



COUNTY HEALTH DEPARTMENT  
PREPAREDNESS EXPECTATIONS  
2016-2019 GUIDANCE,  
YEAR 1, 2016-2017

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**County Health Department Preparedness and Support Unit**

**Bureau of Preparedness and Response**

**DEPCS**

**County Health Department Preparedness Expectations 2016-2019 Guidance  
Year 1, 2016-2017**

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## **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 crosswalk with the PPHR, MCM-ORR and PHAB assessment tools as a historical baseline;
- 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.

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## **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 Ready<sup>1</sup> and the Public Health Accreditation Board Criteria<sup>2</sup>, 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)<sup>3</sup>.

## **Activities and Responsibilities**

The Community Preparedness Section is responsible for:

- Creating and updating the CHD Preparedness Expectations and related documents
- Providing technical assistance.

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<sup>1</sup> Project Public Health Ready (PPHR) Criteria Version 8

<sup>2</sup> PHAB Criteria Standards and Measures, Version 1.5 Measures for All Health Departments

<sup>3</sup> MCM Operational Readiness Review (ORR). Criteria BP4 for CRI CHDs

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- 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 score will be 5 only for timely submissions.

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 placed in a technical assistance category based on the evaluation of the deliverables. Quartiles will define each category.
  - b. Preparedness level of each capability and function.
2. Quarterly reports based on the CHD work plan include:
  - a. Quarterly budget report.
  - b. Quarterly deliverable progress report and required documentation.
  - c. End-of-year report and complete documentation.
  - d. Deliverables and reports are due the last business day of each quarter.

### **Annual Work plan**

The work plan is a separate document to select the deliverables for a given year and the budget associated with those deliverables. In addition, the work plan sets out the activities to be implemented to complete each deliverable.

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**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

**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 particular 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) or Healthcare Coalition (if EM is an active member). Describe the collaboration with the Healthcare Coalition or County EM in the development of the JRA and describe the JRA methodology utilized.			June 2019
2	Complete the Local Public Health and Medical System (ESF8) Response Profile Survey (every two years).			July 2018
3	Annually participate in the data collection for the Florida Public Health Risk Assessment Tool (FPHRAT).	September 2016	September 2017	September 2018



No	Deliverables	Complete by		
		2016-2017	2017-2018	2018-2019
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).**

**Operational Element:** N/A

#### Deliverable 2

**Planning Element:** Submission of complete Local Public Health and Medical System (ESF8) Response Profile document to the BPR Community Preparedness Section.

**Operational Element:** N/A

#### Deliverable 3

**Planning Element:** No documentation is required. 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 related to the provision of public health, medical, and mental/behavioral health during disasters.	June 2017		

**Preparedness Evaluation Methodology**

**Deliverable 5**

**Planning Element:** The BPR Community Preparedness Section will review the County CEMP, CHD EOP, or other plans that identify the CHD 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 include the process for the submission of a situation report with the pertinent State ESF8 Essential Elements of Information (EEI) per State ESF8 defined timeframes. 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 BPR Community Preparedness Section will review the CHD EOP 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 during training, and exercise or real-world event (e.g. submitted SITREPs, AARs, or training documentation).

##### Deliverables 7

**Planning Element:** The BPR Community Preparedness Section will review the CHD EOP 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 the three (3) CHD decision-makers' information is entered in the DOH Notification System (Everbridge).	End of every quarter	End of every quarter	End of every quarter
9	Annually provide the Local ESF8 Lead(s)' contact information (name, agency, and phone number and position title) to the BPR State ESF8 Planning & Ops Section.	June 2017	June 2018	June 2019
10	Conduct quarterly staff notification drills for emergency duty workers and other local staff groups.	End of every quarter	End of every quarter	End of every quarter
11	Establish an alerting process that will ensure the CHD can receive, analyze and verify notification of an incident. The process shall include the ability to respond to an alert within one (1) hour of dissemination.		September 2017	

**Preparedness Evaluation Methodology**

**Deliverable 8**

**Planning Element:** BPR Responder Management Unit will validate Everbridge information quarterly.

**Operational Element:** N/A

**Deliverable 9**

**Planning Element:** State ESF8 Unit will validate that CHD has submitted Local ESF8 Lead contact information to the BPR Community Preparedness Section.

**Operational Element:** N/A

**Deliverable 10**

**Planning Element:** N/A

**Operational Element:** CHD will conduct quarterly notification drills for emergency duty workers and other staff groups, and submit follow-up report to the BPR through online submission at [www.servfl.com](http://www.servfl.com).

## Deliverable 11

**Planning Element:** The BPR Community Preparedness Section will review the CHD EOP.

**Operational Element:** CHD will provide evidence of its ability to receive notifications and activate their Incident Command Team within 60 minutes. Everbridge quarterly drills may be used as evidence of this capability.

For this element, activation of the incident command team can be completed virtually through the use of 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 BPR Community Preparedness Section will review the CHD EOP.

**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 function within an incident command structure that can 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 document Continuity of operations (COOP).		June 2018	
15	Exercise the ability to Continue CHD Operations (COOP) (within 3 years).			June 2019

**Preparedness Evaluation Methodology**

**Deliverable 13**

**Planning Element:** BPR Community Preparedness Section will review the CHD EOP describing the CHD ability to implement an IMT.

**Operational Element:** N/A

**Deliverable 14**

**Planning Element:** BPR Community Preparedness Section will review the CHD EOP or COOP.

**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 BPR Community Preparedness Section will review the CHD EOP, which must document a demobilization process with the elements required above.

**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:

## **Emergency Operations Coordination**

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- 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 within appropriate timeframes based on the threat.			June 2019

#### Preparedness Evaluation Methodology

##### Deliverable 18

**Planning Element:** Review the updated CHD CERC Plan or CERC element in the EOP. Review other pertinent documentation demonstrating that the CHD met this deliverable.

**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	Operationalize the SpNS Plan every three (3) years.			June 2019

#### Preparedness Evaluation Methodology

##### Deliverable 19

**Planning Element:** The BPR Community Preparedness Section will review the county SpNS Plan or SpNS planning in the CHD EOP. For counties with no SpNS requirement, documentation must be submitted that describes how services will be provided to citizens with special needs.

**Operational Element:** N/A

##### Deliverable 20

**Planning Element:** N/A

**Operational Element:** Submission of an AAR of an exercise or real-world events. N/A to counties with no SpNS requirement.

#### 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 BPR Community Preparedness Section will review the CHD logistical system information 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.			June 2019.
23	CHD must provide documentation that identifies the process to distribute MCM to at risk populations within a timeframe determined by medical standards.			June 2019.
24	CHD must conduct or participate in a Medical Countermeasures (MCM) Dispensing Exercise (within five years). A real event will take the 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.

**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 will use the Statewide Inventory Resource Management System to manage all locally controlled preparedness assets. For those counties that currently have an electronic inventory management system the data will be exported for inclusion in IRMS.	June 2017		

#### Preparedness Evaluation Methodology:

##### Deliverable 25

**Planning Element:** The BPR Community Preparedness Section will review quarterly the CHD inventory information in IRMS.

**Operational Element:** N/A

#### 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 the ability to conduct Healthcare Facility Assessments (Pre and Post Impact).	June 2017		

### Preparedness Evaluation Methodology

#### Deliverable 26

**Planning Element:** The BPR State ESF8 Planning & Ops Section will review the CHD EOP documenting the ability to conduct Healthcare Facility Assessments pre and post impact.

**Operational Element:** N/A

### PHEP Capability Additional Information

#### PHEP 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).

## 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 during an incident.			June 2019

### Preparedness Evaluation Methodology

#### Deliverable 27

**Planning Element:** BPR Community Preparedness Section will review and validate the documentation in the CHD EOP or a RSH planning document.

**Operational Element:** N/A

#### Deliverable 28

**Planning Element:** N/A

**Operational Element:** The BPR State ESF8 Planning & Ops Section will review an AAR of an exercise or incident demonstrating that this deliverable was met.

### 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).<sup>319</sup> This documentation should include the following elements:

- Limits of exposure or injury necessitating response

## **Responder Safety and Health**

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- 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 how to manage spontaneous volunteers.		December 2017	

### Preparedness Evaluation Methodology

#### Deliverable 29

**Planning Element:** The BPR State ESF8 Planning & Ops Section will review the CHD EOP or a Volunteer Management planning document.

**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	Review the CHD Emergency Operations Plan (EOP) <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, based on threats identified in the JRA, in the State Plan Repository.	December 2016	December 2017	December 2018

### Preparedness Evaluation Methodology

#### Deliverable 30

**Planning Element:** The BPR State ESF8 Planning & Ops Section **will review** the CHD EOP.

**Operational Element:** N/A

#### Deliverable 31

**Planning Element:** N/A

**Operational Element:** BPR Community Preparedness Section will validate that the CHD planning documents are available in the State Plan Repository (Public Health & Medical Operations Plan Search Engine).

## Attachment 1. 2016-2019 CHD Preparedness Expectations

Table 1. 2016-2019 CHD Expectations				
Capability & Function	Deliverables		Complete by	Planning Element Evaluation (Planning and Operational Elements)
1. Community Preparedness Function 1	1	Complete a Jurisdictional Risk Assessment (JRA) in collaboration with local emergency management (EM) or Healthcare Coalition (if EM is an active member). Describe the collaboration with the Healthcare Coalition or County EM in the development of the JRA and describe the JRA methodology utilized.	June 2019	<p><b>Planning Element:</b> 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).</p> <p><b>Operational Element:</b> n/a</p>
1. Community Preparedness Function 1	2	Complete the Local Public Health and Medical System (ESF8) Response Profile Survey (every two years).	July 2016 July 2018	<p><b>Planning Element:</b> Submission of complete Local Public Health and Medical System (ESF8) Response Profile document to BPR Community Preparedness Section.</p> <p><b>Operational Element:</b> n/a</p>
1. Community Preparedness Function 1	3	Annually participate in the data collection for the FL Public Health Risk Assessment Tool (FPHRAT).	September 2016 September 2017 September 2018	<p><b>Planning Element:</b> No documentation is required. The BPR Community Preparedness Section will validate the completion of the FPHRAT Capability and Resources assessments in the <a href="https://flphrat.com">https://flphrat.com</a></p> <p><b>Operational Element:</b> n/a</p>
1. Community Preparedness Function 1	4	The CHD PHEP work plan must show evidence that gaps identified in the JRA are being addressed.	March 2017	<p><b>Planning Element:</b> BPR approval of CHD PHEP Grant Work Plan.</p> <p><b>Operational Element:</b> Submit annual work plan and budget.</p>
1. Community Preparedness Function 2	5	CHD Preparedness System must document the roles and responsibilities of CHD related to the provision of public health, medical, and mental/behavioral health during disasters.	June 2017	<p><b>Planning Element:</b> The BPR Community Preparedness Section will review the County CEMP, CHD EOP, or other plans that identify the CHD responsibilities.</p> <p><b>Operational Element:</b> n/a</p>

**Attachment 1. 2016-2019 CHD Preparedness Expectations**

Table 1. 2016-2019 CHD Expectations				
Capability & Function	Deliverables		Complete by	Planning Element Evaluation (Planning and Operational Elements)
3. Emergency Operations Coordination Function 1	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	<p><b>Planning Element:</b> The BPR Community Preparedness Section will review the CHD EOP process to size-up an incident and the process to submit a Situation Report.</p> <p><b>Operational Element:</b> 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).</p>
3. Emergency Operations Coordination Function 1	7	<p>The CHD Preparedness System must include the process for the submission of a situation report with the pertinent State ESF8 Essential Elements of Information (EEI) per State ESF8 defined timeframes.</p> <p>For State activations State ESF8 will coordinate reporting timelines with State Emergency Operations Center.</p> <p>For Department of Health activations reporting timeframes will be determined by State ESF8.</p>	June 2017	<p><b>Planning Element:</b> The BPR Community Preparedness Section will review the CHD EOP process to submit a Situation Report within the required timeframe (once daily).</p> <p><b>Operational Element:</b> 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).</p>
3. Emergency Operations Coordination Function 2	8	Ensure the three (3) CHD decision-makers' information is entered in the DOH Notification System (Everbridge).	<p>September 30, 2016, 2017, 2018</p> <p>December 31, 2016, 2017, 2018</p> <p>March 31, 2017, 2018, 2019</p> <p>June 30, 2017, 2018, 2019</p>	<p><b>Planning Element:</b> BPR Responder Management Unit will validate Everbridge information quarterly.</p> <p><b>Operational Element:</b> n/a</p>
3. Emergency Operations Coordination Function 2	9	Annually provide the Local ESF8 Lead(s)' contact information (name, agency, and phone number and position title) to The BPR State ESF8 Planning & Ops Section.	<p>June 2017</p> <p>June 2018</p> <p>June 2019</p>	<p><b>Planning Element:</b> State ESF8 Unit will validate that CHD has submitted Local ESF8 Lead contact information to the BPR Community Preparedness Section.</p> <p><b>Operational Element:</b> n/a</p>

**Attachment 1. 2016-2019 CHD Preparedness Expectations**

**Table 1. 2016-2019 CHD Expectations**

Capability & Function	Deliverables		Complete by	Planning Element Evaluation (Planning and Operational Elements)
3. Emergency Operations Coordination Function 2	10	Conduct quarterly staff notification drills for emergency duty workers and other local staff groups.	September 30, 2016, 2017, 2018 December 31, 2016, 2017, 2018 March 31, 2017, 2018, 2019 June 30, 2017, 2018, 2019	<p><b>Planning Element:</b> n/a</p> <p><b>Operational Element:</b> CHD will conduct quarterly notification drills for emergency duty workers and other staff groups, and submit follow-up report to the Bureau of Preparedness and Response through online submission at <a href="http://www.servfl.com">www.servfl.com</a>.</p>
3. Emergency Operations Coordination Function 2	11	Establish an alerting process that will ensure the CHD can receive, analyze and verify notification of an incident. The process shall include the ability to respond to an alert within one (1) hour of dissemination.	September 2017	<p><b>Planning Element:</b> The BPR Community Preparedness Section will review the CHD EOP.</p> <p><b>Operational Element:</b> CHD will provide evidence of its ability to receive notifications and activate their Incident Command Team within 60 minutes. Everbridge quarterly drills may be used as evidence of this capability.</p> <p>For this element activation of the incident command team can be completed virtually through the use of conference lines or other technologies.</p>
3. Emergency Operations Coordination Function 3	12	The CHD Preparedness System must establish an incident planning process that includes the development of an Incident Action Plan (IAP).	December 2016	<p><b>Planning Element:</b> The BPR Community Preparedness Section will review the CHD EOP.</p> <p><b>Operational Element:</b> Completion of an Incident Action Plan during an exercise or real-world event.</p>
3. Emergency Operations Coordination Function 4	13	Describe CHD's ability to function within an incident command structure that can sustain operations for 72 hours for Type 3 incidents. The CHD should either have the capability or have access to the capability.	June 2018	<p><b>Planning Element:</b> BPR Community Preparedness Section will review the CHD EOP describing the CHD ability to implement an IMT.</p> <p><b>Operational Element:</b> n/a</p>
3. Emergency Operations Coordination Function 4	14	The CHD Preparedness System must document Continuity of Operations (COOP).	June 2018	<p><b>Planning Element:</b> BPR Community Preparedness Section will review the CHD EOP or COOP.</p> <p><b>Operational Element:</b> n/a</p>

**Attachment 1. 2016-2019 CHD Preparedness Expectations**

<b>Table 1. 2016-2019 CHD Expectations</b>				
<b>Capability &amp; Function</b>	<b>Deliverables</b>		<b>Complete by</b>	<b>Planning Element Evaluation (Planning and Operational Elements)</b>
3. Emergency Operations Coordination Function 4	15	Exercise the ability to Continue CHD Operations (COOP) (within 3 years)	June 2019	<b>Planning Element:</b> n/a <b>Operational Element:</b> AAR or evaluation of an exercise or real-world event.
3. Emergency Operations Coordination Function 5	16	CHD Preparedness System must document a demobilization process that ensures post-deployment responder safety, captures after action items, maintains accountability and ensures return of assigned resources.	June 2017	<b>Planning Element:</b> The BPR Community Preparedness Section will review the CHD EOP, which must document a demobilization process with the elements required above. <b>Operational Element:</b> n/a
3. Emergency Operations Coordination Function 5	17	CHD Preparedness System must demonstrate 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	<b>Planning Element:</b> n/a <b>Operational Element:</b> Evaluation of a demobilization process or AAR conducted during an exercise or incident including the elements required in this deliverable.
4. Emergency Public Information and Warning Function 5	18	CHD Preparedness System must document the ability to conduct Crisis and Emergency Risk Communications within appropriate timeframes based on the threat.	June 2019	<b>Planning Element:</b> Review the updated CHD CERC Plan or CERC element in the EOP. Review other pertinent documentation demonstrating that the CHD met this deliverable. <b>Operational Element:</b> n/a
7. Mass Care Coordination Function 1	19	CHD Preparedness System must document the ability to conduct Special Needs sheltering based on state guidelines.	June 2018	<b>Planning Element:</b> The BPR Community Preparedness Section will review the county SpNS Plan or SpNS planning in the CHD EOP. For counties with no SpNS requirement, documentation must be submitted that describes how services will be provided to citizens with special needs. <b>Operational Element:</b> n/a
7. Mass Care Coordination Function 1	20	Operationalize the SpNS Plan every three (3) years.	June 2019	<b>Planning Element:</b> n/a <b>Operational Element:</b> Submission of an AAR of an exercise or real-world events. N/A to counties with no SpNS requirement.
8. Medical Countermeasures Dispensing Function 2	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	<b>Planning Element:</b> The BPR Community Preparedness Section will review the CHD logistical system information in the CHD EOP. <b>Operational Element:</b> <i>The operational evaluation for this deliverable is covered under the Medical Materiel and Management Capability</i>

**Attachment 1. 2016-2019 CHD Preparedness Expectations**

<b>Table 1. 2016-2019 CHD Expectations</b>				
<b>Capability &amp; Function</b>	<b>Deliverables</b>		<b>Complete by</b>	<b>Planning Element Evaluation (Planning and Operational Elements)</b>
8. Medical Countermeasures Dispensing Function 4	22	The CHD Preparedness System must document the ability to determine the at risk population.	June 2019.	<b>Planning Element:</b> The BPR State ESF8 Planning & Ops Section will review the CHD EOP or MCM dispensing procedures or a CHD MCM plan and validate completion. <b>Operational Element: n/a</b>
8. Medical Countermeasures Dispensing Function 4	23	CHD must provide documentation that identifies the process to distribute MCM to at risk populations within a timeframe determined by medical standards.	June 2019.	<b>Planning Element:</b> BPR Planning will review the CHD EOP or Medical Countermeasures Dispensing procedures or a CHD MCM plan and validate completion. <b>Operational Element: n/a</b>
8. Medical Countermeasures Dispensing Function 4	24	CHD must conduct or participate in a Medical Countermeasures Dispensing (MCM) Exercise (Within five years). A real event will take the place of an exercise to include public vaccination clinics.	June 2019.	<b>Planning Element: n/a</b> <b>Operational Element:</b> Submission of AAR for an exercise or real-world event.
9. Medical Materiel Management and Distribution Function 3	25	The CHD Preparedness System will use the Statewide Inventory Resource Management System to manage all locally controlled preparedness assets. For those counties that currently have an electronic inventory management system the data will be exported for inclusion in IRMS.	June 2017	<b>Planning Element:</b> The BPR Community Preparedness Section will review quarterly the CHD inventory information in IRMS. <b>Operational Element: n/a</b>
10. Medical Surge Capability Function 1	26	The CHD Preparedness System must document the ability to conduct Healthcare Facility Assessments (Pre and Post Impact).	June 2017	<b>Planning Element:</b> The BPR State ESF8 Planning & Ops Section will review the CHD EOP documenting the ability to conduct Healthcare Facility Assessments pre and post impact. <b>Operational Element: n/a</b>
14. Responder Safety and Health Function 1	27	CHD Preparedness System must document a RSH program.	June 2019	<b>Planning Element:</b> BPR Community Preparedness Section will review and validate the documentation in the CHD EOP or a RSH planning document. <b>Operational Element: n/a</b>
14. Responder Safety and Health Function 1	28	CHD Preparedness System must document the designation of a Safety Officer during an incident.	June 2019	<b>Planning Element: n/a</b> <b>Operational Element:</b> The BPR State ESF8 Planning & Ops Section will review an AAR of an exercise or incident demonstrating that this deliverable was met.

**Attachment 1. 2016-2019 CHD Preparedness Expectations**

Table 1. 2016-2019 CHD Expectations				
Capability & Function	Deliverables		Complete by	Planning Element Evaluation (Planning and Operational Elements)
15. Volunteer Management Function 3	29	The CHD Preparedness System must document how to manage Spontaneous Volunteers.	December 2017	<b>Planning Element:</b> The BPR State ESF8 Planning & Ops Section will review the CHD EOP or a Volunteer Management planning document. <b>Operational Element:</b> n/a
FEMA CORE Capability: Planning	30	Review the CHD Emergency Operations Plan (EOP) <i>annually</i> and <i>update</i> every five (5) years.	December 2016 December 2017 December 2018	<b>Planning Element:</b> The BPR State ESF8 Planning & Ops Section will review the CHD EOP. <b>Operational Element:</b> n/a
FEMA CORE Capability: Planning	31	Maintain the CHD EOP, annexes and applicable county plans, based on threats identified in the JRA, in the State Plan Repository.	December 2016 December 2017 December 2018	<b>Planning Element:</b> n/a <b>Operational Element:</b> BPR Community Preparedness Section will validate that the CHD planning documents are available in the State Plan Repository (Public Health & Medical Operations Plan Search Engine).

**Attachment 2. 2015 and 2016-2019 CHD Preparedness Expectations Crosswalk**

Table 2. 2015 and 2016-2019 CHD Expectations - Crosswalk				
Capability & Function	Deliverables		Complete by	2015 Expectation Crosswalk
1. Community Preparedness Function 1	1	Complete a Jurisdictional Risk Assessment (JRA) in collaboration with local emergency management (EM) or Healthcare Coalition (if EM is an active member). Describe the collaboration with the Healthcare Coalition or County EM in the development of the JRA and describe the JRA methodology utilized.	June 2019	
1. Community Preparedness Function 1	2	Complete the Local Public Health and Medical System (ESF8) Response Profile Survey (every two years).	July 2016 July 2018	
1. Community Preparedness Function 1	3	Annually participate in the data collection for the FL Public Health Risk Assessment Tool (FPHRAT).	September 2016 September 2017 September 2018	<b>CP1 Risk Assessment</b> The CHD considered hazard vulnerabilities or risk assessments in local planning. The CHD is responsible for annually updating the Florida Public Health Risk Assessment Tool (FPHRAT) with information regarding local capabilities and resource to address hazards.
1. Community Preparedness Function 1	4	The CHD PHEP work plan must show evidence that gaps identified in the JRA are being addressed.	March 2017	
1. Community Preparedness Function 2	5	CHD Preparedness System must document the roles and responsibilities of CHD related to the provision of public health, medical, and mental/behavioral health during disasters.	June 2017	<b>PL2 County Comprehensive Emergency Management Plan (CEMP)</b> The approved County Comprehensive Emergency Management Plan identifies roles and responsibilities for the CHD.  <b>CP3 Community Engagement</b> The CHD’s Key Organizations and Community Agencies participate in public health, medical, and/or mental/behavioral health-related emergency preparedness efforts.



**Attachment 2. 2016-2019 CHD Preparedness Expectations – 2015 CHD Preparedness Expectations Crosswalk**

<b>Table 2. 2015 and 2016-2019 CHD Expectations - Crosswalk</b>				
<b>Capability &amp; Function</b>	<b>Deliverables</b>		<b>Complete by</b>	<b>2015 Expectation Crosswalk</b>
3. Emergency Operations Coordination Function 1	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	
3. Emergency Operations Coordination Function 1	7	The CHD Preparedness System must include the process for the submission of a situation report with the pertinent State ESF8 Essential Elements of Information (EEI) per State ESF8 defined timeframes.  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	
3. Emergency Operations Coordination Function 2	8	Ensure the three (3) CHD decision-makers' information is entered in the DOH Notification System (Everbridge).	September 30, 2016, 2017, 2018 December 31, 2016, 2017, 2018 March 31, 2017, 2018, 2019 June 30, 2017, 2018, 2019	<p><b>EO1 CHD Decision-Maker for Emergency Operations Center (EOC) Operations</b></p> <ul style="list-style-type: none"> <li>• The CHD key decision maker(s) have been identified, based on current planning assumptions and standard operating procedures outlining local EOC operations; the identified decision-maker(s) must be able to respond/report for duty within 60 minutes of request; and the CHD must demonstrate and document this capability via an exercise or test within the last 12 months. Which of the following most accurately describes your CHD as it relates to this element?</li> <li>• The CHD decision-maker(s) have been identified to support local EOC operations</li> <li>• The CHD decision-maker(s) identified to support EOC operations and can report for duty within 60 minutes</li> <li>• The CHD decision-maker(s) identified, can report to duty within 60 minutes and the CHD has demonstrated and documented this capability via an exercise or test within last 12 months</li> </ul>

**Attachment 2. 2016-2019 CHD Preparedness Expectations – 2015 CHD Preparedness Expectations Crosswalk**

<b>Table 2. 2015 and 2016-2019 CHD Expectations - Crosswalk</b>				
<b>Capability &amp; Function</b>		<b>Deliverables</b>	<b>Complete by</b>	<b>2015 Expectation Crosswalk</b>
				<p><b>EO3 Notification Contacts</b> The CHD has a List of Key Contacts for notification of public health issues; this list for notification is available and reviewed / updated at least annually.</p> <p><b>EO4 Florida Department of Health Emergency Notification System (SERVFL) Alerts</b></p> <ul style="list-style-type: none"> <li>• The CHD Key Contacts are identified to receive state level alerts; The Contacts are registered SERVFL users (CHD Key Contacts role); and respond to state level alert drill or real events within 30 minutes.</li> </ul>
3. Emergency Operations Coordination Function 2	9	Annually provide the Local ESF8 Lead(s)' contact information (name, agency, and phone number and position title) to The BPR State ESF8 Planning & Ops Section.	June 2017 June 2018 June 2019	
3. Emergency Operations Coordination Function 2	10	Conduct quarterly staff notification drills for emergency duty workers and other local staff groups.	September 30, 2016, 2017, 2018 December 31, 2016, 2017, 2018 March 31, 2017, 2018, 2019 June 30, 2017, 2018, 2019	
3. Emergency Operations Coordination Function 2	11	Establish an alerting process that will ensure the CHD can receive, analyze and verify notification of an incident. The process shall include the ability to respond to an alert within one (1) hour of dissemination.	September 2017	
3. Emergency Operations Coordination Function 3	12	The CHD Preparedness System must establish an incident planning process that includes the development of an Incident Action Plan (IAP).	December 2016	

**Attachment 2. 2016-2019 CHD Preparedness Expectations – 2015 CHD Preparedness Expectations Crosswalk**

<b>Table 2. 2015 and 2016-2019 CHD Expectations - Crosswalk</b>				
<b>Capability &amp; Function</b>	<b>Deliverables</b>		<b>Complete by</b>	<b>2015 Expectation Crosswalk</b>
3. Emergency Operations Coordination Function 4	13	Describe CHD’s ability to function within an incident command structure that can sustain operations for 72 hours for Type 3 incidents. The CHD should either have the capability or have access to the capability.	June 2018	
3. Emergency Operations Coordination Function 4	14	The CHD Preparedness System must document Continuity of Operations (COOP).	June 2018	<p><b>EO2 Continuity of Operations</b></p> <ul style="list-style-type: none"> <li>•The CHD has an approved Continuity of Operations Plan (COOP); this plan has been exercised or activated within the last 24 months; and the results have been documented in AAR/IP. Which of the following most accurately describes your CHD as it relates to this element?</li> <li>•The CHD COOP was approved within the last 24 months, but not tested via exercise/activation</li> <li>•The CHD COOP was approved and exercised/activated within the past 24 months</li> <li>•The CHD COOP was approved, exercised/activated and documented in an HSEEP - compliant AAR/IP within the past 24 months</li> </ul>
3. Emergency Operations Coordination Function 4	15	Exercise the ability to Continue CHD Operations (COOP) (within 3 years).	June 2019	<p><b>EO2 Continuity of Operations</b></p> <ul style="list-style-type: none"> <li>•The CHD has an approved Continuity of Operations Plan (COOP); this plan has been exercised or activated within the last 24 months; and the results have been documented in AAR/IP. Which of the following most accurately describes your CHD as it relates to this element?</li> <li>•The CHD COOP was approved within the last 24 months, but not tested via exercise/activation</li> <li>•The CHD COOP was approved and exercised/activated within the past 24 months</li> <li>•The CHD COOP was approved, exercised/activated and documented in an HSEEP - compliant AAR/IP within the past 24 months</li> </ul>
3. Emergency Operations Coordination Function 5	16	CHD Preparedness System must document a demobilization process that ensures post-deployment responder safety, captures after action items, maintains accountability and ensures return of assigned resources.	June 2017	
3. Emergency Operations Coordination	17	CHD Preparedness System must demonstrate the operational capacity to implement a demobilization process that	June 2018	

**Attachment 2. 2016-2019 CHD Preparedness Expectations – 2015 CHD Preparedness Expectations Crosswalk**

<b>Table 2. 2015 and 2016-2019 CHD Expectations - Crosswalk</b>				
<b>Capability &amp; Function</b>	<b>Deliverables</b>		<b>Complete by</b>	<b>2015 Expectation Crosswalk</b>
Function 5		ensures post-deployment responder safety, captures after action items, maintains accountability and ensures return of assigned resources.		
4. Emergency Public Information and Warning Function 5	18	CHD Preparedness System must document the ability to conduct Crisis and Emergency Risk Communications within appropriate timeframes based on the threat.	June 2019	<p><b>CE1 Risk Communication Messaging Development and Dissemination</b></p> <ul style="list-style-type: none"> <li>• Within the past 24 months the County Health Department has ensured risk communication messaging development and dissemination activities were conducted and documented. Which of the following most accurately describes your CHD as it relates to this element?</li> <li>• The CHD's risk communication message development and dissemination processes are documented, but not tested, within the past 24 months</li> <li>• The CHD's risk communication message development and dissemination processes are documented, and are tested through exercise or activation to ensure that risk communication message can be disseminated to the public within 3 hours of the incident, all within the past 24 months.</li> <li>• The CHD's risk communication message development and dissemination processes are documented; and are tested through exercise or activation to ensure that risk communication message can be disseminated to the public within 3 hours of the incident; and the exercise or incident activation outcomes are documented in an HSEEP compliant AAR/IP, all within the past 24 months.</li> </ul> <p><b>CE2 Public Information Officer (PIO) and Spokespersons</b></p> <ul style="list-style-type: none"> <li>• CHD has a designated PIO trained to DOH Crisis and Emergency Risk Communications (CERC) standards.</li> <li>• The CHD PIO is designated but not trained</li> <li>• The CHD PIO is designated and trained to DOH CERC standards</li> </ul> <p><b>CE3 Joint Information Center/Joint Information System Participation</b></p> <p>Local Joint Information Center/Joint Information System Operations lead has list of health and medical contacts provided by the CHD and the CHD submits updated list of health and medical contacts to local Joint Information Center/Joint Information System Operations lead at least annually.</p>

**Attachment 2. 2016-2019 CHD Preparedness Expectations – 2015 CHD Preparedness Expectations Crosswalk**

<b>Table 2. 2015 and 2016-2019 CHD Expectations - Crosswalk</b>				
<b>Capability &amp; Function</b>	<b>Deliverables</b>		<b>Complete by</b>	<b>2015 Expectation Crosswalk</b>
7. Mass Care Coordination Function 1	19	CHD Preparedness System must document the ability to conduct Special Needs sheltering based on state guidelines.	June 2018	<p>MC1 Special Needs Sheltering (SpNS) Operations</p> <ul style="list-style-type: none"> <li>•Within the past 36 months the County Health Department approved a Special Needs Sheltering (SpNS) operations plan; the SpNS plans were tested through exercise or activation; and results were documented in an AAP/IP. Which of the following most accurately describes your CHD as it relates to this element?</li> <li>•The CHD has a SpNS Operations plan that has been revised, updated and approved within the past 36 months, but not tested.</li> <li>•The CHD SpNS Operations Plan is approved and exercised/activated within past 36 months</li> </ul>
7. Mass Care Coordination Function 1	20	Operationalize the SpNS Plan every three (3) years.	June 2019	
8. Medical Countermeasures Dispensing Function 2	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	
8. Medical Countermeasures Dispensing Function 4	22	The CHD Preparedness System must document the ability to determine the at risk population.	June 2019.	
8. Medical Countermeasures Dispensing Function 4	23	CHD must provide documentation that identifies the process to distribute MCM to at risk populations within a timeframe determined by medical standards.	June 2019.	<p><b>MP1 Medical Countermeasure Dispensing</b></p> <ul style="list-style-type: none"> <li>• The CHD has a Medical Countermeasure Dispensing Plan, outlining how the county will 1) request, 2) receive, 3) dispense, 4) report dispensing of medical countermeasures, and 5) report adverse events. This plan should be approved and tested through exercise or activation, and the results should be documented in an HSEEP compliant AAR/IP, within the last 36 months. Which of the following most accurately describes your CHD as it relates to this element?</li> <li>• The CHD's Medical Countermeasure Dispensing Plan is completed and approved, but not tested, within the past 36 months.</li> <li>• The CHD's Medical Countermeasure Dispensing Plan is completed and approved; and tested through exercise/activation, all within the past 36 months.</li> </ul>

**Attachment 2. 2016-2019 CHD Preparedness Expectations – 2015 CHD Preparedness Expectations Crosswalk**

<b>Table 2. 2015 and 2016-2019 CHD Expectations - Crosswalk</b>				
<b>Capability &amp; Function</b>	<b>Deliverables</b>		<b>Complete by</b>	<b>2015 Expectation Crosswalk</b>
				<ul style="list-style-type: none"> <li>The CHD's Medical Countermeasure Dispensing Plan is completed and approved; tested through exercise/activation; and the results should be documented in an HSEEP compliant AAR/IP, all within the past 36 months.</li> </ul>
8. Medical Countermeasures Dispensing Function 4	24	CHD must conduct or participate in a Medical Countermeasures Dispensing (MCM) Exercise (within five years). A real event will take the place of an exercise to include public vaccination clinics.	June 2019.	<p><b>MP1 Medical Countermeasure Dispensing</b></p> <ul style="list-style-type: none"> <li>The CHD has a Medical Countermeasure Dispensing Plan, outlining how the county will 1) request, 2) receive, 3) dispense, 4) report dispensing of medical countermeasures, and 5) report adverse events. This plan should be approved and tested through exercise or activation, and the results should be documented in an HSEEP compliant AAR/IP, within the last 36 months. Which of the following most accurately describes your CHD as it relates to this element?</li> <li>The CHD's Medical Countermeasure Dispensing Plan is completed and approved, but not tested, within the past 36 months.</li> <li>The CHD's Medical Countermeasure Dispensing Plan is completed and approved; and tested through exercise/activation, all within the past 36 months.</li> <li>The CHD's Medical Countermeasure Dispensing Plan is completed and approved; tested through exercise/activation; and the results should be documented in an HSEEP compliant AAR/IP, all within the past 36 months.</li> </ul>
9. Medical Materiel Management and Distribution Function 3	25	The CHD Preparedness System will use the Statewide Inventory Resource Management System to manage all locally controlled preparedness assets. For those counties that currently have an electronic inventory management system the data will be exported for inclusion in IRMS.	June 2017	
10. Medical Surge Capability Function 1	26	The CHD Preparedness System must document the ability to conduct Healthcare Facility Assessments (Pre and Post Impact).	June 2017	
14. Responder Safety and Health Function 1	27	CHD Preparedness System must document a RSH program.	June 2019	<p><b>RS2 Responder Risk and Mitigation</b></p> <p>DOH BPR will finalize the Responder Safety and Health Annex to standardize risk and mitigation guidance and will disseminate Annex to the CHDs. <i>This expectation will be revisited in 2016.</i></p>

**Attachment 2. 2016-2019 CHD Preparedness Expectations – 2015 CHD Preparedness Expectations Crosswalk**

<b>Table 2. 2015 and 2016-2019 CHD Expectations - Crosswalk</b>				
<b>Capability &amp; Function</b>	<b>Deliverables</b>		<b>Complete by</b>	<b>2015 Expectation Crosswalk</b>
				<i>NOTE: A Responder Management SOP was developed and is routing for approval.</i>
14. Responder Safety and Health Function 1	28	CHD Preparedness System must document the designation of a Safety Officer during an incident.	June 2019	
15. Volunteer Management Function 3	29	The CHD Preparedness System must document how to manage Spontaneous Volunteers.	December 2017	
FEMA CORE Capability: Planning	30	Review the CHD Emergency Operations Plan (EOP) <i>annually</i> and <i>update</i> every five (5) years.	December 2016 December 2017 December 2018	<b>PL1 CHD Emergency Operations Plan (EOP)</b>  The County Health Department (CHD) Emergency Operations Plan has been updated within the past 36 months and contains all 8 expectation elements found in the guidance document. <i>(Note: If the CHD received Project Public Health Ready (PPHR) certification within the past 36 months; the CHD meets this expectation for 2015)</i>
FEMA CORE Capability: Planning	31	Maintain the CHD EOP, annexes and applicable county plans, based on threats identified in the JRA, in the State Plan Repository.	December 2016 December 2017 December 2018	

<b>Table 3. 2015 CHD Expectations – Retired</b>	
<b>Capability &amp; Function</b>	<b>2015 Expectation Crosswalk</b>
1 Community Preparedness Function 1	<b>CP2 Vulnerable Populations</b> The CHD conducted vulnerable population assessments using the Local Vulnerable Population Assessment Tool within the last 24 months.
1. Community Preparedness Function 2	<b>PL3 Response Workforce Development</b> The CHD has a training plan for response workforce development. <i>Many counties have undergone Project Public Health Ready (PPHR) certification wherein a documented training is required. In addition, DOH required trainings include basic level response training for all employees.</i>
7. Mass Care Functions 2	<b>MC2 Functional Needs Support Services (FNSS)</b> The County Health Department has participated in the local Functional Needs Support Services (FNSS) planning activities.

**Attachment 2. 2016-2019 CHD Preparedness Expectations – 2015 CHD Preparedness Expectations Crosswalk**

<b>Table 3. 2015 CHD Expectations – Retired</b>	
<b>Capability &amp; Function</b>	<b>2015 Expectation Crosswalk</b>
Function 4	
7. Mass Care Functions 2	<b>MC3 Shelter Surveillance</b> This expectation will be revisited in 2016.
14. Responder Safety and Health Function 3	<b>RS1 N-95 Fit Testing</b> The CHD has procedures for conducting medical clearance that are reviewed and updated annually. Additionally, the CHD maintains a roster of qualified and trained staff to conduct fit testing that is reviewed and updated annually.
3. Emergency Operations Coordination Function 5	<b>PL4 After Action Report and Improvement Plan (AAR/IP)</b> Within the past 24 months the County Health Department completed an After Action Report and Improvement Plan (AAR/IP). Which of the following most accurately describes your CHD as it relates to this element? <ul style="list-style-type: none"> <li>• The CHD conducted an exercise or engaged in a real-life incident/event activation within the past 24 months.</li> <li>• The CHD completed an HSEEP- compliant AAR/IP of the exercise or activation within the past 24 months.</li> </ul>



**Attachment 3. 2016-2019 CHD Preparedness Expectations – PPHR Crosswalk**

Table 4. 2016-2019 CHD Expectations – PPHR Crosswalk				
Capability & Function	Deliverables		Complete by	PPHR Criteria Version 8 – PPHR recognized CHDs Crosswalk
1. Community Preparedness Function 1	1	Complete a Jurisdictional Risk Assessment (JRA) in collaboration with local emergency management (EM) or Healthcare Coalition (if EM is an active member). Describe the collaboration with the Healthcare Coalition or County EM in the development of the JRA and describe the JRA methodology utilized.	June 2019	<b>E. Situations and Assumptions</b> <b>e2.</b> The application includes a hazard analysis of threats (e.g., chemical/nuclear facilities, floods, extreme weather events) and unique jurisdictional characteristics/vulnerabilities that may affect a public health response to an emergency event.
1. Community Preparedness Function 1	2	Complete the Local Public Health and Medical System (ESF8) Response Profile Survey (every two years).	July 2016 July 2018	<b>E. Situations and Assumptions</b> <b>e4.</b> The application describes how the agency is preparing for the vulnerabilities described in the results of the hazard analysis.
1. Community Preparedness Function 1	3	Annually participate in the data collection for the FL Public Health Risk Assessment Tool (FPHRAT).	September 2016 September 2017 September 2018	
1. Community Preparedness Function 1	4	The CHD PHEP work plan must show evidence that gaps identified in the JRA are being addressed.	March 2017	<b>E. Situations and Assumptions</b> <b>e3.</b> The plan includes conclusions drawn from the hazard analysis regarding threats faced by the jurisdiction and unique jurisdictional characteristics/vulnerabilities that may affect a public health response.
1. Community Preparedness Function 2	5	CHD Preparedness System must document the roles and responsibilities of CHD related to the provision of public health, medical, and mental/behavioral health during disasters.	June 2017	<b>H. Functional Staff Roles</b> <b>h1.</b> The plan contains a list, table, or other documentation identifying the necessary roles to be filled during a response operation to any hazard. <b>b7.</b> The exercise plan shows anticipated participation in an exercise involving community-based organizations. <b>J. Community Preparedness</b> <b>j1.</b> The application contains evidence of collaboration with community stakeholders, including vulnerable populations, and engagement with the larger community regarding preparedness activities/processes. <b>S. Disaster Behavioral Health</b> <b>s2.</b> The plan describes who in the community is responsible for addressing and responding to the behavioral health issues of the community. <b>s3.</b> The application describes the partnerships the agency has established and the local resources the agency has cultivated to respond to population-wide mental health needs.

**Attachment 3. 2016-2019 CHD Preparedness Expectations – PPHR Crosswalk**

<b>Table 4. 2016-2019 CHD Expectations – PPHR Crosswalk</b>				
<b>Capability &amp; Function</b>	<b>Deliverables</b>		<b>Complete by</b>	<b>PPHR Criteria Version 8 – PPHR recognized CHDs Crosswalk</b>
3. Emergency Operations Coordination Function 1	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	<p><b>G. Concept of Operations</b>  <b>g7.</b> The command and control structure addresses the following five items:</p> <ul style="list-style-type: none"> <li>• Staff roles, responsibilities, and concept of operations for Emergency Support Function (ESF) 8;</li> <li>• Response actions that will occur;</li> <li>• When the response actions will occur;</li> <li>• Under whose authority the actions will occur; and</li> <li>• How response actions will be documented.</li> </ul> <p><b>B2. AAR</b>  <b>b2ii.</b> The AAR provides an overview of the incident.  <b>b2iii.</b> The AAR identifies the response objectives and whether they were met during the incident.</p>
3. Emergency Operations Coordination Function 1	7	<p>The CHD Preparedness System must include the process for the submission of a situation report with the pertinent State ESF8 Essential Elements of Information (EEI) per State ESF8 defined timeframes.</p> <p>For State activations State ESF8 will coordinate reporting timelines with State Emergency Operations Center.</p> <p>For Department of Health activations reporting timeframes will be determined by State ESF8.</p>	June 2017	<p><b>G. Concept of Operations</b>  <b>g7.</b> The command and control structure addresses the following five items:</p> <ul style="list-style-type: none"> <li>• Staff roles, responsibilities, and concept of operations for Emergency Support Function (ESF) 8;</li> <li>• Response actions that will occur;</li> <li>• When the response actions will occur;</li> <li>• Under whose authority the actions will occur; and</li> <li>• How response actions will be documented.</li> </ul> <p><b>B2. AAR</b>  <b>b2ii.</b> The AAR provides an overview of the incident.  <b>b2iii.</b> The AAR identifies the response objectives and whether they were met during the incident.</p>
3. Emergency Operations Coordination Function 2	8	Ensure the three (3) CHD decision-makers' information is entered in the DOH Notification System (Everbridge).	September 30, 2016, 2017, 2018 December 31, 2016, 2017, 2018 March 31, 2017, 2018, 2019 June 30, 2017, 2018, 2019	<p><b>I. Agency Communications</b>  <b>i1.</b> The plan identifies the party or parties responsible for notification, alerts, and mobilization.</p>

**Attachment 3. 2016-2019 CHD Preparedness Expectations – PPHR Crosswalk**

<b>Table 4. 2016-2019 CHD Expectations – PPHR Crosswalk</b>				
<b>Capability &amp; Function</b>	<b>Deliverables</b>		<b>Complete by</b>	<b>PPHR Criteria Version 8 – PPHR recognized CHDs Crosswalk</b>
3. Emergency Operations Coordination Function 2	9	Annually Provide the Local ESF8 Lead(s)' contact information (name, agency, and phone number and position title) to The BPR State ESF8 Planning & Ops Section.	June 2017 June 2018 June 2019	<b>H. Functional Staff Roles</b> <b>h2.</b> The plan contains a roster of the primary, secondary, and tertiary staff or community resources to cover the command and general leadership roles during a response operation based on NIMS.
3. Emergency Operations Coordination Function 2	10	Conduct quarterly staff notification drills for emergency duty workers and other local staff groups.	September 30, 2016, 2017, 2018 December 31, 2016, 2017, 2018 March 31, 2017, 2018, 2019 June 30, 2017, 2018, 2019	<b>B. Description of Exercises</b> <b>b2.</b> The exercise plan shows anticipated participation in an exercise testing the health alert messaging system using a high-priority message. <b>b6.</b> The exercise plan shows anticipated participation in at least two drills of the notification system for primary, secondary, and tertiary staff to cover all incident management functional roles. At least one drill must be unannounced and occur outside of regular business hours.
3. Emergency Operations Coordination Function 2	11	Establish an alerting process that will ensure the CHD can receive, analyze and verify notification of an incident. The process shall include the ability to respond to an alert within one (1) hour of dissemination.	September 2017	<b>I. Agency Communications</b> <b>i1.</b> The plan identifies the party or parties responsible for notification, alerts, and mobilization. <b>i2.</b> The plan describes whom to notify during an incident and at what level (e.g., alert, standby, report). <b>i3.</b> The plan describes the method by which notification will take place. <b>i4.</b> The plan contains contact information for staff who may participate in a response (e.g., Emergency Operations Center, phone, cell, and fax). <b>i5.</b> The plan describes how quickly staff will be notified of an incident. <b>i6.</b> The plan describes what information is shared with activated staff and volunteers. <b>h6.</b> The plan identifies how long the staff will have to report to the designated locations (must be consistent with Centers for Disease Control and Prevention (CDC) Public Health Preparedness Capability 3, Function 2, Measure 1, Performance Target: 60 minutes or less).
3. Emergency Operations Coordination Function 3	12	The CHD Preparedness System must establish an incident planning process that includes the development of an Incident Action Plan (IAP).	December 2016	<b>B. Incident Response Documentation (Real Incident)</b> All IAPs from real incident lasting more than one operational period. <b>b1i.</b> The IAP lists the following: Date(s) of the incident; Name of the incident; Operational period; and Objectives for incident response. et this measure
3. Emergency Operations Coordination Function 4	13	Describe CHD's ability to function within an incident command structure that can sustain operations for 72 hours for Type 3 incidents. The CHD should either	June 2018	<b>F. Activation Circumstances and Event Sequence Following Activation</b> The plan contains standard operating procedures that may include decision matrices, flow charts, or decision trees that describe an all-hazards response. <i>It applies partially.</i>

**Attachment 3. 2016-2019 CHD Preparedness Expectations – PPHR Crosswalk**

<b>Table 4. 2016-2019 CHD Expectations – PPHR Crosswalk</b>				
<b>Capability &amp; Function</b>	<b>Deliverables</b>		<b>Complete by</b>	<b>PPHR Criteria Version 8 – PPHR recognized CHDs Crosswalk</b>
		have the capability or have access to the capability.		
3. Emergency Operations Coordination Function 4	14	The CHD Preparedness System must document Continuity of Operations (COOP).	June 2018	<b>U. Continuity of Operations Plan (COOP)</b> <b>u1.</b> The plan identifies the health department functions that must be continued despite a natural disaster or deliberately caused emergency. <b>u2.</b> The plan identifies the staff member who will implement the COOP (must be three-deep). <b>u3.</b> The plan contains an organizational chart or listing of staff roles for when COOP is activated. <b>u4.</b> The plan identifies an alternate location for key health department staff to report, if necessary. <b>u5.</b> The evidence for COOP addresses the five items listed as cross-cutting with the concept of operations.
3. Emergency Operations Coordination Function 4	15	Exercise the ability to Continue CHD Operations (COOP) (within 3 years).	June 2019	
3. Emergency Operations Coordination Function 5	16	CHD Preparedness System must document a demobilization process that ensures post-deployment responder safety, captures after action items, maintains accountability and ensures return of assigned resources.	June 2017	
3. Emergency Operations Coordination Function 5	17	CHD Preparedness System must demonstrate 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	
4. Emergency Public Information and Warning Function 5	18	CHD Preparedness System must document the ability to conduct Crisis and Emergency Risk Communications within appropriate timeframes based on the threat.	June 2019	<b>K. Emergency Public Information and Warning</b> <b>k1.</b> The plan describes the process and procedures used to develop accurate, timely messages to communicate necessary information to the public, including vulnerable populations, during an emergency. <b>k2.</b> The plan describes the process and procedures used to receive approval of messages to communicate necessary information to the public during an emergency. <b>k3.</b> The plan describes the process and procedures used to disseminate messages to communicate necessary information to the public, including vulnerable populations, during an emergency.

**Attachment 3. 2016-2019 CHD Preparedness Expectations – PPHR Crosswalk**

<b>Table 4. 2016-2019 CHD Expectations – PPHR Crosswalk</b>				
<b>Capability &amp; Function</b>	<b>Deliverables</b>		<b>Complete by</b>	<b>PPHR Criteria Version 8 – PPHR recognized CHDs Crosswalk</b>
7. Mass Care Coordination Function 1	19	CHD Preparedness System must document the ability to conduct Special Needs sheltering based on state guidelines.	June 2018	<p><b>P. Mass Care</b></p> <p><b>p1.</b> The plan provides an overview of how mass care will be established and operated at the following congregate locations, including roles of the lead agency and any applicant support roles: General shelters; Medical needs shelters; and Alternate care sites.</p> <p><b>p2.</b> The plan addresses accommodations for sheltering vulnerable and at-risk populations based on their access and functional needs.</p>
7. Mass Care Coordination Function 1	20	Operationalize the SpNS Plan every three (3) years.	June 2019	
8. Medical Countermeasures Dispensing Function 2	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	<p><b>O. Medical Countermeasure Dispensing</b></p> <p><b>o1.</b> The plan describes the processes and agency responsibilities for requesting, receiving and distributing SNS assets, and how these processes integrate into the state SNS plan.</p> <p><b>o6.</b> The plan describes the system in place for managing and tracking personnel and material resources.</p> <p><b>o14.</b> The application describes local medical inventories using the following four considerations:</p> <ul style="list-style-type: none"> <li>• The threats for which medical countermeasures could be utilized;</li> <li>• Prophylactic medicines and supplies available for dealing with those threats;</li> <li>• Quantities of the medicines and other needed items available in local inventories; and</li> <li>• Location of the local inventory sources available to the jurisdiction.</li> </ul>
8. Medical Countermeasures Dispensing Function 4	22	The CHD Preparedness System must document the ability to determine the at risk population.	June 2019.	<p><b>m2. Epidemiological Investigation Tasks</b></p> <p><b>m2vi.</b> The plan calls for identifying the population at risk and recommending control measures.</p>
8. Medical Countermeasures Dispensing Function 4	23	CHD must provide documentation that identifies the process to distribute MCM to at risk populations within a timeframe determined by medical standards.	June 2019.	<p><b>O. Medical Countermeasure Dispensing</b></p> <p><b>o2.</b> The plan describes the procedures for implementing medical countermeasure dispensing in the jurisdiction, including a decision tree, using open and/or closed PODs and any other alternate dispensing modalities.</p>
8. Medical Countermeasures Dispensing Function 4	24	CHD must conduct or participate in a Medical Countermeasures Dispensing (MCM) Exercise (within five years). A real event will take the place of an exercise to include public vaccination clinics.	June 2019.	<p><b>B. Description of Exercises</b></p> <p><b>b8.</b> The exercise plan shows anticipated participation in an exercise involving the dispensing of medical countermeasures.</p>

**Attachment 3. 2016-2019 CHD Preparedness Expectations – PPHR Crosswalk**

<b>Table 4. 2016-2019 CHD Expectations – PPHR Crosswalk</b>				
<b>Capability &amp; Function</b>	<b>Deliverables</b>		<b>Complete by</b>	<b>PPHR Criteria Version 8 – PPHR recognized CHDs Crosswalk</b>
9. Medical Materiel Management and Distribution Function 3	25	The CHD Preparedness System will use the Statewide Inventory Resource Management System to manage all locally controlled preparedness assets. For those counties that currently have an electronic inventory management system the data will be exported for inclusion in IRMS.	June 2017	<b>O. Medical Countermeasure Dispensing</b> <b>o14.</b> The application describes local medical inventories using the following four considerations: <ul style="list-style-type: none"> <li>• The threats for which medical countermeasures could be utilized;</li> <li>• Prophylactic medicines and supplies available for dealing with those threats;</li> <li>• Quantities of the medicines and other needed items available in local inventories; and</li> <li>• Location of the local inventory sources available to the jurisdiction.</li> </ul>
10. Medical Surge Capability Function 1	26	The CHD Preparedness System must document the ability to conduct Healthcare Facility Assessments (Pre and Post Impact).	June 2017	
14. Responder Safety and Health Function 1	27	CHD Preparedness System must document a RSH program.	June 2019	<b>H. Functional Staff Roles</b> <b>h7.</b> The application includes evidence of procedures for protecting responders under the direction of the agency from probable safety and health risks, including the following: <ul style="list-style-type: none"> <li>• Recommendations for personal protective equipment;</li> <li>• Conduct of medical readiness screening; and</li> <li>• Monitoring of responder exposure, injury, and intervention/treatment</li> </ul>
14. Responder Safety and Health Function 1	28	CHD Preparedness System must document the designation of a Safety Officer during an incident.	June 2019	<b>Concept of Operations</b> <b>g7.</b> The command and control structure addresses the following five items: <ul style="list-style-type: none"> <li>• Staff roles, responsibilities, and concept of operations for Emergency Support Function (ESF) 8 (applies partially);</li> <li>• Response actions that will occur;</li> <li>• When the response actions will occur;</li> <li>• Under whose authority the actions will occur; and</li> <li>• How response actions will be documented.</li> </ul> <b>B2. AAR</b> <b>b2ii.</b> The AAR provides an overview of the incident. <b>b2iii.</b> The AAR identifies the response objectives and whether they were met during the incident.
15. Volunteer Management Function 3	29	The CHD Preparedness System must document how to manage Spontaneous Volunteers.	December 2017	<b>W. Volunteer Management</b> <b>w8.</b> The plan describes how spontaneous volunteers are managed and, if applicable, credentialed and incorporated into a response.
FEMA CORE Capability: Planning	30	Review the CHD Emergency Operations Plan (EOP) <i>annually</i> and <i>update</i> every five (5) years.	December 2016 December 2017	<b>C. Plan Update Cycle</b> <b>c1.</b> The plan bears a date demonstrating that the plan and its annexes have been reviewed or revised within one year of PPHR submission. <b>c2.</b> The application describes the procedure the agency will use to update and revise its plan on a regular basis.

**Attachment 3. 2016-2019 CHD Preparedness Expectations – PPHR Crosswalk**

<b>Table 4. 2016-2019 CHD Expectations – PPHR Crosswalk</b>				
<b>Capability &amp; Function</b>	<b>Deliverables</b>		<b>Complete by</b>	<b>PPHR Criteria Version 8 – PPHR recognized CHDs Crosswalk</b>
			December 2018	<b>B3. Improvement Plan</b> b3ii. The application contains a listing and timetable of any necessary revisions to the agency's all-hazards response plan based on gaps identified during the incident response.
FEMA CORE Capability: Planning	31	Maintain the CHD EOP, annexes and applicable county plans, based on threats identified in the JRA, in the State Plan Repository.	December 2016 December 2017 December 2018	<b>B. Introductory Material</b> b6. The application identifies the locations where copies of the plan are kept.

**Attachment 4. 2016-2019 CHD Preparedness Expectations, PHAB and MCM ORR Crosswalk**

Table 5. 2016-2019 CHD Expectations – PHAB and ORR Crosswalk					
Capability & Function		Deliverables	Complete by	PHAB Criteria Standards and Measures, Version 1.5 Measures for All Health Departments Crosswalk	ORR Criteria BP4 CRI CHDs Crosswalk
1. Community Preparedness Function 1	1	Complete a Jurisdictional Risk Assessment (JRA) in collaboration with local emergency management (EM) or Healthcare Coalition (if EM is an active member). Describe the collaboration with the Healthcare Coalition or County EM in the development of the JRA and describe the JRA methodology utilized.	June 2019		<b>Capability: community preparedness – function 1</b> <b>Planning Implementation:</b> a. MCM planning elements include the following based on risk assessments: 1) definition of risk, 2) mapped locations of at-risk populations, 3) evidence of community involvement, 4) assessment of loss or disruption of essential services (i.e. water, sanitation, healthcare services, and public health agency infrastructure).
1. Community Preparedness Function 1	2	Complete the Local Public Health and Medical System (ESF8) Response Profile Survey (every two years).	July 2016 July 2018		
1. Community Preparedness Function 1	3	Annually participate in the data collection for the FL Public Health Risk Assessment Tool (FPHRAT).	September 2016 September 2017 September 2018		
1. Community Preparedness Function 1	4	The CHD PHEP work plan must show evidence that gaps identified in the JRA are being addressed.	March 2017		
1. Community Preparedness Function 2	5	CHD Preparedness System must document the roles and responsibilities of CHD related to the provision of public health, medical, and mental/behavioral health during disasters.	June 2017	<b>Measure 5.4.2 A. Public Health Emergency Operations plan (EOP)</b> <b>Purpose:</b> The purpose of this measure is to assess the health department’s development and maintenance of the emergency operations plan. The public health EOP must include all of the following: a. Designation of the health department staff position that is	<b>Capability: Community Preparedness – function 2</b> <b>Planning Implementation</b> a. Plans address partner engagement and document written acknowledgment of response roles for the following partners: 1) private sector, 2) local, 3) state, and 4) regional. <b>Operational Implementation:</b> a. Jurisdiction can provide evidence of how the roles and responsibilities of



Attachment 4. 2016-2019 CHD Preparedness Expectations – PHAB and MCM ORR Crosswalk

Table 5. 2016-2019 CHD Expectations – PHAB and ORR Crosswalk					
Capability & Function	Deliverables		Complete by	PHAB Criteria Standards and Measures, Version 1.5 Measures for All Health Departments Crosswalk	ORR Criteria BP4 CRI CHDs Crosswalk
				assigned the emergency operations coordinator responsibilities  b. Roles and responsibilities of the health department and its partners	these partners have been used within the last five years.
3. Emergency Operations Coordination Function 1	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	<b>Applies to the Operational Evaluation STANDARD 2.2: Contain/mitigate health problems and environmental public health hazards. Measure 2.2.3 A Complete After Action Reports (AAR)</b> The purpose of this measure is to assess the department's development of descriptions and analysis of performance after an emergency operation or exercise. This measure assesses the existence of After Action Reports.	<b>Emergency Operations Coordination. Function 1 Planning Implementation:</b> a. Plans describe strategies to coordinate with appropriate epidemiology, laboratory, medical, chemical, biological, and radiological subject matter experts (SMEs) to inform MCM decision-making. Plans should include the following elements: 1) analyze data, 2) assess emergency conditions, and 3) determine the activation levels based on the complexity of the event or incident required to support an MCM response.  <b>Operational Implementation:</b> a. Participation of appropriate subject matter experts to inform MCM decision-making has been exercised within the last five years.
3. Emergency Operations Coordination Function 1	7	The CHD Preparedness System must include the process for the submission of a situation report with the pertinent State ESF8 Essential Elements of Information (EEI) per State ESF8 defined timeframes.  For State activations State ESF8 will coordinate reporting timelines with State Emergency Operations Center.	June 2017	<b>Applies to the Operational Evaluation STANDARD 2.2: Contain/mitigate health problems and environmental public health hazards. Measure 2.2.3 A Complete After Action Reports (AAR)</b> The purpose of this measure is to assess the department's development of descriptions and analysis of performance after an emergency operation or exercise. This measure assesses the existence of After Action Reports.	<b>Emergency Operations Coordination. Function 1 Planning Implementation:</b> a. Plans describe strategies to coordinate with appropriate epidemiology, laboratory, medical, chemical, biological, and radiological subject matter experts (SMEs) to inform MCM decision-making. Plans should include the following elements: 1) analyze data, 2) assess emergency conditions, and 3) determine the activation levels based on the complexity of the event or incident required to support an MCM response.

**Attachment 4. 2016-2019 CHD Preparedness Expectations – PHAB and MCM ORR Crosswalk**

<b>Table 5. 2016-2019 CHD Expectations – PHAB and ORR Crosswalk</b>					
<b>Capability &amp; Function</b>		<b>Deliverables</b>	<b>Complete by</b>	<b>PHAB Criteria Standards and Measures, Version 1.5 Measures for All Health Departments Crosswalk</b>	<b>ORR Criteria BP4 CRI CHDs Crosswalk</b>
		For Department of Health activations reporting timeframes will be determined by State ESF8.			<b>Operational Implementation:</b> a. Participation of appropriate subject matter experts to inform MCM decision-making has been exercised within the last five years
3. Emergency Operations Coordination Function 2	8	Ensure the three (3) CHD decision-makers' information is entered in the DOH Notification System (Everbridge).	September 30, 2016, 2017, 2018 December 31, 2016, 2017, 2018 March 31, 2017, 2018, 2019 June 30, 2017, 2018, 2019		<b>Included as EOC function 1:</b> <b>Planning implementation:</b> c. Plans identify the redundant communication platforms that are in place to ensure communications remain available should primary communication systems become unavailable
3. Emergency Operations Coordination Function 2	9	Annually provide the Local ESF8 Lead(s)' contact information (name, agency, and phone number and position title) to The BPR State ESF8 Planning & Ops Section.	June 2017 June 2018 June 2019		
3. Emergency Operations Coordination Function 2	10	Conduct quarterly staff notification drills for emergency duty workers and other local staff groups.	September 30, 2016, 2017, 2018 December 31, 2016, 2017, 2018 March 31, 2017, 2018, 2019 June 30, 2017, 2018, 2019	<b>STANDARD 2.4: Maintain a plan with policies and procedures for urgent and non-urgent communications.</b>  <b>Required documentation:</b> 1. A tracking system for the receipt and issuance of urgent and non-urgent health alerts 2. Reports of testing 24/7 contact and phone line(s).	<b>Included as EOC function 1:</b> <b>Planning implementation: n/a</b> <b>Operational Implementation:</b> c. Quarterly testing of redundant communications platforms is conducted and documented.
3. Emergency Operations Coordination Function 2	11	Establish an alerting process that will ensure the CHD can receive, analyze and verify notification of an incident. The process shall include the ability to respond to an alert within one (1) hour of dissemination.	September 2017		
3. Emergency Operations Coordination Function 3	12	The CHD Preparedness System must establish an incident planning process that includes the	December 2016		<b>EOC Function 3:</b> <b>Planning Implementation:</b> a. Plans document processes for completing the following elements

**Attachment 4. 2016-2019 CHD Preparedness Expectations – PHAB and MCM ORR Crosswalk**

<b>Table 5. 2016-2019 CHD Expectations – PHAB and ORR Crosswalk</b>					
<b>Capability &amp; Function</b>	<b>Deliverables</b>		<b>Complete by</b>	<b>PHAB Criteria Standards and Measures, Version 1.5 Measures for All Health Departments Crosswalk</b>	<b>ORR Criteria BP4 CRI CHDs Crosswalk</b>
		development of an Incident Action Plan (IAP).			required to support an MCM response: 1) incident action plan, 2) situation reports, and 3) finance/administration logs.
3. Emergency Operations Coordination Function 4	13	Describe CHD’s ability to function within an incident command structure that can sustain operations for 72 hours for Type 3 incidents. The CHD should either have the capability or have access to the capability.	June 2018		<b>Identified as EOC Function 2: Planning Implementation:</b> a. Plans identify staff with the subject matter expertise to fulfill required incident command and emergency management roles in emergency operations centers (EOCs) as required during an MCM response. <b>Operational Implementation:</b> a. Incident command and emergency management staff have exercised required EOC roles during an MCM incident during the last five years.
3. Emergency Operations Coordination Function 4	14	The CHD Preparedness System must document Continuity of Operations (COOP).	June 2018	<b>Measure 5.4.2 A Public health emergency operations plan (EOP)</b>  <b>Purpose:</b> The purpose of this measure is to assess the health department’s development and maintenance of the emergency operations plan.  The public health EOP must include all of the following: d. Continuity of operations	<b>EOC Function 4: Planning Implementation:</b> a. Plans address continuity strategies in the event that primary systems are unavailable during an MCM response, including: 1) activation triggers, 2) loss of facilities (RSS, RDS, PODs, etc.), 3) loss of personnel, 4) orders of succession, and 5) devolution.
3. Emergency Operations Coordination Function 4	15	Exercise the ability to Continue CHD Operations (COOP) (within 3 years).	June 2019	<b>Applies to the Operational Evaluation STANDARD 2.2: Contain/mitigate health problems and environmental public health hazards.</b> <b>Measure 2.2.3 A Complete After Action Reports (AAR)</b> The purpose of this measure is to assess the department’s development of descriptions and	<b>EOC Function 4: Operational Implementation:</b> a. Continuity plans, as they apply to an MCM response, have been exercised within the last five years.

Attachment 4. 2016-2019 CHD Preparedness Expectations – PHAB and MCM ORR Crosswalk

Table 5. 2016-2019 CHD Expectations – PHAB and ORR Crosswalk					
Capability & Function		Deliverables	Complete by	PHAB Criteria Standards and Measures, Version 1.5 Measures for All Health Departments Crosswalk	ORR Criteria BP4 CRI CHDs Crosswalk
				analysis of performance after an emergency operation or exercise. This measure assesses the existence of After Action Reports.	
3. Emergency Operations Coordination Function 5	16	CHD Preparedness System must document a demobilization process that ensures post-deployment responder safety, captures after action items, maintains accountability and ensures return of assigned resources.	June 2017		<p><b>EOC Function 5:</b></p> <p><b>Planning Implementation:</b></p> <p>a. Plans describe strategies to demobilize assets and personnel during an MCM incident. This includes the following elements: 1) development of processes with support agencies for collection and transport of assets and personnel, and 2) signed written agreements to support demobilization.</p> <p><b>Operational Implementation:</b></p> <p>c. Annual training and exercise plan (TEP) workshop is conducted and a MYTEP is produced that incorporates MCM, and completion of required documentation demonstrating that the IP has been implemented and exercise components have been retested and re-evaluated accordingly.</p>
3. Emergency Operations Coordination Function 5	17	CHD Preparedness System must demonstrate 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	<p><b>Applies to the Operational Evaluation</b></p> <p><b>STANDARD 2.2: Contain/mitigate health problems and environmental public health hazards.</b></p> <p><b>Measure 2.2.3 A Complete After Action Reports (AAR)</b></p> <p>The purpose of this measure is to assess the department's development of descriptions and analysis of performance after an emergency operation or exercise.</p>	

Attachment 4. 2016-2019 CHD Preparedness Expectations – PHAB and MCM ORR Crosswalk

Table 5. 2016-2019 CHD Expectations – PHAB and ORR Crosswalk					
Capability & Function	Deliverables		Complete by	PHAB Criteria Standards and Measures, Version 1.5 Measures for All Health Departments Crosswalk	ORR Criteria BP4 CRI CHDs Crosswalk
				This measure assesses the existence of After Action Reports.	
4. Emergency Public Information and Warning Function 5	18	CHD Preparedness System must document the ability to conduct Crisis and Emergency Risk Communications within appropriate timeframes based on the threat.	June 2019	<p><b>STANDARD 2.4: Maintain a plan with policies and procedures for urgent and non-urgent communications.</b></p> <p><b>Measure 2.4.1 A</b>  <b>Written protocols for urgent 24/7 communications</b>                      The purpose of this measure is to assess the Department’s written protocols for communications during detection, investigation, and mitigation of urgent public health problems and environmental public health hazards that may occur at any time.                      ... Partners and the public need to know how to contact the health department to both report and receive information about a public health emergency...</p> <p><b>Measure 2.4.2 A</b>  <b>A system to receive and provide urgent and non-urgent health alerts and to coordinate an appropriate public health response</b>                      The purpose of this measure is to assess the health department’s ability to receive and issue health alerts and to communicate and coordinate the appropriate public health response with health care providers, emergency responders, and communities on a 24/7 basis.</p> <p><b>STANDARD 3.2: Provide information on public health issues and public health functions through multiple</b></p>	<p><b>Emergency Public Information and warning Function 1: Planning Implementation</b></p> <p>a. Plans document public information and communication primary and back-up personnel who are trained in MCM responsibilities and current contact lists exist for these individuals.</p>

**Attachment 4. 2016-2019 CHD Preparedness Expectations – PHAB and MCM ORR Crosswalk**

<b>Table 5. 2016-2019 CHD Expectations – PHAB and ORR Crosswalk</b>					
<b>Capability &amp; Function</b>	<b>Deliverables</b>		<b>Complete by</b>	<b>PHAB Criteria Standards and Measures, Version 1.5 Measures for All Health Departments Crosswalk</b>	<b>ORR Criteria BP4 CRI CHDs Crosswalk</b>
				<p>methods to a variety of audiences.  <b>Measure 3.2.4 A</b>  <b>Risk communication plan</b></p> <p>The purpose of this measure is to assess the health department's plans for risk communication during a crisis, disaster, outbreak, or other threat. The goal is to ensure an accurate understanding of the actual and perceived public health risks, the possible solutions, and related issues and concerns voiced by experts and non-experts.</p> <p><b>Standard 5.4: Maintain an all hazards emergency operations plan.</b>  <b>Measure 5.4.1 A</b>  <b>Process for the development and maintenance of an All Hazards Emergency Operations Plan (EOP)</b>                      The public health EOP must include all of the following: c.                      Communication networks or communication plan</p>	
7. Mass Care Coordination Function 1	19	CHD Preparedness System must document the ability to conduct Special Needs sheltering based on state guidelines.	June 2018		It is not a ORR capability
7. Mass Care Coordination Function 1	20	Operationalize the SpNS Plan every three (3) years.	June 2019	<p><b>Applies to the Operational Evaluation</b>  <b>STANDARD 2.2: Contain/mitigate health problems and environmental public health hazards.</b>  <b>Measure 2.2.3 A</b>  <b>Complete After Action Reports (AAR)</b></p>	It is not a ORR capability

**Attachment 4. 2016-2019 CHD Preparedness Expectations – PHAB and MCM ORR Crosswalk**

<b>Table 5. 2016-2019 CHD Expectations – PHAB and ORR Crosswalk</b>					
<b>Capability &amp; Function</b>		<b>Deliverables</b>	<b>Complete by</b>	<b>PHAB Criteria Standards and Measures, Version 1.5 Measures for All Health Departments Crosswalk</b>	<b>ORR Criteria BP4 CRI CHDs Crosswalk</b>
				The purpose of this measure is to assess the department's development of descriptions and analysis of performance after an emergency operation or exercise. This measure assesses the existence of After Action Reports.	
8. Medical Countermeasures Dispensing Function 2	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		
8. Medical Countermeasures Dispensing Function 4	22	The CHD Preparedness System must document the ability to determine the at risk population.	June 2019.		It is not explicitly mentioned in the ORR.
8. Medical Countermeasures Dispensing Function 4	23	CHD must provide documentation that identifies the process to distribute MCM to at risk populations within a timeframe determined by medical standards.	June 2019.		<b>Function 4 Planning Implementation</b> a. Guidance/plans address and document operational planning elements necessary to provide MCM to the public at open (public) PODs, including: 1) dispensing flow, 2) screening forms, 3) mechanisms and trigger points to increase throughput, and 4) assisting populations with access and functional needs.
8. Medical Countermeasures Dispensing Function 4	24	CHD must conduct or participate in a Medical Countermeasures Dispensing (MCM) Exercise (within five years). A real event will take the place of an exercise to include public vaccination clinics.	June 2019.	<b>Applies to the Operational Evaluation</b> <b>STANDARD 2.2: Contain/mitigate health problems and environmental public health hazards.</b> <b>Measure 2.2.3 A</b> <b>Complete After Action Reports (AAR)</b> The purpose of this measure is to assess the department's	<b>Function 4</b> <b>Operational Implementation</b> a. Jurisdiction has tested (drill, functional, full scale exercise or real incident) all planning elements necessary to provide MCM to the public within the last five years and has calculated throughput capacity for each dispensing site.

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<b>Capability &amp; Function</b>	<b>Deliverables</b>		<b>Complete by</b>	<b>PHAB Criteria Standards and Measures, Version 1.5 Measures for All Health Departments Crosswalk</b>	<b>ORR Criteria BP4 CRI CHDs Crosswalk</b>
				development of descriptions and analysis of performance after an emergency operation or exercise. This measure assesses the existence of After Action Reports.	
9. Medical Materiel Management and Distribution Function 3	25	The CHD Preparedness System will use the Statewide Inventory Resource Management System to manage all locally controlled preparedness assets. For those counties that currently have an electronic inventory management system the data will be exported for inclusion in IRMS.	June 2017		<b>Function 3: Planning Implementation:</b> a. Plans include procedures to operate a primary and back-up inventory management system (IMS) during an MCM incident.
10. Medical Surge Capability Function 1	26	The CHD Preparedness System must document the ability to conduct Healthcare Facility Assessments (Pre and Post Impact).	June 2017		
14. Responder Safety and Health Function 1	27	CHD Preparedness System must document a RSH program.	June 2019		<b>Function 1 Planning Implementation:</b> a. Plans include procedures for protecting public health staff and volunteer responders, to include 1) identifying and communicating medical and behavioral health risks, 2) validating health and safety recommendations with subject matter experts, and 3) identifying personal protective equipment (PPE), protective actions, or other mechanisms as they relate to an MCM mission.
14. Responder Safety and Health Function 1	28	CHD Preparedness System must document the designation of a Safety Officer during an incident.	June 2019	<b>Applies to the Operational Evaluation STANDARD 2.2: Contain/mitigate health problems and environmental public health hazards. Measure 2.2.3 A Complete After Action Reports (AAR)</b>	



Attachment 4. 2016-2019 CHD Preparedness Expectations – PHAB and MCM ORR Crosswalk

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Capability & Function	Deliverables		Complete by	PHAB Criteria Standards and Measures, Version 1.5 Measures for All Health Departments Crosswalk	ORR Criteria BP4 CRI CHDs Crosswalk
				The purpose of this measure is to assess the department's development of descriptions and analysis of performance after an emergency operation or exercise. This measure assesses the existence of After Action Reports.	
15. Volunteer Management Function 3	29	The CHD Preparedness System must document how to manage Spontaneous Volunteers.	December 2017		<b>Function 3 Planning Implementation:</b> b. Plans include a process for 1) badging volunteers, 2) managing spontaneous volunteers, and 3) coordinating with emergency management, or other jurisdictional lead, for support of public health volunteers
FEMA CORE Capability: Planning	30	Review the CHD Emergency Operations Plan (EOP) <i>annually</i> and <i>update</i> every five (5) years.	December 2016 December 2017 December 2018	<b>STANDARD 2.2: Contain/mitigate health problems and environmental public health hazards.</b> <b>Measure 2.2.2 A</b> <b>A process for determining when the All Hazards Emergency Operations Plan (EOP) will be implemented.</b> The purpose of this measure is to assess the health department's ability to know when their All Hazards Emergency Operations Plan (EOP) needs to be put into operation in order to address a natural disaster, terrorist event, disease outbreak or cluster, environmental public health hazard, or other emergency that threatens the population's health.  <b>STANDARD 5.4: Maintain an all hazards emergency operations plan.</b>	

**Attachment 4. 2016-2019 CHD Preparedness Expectations – PHAB and MCM ORR Crosswalk**

<b>Table 5. 2016-2019 CHD Expectations – PHAB and ORR Crosswalk</b>					
<b>Capability &amp; Function</b>	<b>Deliverables</b>		<b>Complete by</b>	<b>PHAB Criteria Standards and Measures, Version 1.5 Measures for All Health Departments Crosswalk</b>	<b>ORR Criteria BP4 CRI CHDs Crosswalk</b>
				<p><b>Measure 5.4.1 A</b>  <b>Process for the development and maintenance of an All Hazards Emergency Operations Plan (EOP).</b></p> <p><b>Purpose:</b>                      The purpose of this measure is to assess the health department's collaborative activities to organize coordinated responses to emergencies.</p> <p><b>Measure 5.4.2 A</b>  <b>Public health emergency operations plan (EOP)</b></p> <p><b>Purpose:</b>                      The purpose of this measure is to assess the health department's development and maintenance of the emergency operations plan.</p> <p>The public health EOP must include all of the following:                      a. Designation of the health department staff position that is assigned the emergency operations coordinator responsibilities                      b. Roles and responsibilities of the health department and its partners                      c. Communication networks or communication plan                      d. Continuity of operations</p> <p>3. Revision of the public health EOP including:                      a. A review meeting                      b. Revised public health EOP, as</p>	

**Attachment 4. 2016-2019 CHD Preparedness Expectations – PHAB and MCM ORR Crosswalk**

<b>Table 5. 2016-2019 CHD Expectations – PHAB and ORR Crosswalk</b>					
<b>Capability &amp; Function</b>	<b>Deliverables</b>		<b>Complete by</b>	<b>PHAB Criteria Standards and Measures, Version 1.5 Measures for All Health Departments Crosswalk</b>	<b>ORR Criteria BP4 CRI CHDs Crosswalk</b>
				needed	
FEMA CORE Capability: Planning	31	Maintain the CHD EOP, annexes and applicable county plans, based on threats identified in the JRA, in the State Plan Repository.	December 2016 December 2017 December 2018		

## Record of Changes

This guide has been update with the following changes:

Page	Language	Change
6	Evaluation Methodology c. Evaluation tools for planning documents: tools utilized to evaluate planning documents will be available to CHDs (e.g. County EOP Evaluation tool and AAR evaluation tools).	Deleted. No tools will be utilized to evaluate local planning documents. The elements requested will be identified within the documentation provided. County EOP Evaluation tool and AAR evaluation tools will not be distributed.
15	<b>Deliverable 11, Planning Element:</b> Evaluation Tools: CHD EOP Evaluation Tool.	Deleted. No tools will be utilized to evaluate local planning documents.
23	<b>Deliverable 19, Planning Element:</b> Reviews will be based on the SpNS Unit Evaluation tool.	Deleted. No tools will be utilized to evaluate local planning documents.
24	<b>Deliverable 21, Planning Element:</b> Evaluation Tools: CHD EOP Evaluation Tool.	Deleted. No tools will be utilized to evaluate local planning documents.