the processes.
Goal	**Goal Narrative**
Build	The laboratory plans to write a plan that describes current processes for coordinating investigations and other activities with various public health partners including poison control centers, first responders, Civil Support Teams, healthcare providers, epidemiologists, veterinary laboratories, law enforcement, and the state emergency operations center. Although the lab currently has processes in place and currently works with these partners on a routine basis, there is no written plan that describes the processes.
Funding Type	**Non PHEP Funding Type**
Partial PHEP	DHS Funds, Epi/Lab Capacity Funds, Other: FDA Rapid Response Grant, State Funds

RESOURCE ELEMENT CATEGORY: Planning

Resource Element Name: P1. Coordinate activities, gain assistance from, and/or share data

Description	Written plans should include processes to coordinate activities, gain assistance from, and/or share data with the following group: – Poison control centers that can act as resources for chemical exposure incidents, such as food poisoning (For additional or supporting detail, see Capability 13: Public Health Surveillance and Epidemiological Investigation) – First responders (e.g., police, fire, and hazardous materials teams) who can be initial resources for identifying overt chemical, radiological, or biological exposure incidents (For additional or supporting detail, see Capability 14: Responder Safety and Health) – Civil Support Teams (CSTs), to establish a technical link between CSTs and the public health biological, radiological, and chemical laboratories with respect to field analysis of unknown samples – Healthcare providers who may be packaging and shipping samples and subsequently receiving sample results during a response (For additional or supporting detail, see Capability 7: Mass Care and Capability 10: Medical Surge) – Epidemiologists who are at the interface between clinicians/hospitals, health departments, and the laboratory (For additional or supporting detail, see Capability 13: Public Health Surveillance and Epidemiological Investigation) – Veterinary diagnostic or food safety laboratories, if applicable, which serve animal populations and investigate food products (For additional or supporting detail, see Capability 13: Public Health Surveillance and Epidemiological Investigation) – Local law enforcement and Federal Bureau of Investigation regional offices for screening and triage procedures of mixed environmental samples (to include chemical, biological, radiological and explosive materials) (For additional or supporting detail, see Capability 3: Emergency Operations Coordination) – State emergency operations center and other official components of the state and local emergency response, including the Emergency Management Assistance Compact (For additional or supporting detail, see Capability 3: Emergency Operations Coordination)

Current Status	Current Status Narrative
Partially in place	The laboratory currently has processes in place for coordinating investigations and other activities with various public health partners including poison control centers, first responders, Civil Support Teams, healthcare providers, epidemiologists, veterinary laboratories, law enforcement, and the state emergency operations center. Although the lab currently has processes in place and currently works with these partners on a routine basis, there are not written plans that describes the process.

Goal	Goal Narrative
Fully in place	The laboratory plans to write a plan that describes current processes for coordinating investigations and other activities with various public health partners including poison control centers, first responders, Civil Support Teams, healthcare providers, epidemiologists, veterinary laboratories, law enforcement, and the state emergency operations center. Although the lab currently has processes in place and currently works with these partners on a routine basis, there is no written plan that describes the processes.

Resource Element Name: P2. Processes to disseminate and receive information from partner agencies

Description	Written plans should include processes to disseminate and receive information to/from select partner agencies as applicable to the situation.

Current Status	Current Status Narrative
Partially in place	The MA PHL does not currently have a written plan for the dissemination and receipt of information from select partner agencies. Current data is sent verbally, written and electronically.

Goal	Goal Narrative
Fully in place	The lab will develop written plans describing processes for disseminating and receiving information to/from select partner agencies.

RESOURCE ELEMENT CATEGORY: Skills and Training

Resource Element Name: S1. Trained on the CDC Public Health Law Program 101, Forensic Epidemiology 3.0

Description	Public health lab managers and directors should be trained on the CDC Public Health Law Program 101, Forensic Epidemiology 3.0 curriculum (http://www.cdc.gov/phlp).

Current Status	Current Status Narrative
Not in place	Public health lab managers and directors are not currently trained on the CDC Public Health Lab Program 101, Forensic Epidemiology 3.0 curriculum.

Goal	Goal Narrative
Fully in place	Public health lab managers and directors will be trained on the CDC Public Health Lab Program 101, Forensic Epidemiology 3.0 curriculum.

FUNCTION: 5. Report results

Description:	Provide notification of laboratory results and send laboratory data to public health officials, healthcare providers, and other institutions, agencies, or persons as permitted by all applicable laws, rules, and regulations.

Current Status	Current Status Narrative
Infrastructure Not Fully in Place	MA PHL sends clinical test results to the CDC using PHINMS in the sta ndard LRNB and PHLIP HL7 message formats. All LRNB environmental results are also transmitted to the CDC using PHINMS in LRNB HL7 message format. Clinical results are also reported to the MA Bureau of Infectious Diseases web based surveillance system (MAVEN) in HL7 2.3.1. Over 40 hospitals access and print reports electronically using the ELR system. The Viral Serology BtB LIMS component will be integrated and deployed. The deployment of the Viral Serology BtB component will include ELR interfacing and HL7 reporting to the Bureau of Infectious Disease web-based surveillance system MAVEN.

Goal	Goal Narrative
Build	MA PHL will maintain and support the LRNB messaging infrastructure to continue reporting all biothreat agent test results in the CDC-defined HL7 format. The IT infrastructure will be expanded to include reporting to other health care partners including poison control centers, first responders, Civil Support Teams, law enforcement, and the state emergency operations center. Reporting will be based on written plans that will be developed detailing the reporting process. The HL7 2.3.1 data format used to send reportable test results to the MA Bureau of Infectious Diseases web based surveillance system (MAVEN) in HL7 2.3.1 will be converted to 2.5 to meet Meaningful Use Requirements.

Funding Type	Non PHEP Funding Type
Partial PHEP	Epi/Lab Capacity Funds, State Funds

RESOURCE ELEMENT CATEGORY: Equipment and Technology

Priority Resource Element

Resource Element Name: E1. Jurisdictional Laboratory Information Management System

Description

Each LRN laboratory will build or acquire and configure a jurisdictional Laboratory Information Management System (LIMS) with the ability to send testing data to CDC according to CDC-defined standards. (This will reduce the duplicate entry into multiple data exchange systems, i.e., having to put data into results messenger or other data exchange systems to be able to send to CDC, public health partners, and other submitters). Configuring the LIMS includes the following elements:
– Developing project plans with deliverables and a timeline to achieve ability to send and receive data from local Laboratory Information Management Solution (LIMS) to CDC and other partners
– Mapping local codes to federal standards (e.g., LRN-B Test Configuration and Vocabulary Requirements, LRN-B Laboratory Results Message Guide)
– Working with IT support staff or developing contractual agreements with LIMS vendors that are familiar with federal (e.g., LIMS integration, Public Health Laboratory Interoperability Project) and industry (e.g., logical observation identities, names, and codes; systematized nomenclature of medicine; HL 7) standards to configure the LIMS
– Validating function of LIMS and structure of message by being able to send a test message to CDC
– Ensuring health information infrastructure and surveillance systems are able to accept, process, and analyze standards-based electronic messages from sending electronic health records (EHRs) as defined by Centers for Medicare & Medicaid Services (42 Code of Federal Regulations Parts 412, 413, 422 et al.) Medicare and Medicaid Programs; Electronic Health Record Incentive Program; Final Rule (published on July 28, 2010 in the Federal Register at http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf) and the Office of the National Coordinator for Health Information Technology (45 Code of Federal Regulations Part 170) Health Information Technology: Initial Set of Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology; Final Rule (published on July 28, 2010 in the Federal Register at http://edocket.access.gpo.gov/2010/pdf/2010-17210.pdf and http://healthit.hhs.gov/portal/server.pt/community/onc_regulations_faqs/3163/faq_3/20765)

Current Status	Current Status Narrative
Fully in place	MA PHL sends all LRNB environmental and clinical test results to the CDC using PHINMS in the CDC defined standard LRNB HL7 message format and has discontinued the use LRN Results Messenger for reporting these test results. Influenza results are also transmitted to the CDC using PHINMS in CDC-defined standard PHLIP message format.

Goal	Goal Narrative
Fully in place	MA PHL will maintain and support the LRNB messaging infrastructure to continue reporting all Biothreat agent test results in the CDC-defined HL7 format. MA PHL has included all of the necessary LRN-C data elements into the newly acquired LIMS system that supports the analytical chemistry and chemical threat laboratories. Necessary data elements were identified using the LMSi LRN-C LIMS CONFIGURATION REQUIREMENTS (07/30/2008). MAPHL will also convert the 2.3.1 message sent to the MA Bureau of Infectious Diseases web based surveillance system (MAVEN) to 2.5.

Resource Element Name: E2. Digital certificate for access to electronic results-reporting systems

Description

Ensure at least one member of each laboratory area represented in the jurisdiction (LRN-B, LRN-C, LRN-R, if program funds become available) has a working digital certificate for access to electronic results-reporting systems.

Current Status	Current Status Narrative
Fully in place	MA PHL LRNB and LRNC laboratory staff have working digital certificates for access to electronic results-reporting systems.

Goal	Goal Narrative
Fully in place	MA PHL will continue to provide network connectivity and IT support to ensure continued access to LRN electronic results-reporting systems.

RESOURCE ELEMENT CATEGORY: Equipment and Technology

Resource Element Name: E3. Computer for access to LRN and partner electronic reporting systems

Description	Have or have access to at least one working computer for access to LRN and partner electronic reporting systems.
Current Status	**Current Status Narrative**
Fully in place	MA PHL LRNB and LRNC laboratory staff have assigned workstations to access electronic results-reporting systems.
Goal	**Goal Narrative**
Fully in place	MA PHL will continue to provide network connectivity and IT support to ensure continued access to LRN electronic results-reporting systems.

Resource Element Name: E4. Mechanism for reporting to LRN-B, LRN-C and LRN-R

Description	Have or have access to a mechanism (e.g., automated, electronic, or paper) for reporting results to LRN-B, LRN-C and LRN-R (if program funds become available), at a minimum, as appropriate.
Current Status	**Current Status Narrative**
Fully in place	MA PHL LRNB and LRNC laboratory staff have access to the newly developed LIMS/LIS and LRN Results Messenger to report LRNB and LRNC results to the CDC using PHINMS.
Goal	**Goal Narrative**
Fully in place	MA PHL will continue to provide network connectivity and IT support to ensure continued access to LRN electronic results-reporting systems.

RESOURCE ELEMENT CATEGORY: Planning

Resource Element Name: P1. Security and maintenance of records management system

Description	Written plans should include processes and protocols to ensure proper security and maintenance of records management system. (For additional or supporting detail, see Capability 6: Information Sharing)
Current Status	**Current Status Narrative**
Fully in place	The MA PHL and MDPH have processes and protocols in place to ensure proper security and maintenance of records management systems.
Goal	**Goal Narrative**
Fully in place	The MA PHL and MDPH will continue to maintain processes and protocols to ensure proper security and maintenance of records management systems.

Resource Element Name: P3. Notification procedures with health investigation partners utilizing secure contact methods

Description	Written plans should include notification procedures that detail the process of reporting results that are suggestive of an outbreak or exposure to appropriate health investigation partners utilizing secure contact methods per the LRN-B, LRN-C, or LRN-R (if program funds become available) Notification Policy and/or laboratory-specific policies. (For additional or supporting detail, see Capability 3: Emergency Operations Coordination and Capability 6: Information Sharing)
Current Status	**Current Status Narrative**
Partially in place	MA PHL sends clinical test results to the CDC using PHINMS in the standard LRNB and PHLIP HL7 message formats. Clinical results are also reported to the MA Bureau of Infectious Diseases web based surveillance system (MAVEN) in HL7 2.3.1. There is no written plan describing the notification process of reporting results to appropriate health care partners in these standard electronic formats.
Goal	**Goal Narrative**
Fully in place	MA PHL will develop a written plan describing the notification process of reporting results to appropriate health care partners in these standard electronic formats.

RESOURCE ELEMENT CATEGORY: Planning

Resource Element Name: P4. LRN data messaging and laboratory-specific policies

Description	Written plans should include protocols to ensure messaging follows the LRN data messaging and laboratory-specific policies for determining specific time frames for sending data.

Current Status	Current Status Narrative
Partially in place	MA PHL sends clinical test results to the CDC using PHINMS in the standard LRNB and PHLIP HL7 message formats. Clinical results are also reported to the MA Bureau of Infectious Diseases web based surveillance system (MAVEN) in HL7 2.3.1. There is no written plan that includes protocols to ensure that messaging follows the LRN data messaging and laboratory-specific policies for determining time frames for sending data.

Goal	Goal Narrative
Fully in place	MA PHL will develop a written plan that includes laboratory-specific policies for sending LRN data in specific time frames. Protocols will be developed describing processes to ensure that messaging follows the LRN data messaging standards.

CAPABILITY: PUBLIC HEALTH SURVEILLANCE & EPIDEMIOLOGIC INVESTIGATION

Description:	Public health surveillance and epidemiological investigation is the ability to create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological investigation processes, as well as to expand these systems and processes in response to incidents of public health significance.

FUNCTION: 1. Conduct public health surveillance and detection

Description:	Conduct ongoing systematic collection, analysis, interpretation, and management of public health-related data to verify a threat or incident of public health concern; to characterize and manage it effectively through all phases of the incident.

Current Status	Current Status Narrative
Infrastructure Not Fully in Place	The Bureau of Infectious Disease (BID) is establishing a robust infra structure to support the collection, analysis and response to infectious disease surveillance data. This involves the implementation of an integrated surveillance and case management system (MAVEN) for use by state and local public health officials, roll out of electronic laboratory reporting to clinical and reference laboratories, monitoring of syndromic surveillance data, and a sufficient epidemiologic and informatics workforce to respond to the data and enhance data collection tools. The BID deployed MAVEN in 2006 to meet basic surveillance and case management needs and with the expectation that the BID would gradually enhance the system to contain additional functionality including new workflows, disease modules and reports. The system's intrinsic flexibility enables programs to identify new ways in which to use MAVEN to enhance their business needs and process flows. With 351 local jurisdictions responsible for case investigation and follow up, the BID developed local health specific MAVEN training materials and initiated a measured deployment to local health beginning in 2007. Currently, approximately 200 local health departments are using MAVEN. Due to budget cuts and restrictions, the BID has not been able to maintain a fully staffed epidemiologic, informatics and IT workforce. This has primarily impacted our ability to implement MAVEN enhancements as rapidly as desired.

Goal	Goal Narrative
Build	Vacancies will be filled as resources permit. The BID will continue to enhance MAVEN functionality and implement ELR at the remainder of the clinical and commercial laboratories. Specific development objectives and milestones are described in the priority resource elements. The BID will continue to conduct quality assurance on the data received. The BID will also continue its efforts to deploy MAVEN at all 351 local health departments, with the goal of reaching 95% by the end of 2012.

Funding Type	Non PHEP Funding Type
Partial PHEP	Epi/Lab Capacity Funds, Other: Other CDC Cooperative Agreements

RESOURCE ELEMENT CATEGORY: Equipment and Technology

Priority Resource Element

Resource Element Name: E1. Access to health information infrastructure and surveillance systems

Description	Have or have access to health information infrastructure and surveillance systems that are able to accept, process, analyze, and share data for surveillance and epidemiological investigation activities. (For additional or supporting detail, see Capability 6: Information Sharing) – Electronic exchange of personal health information should meet applicable patient privacy-related laws and standards, including state or territorial laws. These include the Health Insurance Portability and Accountability Act, the Health Information Technology for Economic and Clinical Health Act, and standards from the National Institute of Standards and Technology and the Office of the National Coordinator for Health Information Technology of the U.S. Department of Health and Human Services. (For additional or supporting detail, see Capability 6: Information Sharing)

Current Status	Current Status Narrative
Partially in place	The Bureau of Infectious Disease (BID) deployed a PHIN compliant integrated public health surveillance and case management system, MAVEN in September 2006. MAVEN allows for the secure exchange of information between state and local health and other public health partners. Massachusetts has 351 independent jurisdictions responsible for case investigation and follow-up of notifiable diseases and currently, approximately 200 of the 351 local health departments are utilizing MAVEN. The system fully interfaces with BID's electronic laboratory reporting (ELR) initiative and can exchange information with CDC via standards-based electronic messaging. MAVEN currently supports the surveillance and case management needs for all notifiable conditions at the state and local level except STDs and HIV/AIDS. MAVEN allows appropriate data-sharing between state and local health, direct access to data by epidemiologists, and improved data management and analysis. It has the ability to capture all relevant information on reportable conditions and can be easily modified to capture additional information as circumstances change, such as in a pandemic event. However, for full implementation of MAVEN and to take advantage of its capability, additional workflows must be developed. Once fully deployed at the state and local level, MAVEN will replace current paper-based methods of data exchange. MAVEN allows automatic generation of workflows and questionnaires: receipt of an electronic laboratory report results in a questionnaire that sits in queue for an appropriate investigator at the state or local level to respond to. When users log on, they are prompted with the cases currently in their respective workflows. Once the investigation is complete, a new workflow is called that sends the information about that case into the queue for the next stage of review. MAVEN has built in algorithms to identify reports that require the immediate notification of a health professional and to identify excess reports of illness that might signal an aberration from normal disease patterns. This system has automatic (24/7/365) notification of state and local officials of any event requiring their attention. The BID developed an outbreak management module which interfaces with the event level data in the system and has the capability of capturing point source data and environmental laboratory results. Data are appropriately stored and exchanged pursuant to Massachusetts and federal privacy laws and regulations, HIPAA, HITECH and other relevant vocabulary and messaging standards.

Goal	Goal Narrative

RESOURCE ELEMENT CATEGORY: Equipment and Technology

Resource Element Name: E1. Access to health information infrastructure and surveillance systems

Description	Have or have access to health information infrastructure and surveillance systems that are able to accept, process, analyze, and share data for surveillance and epidemiological investigation activities. (For additional or supporting detail, see Capability 6: Information Sharing) – Electronic exchange of personal health information should meet applicable patient privacy-related laws and standards, including state or territorial laws. These include the Health Insurance Portability and Accountability Act, the Health Information Technology for Economic and Clinical Health Act, and standards from the National Institute of Standards and Technology and the Office of the National Coordinator for Health Information Technology of the U.S. Department of Health and Human Services. (For additional or supporting detail, see Capability 6: Information Sharing)
Partially in place	The BID would like to add enhanced functionality to MAVEN. Development plans for this grant period include the ability to track non-designated notifiable infectious diseases that are unusual and of public health importance, white powder incidents, a new foodborne illness and complaints module, additional quality assurance reports to assess timeliness and completeness of reports received, and incorporate additional analytic tools such as GIS into routine surveillance. The BID will also continue its efforts to deploy MAVEN at all 351 local health departments, with the goal of reaching 95% by the end of BP12. The BID will continue to implement ELR at the remainder of the clinical and commercial laboratories and employ quality assurance measures. In addition, the BID will continue its engagement with health information exchanges and sites with electronic medical records. The Director of the Office of Integrated Surveillance and Informatics Services within the BID has overall responsibility for these efforts.

RESOURCE ELEMENT CATEGORY: Equipment and Technology

Resource Element Name: E2. Access to a system compatible with the National Electronic Disease Surveillance System

Description

Have or have access to a system compatible with the National Electronic Disease Surveillance System that can determine or report the following:
– Electronic case reporting, including the data that follows:
? Number of case reports received
? Case Report Classification: infectious or non-infectious
– Integrated Data Repository
– Case Notification, including the data that follows:
? Number of case notifications sent to CDC
? Number of case notifications sent to other jurisdictions
– Establish an integrated repository or record locator that enables all condition reports for an individual to be
retrieved and reviewed

Current Status	Current Status Narrative
Partially in place	MAVEN is a PHIN-compliant web-based infectious disease surveillance and case management system. It is a person-based system with an integrated data repository that when fully deployed will be utilized by all programs within the Bureau of Infectious Disease (BID) and all 351 local health departments. This will provide enhanced analytical and response capability. Built-in report functionality is enabled and provides current data on a number of elements including the number of reports received, and accurate case counts by surveillance classification by disease, time period, and locale, etc. Full date extracts are also possible for epidemiologists at the state and local level to conduct further, more detailed analyses. The BID works closely with the CDC to reconcile data sent via the NETSS transmission to ensure the CDC has complete and accurate data. The BID does not current assess case notifications sent to out of state jurisdictions.
Goal	**Goal Narrative**
Partially in place	The BID will continue to make functional enhancements to ensure MAVEN meets the surveillance and case management needs of state and local users. The BID will also continue its efforts to deploy MAVEN at all 351 local health departments, with the goal of reaching 95% by the end of BP12. The Director of the Office of Integrated Surveillance and Informatics Services within the BID has overall responsibility for these efforts.

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element Name: P1. Document the legal and procedural framework for information exchange

Description	Written plans should document the legal and procedural framework that supports mandated and voluntary information exchange with a wide variety of community partners, including those serving communities of color and tribes.
Current Status	**Current Status Narrative**
Partially in place	Massachusetts has laws and corresponding regulations governing the reporting and response to notifiable infectious diseases. Regulations are routinely assessed and updated as necessary in accordance with the promulgation process. Current state law and regulation gives MDPH the authority to mandate the use of designated disease surveillance systems, but do not specify the use of MAVEN. Health information exchange frameworks are in development with regard to portability of electronic health records, surveillance data, and immunization data. As these data exchange systems evolve, state law and regulations will need to be examined to ensure they do not inappropriately restrict the ability of providers, laboratories, informatics systems, and MDPH to collect and share health information.
Goal	**Goal Narrative**
Partially in place	The Bureau of Infectious Disease will engage appropriate stakeholders to assess and update the MDPH regulations "Reportable Diseases, Surveillance and Isolation and Quarantine Requirements". These regulations are currently under review by the Massachusetts Public Health Council, which is likely to promulgate a change to mandate the use of MAVEN by local boards of health by the end of calendar year 2012. A workgroup, facilitated by the Director of the Office of Integrated Surveillance and Informatics Services within the BID will be convened by September 2011. Proposed modifications to the regulations will be identified by March 2012 and presented to the Public Health Council in the spring of 2012. The BID has the goal for final promulgation of the regulations in the summer of 2012. Legal and policy frameworks will be fully developed, piloted, and encoded into statute and regulation by 2016. The Director of the Bureau of Infectious Disease will be the lead in coordinating this effort with the Massachusetts Department of Public Health's General Counsel.

Resource Element Name: P2. Protocols for accessing health information

Description	Written plans should include processes and protocols for accessing health information that follow jurisdictional and federal laws and that protect personal health information via instituting security and confidentiality policies. (For additional or supporting detail, see Capability 6: Information Sharing)
Current Status	**Current Status Narrative**
Partially in place	The Bureau of Infectious Disease (BID) has developed informal protocols documenting appropriate state and local user access rights to specific infectious disease information. These protocols are in accordance with appropriate state and federal standards and are role based with need to know privileges and access: this is based on disease, jurisdiction, programmatic need and programmatic role.
Goal	**Goal Narrative**
Fully in place	The BID will develop formalized written protocols to further document and specify access rights for all state and local users of MAVEN by January 2012. BID will ensure all policies are consistent with state and federal privacy regulations. This effort will be the responsibility of the Director of the Office of Integrated Surveillance and Informatics Services within the BID.

Resource Element Name: P3. Protocols to gather and analyze surveillance data

RESOURCE ELEMENT CATEGORY: Planning

Resource Element Name: P3. Protocols to gather and analyze surveillance data

Description

Written plans should include processes and protocols to gather and analyze data from the following:
– Reportable condition surveillance (i.e., conditions for which jurisdictional law mandates name-based case
reporting to public health agencies). Jurisdictions should plan to receive Electronic Laboratory Reporting for
reportable conditions from healthcare providers using national Meaningful Use standards. (For additional or supporting detail, see Capability 6: Information Sharing)
– Syndromic surveillance systems. Jurisdictions are encouraged to establish or participate in such systems to
monitor trends of illness or injury, and to provide situational awareness of healthcare utilization
? Participation in the CDC BioSense data-sharing program is encouraged (For additional or supporting detail, see Capability 6: Information Sharing)
– Surveillance of major causes of mortality, including the use of vital statistics as a data source (For additional or supporting detail, see Capability 5: Fatality Management)
– Surveillance of major causes of morbidity
Suggested Resource: Natural Disaster Morbidity Surveillance Individual Form:
http://www.bt.cdc.gov/disasters/surveillance/pdf/NaturalDisasterMorbiditySurveillanceIndividualForm.pdf
– Written plans should be able to adapt to include novel and/or emerging public health threats.

Gathering and analyzing data from the following sources should also be taken into consideration:
– Environmental conditions
– Hospital discharge abstracts
– Information from mental/behavioral health agencies
– Population-based surveys
– Disease registries
– Immunization registries/Immunization information systems
– Active case finding (e.g., by healthcare logs and record reviews)
(For additional or supporting detail, see Capability 1: Community Preparedness, Capability 6: Information Sharing, and Capability 10: Medical Surge)

Current Status	Current Status Narrative

Partially in place	The Bureau of Infectious Disease (BID) routinely assesses and revises its regulations governing the reporting of federally and state notifiable conditions. The BID maintains a comprehensive Standard Operating Procedures Manual containing protocols for managing and triaging all surveillance data held in MAVEN, including notifiable reports received from clinicians, laboratories (whether in electronic or paper format) and syndromic surveillance (AEGIS). Analytical processes are informally documented. Epidemiologists perform analysis on specific notifiable diseases on a routine basis (which is disease dependent). Data extracts are run through automated SAS programs. Additional or more in-depth analyses are performed as conditions deem appropriate such as in the event of emerging or novel public health threats. The BID currently utilizes data received from Vital Statistics on an adhoc basis as the need for enhanced or expanded surveillance and or analysis arises. The BID's PHIN-compliant ELR infrastructure establishes secure, electronic messaging between clinical laboratory applications with MAVEN. ELR data are collected and transmitted to BID in accordance with national vocabulary and messaging standards and is in the process of upgrading the infrastructure to meet Meaningful Use requirements. The BID maintains significant technical documentation and protocols for ELR implementation and certification. Clinical laboratories may currently transmit data on all notifiable conditions. Participants utilize a web based user interface to create a mapping between BID selected LOINC and SNOMED codes and their local equivalents. These mappings are used to translate native codes into their LOINC and SNOMED equivalents before data persist into the BID data store. Institutions may currently transmit messages using the HL7 2.3.1 ORU RO1 or a BID developed message format that is transformed into HL7 2.3.1. In July 2008, Massachusetts passed regulations mandating the use of its ELR infrastructure for reporting notifiable conditions. Currently, 54 of 74 hospital laboratories are fully certified to transmit results using ELR and the remainder are in various stages of the implementation process. Two commercial laboratories are fully certified. The state public health laboratory information system also transmits data via ELR. The BID also maintains significant technical documentation for responding to alerts identified through syndromic surveillance mechanisms. BID utilizes AEGIS, the Automated Epidemiologic Geotemporal Integrated Surveillance System (AEGIS), developed in partnership with the Children's Hospital Boston. AEGIS is a real-time syndromic surveillance system to which hospitals report unique patient and visit identifiers, chief complaints, diagnoses, patient residence locations (street, city, and zip code), patient age and gender, encounter dates and times, encounter locations and dispositions in order to identify patterns of disease in the population and potential outbreaks. Massachusetts participates in the BioSense program.

RESOURCE ELEMENT CATEGORY: Planning

Resource Element Name: P3. Protocols to gather and analyze surveillance data

Description

Written plans should include processes and protocols to gather and analyze data from the following:
– Reportable condition surveillance (i.e., conditions for which jurisdictional law mandates name-based case
reporting to public health agencies). Jurisdictions should plan to receive Electronic Laboratory Reporting for
reportable conditions from healthcare providers using national Meaningful Use standards. (For additional or supporting detail, see Capability 6: Information Sharing)
– Syndromic surveillance systems. Jurisdictions are encouraged to establish or participate in such systems to
monitor trends of illness or injury, and to provide situational awareness of healthcare utilization
? Participation in the CDC BioSense data-sharing program is encouraged (For additional or supporting detail, see Capability 6: Information Sharing)
– Surveillance of major causes of mortality, including the use of vital statistics as a data source (For additional or supporting detail, see Capability 5: Fatality Management)
– Surveillance of major causes of morbidity
Suggested Resource: Natural Disaster Morbidity Surveillance Individual Form:
http://www.bt.cdc.gov/disasters/surveillance/pdf/NaturalDisasterMorbiditySurveillanceIndividualForm.pdf
– Written plans should be able to adapt to include novel and/or emerging public health threats.

Gathering and analyzing data from the following sources should also be taken into consideration:
– Environmental conditions
– Hospital discharge abstracts
– Information from mental/behavioral health agencies
– Population-based surveys
– Disease registries
– Immunization registries/Immunization information systems
– Active case finding (e.g., by healthcare logs and record reviews)
(For additional or supporting detail, see Capability 1: Community Preparedness, Capability 6: Information Sharing, and Capability 10: Medical Surge)

Goal	Goal Narrative
Partially in place	The BID will continue to routinely assess its protocols and data sources to determine the completeness and timeliness of the information received. The BID will update its formal protocols to document routine data analysis functions by January 2012. These efforts will be coordinated by the Director of the Office of Integrated Surveillance and Informatics Services and the Epidemiology Program Manager. The BID's ELR infrastructure will meet Meaningful Use (MU) requirements by September 2011 and include the ability for laboratories to send ELR data using a HL7 2.5.1 message. In addition, the BID will have the capability to transform HL7 2.3.1 messages to 2.5.1 thus meeting MU requirements. The BID will continue implementation of ELR with the remainder of Massachusetts clinical laboratories and national commercial laboratories. The BID will develop additional quality assurance protocols and reports by January 2012 to ensure data reported through ELR are consistently reported in a timely and complete manner. The Director of the Office of Integrated Surveillance and Informatics Services and Director of IT within the BID will oversee these efforts. The BID will also explore establishment of linkages with additional data sources including the Massachusetts Immunization Information System and systems operated by the Bureau of Environmental Health. The Director of the Office of Integrated Surveillance and Informatics Services will coordinate these efforts.

RESOURCE ELEMENT CATEGORY: Planning

Resource Element Name: P4. Procedures to ensure 24/7 health department access

Description	Written plans should include procedures to ensure 24/7 health department access (e.g., designated phone line or contact person in place to receive reports) to collect, review, and respond to reports of potential health threats. (For additional or supporting detail, see Capability 3: Emergency Operations Coordination)
Current Status	**Current Status Narrative**
Partially in place	Access to the Bureau of Infectious Disease (BID) during business hours is provided through a phone number for each Division within the Bureau. After hours contact is provided through an answering service which pages an epidemiologist. Reports of diseases or conditions received in MAVEN that demand an immediate response, automatically trigger a pager notification (24/7) to both to the epidemiologist on call and the local health departments (if using MAVEN). Currently, approximately 200 of the 351 local health departments are using MAVEN.
Goal	**Goal Narrative**
Partially in place	The BID will continue to routinely assess its 24/7 response capability. In addition, the BID has a goal of having 95% of all local health departments using MAVEN by the end of 2012. The Director of the Office of Integrated Surveillance and Informatics Services and the Epidemiology Program Manager have oversight of these activities.

Resource Element Name: P5. Protocols to notify CDC of cases on the Nationally Notifiable Infectious Disease List

Description	Written plans should include processes and protocols to notify CDC of cases on the Nationally Notifiable Infectious Disease List within the time frame identified on the list, including immediate notification when indicated. Electronic exchange of personal health information should meet applicable patient privacy-related laws and standards, including state or territorial laws. These include the Health Insurance Portability and Accountability Act, the Health Information Technology for Economic and Clinical Health Act, and standards from the National Institute of Standards and Technology and the Office of the National Coordinator for Health Information Technology of the U.S. Department of Health and Human Services. Plans should include procedures to move to electronic case notification using CDC's Public Health Information Network Case Notification Message Mapping Guides.
Current Status	**Current Status Narrative**
Fully in place	The Bureau of Infectious Disease (BID) maintains protocols to notify CDC of all notifiable diseases in the allocated time frames. Diseases and conditions requiring immediate notification are appropriately indicated, and the BID sends weekly data via the NETSS system (or PHIN-MS where appropriate) to CDC. Data are appropriately deidentified pursuant to Massachusetts privacy laws and regulations, HIPAA, HITECH and other relevant standards.
Goal	**Goal Narrative**
Partially in place	The BID will ensure messaging capabilities are updated as CDC finalizes PHIN messaging guides. BID will remain current with all requirements for sending appropriate data elements to CDC. The Director of the Office of Integrated Surveillance and Informatics Services and Director of IT within the BID will oversee these efforts.

RESOURCE ELEMENT CATEGORY: Planning

Resource Element	Name: P6. Process to conduct surveillance if the primary notifiable surveillance system is disrupted
Description	Written plans should include a process to conduct surveillance if the primary notifiable surveillance system (i.e., electronic system) is disrupted during an incident. The process should describe not only electronic back-ups, but also describes how surveillance would be conducted if no electricity or electronic infrastructure is available or in place.

Current Status	Current Status Narrative
Partially in place	The Bureau of Infectious Disease (BID) has protocols detailing deployment of legacy and other paper-based methods of surveillance notification and case follow up in the event that the electronic infrastructure fails exist, but should be formalized. Extensive written protocols are in place in the event that MAVEN is not operational. These include migration to a fail-over site and back-up databases. Mitigation plans for electronic laboratory reporting are not as substantial and should be assessed.

Goal	Goal Narrative
Fully in place	All back up protocols should be assessed annually for completeness and accuracy and updated as necessary. BID will formalize written procedures detailing the deployment of legacy non-electric methods of surveillance. Technical plans for ELR will be reviewed and responded to as necessary by January 2012. The Director of the Office of Integrated Surveillance and Informatics Services and Director of IT within the BID will oversee these efforts.

RESOURCE ELEMENT CATEGORY: Skills and Training

Priority Resource Element

Resource Element Name: S1. Tier 1 Competencies and Skills for Applied Epidemiologists

Description	Public health staff conducting data collection, analysis, and reporting in support of surveillance and epidemiologic investigations should achieve, at a minimum, the Tier 1 Competencies and Skills for Applied Epidemiologists in Governmental Public Health Agencies. – When creating new surveillance systems, consideration should be given to securing assistance (e.g., from academic institutions or state-level staff) from individuals with Tier 2 Competencies and Skills for Applied Epidemiologists in Governmental Public Health Agencies. – Note: Formal educational degree requirement and masters' degree supervision requirement is suggested but not required.
Current Status	**Current Status Narrative**
Partially in place	While all state level epidemiology staff involved in surveillance and epidemiological investigations operate at a minimum of Tier 1, and many at Tier 2, staffing levels are barely sufficient to manage all routine epidemiologic investigations and are not sufficient to thoroughly respond to all outbreaks. Only a handful of local health department staff managing routine epidemiological investigation systems would qualify as Tier 1. This leaves the investigational responsibility to state level staff. In addition, ensuring all surveillance data are appropriately triaged and responded to remains a challenge. We maintain excellent relationships with our numerous local schools of public health and provide their students with opportunities both at the state level and the local level. In an emergency, these relationships could prove valuable and could provide us with access to students who could learn quickly and assist in Tier 1 level tasks. Currently, 50% of public health staff at the state health department level doing applied epidemiology are Tier 1; 40% are at level Tier II.
Goal	**Goal Narrative**
Fully in place	For all local health departments to have access to staff with Tier 1 competencies and skills. The Epidemiology Program Manager and Director of the Office of Integrated Surveillance and Informatics Services will coordinate these efforts.

FUNCTION: 2. Conduct public health and epidemiological investigations

Description:	Identify the source of a case or outbreak of disease, injury, or exposure and its determinants in a population (e.g., time, place, person, disability status, living status, or other indices) to coordinate and report the summary results of the analysis to jurisdictional and federal partners, as appropriate.
Current Status	**Current Status Narrative**
Infrastructure Fully in Place - Not Fully Evaluated and Demonstrated	Epidemiologists within the Bureau of Infectious Disease are fully tra ined and experienced in conducting epidemiological investigations. As part of their investigations they routinely identify the source of the outbreak and its determinants in a population to coordinate and report the summary results to jurisdictional and federal partners, as appropriate. While these outbreaks occur on a regular basis and all steps in an investigation are followed there has been no formal evaluation and demonstration of this function. It is our intention to fully demonstrate this function sometime within the first budget period. The demonstration will involved an event that we fully expect to occur during this time frame. Massachusetts is involved in 5-15 foodborne outbreaks in any given year. One of the outbreaks will be chosen for demonstration and evaluation based on certain parameters which will be outlined and described in the demonstration plan. Both priority resource elements are fully in place and completely described in the Resource Elements section.
Goal	**Goal Narrative**
Sustain	Our goal is to sustain existing capacity to ensure adequate response during long and prolonged outbreak situations and to increase the skill levels of all epidemiologists working in the Bureau of Infectious Disease.
Funding Type	**Non PHEP Funding Type**
Partial PHEP	Epi/Lab Capacity Funds, State Funds

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element Name: P1. Investigation report templates

Description

Written plans should include investigation report templates that contain the following minimal elements:
– Context / Background – Information that helps to characterize the incident, including the following:
? Population affected (e.g., estimated number of persons exposed and number of persons ill)
? Location (e.g., setting or venue)
? Geographical area(s) involved
? Suspected or known etiology
– Initiation of Investigation – Information regarding receipt of notification and initiation of the investigation, including the following:
? Date and time initial notification was received by the agency
? Date and time investigation was initiated by the agency
– Investigation Methods - Epidemiological or other investigative methods employed, including the following:
? Any initial investigative activity (e.g., verified laboratory results)
? Data collection and analysis methods (e.g., case-finding, cohort/case-control studies, environmental)
? Tools that were relevant to the investigation (e.g., epidemic curves, attack rate tables, and questionnaires)
? Case definitions (as applicable)
? Exposure assessments and classification
? Review of reports developed by first responders, lab testing of environmental media, reviews of environmental testing records, industrial hygiene assessments, questionnaires
– Investigation Findings/Results - all pertinent investigation results, including the following:
? Epidemiological results
? Laboratory results (as applicable)
? Clinical results (as applicable)
? Other analytic findings (as applicable)
– Discussion and/or Conclusions – analysis and interpretation of the investigation results, and/or any conclusions drawn as a result of performing the investigation. In certain instances, a Conclusions section without a Discussion section may be sufficient
– Recommendations for Controlling Disease and/or Preventing/Mitigating Exposure – specific control measures or other interventions recommended for controlling the spread of disease or preventing future outbreaks and/or for preventing/mitigating the effects of an acute environmental exposure
– Key investigators and/or report authors – names and titles are critical to ensure that lines of communication with partners, clinicians ,and other stakeholders can be established.

Current Status	Current Status Narrative
Fully in place	Templates are available and used by epidemiologists to report on investigations. While local health departments are active participants in epidemiologic investigations, most outbreak reports are written at the state level. Templates for outbreak reports, however, are available in the Foodborne Illness Investigation and Control Reference Manual, which was developed by the MDPH and contains a specific chapter on reporting investigational findings, complete with examples and a description of all the elements needed. This Manual is available both in hardcopy and on-line at the MDPH website. In general, reports are tailored to the size and complexity of the situation and their distribution is also determined by the situation and the partners involved.

Goal	Goal Narrative

Partially in place	Our goal is to provide local health department investigators with existing reporting templates and the skill and knowledge to use them for outbreak investigations. We hope to achieve this goal through 1) the MAVEN outbreak investigations module, 2) the annual Surveillance trainings and 3) through the newly developed web-based epidemiology training module. 1) The Bureau of Infectious Disease (BID) developed an outbreak management module in MAVEN which interfaces with the event level data in the system and has the capability of capturing point source data and environmental laboratory results. It also has the capability to provide templates for reports. The BID Office of Integrated Surveillance and Informatics Services (ISIS) is involved in the roll-out of MAVEN to all health departments in Massachusetts. The defined deliverables, outputs and milestones regarding this activity are fully explained in Function 1. 2) Each year Surveillance, Reporting and Control trainings are held for local health departments to update them on disease investigations. Outbreaks of various diseases are covered as well as introduction of new technologies for capturing data, analyzing data and then reporting of the results of investigations. Representatives from many of the 351 local health departments regularly attend these trainings but attendance is not 100%. Epidemiologists and health educators from the BID take the lead in developing and implementing these trainings. We expect to develop and offer 3-5 day-long classroom sessions in the next budget period. 3) We in the process of developing training modules based on the steps of an epidemiologic investigation. This training is targeted to new epidemiologists at the state level and investigators at the local level. One of the topic areas will cover written reports. Modules will be offered as webinars. The BID Epidemiology Program is responsible for the development of these modules with a contractor using ACA-ELC funds. While the modules are on track for completion by summer, 2011, the implementation will occur during the next budget period and beyond. We expect at least 10% of LBOH will access and complete the outbreak training module in the next budget period. Barriers to all three activities described above are the resources to provide the trainings and the ability of the local health departments to avail themselves of these opportunities. Local health departments in Massachusetts have many responsibilities with dwindling resources. Some local jurisdictions have 1-2 individuals to cover all aspects of local health. Our goal is to reach 100% of jurisdictions but we know this is not going to be accomplished in this budget period.

RESOURCE ELEMENT CATEGORY: Skills and Training

Priority Resource Element

Resource Element Name: S1. Staffing capacity to manage the routine epidemiological investigation systems

Description	Maintain staffing capacity to manage the routine epidemiological investigation systems at the jurisdictional level as well as to support surge epidemiological investigations in response to natural or intentional threats or incidents. This is accomplished through the following: – Surge staff should be competent in Tier 1 Competencies and Skills for Applied Epidemiologists in Governmental Public Health Agencies – Consideration should be given to securing assistance (e.g., academic institutions or state-level staff) from an individual with Tier 2 Competencies and Skills for Applied Epidemiologists in Governmental Public Health Agencies – Note: Formal educational degree requirement and masters' degree supervision requirement is suggested but not required. (For additional or supporting detail, see Capability 15: Volunteer Management)
Current Status	**Current Status Narrative**
Fully in place	All state level epidemiology staff involved in epidemiological investigations operate at a minimum of Tier 1, and many at Tier 2. Staffing levels are sufficient to manage all routine epidemiologic investigations and are also sufficient to thoroughly respond to many outbreaks. Only a handful of local health department staff managing routine epidemiological investigation systems, however, would qualify as operating at the Tier 1 level. This leaves a large amount of investigational responsibility to state level staff. In addition, ensuring all surveillance data are appropriately triaged and responded to remains a challenge. We maintain excellent relationships with our numerous local schools of public health and provide their students with opportunities both at the state level and the local level. MDPH believes that exposing students to the range of responsibilities of local and state health departments is crucial to the recruitment and preparation of qualified public health professionals. Since 2004, the Epidemiology Program in the Bureau of Infectious Disease has hosted a local internship program each summer. The goal of this program is to give graduate students in public health practical experience on the front lines of public health, as well as to develop and enhance the local health workforce. Anywhere from 15 to 25 students are placed in local health departments each summer. This program also gives us access to qualified individuals to enhance our surge capacity.
Goal	**Goal Narrative**
Fully in place	A longstanding goal is to maintain current staffing levels, to increase these levels at every opportunity and to train staff to the highest level possible. All Epidemiology Program staff have Master's degrees in public health, education, or laboratory sciences. All of them have Tier 1 competencies and many of them have Tier 2 competencies. When turnover occurs it is the goal of the BID to recruit and hire individuals with Tier 1 or Tier 2 competencies. It is unrealistic to demand that every local health department be staffed with epidemiologists with even Tier 1 competencies. Massachusetts is too diverse in its response to public health as each jurisdiction, no matter how small, has a public health department. Efforts are underway to consolidate some of these activities on a regional basis but this has been a goal for decades with little movement. For this reason, epidemiologists at the state level have been and will remain the responders of last resort for any local public health jurisdiction in need of assistance.

FUNCTION: 3. Recommend, monitor, and analyze mitigation actions

Description:	Recommend, implement, or support public health interventions that contribute to mitigation of a threat or incident as well as monitor the effectiveness of the interventions.
Current Status	**Current Status Narrative**
Infrastructure Not Fully in Place	During a threat or public health incident, current staff have the ski ll to accomplish the function as described above, depending on the public health incident. For most infectious disease threats or incidents, interventions are clearly described and included in written response protocols. This would include such incidents requiring the dispensing of medications or vaccinations, the isolation or quarantine of individuals or the closing of a medical facility or food establishment. Staff also have the skill to monitor the effectiveness of interventions. Public health staff involved in infectious disease epidemiological investigations have not had the opportunity to receive awareness level training with the Homeland Security Exercise and Evaluation After Action Report process.

CAPABILITY: PUBLIC HEALTH SURVEILLANCE & EPIDEMIOLOGIC INVESTIGATION

FUNCTION: 3. Recommend, monitor, and analyze mitigation actions

Goal	Goal Narrative
Build	The goal would be for all epidemiologists, both with Tier1 and Tier2 competencies to receive the training mentioned above. to sustain and enhance current staffing levels and training for staff to ensure appropriate response to all levels of public health threats or incidents. Plans to arrange this training is described in the appropriate resource element below. After this training occurs, plans will be developed regarding the demonstration of this function.
Funding Type	**Non PHEP Funding Type**
Partial PHEP	Epi/Lab Capacity Funds, State Funds

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element Name: P1. Protocols for recommending and initiating containment and mitigation actions

Description	Written plans should include protocols for recommending and initiating, if indicated, containment and mitigation actions in response to public health incidents. Protocols include case and contact definitions, clinical management of potential or actual cases, the provision of medical countermeasures, and the process for exercising legal authority for disease, injury, or exposure control. Protocols should include consultation with the state or territorial epidemiologist when warranted. (For additional or supporting detail, see Capability 8: Medical Countermeasure Dispensing and Capability 11: Non-Pharmaceutical Interventions)
Current Status	**Current Status Narrative**
Fully in place	There are written response plans available for many infectious disease incidents and threats. There are plans in place for certain incidents and diseases that are fully developed and contain specific protocols for recommending and initiating containment and mitigation actions. These would include responses to a Biowatch Actionable Event, a positive finding in Biohazard Detection System installed in a USPS distribution facility, an increase in mosquito indicators for West Nile Virus or EEE, etc. There are also written protocols available for all notifiable diseases available in the MDPH Guide to Surveillance, Reporting and Control. This was last revised in 2006 and is available in hardcopy or on-line at the MDPH website. Each chapter includes protocols for surveillance, reporting and then control measures for these diseases. For foodborne disease incidents, outbreaks and clusters the MDPH Foodborne Illness Investigation Reference Manual is available to local and state public health investigators to guide them through the identification, reporting and response effort. All these plans include recommendations for initiating containment and mitigation actions if warranted. In addition to inclusion in specific plans, there are freestanding plans available for certain actions such the dispensing of medications or vaccines. Isolation and quarantine requirements are also available in the Summary of Reportable Diseases, Surveillance, and Isolation and Quarantine Requirements, which is reviewed and revised on a regular basis and then published and available both in hard copy and on-line at the MDPH website. Surveillance trainings are held yearly for local health department staff to introduce new response measures and also reinforce existing response measures.
Goal	**Goal Narrative**
Fully in place	The goal would be to ensure on an on-going basis that the written response plans are up to date and complete. This goal would also include the continuation of surveillance trainings to local health departments held each year in the Spring. The Bureau of Infectious Disease epidemiologists and health educators have responsibility for developing, scheduling and implementing the trainings.

RESOURCE ELEMENT CATEGORY: Skills and Training

Priority Resource Element

Resource Element Name: S1. Training in Homeland Security Exercise and Evaluation After Action Report process

Description	Public health staff participating in epidemiological investigations should receive awareness level training with the Homeland Security Exercise and Evaluation After Action Report process.

Current Status	Current Status Narrative
Not in place	Very few public health staff participating in epidemiological investigations at either the state or local public health departments have received awareness level training with the Homeland Security Exercise and Evaluation After Action Report process.

Goal	Goal Narrative
Partially in place	The goal would be to ensure that all epidemiologists involved in infectious disease epidemiologic investigations receive awareness level training with the Homeland Security Exercise and Evaluation After Action Report process. Our deliverable for the 1st budget period will be that 80% of epidemiologists working on infectious disease epidemiological investigations in the Bureau of Infectious Disease with both Tier 1 and Tier2 competencies will receive this training. The Epidemiology Program Coordinator will take the lead in locating the trainer, scheduling the training and documenting that the deliverable has been met. The barriers are numerous regarding making this training available to all public health staff who participate in epidemiologic investigations. There are 351 cities/towns in Massachusetts, each with their own local health department and/or board of health. Turnover is high and resources are tight. it is unrealistic to attempt to ensure that all staff at all levels will be able to access this training. We will start with the state health department staff and infectious disease epidemiologists.

FUNCTION: 4. Improve public health surveillance and epidemiological investigation systems

CAPABILITY: PUBLIC HEALTH SURVEILLANCE & EPIDEMIOLOGIC INVESTIGATION

FUNCTION: 4. Improve public health surveillance and epidemiological investigation systems

Description: Assess internal agency surveillance and epidemiologic investigation both during and after an incident and implement quality improvement measures that are within jurisdictional public health agency control.

Current Status	Current Status Narrative
Infrastructure Not Fully in Place	A formal assessment of internal agency surveillance and epidemiologic investigation as described above has not been formally done for the Bureau of Infectious Disease. Assessments of our actions both during and after an incident occur on an informal basis for incidents that occur routinely.These incidents include responses to foodborne outbreaks, vaccine preventable disease outbreaks, seasonal flu, invasive meningococcal disease, etc. We continually asses our responses and our protocols as incidents occur and adjust our protocols and written plans as necessary.
Goal	**Goal Narrative**
Build	Our goal would be to do a more formal assessment of an internal agenc y surveillance and epidemiologic investigation both during and after an incident and implement quality improvement measures for our own internal processes. This assessment will involve the participation of the Division of Epidemiology and Immunization and the Office of Integrated Surveillance and Informatics Services. After completion of the Homeland Security Exercise and Evaluation After Action Report process training for staff involved in epidemiologic investigations, these groups will meet during the 1st budget period and determine the proper parameters of such an assessment and develop a plan for its implementation. This could involve a foodborne outbreak or an outbreak of a vaccine preventable disease such as measles or influenza. We consider this function to be only partially in place because we do not have fully in place a plan to communicate improvement plans that are developed as a result of such an assessment. Work will be done to ensure that all plans include procedures to communicate improvement plans to appropriate stakeholders.
Funding Type	**Non PHEP Funding Type**
Partial PHEP	Epi/Lab Capacity Funds, State Funds

CAPABILITY: PUBLIC HEALTH SURVEILLANCE & EPIDEMIOLOGIC INVESTIGATION

FUNCTION: 4. Improve public health surveillance and epidemiological investigation systems

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element Name: P1. Communication of improvement plan

Description Written plans should include procedures to communicate the improvement plan to key stakeholders, including groups representing at-risk populations and in implementing corrective actions identified in the improvement plan.

Current Status	Current Status Narrative
Partially in place	Some written plans include detailed procedures on how communication should occur to key stakeholders. These plans would include those for a Biowatch Actionable Event or a positive result from a Biohazard Detection System installed in MA USPS distribution sites. Response to levels and types of mosquitoes which might indicate a West Nile Virus or EEE threat also contain specific information regarding communication. Most written plans do not include detailed protocols on communicating improvement plans to key stakeholders. When areas of improvement are identified both within the Program and with key stakeholders such as local health departments, these improvement recommendations are communicated to the appropriate partners as part of the investigative process. but detailed formal procedures on how this communication takes place is not always included in written plans for response. Many of written available plans specifically address procedures to identify deficiencies and areas for improvement and then communicate that information to the appropriate groups. This is not detailed in most of the written plans for response to infectious disease incidents. Very few public health staff participating in epidemiological investigations at either the state or local public health departments have received awareness level training with the Homeland Security Exercise and Evaluation After Action Report process.
Goal	**Goal Narrative**
Partially in place	The goal would be to evaluate all written plans to ensure there is language regarding the communication of areas of improvement that are identified during epidemiologic responses. The evaluation of existing plans would be the responsibility of the program managers with responsibility for their diseases. For example, the program manager of the immunization program would have responsibility for response plans for vaccine-preventable diseases such as measles and swine flu. The Public health veterinarian would be responsible for overseeing response plans for zoonotic diseases such as EEE and West Nile Virus. The Working Group on Foodborne Illness Control (represented by epidemiologist, laboratorians and environmentalists) would have responsibility for written plans regarding foodborne incidents, This review process will begin in the first budget period and be an on-going process.

CAPABILITY: RESPONDER SAFETY AND HEALTH

Description: The responder safety and health capability describes the ability to protect public health agency staff responding to an incidentand the ability to support the health and safety needs of hospital and medical facility personnel, if requested.

FUNCTION: 1. Identify responder safety and health risks

Description: Assist in the identification of the medical and mental/behavioral health risks (routine and incident-specific) to responders and communicate this information prior to, during, and after an incident.

Current Status	Current Status Narrative
Infrastructure Not Fully in Place	At the local level, some jurisdictions have conducted an HVA and iden tified risks to responder safety. Local public health may work with law enforcement, fire services, Emergency Medical Services (EMS) and emergency management to communicate information throughout an incident. This is not the case in all jurisdictions.
Goal	**Goal Narrative**

CAPABILITY: RESPONDER SAFETY AND HEALTH

FUNCTION: 1. Identify responder safety and health risks

Build	Throughout the cooperative agreement, MDPH will encourage local publi c health to work with their key response partners and determine health risks to responders and communicate that information during an emergency. Additionally, at the state level, the Emergency Preparedness Bureau will work with the Occupational Health Surveillance Program within MDPH to identify risks to the health and safety of responders in the Commonwealth.
Funding Type	**Non PHEP Funding Type**
No Funding	NA

CAPABILITY: RESPONDER SAFETY AND HEALTH

FUNCTION: 1. Identify responder safety and health risks

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element Name: P1. Documentation of the safety and health risk scenarios likely to be faced by responders

Description	Written plans should include documentation of the safety and health risk scenarios likely to be faced by public health responders, based on pre-identified jurisdictional incident risks, which are developed in consultation with partner agencies (e.g., environmental health, occupational health and safety, jurisdictional Local Emergency Planning Committee, risk-specific subject matter experts). This documentation should include the following elements: – Limits of exposure or injury necessitating response – Job-specific worker safety guides320 (e.g., radiation, heat, fire, and infrastructure damage resulting in other chemical release) – Potential for post-event medical and mental/behavioral health follow-up assessments
Current Status	**Current Status Narrative**
Partially in place	Many jurisdictions have developed an HVA or scheme of scenarios that responders would likely face during an emergency. Not all jurisdictions have this information readily available.
Goal	**Goal Narrative**
Partially in place	During BP1 and BP2 MDPH intends to conduct an assessment of which jurisdictions have documented scenarios of health risks and which have not. MDPH will work with the municipalities that have not developed these scenarios in BP3.

Resource Element Name: P2. Documentation that identifies public health roles related to the jurisdiction's identified risks

Description	Written plans should include documentation that identifies public health roles and responsibilities related to the jurisdiction's identified risks, that was developed in conjunction with partner agencies (e.g., state environmental health, state occupational health and safety, and hazard-specific subject matter experts) and emergency managers. This documentation should identify the protective equipment, protective actions, or other mechanisms that public health responders will need to have to execute potential roles. Roles for consideration may include the following elements: – Conducting environmental health assessments – Potable water inspections – Field surveillance interviews Recommend inclusion of the following groups, at a minimum: – State versions of Environmental Protection Agency – State Radiation Control Programs: http://www.crcpd.org/Map/RCPmap.htm – State Occupational Safety and Health Agency
Current Status	**Current Status Narrative**
Not in place	Although jurisdictions may have identified risks to their responders, they may not have documented the role for public health in that scenario.
Goal	**Goal Narrative**
Partially in place	MDPH will work with local public health to ensure their role is defined in the jurisdictions' plans. This may be a challenge for Massachusetts as there is a varying degree of cooperation amongst public health and responders within each municipality. MDPH will work with local health departments during the entire five-year cooperative agreement on this resource element.

FUNCTION: 2. Identify safety and personal protective needs

CAPABILITY: RESPONDER SAFETY AND HEALTH

FUNCTION: 2. Identify safety and personal protective needs

Description: Coordinate with occupational health and safety and other subject matter experts, based on incident-specific conditions, to determine the necessary personal protective equipment, medical countermeasures, mental/behavioral health support services and other items and services, and distribute these, as applicable, to protect the health of public health responders.

Current Status	Current Status Narrative
Infrastructure Not Fully in Place	During H1N1, MDPH developed guidelines regarding personal protective equipment and medical countermeasures to be implemented in various healthcare settings and for first responders. Input was gathered from epidemiologists, occupational health specialists, physicians, and other subject matter experts. At the state level, this infrastructure is fully in place. At the local level, there is a variance of coordination surrounding the protection of first responders. Massachusetts retains three Metropolitan Medical Response System (MMRS) jurisdictions within the Commonwealth: Boston, Worcester and Springfield. These MMRS entities play a large role in protecting the safety and welfare of their responders to include distribution of medical countermeasures and personal protective equipment. In other jurisdictions there may not be a coordinated effort to protect local responders that includes local public health.
Goal	**Goal Narrative**
Build	Over the five-year cooperative agreement, MDPH will continue to work collaboratively within the Department and develop policies and procedures for responders based on incident-specific conditions. MDPH will encourage local health entities to work with their response partners in protecting first responders.
Funding Type	**Non PHEP Funding Type**
No Funding	NA

CAPABILITY: RESPONDER SAFETY AND HEALTH

FUNCTION: 2. Identify safety and personal protective needs

RESOURCE ELEMENT CATEGORY: Equipment and Technology

Priority Resource Element

Resource Element Name: E1. Access to personal protective equipment

Description	Have or have access to personal protective equipment that is consistent with the identified risks in the jurisdiction and associated job functions of public health response personnel. This equipment should meet nationally recognized standards as defined by the InterAgency Board for Equipment Standardization and Interoperability (https://iab.gov). Note: If public health departments elect to purchase personal protective equipment for their responders, they must follow state, Occupational Safety and Health Administration, CDC's National Institute for Occupational Safety and Health, and other applicable regulations regarding the storage, dissemination, fit testing, and maintenance of such personal protective equipment.

Current Status	Current Status Narrative
Partially in place	MDPH maintains a small stockpile of personal protective equipment and medical countermeasures. The MMRS jurisdictions maintain stockpiles as well. As noted in the Medical Countermeasures capability, MDPH maintains full capacity to receive, stage and store additional medical materiel from the federal government.

Goal	Goal Narrative
Partially in place	MDPH will continue to refine and enhance policies and protocols for the request and distribution of personal protective equipment for first responders. MDPH will continue to collaborate with the MMRS jurisdictions to ensure the plans complement each other.

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element Name: P1. Recommendations for risk-related personal protective equipment for responders

Description	Written plans should include recommendations for risk-related personal protective equipment for public health responders that have been developed in conjunction with partner agencies (e.g., state environmental health, state occupational health and safety, and risk-specific subject matter experts).

Current Status	Current Status Narrative
Fully in place	As demonstrated during H1N1, MDPH utilized a collaborative process to develop personal protective equipment recommendations based on the nature of the incident and current federal guidance.

Goal	Goal Narrative
Fully in place	MDPH will continue to work with subject matter experts to ensure appropriate recommendations given the incident.

CAPABILITY: RESPONDER SAFETY AND HEALTH

FUNCTION: 3. Coordinate with partners to facilitate risk-specific safety and health training

Description: In conjunction with partner agencies, facilitate the inclusion of risk-specific physical safety, mental/behavioral health, and personal protective equipment topics (based on jurisdictional risk assessment) into public health responder training to prepare responders for the incident.

Current Status	Current Status Narrative
Infrastructure Not Fully in Place	MDPH has contracted with three training centers to provide partner ag encies with education on safety, disaster behavioral health and personal protective equipment to include fit testing. Two of the centers conduct training sessions for hospitals, healthcare facilities, first responders and other partners. The Local Public Health Institute provides training to local health.

Goal	Goal Narrative
Build	Over the five-year cooperative agreement, MDPH will continue to colla borate with the training centers to provide education on various topics for first responders. The jurisdictional risk assessments will be evaluated and utilized to enhance and refine the training sessions.

Funding Type	Non PHEP Funding Type
Partial PHEP	HPP Funds

RESOURCE ELEMENT CATEGORY: Skills and Training

Priority Resource Element

Resource Element Name: S1. Training to use N-95 or other respirators

Description Public health staff required to use N-95 or other respirators as part of their response role should undergo respiratory function testing.

Current Status	Current Status Narrative
Fully in place	MDPH has contracted with two training centers that provide fit testing courses to healthcare facilities and first responders.

Goal	Goal Narrative
Fully in place	The training centers will continue to offer N95 educational sessions.

Resource Element Name: S2. Documentation of training for staff that will serve in responder functions

Description Public health staff that perform responder functions, as well as staff identified as surge-capacity personnel, should have documentation of training, with documentation updated a minimum of once per year. Documentation should include training date and manner of delivery (e.g., formal training or “train the trainer”). Formal training examples include CDC courses and CD or DVD-based courses, with completion verified by a formal demonstration.

Current Status	Current Status Narrative
Partially in place	The three training centers provide a number of courses for healthcare partners to prepare them for serving in responder functions. These courses will continue throughout the cooperative agreement.

Goal	Goal Narrative
Fully in place	MDPH will utilize the jurisdictional risk assessments to refine and ehance the current list of course offerings.

CAPABILITY: RESPONDER SAFETY AND HEALTH

FUNCTION: 4. Monitor responder safety and health actions

Description: Conduct or participate in monitoring and surveillance activities to identify any potential adverse health effects of public health responders.

Current Status	Current Status Narrative
Infrastructure Not Fully in Place	Surveillance for local public health responders would be conducted at the local level. Some municipalities have robust surveillance systems and utilize MAVEN as discussed in the Epidemiology and Surveillance section. Other municipalities would have difficulty monitoring adverse health effects of responders.

Goal	Goal Narrative
Build	MDPH will work with local health to provide guidance on monitoring ad verse health effects of responders over the five-year cooperative agreement.

Funding Type	Non PHEP Funding Type
No Funding	NA

RESOURCE ELEMENT CATEGORY: Equipment and Technology

Priority Resource Element

Resource Element Name: E1. Database of responders who were exposed and/or injured

Description Have or have access to a registry database of responders who were exposed and/or injured during an incident. This database should be updated at a frequency appropriate to the incident.

Current Status	Current Status Narrative
Not in place	MDPH does not currently maintain a database to track exposed or injured responders. This would be completed at the local level.

Goal	Goal Narrative
Not in place	MDPH has no plans to develop a database to track exposed or injuried responders.

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element Name: P1. Protocols for surveillance activities

Description Written plans should include process and protocols for how the public health agency, in conjunction with lead partners (e.g., occupational health and safety) will participate in surveillance activities to monitor levels of environmental exposure, environmental effects on the responders, and/or incident-related injuries. (For additional or supporting detail, see Capability 13: Public Health Surveillance and Epidemiological Investigation)

Current Status	Current Status Narrative
Partially in place	Protocols for surveillance activities exist at the local level when monitoring first responders. Some municipalities have robust systems while others are challenged by staffing shortages and the resources to maintain surveillance activities.

Goal	Goal Narrative
Partially in place	MDPH will work with local public health to provide guidance and tools to either develop or enhance surveillance of public health responders.

CAPABILITY: VOLUNTEER MANAGEMENT

CAPABILITY: VOLUNTEER MANAGEMENT

Description: Volunteer management is the ability to coordinate the identification, recruitment, registration, credential verification, training, and engagement of volunteers to support the jurisdictional public health agency's response to incidents of public health significance.

FUNCTION: 1. Coordinate volunteers

Description: Recruit, identify, and train volunteers who can support the public health agency's response to an incident. Volunteers identified prior to an incident must be registered with the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), Medical Reserve Corps, or other pre-identified partner groups (e.g., Red Cross or Community Emergency Response Teams).

Current Status	Current Status Narrative
Infrastructure Not Fully in Place	The MA Responds MRC and ESAR-VHP Registration System integrates the t wo volunteer medical emergency responder programs and supports full registration and credentialing as well as a venue to coordinate training opportunities.

Goal	Goal Narrative
Sustain	In BP11 MDPH will sustain and enhance the MA Responds system.

Funding Type	Non PHEP Funding Type
Partial PHEP	Other: ASPR funds, State Funds

RESOURCE ELEMENT CATEGORY: Equipment and Technology

Resource Element Name: E1. Access to system to identify registered volunteers by profession and/or skill level

Description Have or have access to a system, be it electronic or manual, which is able to report the number of registered volunteers by profession and/or skill level.

Current Status	Current Status Narrative
Fully in place	The MA Responds system is in place.

Goal	Goal Narrative
Fully in place	The MA Responds system will be maintained in Budget Year 1.

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element Name: P1. Address anticipated volunteer needs in response to incidents or situations

Description	Written plans should address anticipated volunteer needs in response to incidents or situations identified in the jurisdictional risk assessment including the following elements: – Identification of functional roles – Skills, knowledge, or abilities needed for each volunteer task or role – Description of when the volunteer actions will happen – Identification of jurisdictional authorities that govern volunteer liability issues and scope of practice
Current Status	**Current Status Narrative**
Partially in place	Written plans should be developed at the local level on what volunteer needs will be, but not all local health departments have complete plans that include risk assessments and volunteer needs. State and coordinating volunteer agencies, such as the MRC, give guidance on functional roles, required skills and knowledge, and jurisdictional authority.
Goal	**Goal Narrative**
Fully in place	In Budget Year 1 we will enlist MRCs and others to assist with evaluation of local plans to make sure that volunteer needs, roles, skills and knowledge, and jurisdictional authority is included.

Resource Element Name: P2. Agreements with jurisdictional volunteer sources

Description	Written plans should include memoranda of understanding or other letters of agreement with jurisdictional volunteer sources. Suggested partners include but are not limited to the following groups: – Professional medical organizations (e.g., nursing and allied health) – Professional guilds (e.g., behavioral health) – Academic institutions – Faith-based organizations – Voluntary Organizations Active in Disasters – Medical Reserve Corps – Non-profit, private, and community-based volunteer groups Partnership agreements should include plans for the following: – Partner organizations' promotion of public health volunteer opportunities – Referral of all volunteers to register with jurisdictional Medical Reserve Corps and/or ESAR-VHP – Policies for protection of volunteer information, including destruction of information when it is no longer needed (e.g., Red Cross, Community Emergency Response Teams, and member organizations of the National and State Voluntary Organizations Active in Disasters) – Liability protection for volunteers – Efforts to continually engage volunteers through routine community health activities – Documentation of the volunteers' affiliations (e.g., employers and volunteer organizations) at local, state, and federal levels (to assist in minimizing "double counting" of prospective volunteers), and provision for registered volunteer Identification cards denoting volunteers' area of expertise
Current Status	**Current Status Narrative**
Partially in place	MOUs and other letters of agreement are done by local volunteer groups and by the state with the local volunteer groups, but they do not include all recommended partners and are not always written.
Goal	**Goal Narrative**
Partially in place	In Budget Year one we will develop MOUs at the state with the recommended list of partners (professional, academic, faith based, VOAD, MRCs, and private organizations) and provide the state MOUs as templates for local volunteer groups to develop their own.

RESOURCE ELEMENT CATEGORY: Skills and Training

Resource Element Name: S1. Volunteer training for their assigned responsibilities

Description	Documentation (either through a training curriculum or other vehicle) that volunteer training has occurred (either delivered by the jurisdictional health department or leveraging programs by/in conjunction with other partners including healthcare facilities and Preparedness and Emergency Response Learning Centers) to ensure that volunteers receive the jurisdiction-defined training for their assigned responsibilities.
Current Status	**Current Status Narrative**
Partially in place	Volunteer training remains an ongoing activity, including orientation for new volunteers and advanced training opportunities for experienced volunteers.
Goal	**Goal Narrative**
Fully in place	volunteer training will continue to be a priority in Budget Year 1.

Resource Element Name: S3. NIMS training for volunteers

Description	Prospective volunteers should be offered the following National Incident Management System (NIMS) training: – Introduction to Incident Command System (ICS-100) and NIMS, An Introduction (IS-700.a) for all volunteers – ICS for Single Resources and Initial Action Incidents (IS-200.b), Incident Command System (ICS-300) and Advanced ICS Command and General Staff (ICS-400) for volunteer leaders that will hold key leadership positions. – NIMS website for courses: http://training.fema.gov/IS/NIMS.asp
Current Status	**Current Status Narrative**
Partially in place	NIMS training is offered and emphasized for all volunteers
Goal	**Goal Narrative**
Fully in place	NIMS training will continue to be a priority in Budget Year 1.

FUNCTION: 2. Notify volunteers

Description:	At the time of an incident, utilize redundant communication systems where available (e.g., reverse 911, text messaging) to request that prospective volunteers participate in the public health agency's response.
Current Status	**Current Status Narrative**
Infrastructure Not Fully in Place	The MA Responds system includes multiple back ups and has the capacit y to utilize several different modes of communication (telephony, email, SMS) to notify volunteers. The state Health and Homeland Alert Notification (HHAN) System is also available to alert MRC unit leaders and incorporate redundant systems. Some local units have also incorporated radio and shortwave capacity into their communication systems.
Goal	**Goal Narrative**
Sustain	The MA Responds system will be maintained and enhanced in BP11.
Funding Type	**Non PHEP Funding Type**
Partial PHEP	Other: ASPR, State Funds

RESOURCE ELEMENT CATEGORY: Equipment and Technology

Resource Element Name: E1. Access to communications equipment to contact volunteer organizations

Description	Have or have access to communications equipment for health department staff to contact volunteer organizations. – Suggested equipment includes, but is not limited to phones, computers, ham radios, and/or hand radios. (For additional or supporting detail, see Capability 6: Information Sharing)
Current Status	**Current Status Narrative**
Fully in place	Local health departments and MRC units have been provided with communications equipment.
Goal	**Goal Narrative**
Fully in place	In Budget Year 1 we will sustain and enhance access to communication equipment for volunteer groups.

RESOURCE ELEMENT CATEGORY: Planning

Resource Element Name: P1. Template for describing incident conditions to potential volunteers

Description	Written plans should include a template for describing incident conditions to potential volunteers (pre-deployment briefing) including the following elements: – Potential nature of the work site – Potential personal security issues – Potential health safety issues – Local weather – Living/work conditions – Required immunizations or prophylaxis, and the type of identification to bring with them when they report.
Current Status	**Current Status Narrative**
Partially in place	MA Responds provides this resource. Non-participating groups may not have the template available
Goal	**Goal Narrative**
Fully in place	In Budget Year 1 we will Increase participation in MA Responds as much as possible for MRC units and other volunteer groups to provide access to resource. Ensure that local agencies have access to a template to include in their written plans

Resource Element Name: P2. Process to contact registered volunteers

Description	Written plans should include a process for how the health agency or applicable lead jurisdictional agency will contact registered volunteers, identifying those willing and able to respond, and notifying them of where to report (i.e., identified staging area/reception center). (For additional or supporting detail, see Capability 3: Emergency Operations Coordination, Capability 4: Emergency Public Information and Warning, and Capability 6: Information Sharing)
Current Status	**Current Status Narrative**
Partially in place	MA Responds provides this resource as a 2-way notification system. Non-participating groups use the HHAN, connect CTY, reverse 911, and manual methods to contact volunteers.
Goal	**Goal Narrative**
Fully in place	In Budget Year 1, we will increase participation in MA Responds as much as possible for MRC units and other volunteer groups to provide resource.

RESOURCE ELEMENT CATEGORY: Planning

Resource Element Name: P3. Process to confirm credentials of responding volunteers

Description	Written plans should include a process to confirm credentials of responding volunteers through jurisdiction's ESAR-VHP or Medical Reserve Corps. (For additional or supporting detail, see Capability 6: Information Sharing)

Current Status	Current Status Narrative
Fully in place	MA Responds provides this resource by integrating with local and federal licensing agencies.

Goal	Goal Narrative
Fully in place	In Budget Year 1, we will Increase participation in MA Responds as much as possible for MRC units and other volunteer groups to provide this resource.

FUNCTION: 3. Organize, assemble, and dispatch volunteers

Description:	Coordinate the assignment of public health agency volunteers to public health, medical, mental/behavioral health, and non-specialized tasks as directed by the incident, including the integration of interjurisdictional (i.e., cross-border, federal) volunteer response teams into the jurisdictional public health agency's response efforts.

Current Status	Current Status Narrative
Infrastructure Not Fully in Place	MA Responds performs this function. MRC units not currently members of MA Responds also have processes in place to organize, assemble, and deploy their volunteers.

Goal	Goal Narrative
Sustain	In BP11 MDPH will sustain and enhance current protocols for the organ izing, assembly, and deployment of volunteer responders.

Funding Type	Non PHEP Funding Type
Partial PHEP	Other: ASPR, State Funds

FUNCTION: 3. Organize, assemble, and dispatch volunteers

RESOURCE ELEMENT CATEGORY: Equipment and Technology

Resource Element Name: E1. Access to system for tracking volunteer assignment

Description	Have or have access to a manual or electronic system for tracking volunteer assignment, to include maintenance of a history of volunteer deployments/volunteer activity in incident responses.

Current Status	Current Status Narrative
Partially in place	MA Responds performs this function.

Goal	Goal Narrative
Fully in place	Increase participation in MA Responds as much as possible for MRC units and other volunteer groups to provide this resource.

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element Name: P1. Template for briefing volunteers of current incident conditions

Description	Written plans should include a template for briefing volunteers of current incident conditions, including the following elements: – Instructions on the current status of the emergency – Volunteers' role (including how the volunteer is to operate within incident management) – Just-in-time training – Safety instructions – Any applicable liability issues related to the incident and the volunteers' roles, psychological first aid, and/or volunteer stress management

Current Status	Current Status Narrative
Partially in place	Written plans should be developed at the local level and include template, but not all local health departments have complete plans.

Goal	Goal Narrative
Fully in place	In Budget Year 1 we will develop template at State level and provide to local health departments for inclusion in plans.

Resource Element Name: P2. Process to manage spontaneous volunteers

Description	Written plans should include a process to manage spontaneous volunteers. The process should include, at a minimum, the following elements: – Process to communicate to the public whether spontaneous volunteers should report, and, if so, where and to whom – Method to inform spontaneous volunteers how to register for use in future emergency responses – Method to refer spontaneous volunteers to other organization (e.g., non-profit or Medical Reserve Corps) (For additional or supporting detail, see Capability 4: Emergency Public Information and Warning) If spontaneous volunteers will be integrated into a response, the process should include the identification of duties spontaneous volunteers can perform.

Current Status	Current Status Narrative
Not in place	The MRC advisory group has plans to develop recommendations for management of spontaneous volunteers.

Goal	Goal Narrative
Partially in place	In Budget Year 1 we will complete recommendations and provide to local units for inclusion in plans.

CAPABILITY: VOLUNTEER MANAGEMENT

FUNCTION: 4. Demobilize volunteers

Description: Release volunteers based on evolving incident requirements or incident action plan and coordinate with partner agencies to assure provision of any medical and mental/behavioral health support needed for volunteers to return to pre-incident status.

Current Status	Current Status Narrative
Infrastructure Not Fully in Place	Some MRC units have demobilization process in place.
Goal	**Goal Narrative**
Build	In BP11, MDPH will work with local partners to increase the number of MRC units with written and exercised demobilization plans and develop a demobilization process for ESAR-VHP volunteers.
Funding Type	**Non PHEP Funding Type**
Partial PHEP	Other: ASPR, State Funds

RESOURCE ELEMENT CATEGORY: Planning

Priority Resource Element

Resource Element Name: P1. Process for releasing volunteers

Description Written plans should include a process for releasing volunteers, to be used when the public health department has the lead role in volunteer coordination. The process should include steps to accomplish the following:
– Demobilize volunteers in accordance with the incident action plan
– Assure all assigned activities are completed, and/or replacement volunteers are informed of the activities' status
– Determine whether additional volunteer assistance is needed from the volunteer
– Assure all equipment is returned by volunteer
– Confirm the volunteer's follow-up contact information
(For additional or supporting detail, see Capability 4: Emergency Operations Coordination)

Current Status	Current Status Narrative
Partially in place	Written plans should be developed at the local level and include the process, but not all local health departments have complete plans.
Goal	**Goal Narrative**
Partially in place	In Budget Year 1 we will develop template at State level for MA Responds program and provide to local health departments for inclusion in plans.

Resource Element Name: P2. Protocol for conducting exit screening

Description Written plans should include a protocol for conducting exit screening during out-processing, to include documentation of the following:
– Any injuries and illnesses acquired during the response
– Mental/behavioral health needs due to participation in the response
– When requested or indicated, referral of volunteer to medical and mental/behavioral health services

Current Status	Current Status Narrative
Partially in place	Written plans should be developed at the local level and include the protocol, but not all local health departments have complete plans.
Goal	**Goal Narrative**
Fully in place	Develop template at State level for MA Responds program and provide to local health departments for inclusion in plans.