

**Public Health Emergency Preparedness Deliverables  
For Local Public Health  
Grant Year 10 Extension (August 10, 2010 – August 9, 2011)**

The following deliverables establish requirements for the Regional Public Health Coalitions on local and regional public health emergency preparedness planning activities for the upcoming fiscal year. They are consistent with the Public Health Emergency Preparedness (PHEP) guidance and objectives related to local and regional planning. Deliverables may be revised as required by CDC guidance or as determined in collaboration with the Local-State Advisory Council. Revisions to the deliverables will be distributed in writing to regional coalitions through their Regional Coordinators and the Advisory Council Representatives.

The deliverables for GY10E build on work already begun, with a focus on:

- completion or updating of plans (all-hazards, CoOP, EDS), with particular emphasis on updating pandemic response components;
- compilation, testing and updating of 24/7 contact lists;
- completion of EDS Technical Assistance Reviews and CDC-required metrics for testing EDS operational capabilities;
- Individuals Requiring Additional Assistance (IRAA);
- tracking of NIMS and ICS trainings for appropriate personnel;
- continuing development of mutual aid agreements; and
- updating multi-year exercise plans.

In the GY 10E coalitions are encouraged to focus to the greatest extent possible on updating all-hazards plans to include lessons learned from the response the H1N1, and to ensure that plans appropriately address the needs of Individuals Requiring Additional Assistance in emergencies (IRAA). It is the expectation that Regional Coalitions will prioritize use of their Public Health Emergency Preparedness (PHEP) funds to ensure that outcomes described in the deliverables will be met as specified during GY10E. Proposed funding for purchase of equipment, out of state travel, or other activities not described in the deliverables may be subject to review in the Emergency Preparedness Bureau in assessing a coalition's progress toward completing GY10E deliverables.

Note: A number of the required deliverables are related to the Technical Assistance Review (TAR) instrument. In this year's document EPB has included references to relevant questions on the TAR that are related to specific deliverables. Completion of the TAR process is a requirement of the PHEP grant. The additional drills and other activities referenced in the TAR are not requirements of the PHEP grant unless they are listed as a required deliverable in this document.

**All Hazards Planning**

- 1) All jurisdictions within the coalition should be completing or have completed an all-hazard response plan.

**Outcome** – 90% of the members within a coalition will have a current all hazard response plan in place as of August 9, 2011.

- 2) All jurisdictions within the coalition should be working on or have completed a Continuity of Operations plan for the local public health agency

**Outcome** – 100% of the members within a coalition will have a current COOP plan in place as of August 9, 2011.

### **Emergency Dispensing Sites (EDS)**

- 1) Each jurisdiction within the coalition should have completed a NIMS compliant Emergency Dispensing Site (EDS) plan that identifies 1 or more appropriate dispensing sites within the community, or a site or sites shared across communities. If the jurisdiction has completed an EDS plan prior to GY10E, the jurisdiction will make any necessary changes or updates to the plan. (TAR 1.1 requires the EDS plan be integrated into the All Hazards Plan).

**Outcome** – Documentation submitted to the Regional Coordinator by July 19, 2011, that 100% of communities within the coalition have an updated plan that identifies 1 or more Emergency Dispensing Sites designated for use by members of the community.

- 2) Each jurisdiction within the coalition will initiate and evaluate an EDS call-down drill utilizing the CDC metric document and the related exercise documents contained in the EDS Toolkit (TAR 2.4 requires quarterly call down drills involving key personnel: Tactical Communications/IT Support; Public Information and Communication; Dispensing Site Supervisor/Leader; Inventory Management Coordination; Security Coordination; Safety Coordination; and Staffing/Volunteer Coordination).

**Outcome** – Documentation submitted to the Regional Coordinator by December 31, 2010 that 100% of communities have conducted at least 1 call down drill utilizing the CDC metric.

- 3) Each jurisdiction within the coalition will test protocols to initiate the EDS site /facility notification plan according to the jurisdiction's EDS plan to test operation readiness (which may be one municipality or multiple jurisdictions). (TAR 2.6 requires annual notification and activation of volunteers drills).

**Outcome** – Documentation submitted to the Regional Coordinator by March 31, 2011 that 100 % of communities have conducted at least 1 test of the EDS notification plan utilizing the CDC metric and the related exercise documents contained in the EDS Toolkit.

- 4) Each jurisdiction within the coalition will test their EDS operational plan by conducting an EDS Facility Set-up Drill utilizing the CDC metrics document.

**Outcome** – Documentation submitted to the Regional Coordinator by March 31, 2011 that 100% of EDS planning jurisdictions have conducted at least one Facility Set-up Drill utilizing the CDC metric and the related exercise documents contained in the EDS Toolkit.

### **Technical Assistance Review (TAR)**

- 1) Each jurisdiction within the coalition will complete the TAR tool as required by CDC, with technical assistance and support from Emergency Preparedness Bureau staff including the Regional Coordinators and members of the SNS team.

**Outcome** – Every jurisdiction within a coalition will complete and submit a TAR tool to the Regional Coordinator according to a timeline established by the CDC (submission will be no later than July 19, 2011).

- 2) Based on the CDC Technical Assistance Review (TAR), each jurisdiction within the coalition should identify 1 or more gaps in EDS planning and develop an improvement plan to address those gaps.

**Outcome** – TAR Improvement plans for each jurisdiction, individually or compiled for the whole coalition, are submitted to the Regional Coordinator by July 19, 2011.

### **Individuals Requiring Additional Assistance**

- 1) Each jurisdiction within a coalition will work with local emergency management officials to develop or enhance a local plan for addressing the needs of Individuals Requiring Additional Assistance in an emergency (IRAA). Plan components should include but are not limited to: methods for identifying IRAA and their service providers; collection of 24/7 contact information for facilities housing IRAA; procedures for communicating emergency information (e.g., boil water orders, EDS site activation and location, evacuation or shelter-in-place information); development of communication methods for disseminating information to IRAA; including materials that are easy to read and translated into community languages; and provisions to communicate with hearing and visually impaired, and non-English speaking and functionally illiterate individuals (This is similar to TAR 5.7).

**Outcomes** – Each jurisdiction will provide a summary of existing plans for addressing needs of IRAA along with identified gaps, and a timeline for addressing gaps to their Regional Coordinator by December 1, 2010.

### **Communications:**

- 1) Each coalition shall update its 24/7/365 contact list at least quarterly.

**Outcome** – updated contact lists will be collected by the Regional Coordinators each quarter.

- 2) Each coalition shall conduct a 24/7/365 contact list drill at least once during the grant year.

**Outcome** – Documentation submitted to the Regional Coordinator by August 9, 2011 of a completed DPH- provided metrics form documenting results of the contact list drill.

- 3) Each coalition shall ensure that members are registered and trained on the HHAN.

**Outcome** – Documentation to the Regional Coordinator by June 30, 2011, that at least two (2) HHAN drills have been conducted during the grant period, including documentation that gaps identified during the initial drill using the DPH-provided metrics form are addressed through an improvement plan and corrections assessed as part of the second drill.

Note: TAR 4.4 and 4.5 require that redundant communications systems are in place and are tested quarterly to ensure communications remain available in the event primary communications failure. Communication networks (equipment/hardware) between the local health office, EDS, and the local EOC are tested quarterly and results are reflected in a Corrective Action Plan (CAP).

### **Trainings:**

- 1) NIMS/ICS: Each Board of Health member or staff person that will have a management role in a public health response must complete NIMS 700 as well as Incident Command System training (ICS-100 and ICS-200), and ICS-300-400 as appropriate.

**Outcome** – Submission to the Regional Coordinator by December 31, 2010 of a spreadsheet that identifies staff and board members who have completed required NIMS and ICS courses and includes information on the NIMS and ICS courses completed by each. Coalitions shall identify at that time any additional individuals who need to complete required coursework and provide a timeline for completion of training.

## **Mutual Aid**

- 1) Continue work to implement mutual aid agreements between the members of the regional coalition.

### **Outcome –**

(A) Submit to Regional Coordinator by October 1, 2010 a description of the coalition's strategy and timeline to implement mutual aid agreements.

(B) If the coalition has completed implementation of mutual aid agreements, provide a statement of completion to the Regional Coordinator along with a copy of the mutual aid agreement.

If the coalition is not pursuing mutual aid agreement, provide a written explanation of the coalition's determination not to implement formal mutual aid agreements.

## **Ongoing Planning**

- 1) Update coalition HSEEP-compliant multi-year Exercise Plan to include exercises required in these deliverables and reassess previously scheduled exercises for GY10E. A spreadsheet listing all required exercises for Year 10E will be distributed separately.

**Outcome –** Submit updated exercise calendar to the Regional Coordinator by December 31, 2010.

- 2) Each Coalition will provide a status report on all plans referenced in this document: All Hazards; COOP, EDS, IRAA, on a quarterly basis.

**Outcome –** Submit a status report on addressing any gaps to All Hazards, COOP, EDS, and IRAA plans as part of the quarterly fiscal reports.

## **Coalition Operating Procedures**

1. Each coalition will review, update, and approve Principles of Operation during the current grant year. At a minimum the Principles of Operation will clearly state the Purpose of the Coalition, Membership, Governance and Election of Officers, Standing and Ad hoc Committees, and Amendment Process. A coalition may vote to affirm existing Principles of Operation.

**Outcome –** Each coalition will submit to the Regional Coordinator by June 10, 2011 a copy of its Principles of Operation that reflect the date the coalition voted to affirm or revise the Principles.

2. Each coalition will work with its host agent to hire or contract for services of at least one (1) .5FTE planner funded with coalition funds to assist the coalition in meeting the PHEP deliverables. .

**Outcome** – Each coalition will submit to the Regional Coordinator by November 15, 2010 that they have allocated funding and hired a .5 FTE planner to assist the coalition in meeting these deliverables.

3. Each coalition will ensure that all communities within that coalition that receive direct support from the PHEP grant are participating in the coalition and fulfilling the deliverables of the PHEP contract, such as at a minimum providing 24/7 contact information and participating in exercises. Further EPB Guidance on community participation is attached.

**Outcome** – As part of the quarterly fiscal reporting process, each coalition will provide to DPH an affirmation that all coalition members that are receiving direct resources in the form of community allocations or purchase of equipment or services are participating in coalition activities in accordance with DPH guidance.

## **Community Participation in the Public Health Emergency Preparedness Program (PHEP)**

According to the CDC the purpose of the PHEP program is “to develop emergency-ready public health departments by upgrading, integrating and evaluating state and local public health jurisdictions preparedness for and response to public health emergencies with federal, state, local, and tribal governments, the private sector, and nongovernmental organizations (NGOs).” Through the emergency preparedness coalitions, the DPH Emergency Preparedness Bureau (EPB) provides PHEP funds to communities to become “emergency ready”.

As funders, CDC and EPB expect communities that accept PHEP funds to make good faith efforts to use those funds to prepare for emergencies. Therefore, EPB is requiring that each EP coalition ensure that all communities within that coalition that receive direct support from the PHEP grant are participating in the coalition and fulfilling the deliverables of the PHEP contract.

In consultation with the Local State Advisory Council, EPB has established the following specific deliverables as those that must be met by any community receiving direct support from the PHEP grant:

- Points of contact – each community must provide EPB with emergency points of contact by meeting the communications-related deliverables: providing at least one 24/7/365 contact, and registering and training at least one representative on the Health and Homeland Alert Network (HHAN).
- Communication drills – each community must complete the EDS call down and site notification drills listed in the EDS-related deliverables; and conduct or participate in one 24/7 contact drill during the year.
- Technical Assistance Review (TAR) -- Each community must complete the TAR tool as required by CDC, with technical assistance and support from Emergency Preparedness Bureau staff including the Regional Coordinators and members of the SNS team.
- Participating communities are also expected to abide by coalition by-laws or other documents that reflect coalition operating procedures. As in the manner of all grant-funded programs, they are expected to work cooperatively with the grant’s fiscal agent (host agent) to ensure the grant’s reporting requirements and spending guidelines are adhered to.

Communities that do not fulfill the PHEP deliverables identified above are not eligible to receive direct support from the PHEP grant. Direct support includes direct appropriations (i.e. mini-grants or population-based allocations) or equipment or services purchased specifically for use in a given community (e.g. cell phones and cell phone service, computer equipment for the health department, or planning consultant hired to assist one community).

Upon request, EPB will provide assistance to any coalition in the enforcement of this requirement. This assistance might include written clarification to coalition members about the requirement, participation in discussions at coalition meetings, or direct in-person contact with community representatives who are not in compliance.