



COUNTY HEALTH DEPARTMENT
PREPAREDNESS EXPECTATIONS
2016-2019 GUIDANCE,
YEAR 2, 2017-2018

September 2017

County Health Department Preparedness and Support Unit

Bureau of Preparedness and Response

DEPCS

**County Health Department Preparedness Expectations 2016-2019 Guidance
Year 2, 2017-2018**

Table of Contents

Overview	2
Purpose of the Guidance Document.....	2
Contact persons	3
Section structure and content	3
Crosswalks.....	3
Activities and Responsibilities.....	4
Evaluation methodology.....	4
Annual Budget Work plan.....	5
Timeline.....	5
Terminology	6
Section 1.....	7
Community Preparedness.....	7
Section 2.....	11
Capability 3. Emergency Operations Coordination.....	11
Section 3.....	21
Capability 4. Emergency Public Information and Warning	21
Section 4.....	22
Capability 7. Mass Care Coordination.....	22
Section 5.....	24
Medical Countermeasures Dispensing	24
Section 6.....	28
Medical Materiel Management and Distribution	28
Section 7.....	29
Medical Surge Capability.....	29
Section 8.....	30
Responder Safety and Health	30
Section 9.....	32
Volunteer Management.....	32
Section 10.....	33
Planning	33

**County Health Department Preparedness Expectations 2016-2019 Guidance
Year 2, 2017-2018**

Overview

The Community Preparedness Section in the Bureau of Preparedness and Response (BPR) shares the Florida Department of Health (DOH) responsibility for supporting the state's public health and health care systems to respond to disasters and other public health emergencies. Therefore, the Section is responsible for promoting and supporting preparedness activities at the local level by developing, evaluating and providing technical assistance for accomplishing the CHD Expectations; serving as liaison and point of contact for questions, concerns and needs related to CHD Preparedness, and by seeking and allocating funds locally consistent with cooperative agreements and statutory authority.

The County Health Department (CHD) Preparedness Capabilities have been prioritized, built and assessed utilizing the CHD Preparedness Expectations since 2007. Every year, the Expectations are self-assessed by CHD Directors, Administrators and Preparedness staff, and their status is translated into a CHD performance measure. Applying the lessons learned from the continuous analysis of the Expectations data collected since 2012, the CHD Preparedness Section together with the Regions 2 and 5 conducted a pilot evidence-based approach to assess the status of the CHD preparedness level. That approach has led to the development of the evidence-based CHD Preparedness Expectations. The Expectations were revised and validated by Preparedness staff of Regions 2 and 5, the Regional Security Domestic Task Force (RDSTF) Co-Chairs and leadership of the BPR.

Purpose of the Guidance Document

The purpose of this Guide is to establish the framework to enhance and standardize the CHD Preparedness activities. Consequently, it:

- defines priority preparedness capabilities and their functions for the Florida's Public Health System aligned with the Annual Capability Assessment of the PHEP Cooperative Agreement;
- determines the deliverables to sustain and gradually build preparedness capabilities from a historical baseline;
- defines the planning and operational evaluation methodologies to inform about what is the minimum requirement to demonstrate the achievement of each deliverable;
- presents information on preparedness capabilities and functions linked to each deliverable; establishes the gradual progression of deliverables and enhancement of the capabilities on a three-year timeline;
- utilizes a broad and inclusive language to consider the common ground and the uniqueness of each CHD involvement in the local preparedness system; and
- provides additional materials to help understand and complete the deliverables.

**County Health Department Preparedness Expectations 2016-2019 Guidance
Year 2, 2017-2018**

Contact persons

Emily Wilson

Delegated Manager

Community Preparedness Section, BPR

Emily.Wilson@flhealth.gov

Desk: (850) 245-4040

Sonia McNelis, MD, MPH

Manager

Evaluation and Analysis Unit, BPR

sonia.mcnelis@flhealth.gov

Desk: (850) 617-1528

Section structure and content

During a three-year period, CHDs will concentrate on building and sustaining 9 out of 15 CDC PHEP Capabilities and 15 out of 65 functions, and 1 FEMA Core Capability, as shown below. These capabilities are a priority of the local health systems. Other capabilities are predominantly a responsibility of the State such as Capability 12 Public Health Laboratory Testing and Capability 5 Fatality Management. As the level of preparedness is built and evaluated, priority capabilities and functions will be adjusted to include Capability 2 Community Recovery.

- Section 1.** Capability 1 Community Preparedness: Functions 1 and 2
- Section 2.** Capability 3 Emergency Operations Coordination: Functions 1, 2, 3, 4 and 5
- Section 3.** Capability 4 Emergency Public Information and Warning: Function 5
- Section 4.** Capability 7 Mass Care Coordination: Function 1
- Section 5.** Capability 8 Medical Countermeasures Dispensing: Functions 2 and 4
- Section 6.** Capability 9 Medical Materiel Management and Distribution: Function 3
- Section 7.** Capability 10 Medical Surge Capability: Function 1
- Section 8.** Capability 14 Responder Safety and Health: Function 1
- Section 9.** Capability 15 Volunteer Management: Function 3
- Section 10.** FEMA Core Capability: Planning

Crosswalks

2015 CHD Preparedness Expectations from previous years served as the foundation for the 2016-2019 Expectations; the target of the expectations, the deliverables and the evaluation methodology evolved into a new integrative approach. As a consequence of the progression some of the 2015 Expectations were retired and used as a baseline development level.

The Project Public Health Ready¹ and the Public Health Accreditation Board Criteria², which were implemented statewide, also served as a baseline for the development of the 2016-2019 Expectations as a reflection of a standardized planning system among CHDs. In addition, 14 CHDs participating in the Cities Readiness Initiative (CRI) Program have strengthened the capabilities targeted by the Medical Countermeasures (MCM) Operational Readiness Review (ORR)³.

¹ Project Public Health Ready (PPHR) Criteria Version 8

² PHAB Criteria Standards and Measures, Version 1.5 Measures for All Health Departments

³ MCM Operational Readiness Review (ORR). Criteria BP4 for CRI CHDs

**County Health Department Preparedness Expectations 2016-2019 Guidance
Year 2, 2017-2018**

Activities and Responsibilities

The Community Preparedness Section is responsible for:

- Creating and updating the CHD Preparedness Expectations and related documents
- Developing plan review rubrics
- Upon request of the CHD, the BPR Community Preparedness, Technical Assistance Section will review specific plans and provide comments and technical assistance
- Providing technical assistance.
- Providing a platform for collecting evidence and information from CHDs.
- Evaluating and providing recommendations based on the information submitted by CHDs.
- Evaluating quarterly submissions and annual levels of completion.
- Participating in CHD site visits in conjunction with County Health Systems.
- Developing a technical assistance plan for each CHD and Region.
- Allocating funds.

CHDs are responsible for:

- Submitting an annual work plan and budget.
- Submitting three quarterly progress reports and an end-of-year report on activities and budget expenditures.
- Completing all deliverables selected in the CHD work plan and submitting the requested evidence.
- Participating in trainings, conference calls and webinars.
- Providing feedback on the deliverables, guidance and related documentation.

Evaluation methodology

Annual Preparedness Score of the County Health Systems Scorecard: A score is measured by completing and timely submitting the annual work plan and budget, quarterly reports and an end-of-year report. The target will be a score of 4.5 with a maximum score of 5 based on timely submissions of

- 1) Work plan
- 2) Budget
- 3) Quarterly Reports (3 quarters and end of the year)

Calculating the score is based on timeliness of these deliverables. If reports are completed by the due dates, the CHD receives a score of 5. For each day delayed, 0.10 points is subtracted with 0.50 for five or more business days. The Bureau of Preparedness and Response contacts the preparedness planner if a CHD has delayed deliverables.

1. Preparedness Evaluation Methodology: this methodology includes the evaluation of each of the planning and operational elements based on the type and advancement of each deliverable. It Includes:
 - a. Evaluation of the preparedness status and technical assistance categories: CHDs will be offered technical assistance based on the evaluation of the deliverables.
 - b. Preparedness level of each capability and function.
2. Quarterly reports based on the CHD work plan include:

**County Health Department Preparedness Expectations 2016-2019 Guidance
Year 2, 2017-2018**

- a. Quarterly budget report.
- b. Quarterly deliverable progress report and required documentation.

Annual Budget Work plan

The work plan is a separate document to select the deliverables for a given year and the budget associated with those deliverables. Instructions, templates, and deadlines will be sent to the CHD from the BPRCHDPreparedness mailbox. This work plan is sent to the same mailbox annually in January.

In addition, there was a three-year work plan that CHDs sent in September 2016 in which the CHD planned the activities to be implemented to complete each deliverable. Each year, the CHDs will need to re-evaluate the long-term plan based on the activities they could accomplish. This is an internal process at the CHD level.

Timeline

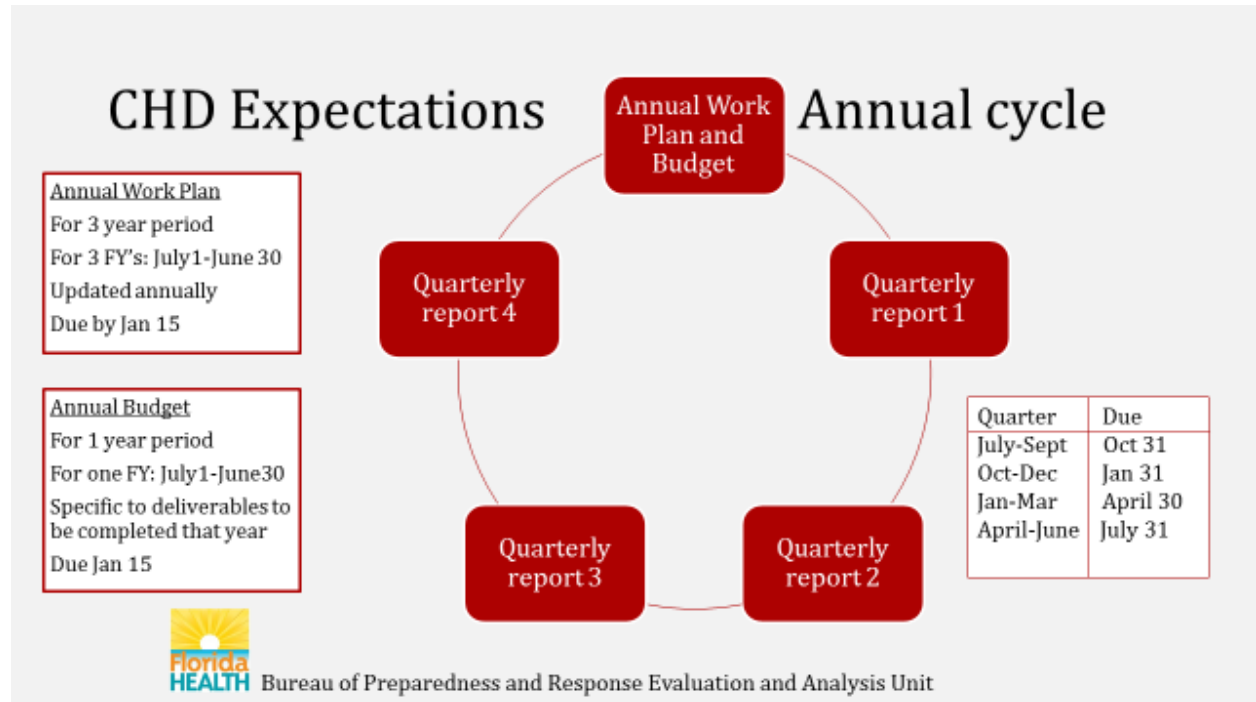
The 2016 – 2019 CHD Preparedness Expectations are for a three-year period divided annually as follows:

Year 1: July 2016 – June 2017

Year 2: July 2017 – June 2018

Year 3: July 2018 – June 2019

An annual cycle of planning and reporting is depicted below.



Terminology

In this Guide, the concepts outlined below have a precise interpretation to avoid confusion. Since CHDs have many differences, some deliverables are general, allowing CHDs to accommodate evidence.

1. CHD Preparedness System: refers to the offices, programs or staff responsible for the public health preparedness and response activities in the CHD or county.
2. Planning documents: refers to the plans or equivalent documents adopted by a CHD such as an Emergency Operations Plan (EOP), Comprehensive Emergency Management Plan (CEMP), annex, procedures, etc.
3. Process: asks for the steps or actions to accomplish a task or activity. CHDs have the autonomy to submit different evidence that demonstrates the existence of a process.

Section 1

Community Preparedness

PHEP Capability 1. Community Preparedness

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 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).

PHEP Function 1: Determine risks to the health of the jurisdiction. 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.

Function 1 related deliverables and due dates

No	Deliverables	Complete by		
		2016-2017	2017-2018	2018-2019
1	Complete a Jurisdictional Risk Assessment (JRA) in collaboration with local emergency management (EM) and Health Care Coalition.			June 2019
2	Complete the Local Public Health and Medical System (ESF8) Response Profile Survey (every two years).	July 2016		July 2018
3	Annually participate in the data collection for the Florida Public Health Risk Assessment Tool (FPHRAT).	September 2016	September 2017	September 2018
4	The CHD PHEP work plan must show evidence that gaps identified in the JRA are being addressed.	March 2017		

Preparedness Evaluation Methodology

Deliverable 1

Planning Element: Produce documentation demonstrating that a JRA was completed with local **emergency management (e.g. copy of a JRA or equivalent, OR letter from E.M, OR written statement in the local Emergency Operations Plan (EOP) approved and signed by the CHD Director/Administrator)**. Describe the collaboration with the Healthcare Coalition and County EM in the development of the JRA and describe the JRA methodology utilized.

Operational Element: N/A

Deliverable 2

Planning Element: Submission of complete Local Public Health and Medical System (ESF8) Response Profile. The BPR Community Preparedness Section will validate the completion of the ESF8 Response Profile.

Operational Element: N/A

Deliverable 3

Planning Element: The CHD will enter a statement confirming when the FPHRAT is validated in the text field of a quarterly report. The BPR Community Preparedness Section will validate the completion of the FPHRAT Capability and Resources assessments in the <https://flphrat.com>

Operational Element: N/A

Deliverable 4

Planning Element: DOH BPR approval of CHD PHEP Grant Work Plan.

Operational Element: Submit annual work plan and budget.

PHEP Capability Additional Information

PHP Capabilities, National Standards for State and Local Planning. Planning Resource Elements:

P2: (Priority) 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 infrastructure

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.

PHEP Capability 1. Community Preparedness

PHEP Function 2: Build community partnerships to support health preparedness. 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.

Function 2 related deliverables and due dates

No	Deliverables	Complete by		
		2016-2017	2017-2018	2018-2019
5	CHD Preparedness System must document the roles and responsibilities of CHD and supporting health care and emergency management agencies related to the provision of public health, medical, and mental/behavioral health during disasters.	June 2017		

Preparedness Evaluation Methodology

Deliverable 5

Planning Element: The County CEMP, CHD EOP, or other plans will identify the CHD and supporting agencies responsibilities.

Operational Element: N/A

PHEP Capability Additional Information:

PHP Capabilities, National Standards for State and Local Planning. Planning Resource Elements:

P3: Written plans should include documentation of community and faith-based partners’ roles and responsibilities for each phase of the health threat.

Section 2

Capability 3. Emergency Operations Coordination

PHEP Capability 3. Emergency Operations Coordination

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.

PHEP Function 1: Conduct preliminary assessment to determine need for public activation. 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 operation.

Function 1 related deliverables and due dates

No	Deliverables	Complete by		
		2016-2017	2017-2018	2018-2019
6	The CHD Preparedness System must document a process to conduct initial incident size-up, which incorporates pertinent State ESF8 Essential Elements of Information (EEI) for Situational Awareness.	June 2017		
7	The CHD Preparedness System must document a process for the submission of a situation report with the pertinent State ESF8 Essential Elements of Information (EEI) per State ESF8 defined timeframes. <ul style="list-style-type: none"> • For State activations, State ESF8 will coordinate reporting timelines with State Emergency Operations Center. • For Department of Health activations reporting timeframes will be determined by State ESF8. 	June 2017		

Preparedness Evaluation Methodology

Deliverables 6

Planning Element: The CHD EOP will document a process to size-up an incident and the process to submit a Situation Report.

Operational Element: Demonstrate the operational capability by providing evidence of Situation Reports being generated with health care and other partner’s contributions during exercise or real-world event (e.g. submitted SITREPs, AARs, or training documentation).

Deliverables 7

Planning Element: The CHD EOP will document a process to submit a Situation Report within the required timeframe (once daily).

Operational Element: Demonstrate the operational capability by providing evidence of Situation Reports being generated during training, and exercise or real-world event (e.g. submitted SITREPs, AARs, or training documentation).

PHEP Capability Additional Information

PHP Capabilities, National Standards for State and Local Planning. Planning Resource Elements:

P2: Written plans should include processes and protocols for acting upon information that indicates there may be an incident with public health implications that requires an agency-level response.

PHEP Capability 3. Emergency Operations Coordination

PHEP Function 2: Activate public health emergency operations. 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.

Function 2 related deliverables and due dates

No	Deliverables	Complete by		
		2016-2017	2017-2018	2018-2019
8	Ensure that three (3) CHD decision-makers information are identified in the DOH Notification System field “ CHD Emergency Decision Makers ” in Everbridge.	End of every quarter	End of every quarter	End of every quarter
9	Annually update the Local ESF8 Lead(s)’ contact information. (format provided)	June 2017	June 2018	June 2019
10	Conduct quarterly staff notification drills for 100% of the Everbridge registered staff.	End of every quarter	End of every quarter	End of every quarter
11	Establish an alerting process that will ensure CHD IMT staff can receive, review and verify notification of an incident. Response timeframe should be within one (1) hour of dissemination.		September 2017	

Preparedness Evaluation Methodology

Deliverable 8

Planning Element: The Group Manager assigns at least 3 CHD Decision Makers in Everbridge field “CHD Emergency Decision Makers”. BPR Responder Management section will validate Everbridge information.

Operational Element: N/A

Deliverable 9

Planning Element: The CHD has submitted Local ESF8 Lead contact information to the BPRCHDPreparedness mailbox. The information will include this information for the CHD contact:

County Name	Primary Contact Name	Position	Work Phone	Work Cell Phone	Personal Cell Phone	Home Phone	Email
-------------	----------------------	----------	------------	-----------------	---------------------	------------	-------

The information for the County EOC information will include:

County Name	EOC ESF 8 Desk Phone	EOC ESF 8 Fax	EOC ESF 8 Email Address
-------------	----------------------	---------------	-------------------------

Operational Element: N/A

Deliverable 10

Planning Element: N/A

Operational Element: CHDs will conduct quarterly Everbridge notification drills for 100% of the registered staff group. All Emergency Duty Group 1 personnel must register in Everbridge (DOHP 60-40-13). If Emergency Duty Group 2 staff are not registered in Everbridge, the CHD will provide evidence in the quarterly reports of drills that identify the local notification system and results.

The results are reported on the FLHAN Alert survey monkey by the local Everbridge Group Manager. Quarterly report requirements, results and report forms are found inside the Florida Health Alert Network, Everbridge Manager Portal <https://floridahealthalertnetwork.com/>

Deliverable 11

Planning Element: The CHD EOP will document the process for notification and activation of the Incident Management Team.

Operational Element: CHD will provide evidence of its ability to receive notifications and activate their Incident Management Team (IMT) within 60 minutes. If the IMT is the same staff as the Everbridge quarterly leadership drills, this may be used as evidence of the notification capability. The IMT may be the same staff as the local Everbridge Emergency Decision Makers.

For this element, activation of the incident command team can be completed virtually using conference lines or other technologies.

PHEP Capability Additional Information

PHP Capabilities, National Standards for State and Local Planning. Planning Resource Elements:

P3: Written plans should include a list of staff that has been selected in advance of an incident that could fill the incident management roles adequate to a given response, including public health responses and cross-agency responses. Health departments must be prepared to staff multiple emergency operations centers at the agency, local, and state levels as necessary.

Deliverable 11. PHP Capabilities, National Standards for State and Local Planning

This function is associated with the following CDC-defined performance measure: **Measure 1:** Time for pre-identified staff covering activated public health agency incident management lead roles (or equivalent lead roles) to report for immediate duty. Performance Target: 60 minutes or less

Planning Resource Elements:

P1: (Priority) 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

PHEP Capability 3. Emergency Operations Coordination

PHEP Function 3: Develop incident response strategy. 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.

Function 3 related deliverables and due dates

No	Deliverables	Complete by		
		2016-2017	2017-2018	2018-2019
12	The CHD Preparedness System must establish an incident planning process that includes the development of an Incident Action Plan (IAP).	December 2016		

Preparedness Evaluation Methodology

Deliverable 12

Planning Element: The CHD EOP will identify an incident planning process that includes development of an IAP.

Operational Element: Completion of an Incident Action Plan during an exercise or real-world event.

PHEP Capability Additional Information:

PHP Capabilities. National Standards for State and Local Planning:

This function is associated with the following CDC-defined performance measure:

Measure 1: Production of the approved Incident Action Plan before the start of the second operational period

Planning Resource Elements:

P1: (Priority) Written plans should include a template for producing Incident Action Plans.

PHEP Capability 3. Emergency Operations Coordination

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.

PHEP Function 4: Manage and sustain the public health response. 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.

Function 4 related deliverables and due dates:

No	Deliverables	Complete by		
		2016-2017	2017-2018	2018-2019
13	Describe CHD's ability to sustain operations for 72 hours for Type 3 incidents. The CHD should either have the capability or have access to the capability.		June 2018	
14	The CHD Preparedness System must maintain a Continuity of Operations Plan (COOP) and identify a COOP coordinator.		June 2018	
15	The CHD Preparedness System must train all staff on the COOP and exercise the plan. (within 3 years)			June 2019

Preparedness Evaluation Methodology

Deliverable 13

Planning Element: The CHD EOP describes the CHD ability to establish an Incident Management Team (IMT). (See PHEP Capability Additional Information)

Operational Element: N/A

Deliverable 14

Planning Element: The CHD EOP or COOP will provide for the continuation of mission essential functions, orders of succession, delegation of authority, vital records management, relocation and reconstitution of operations. (See PHEP Capability Additional Information)

Operational Element: N/A

Deliverable 15

Planning Element: N/A

Operational Element: AAR or evaluation of an exercise or real-world event.

PHEP Capability Additional Information:

PHP Capabilities, National Standards for State and Local Planning. Planning Resource Elements: P2: Written plans should include standard operating procedures for managing a response. The following should be considered for inclusion:

- Processes for accounting for staff time, equipment, and other items used during the public health response
- Procedures/templates for situation reports
- Procedures/templates for shift change briefings
- Staff rhythms to support the collection of information to support critical information requirements

P3: Written plans should include a protocol describing how to respond to an incident regardless of the nature of the incident (e.g., all-hazards planning). The following should be considered for inclusion in the plan:

- Public health roles in a response
- When these roles must be fulfilled (e.g., before, during, and immediately after a public health incident)
- Resources (e.g., equipment, necessary to fulfill public health roles)

Deliverable 14

PHP Capabilities, National Standards for State and Local Planning: Planning Resource Elements:

P1: (*Priority*) 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

PHEP Capability 3. Emergency Operations Coordination

PHEP Function 5: Demobilize and evaluate public health emergency operations. 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.

Function 5 related deliverables and due dates

No	Deliverables	Complete by		
		2016-2017	2017-2018	2018-2019
16	CHD Preparedness System must <u>document</u> a demobilization process that ensures post-deployment responder safety, captures after action items, maintains accountability and ensures return of assigned resources.	June 2017		
17	CHD Preparedness system must <u>demonstrate</u> the operational capacity to implement a demobilization process that ensures post-deployment responder safety, captures after action items, maintains accountability and ensures return of assigned resources.		June 2018	

Preparedness Evaluation Methodology

Deliverable 16

Planning Element:

The CHD EOP will document a demobilization process with post-deployment responder safety, after action items, accountability and ensures return of assigned resources. (See PHEP Capability Additional Information)

Operational Element: N/A

Deliverable 17

Planning Element: N/A

Operational Element:

Evaluation of a demobilization process or AAR conducted during an exercise or incident including the elements required in this deliverable.

PHEP Capability Additional Information:

PHP Capabilities, National Standards for State and Local Planning: Planning Resource Elements:

P1: (*Priority*) 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)

Section 3

Capability 4. Emergency Public Information and Warning

PHEP Capability 4. Emergency Public Information and Warning

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.

PHEP Function 5: Issue public information, alerts, warnings, and notifications. 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; reduce the risk of exposure to ongoing and potential hazards.

Function 5 related deliverables and due dates

No	Deliverables	Complete by		
		2016-2017	2017-2018	2018-2019
18	CHD Preparedness System must document the ability to conduct Crisis and Emergency Risk Communications (CERC) and establish appropriate timeframes based on the threat.			June 2019

Preparedness Evaluation Methodology

Deliverable 18

Planning Element: The CHD CERC Plan or CERC element in the EOP will identify the process for communicating emergency public information and provide timeframes for CERC activities according to the type of threat.

Operational Element: N/A

Section 4

Capability 7. Mass Care Coordination

PHEP Capability 7. Mass Care Coordination

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.

PHEP Function 1: Determine public health role in mass care operations. 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.

Function 1 related deliverables and due dates

No	Deliverables	Complete by		
		2016-2017	2017-2018	2018-2019
19	CHD Preparedness System must document the ability to conduct Special Needs Sheltering based on State guidelines.		June 2018	
20	CHD Preparedness System must operationalize the SpNS Plan every three (3) years.			June 2019

Preparedness Evaluation Methodology

Deliverable 19

Planning Element: The county SpNS Plan or SpNS section in the CHD EOP will describe the number and capacity of special needs shelters identified and the process for activation and staffing shelters for individuals with special needs. The plan should also detail any support that is leveraged from local partners, or if they are a host county. For counties with no special needs shelters (hosted), documentation must be submitted that describes how individuals with special needs in their county will obtain shelter services.

State Guidelines reference:

Technical Assistance Guidelines General 12- Special Needs Shelters Planning

Operational Element: N/A

Deliverable 20

Planning Element: N/A

Operational Element: Submission of an AAR or evaluation for an exercise or real-world event.

PHEP Capability Additional Information

PHP Capabilities, National Standards for State and Local Planning. Planning Resource Elements:

P1: Written plans should include a process to work in conjunction with Emergency Support Function #6 , #8, and #11 partners, emergency management, and other partner agencies (e.g., jurisdictional Safety Officer, HazMat, radiation control authority, emergency medical services, healthcare organizations, fire service, American Red Cross, Federal Emergency Management Agency, and animal control) to establish written jurisdictional strategies for mass care addressing the fulfillment of minimum roles and responsibilities at both general and **functional needs shelters**. Strategies may include memoranda of understanding, memoranda of agreement, or letters of agreement with partner agencies if needed. Minimum roles and responsibilities include the following elements:

- Provision of medical services
- Provision of mental/behavioral health services
- Provision of radiological, nuclear, and chemical screening and decontamination services
- Conduction of and reporting on human health surveillance
- Assessment of facility accessibility for populations with special needs
- Operation oversight, set-up, and closure of congregate location(s)
- Registration of congregate location users
- Removal of sanitation and waste
- Provision of service animal and pet shelter and care
- Provision of environmental health and safety inspections

Section 5

Medical Countermeasures Dispensing

PHEP Capability 8. Medical Countermeasures Dispensing

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.

PHEP Function 2: Receive medical countermeasures. Identify dispensing sites and/or intermediary distribution sites and prepare these modalities to receive medical countermeasures in a time frame applicable to the agent or exposure.

Function 2 related deliverables and due dates

No	Deliverables	Complete by		
		2016-2017	2017-2018	2018-2019
21	CHD Preparedness System must document a logistical system that ensures the ability to support the receipt, staging, transportation, tracking and monitoring of materiel including medical.			June 2019

Preparedness Evaluation Methodology

Deliverable 21

Planning Element: The CHD logistical system information is described in the CHD EOP.

Operational Element: *The operational evaluation for this deliverable is covered under the Medical Materiel and Management Capability*

PHEP Capability Additional Information

PHP Capabilities, National Standards for State and Local Planning. Planning Resource Elements:

P2: Written plans should include processes and protocols for medical countermeasure storage. Consideration should be given to the following:

- CDC Technical Assistance Review of Strategic National Stockpile Plans recommendations for receiving medical countermeasures
- Storage maintenance of cleanliness and packaging of controlled substances
- Storage considerations for cold chain management and redundancy systems
- Sites receiving vaccines must meet the requirements of the jurisdiction’s vaccine provider agreement

Equipment and Technology Resource Elements:

E1: Have or have access to a system (hardware and software) to receive and manage inventory; system can be manual or automated.

- System should be able to track, at a minimum, the name of the drug, National Drug Code, lot number, dispensing site or treatment location, and inventory balance.
- System must also have a backup which can be inventory management software, electronic spreadsheets, or paper.

PHEP Capability 8. Medical Countermeasures Dispensing

PHEP Function 4: Dispense medical countermeasures to identified population. 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.

Function 4 related deliverables and due dates

No.	Deliverables	Complete by		
		2016-2017	2017-2018	2018-2019
22	The CHD Preparedness System must document the ability to determine the at-risk population using available resources.			June 2019.
23	CHD must provide documentation that identifies the process to dispense Medical Countermeasures (MCM) to at-risk populations within the timeframe associated with the respective biological agent.			June 2019.
24	CHD must conduct or participate in a MCM dispensing exercise (within five years). A real-world incident may be used in place of an exercise, to include public vaccination clinics.			June 2019.

Preparedness Evaluation Methodology

Deliverable 22

Planning Element: The BPR State ESF8 Planning & Ops Section will review the CHD EOP or Medical Countermeasures Dispensing procedures or a CHD MCM plan and validate completion. The CHD plan will reference emPOWER data and the CDC Public Health Workbook to define, locate, and reach special, vulnerable, and at-risk populations in an emergency.

Operational Element: N/A

Deliverable 23

Planning Element: The BPR State ESF8 Planning & Ops Section will review the CHD EOP or MCM dispensing procedures or a CHD MCM plan and validate completion.

Operational Element: N/A

Deliverable 24

Planning Element: N/A

Operational Element: Submission of AAR for an exercise or real-world event.

PHEP Capability Additional Information

PHP Capabilities, National Standards for State and Local Planning. Planning Resource Elements:

P1: (*Priority*) 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 to determine the medical countermeasure to dispense

P2: Written plans should include protocols for the storage, distribution, disposal, or return of unused medical countermeasures, including plans for maintaining integrity of medical countermeasures during storage and/or distribution within the jurisdictional health system.

P3: Written plans should include protocols to request additional staffing and supplies if necessary to the incident.

Section 6

Medical Materiel Management and Distribution

PHEP Capability 9. Medical Materiel Management and Distribution

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.

PHEP Function 3: Maintain updated inventory management and reporting system. 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.

Function 3 related deliverables and due dates

No	Deliverables	Complete by		
		2016-2017	2017-2018	2018-2019
25	The CHD Preparedness System must use the State Inventory Resource Management System (IRMS) to manage all locally controlled preparedness assets.	June 2017		

Preparedness Evaluation Methodology:

Deliverable 25

Planning Element: N/A

Operational Element: The CHD inventory of preparedness assets will be maintained in IRMS and reviewed for accuracy on a quarterly basis. Counties that currently have an alternate inventory management system must be able to export the data in the appropriate format for inclusion in IRMS on a quarterly basis.

PHEP Capability Additional Information

PHP Capabilities, National Standards for State and Local Planning. Planning Resource Elements:

P1: (Priority) 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

Section 7

Medical Surge Capability

PHEP Capability 10. Medical Surge Capability

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.

PHEP Function 1: Assess the nature and scope of the incident. 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.

Function 1 related deliverables and due dates

No	Deliverables	Complete by		
		2016-2017	2017-2018	2018-2019
26	The CHD Preparedness System must document a process to conduct and report Health Care Facility Assessments (pre- and post-impact).	June 2017		

Preparedness Evaluation Methodology

Deliverable 26

Planning Element: The CHD EOP must document the process to conduct and report Health Care Facility Assessments pre- and post-impact.

Operational Element: An AAR of an exercise or real world incident demonstrates the health care facility assessments were conducted and reported.

PHEP Capability Additional Information

PHP Capabilities, National Standards for State and Local Planning

Task 2: At the time of an incident, complete a preliminary assessment of the incident and document initial resource needs and availability (e.g., personnel, facilities, logistics, and other healthcare resources).

Note: The ESF8 profile rates your ability to conduct pre- and post-assessments on health care facilities. In Florida, following the incident, ESF8 requires verification of 100% of the health care facilities through the completion of a post-impact assessment to identify any impacts to facility operations that would impact their ability to provide health and medical services the community.

Section 8

Responder Safety and Health

PHEP Capability 14. Responder Safety and Health

The responder safety and health (RSH) capability describes the ability to protect public health agency staff responding to an incident and the ability to support the health and safety needs of hospital and medical facility personnel, if requested.

PHEP Function 1: Identify responder safety and health risks. 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.

Function 1 related deliverables and due dates:

No	Deliverables	Complete by		
		2016-2017	2017-2018	2018-2019
27	CHD Preparedness System must document a RSH program.			June 2019
28	CHD Preparedness System must document the designation of a Safety Officer and the completion of a Safety Message/Plan (ICS 208) during an exercise or real world incident.			June 2019

Preparedness Evaluation Methodology

Deliverable 27

Planning Element: A process for identifying risks and providing RSH information to responders is documented in the CHD EOP or a RSH planning document.

Operational Element: N/A

Deliverable 28

Planning Element: Safety officers are identified in the CHD three deep rosters.

Operational Element: An AAR of an exercise or real world incident demonstrates the completion of a Safety Message/Plan (ICS 208) by the designated Safety Officer.

PHEP Capability Additional Information

PHP Capabilities, National Standards for State and Local Planning. Planning Resource Elements:

P1: (Priority) 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).³¹⁹ This documentation should include the following elements:

- Limits of exposure or injury necessitating response
- Job-specific worker safety guides (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

Section 9 Volunteer Management

PHEP Capability 15. Volunteer Management

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.

PHEP Function 3: Organize, assemble, and dispatch volunteers. 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 (e.g., cross-border or federal) volunteer response teams into the jurisdictional public health agency’s response efforts.

Function 3 related deliverables

No	Deliverables	Complete by		
		2016-2017	2017-2018	2018-2019
29	The CHD Preparedness System must document a process for managing spontaneous volunteers.		December 2017	

Preparedness Evaluation Methodology

Deliverable 29

Planning Element: The CHD EOP or a Volunteer Management planning document identifies a process to manage spontaneous volunteers. This should include roles and responsibilities of any partner agencies that support the process.

Operational Element: N/A

PHEP Capability Additional Information

PHP Capabilities, National Standards for State and Local Planning. Planning Resource Elements:

P2: (Priority) 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.

Section 10 Planning

FEMA CORE Capability: Planning

Conduct a systematic process engaging the whole community as appropriate in the development of executable strategic, operational, and/or tactical-level approaches to meet defined objectives.

Capability related deliverables and due dates

No	Deliverables	Complete by		
		2016-2017	2017-2018	2018-2019
30	Demonstrate that the CHD Emergency Operations Plan (EOP) is reviewed <i>annually</i> and <i>updated</i> every five (5) years.	December 2016	December 2017	December 2018
31	Maintain the CHD EOP, annexes and applicable county plans in the State Emergency Preparedness Plans Central Library.	December 2016	December 2017	December 2018

Preparedness Evaluation Methodology

Deliverable 30

Planning Element: The CHD EOP is reviewed annually and updated every 5 years by the local planning group. The EOP includes a Hazard and Vulnerability Analysis section and risk assessment with actions to mitigate the risks. A current copy is uploaded with the metadata into the county plans report folder on the CHD Preparedness Expectations SharePoint site.

Operational Element: N/A

Deliverable 31

Planning Element: N/A

Operational Element: Upload into the plans report folders. Enter the metadata to allow the plans to be searchable on the Central Library maintained on the Inside Florida Health SharePoint website.

Record of changes for 2017/18

This guide has been updated with the following changes for Year 2:

Language	Change
BPR Community Preparedness Section will review...	Removed BPR Community Preparedness Section review of all plans unless this is requested.
New graphic	Added the annual cycle of planning and reporting CHD Expectations
Annual Preparedness Score	Explained how the score is calculated
Remove crosswalks	Crosswalks removed
Deliverable 1	Edits for clarity and to include HCC in JRA.
Deliverable 5	Included supporting agencies
Deliverable 8	Added field in Everbridge for CHD Emergency Decision Makers
Deliverable 9	Added method and information to report for ESF8 Leads
Deliverable 10	Referenced and aligned to the FLHAN Quarterly drill requirements. Refer to DOH Emergency Duty Policy.
Deliverable 14	Added identify a COOP coordinator
Deliverable 15	Added train all staff on COOP
Deliverable 18	Edits for clarity
Deliverable 19	Edits for clarity and add reference to TAG. Added “the number and capacity of SpNS identified) Changed citizens to individuals. Also, added “The plan should also detail any support that tis leveraged from local partners.
Deliverable 20	Added CHD Preparedness System must... for clarity
Deliverable 21	Rework
Deliverable 22	Added pre-identify.... Within their jurisdiction using available resources. Referenced emPower and CHD Workbook.
Deliverable 23	Reworded for clarity
Deliverable 24	Reworded for clarity

Deliverable 25	Reworded for clarity. Adds IRMS quarterly review. Moved statement for counties that have an electronic inventory system to operational element requirement to export into IRMS quarterly.
Deliverable 26	Edits for clarity. Added “and report” Added exercise /real world operational element.
Deliverable 27	Removed “based on the guidance provided by DOH BPR”
Deliverable 28	Add completion of a Safety Message/Plan (ICS 208) during exercise or real world incident. Added planning element - Safety officers are identified in the CHD three deep rosters.
Deliverable 29	Edits for clarity. Added into planning element- the role and responsibility of any partner agencies that support the process
Deliverable 30	Edits for clarity
Deliverable 31	Changed Plan Repository to Central Library. Edits for clarity to include “There should be a Hazard and Vulnerability Analysis section...”