



# COUNTY HEALTH DEPARTMENT PREPAREDNESS EXPECTATIONS 2016-2019 GUIDANCE, YEAR 3, 2018-2019

**Community Preparedness Support Section  
Bureau of Preparedness and Response  
DEPCS**

**January 2018**

**County Health Department Preparedness Expectations 2016-2019 Guidance**  
**Year 3, 2018-2019**

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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 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.

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|--------------------|--|
| <b>Section 1.</b>  | Capability 1 Community Preparedness: Functions 1 and 2                     |
| <b>Section 2.</b>  | Capability 3 Emergency Operations Coordination: Functions 1, 2, 3, 4 and 5 |
| <b>Section 3.</b>  | Capability 4 Emergency Public Information and Warning: Function 5          |
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| <b>Section 10.</b> | 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. Because 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:

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

CHDs are responsible for:

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

### **Evaluation methodology**

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

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

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

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

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## Annual Budget Work plan

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

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

## Timeline

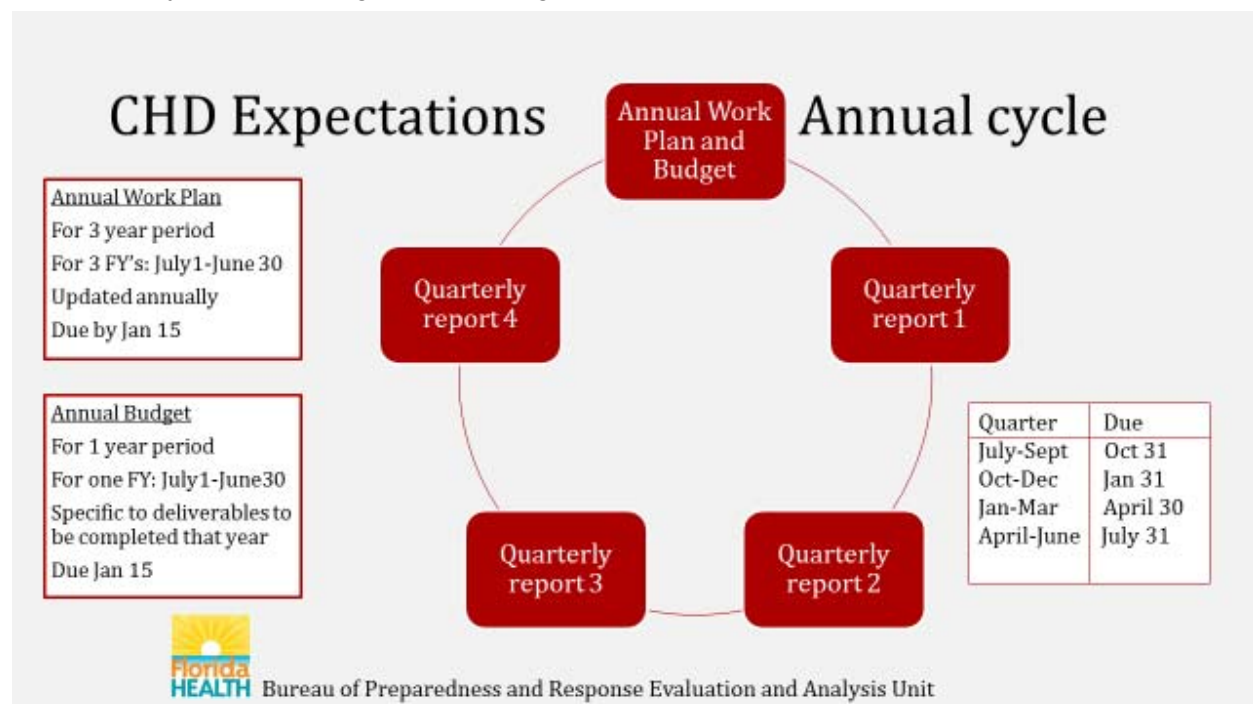
The 2016 – 2019 CHD Preparedness Expectations cover a three-year period divided annually as follows:

**Year 1:** July 2016 – June 2017

**Year 2:** July 2017 – June 2018

**Year 3:** July 2018 – June 2019

An annual cycle of planning and reporting is depicted below.



## **Terminology**

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

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

## Section 1

### Community Preparedness

#### PHEP Capability 1. Community Preparedness

Community preparedness is the ability of communities to prepare for, withstand, and recover — in both the short and long terms — from public health incidents. By engaging and coordinating with emergency management, healthcare organizations (private and community-based), mental/behavioral health providers, community and faith-based partners, state, local, and territorial, public health's role in community preparedness is to do the following:

- Support the development of public health, medical, and mental/behavioral health systems that support recovery
- Participate in awareness training with community and faith-based partners on how to prevent, respond to, and recover from public health incidents
- Promote awareness of and access to medical and mental/behavioral health resources that help protect the community's health and address the functional needs (i.e., communication, medical care, independence, supervision, transportation) of at-risk individuals
- Engage public and private organizations in preparedness activities that represent the functional needs of at-risk individuals as well as the cultural and socio-economic, demographic components of the community
- Identify those populations that may be at higher risk for adverse health outcomes
- Receive and/or integrate the health needs of populations who have been displaced due to incidents that have occurred in their own or distant communities (e.g., improvised nuclear device or hurricane).

**PHEP Function 1:** Determine risks to the health of the jurisdiction. Identify the potential hazards, vulnerabilities, and risks in the community that relate to the jurisdiction's public health, medical, and mental/behavioral health systems, the relationship of those risks to human impact, interruption of public health, medical, and mental/behavioral health services, and the impact of those risks on the jurisdiction's public health, medical, and mental/ behavioral health infrastructure.

#### Function 1 related deliverables and due dates

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



## Preparedness Evaluation Methodology

### Deliverable 1

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

**Operational Element:** N/A

### Deliverable 2

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

**Operational Element:** N/A

### Deliverable 3

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

**Operational Element:** N/A

### Deliverable 4

**Planning Element:** 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 Information System or other mechanism to map locations of at-risk populations
- Evidence of community involvement in determining areas for risk assessment or hazard mitigation
- Assessment of potential loss or disruption of essential services such as clean water, sanitation, or the interruption of healthcare services, public health agency infrastructure.

## PHEP Capability 1. Community Preparedness

**PHEP Function 2:** Build community partnerships to support health preparedness. Identify and engage with public and private community partners who can do the following: • Assist with the mitigation of identified health risks • Be integrated into the jurisdiction's all-hazards emergency plans with defined community roles and responsibilities related to the provision of public health, medical, and mental/behavioral health as directed under the Emergency Support Function #8 definition at the state or local level.

### Function 2 related deliverables and due dates

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

## Preparedness Evaluation Methodology

### Deliverable 5

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

**Operational Element:** N/A

### PHEP Capability Additional Information:

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

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

## Section 2

### Capability 3. Emergency Operations Coordination

#### PHEP Capability 3. Emergency Operations Coordination

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

**PHEP Function 1:** Conduct preliminary assessment to determine need for public activation. Define the public health impact of an event or incident and gather subject matter experts to make recommendations on the need for, and scale of, incident command operation.

#### Function 1 related deliverables and due dates

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

### Preparedness Evaluation Methodology

#### Deliverables 6

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

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

#### Deliverables 7

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

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

### **PHEP Capability Additional Information**

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

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

### PHEP Capability 3. Emergency Operations Coordination

**PHEP Function 2:** Activate public health emergency operations. In preparation for an event, or in response to an incident of public health significance, engage resources (e.g., human, technical, physical space, and physical assets) to address the incident or event in accordance with the National Incident Management System and consistent with jurisdictional standards and practices.

#### Function 2 related deliverables and due dates

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

### Preparedness Evaluation Methodology

#### Deliverable 8

**Planning Element:** The Group Manager assigns at least 3 CHD Decision Makers in Everbridge field “CHD Emergency Decision Makers”. This information in Everbridge is intended to be checked and kept current. A screen shot of the current CHD Emergency Decision Makers in Everbridge can be provided as evidence.

**Operational Element:** N/A

#### Deliverable 9

**Planning Element:** Local ESF8 Lead contact information is kept current. The CHD will provide information for the CHD contact in this format annually and updated as necessary.

County Name	Primary Contact Name	Position	Work Phone	Work Cell Phone	Personal Cell Phone	Home Phone	Email
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The information for the County EOC information will include:

County Name	EOC ESF 8 Desk Phone	EOC ESF 8 Fax	EOC ESF 8 Email Address
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**Operational Element:** N/A

### Deliverable 10

**Planning Element:** N/A

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

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

## Deliverable 11

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

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

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

## PHEP Capability Additional Information

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

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

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

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

#### Planning Resource Elements:

**P1: (Priority)** Written plans should include standard operating procedures that provide guidance for the management, operation, and staffing of the public health emergency operations center or public health functions within another emergency operations center. The following should be considered for inclusion in the standard operating procedures:

- Activation procedures and levels, including who is authorized to activate the plan and under what circumstances
- Notification procedures; procedures recalling and/or assembling required incident command/management personnel and for ensuring facilities are available and operationally ready for assembled staff



### PHEP Capability 3. Emergency Operations Coordination

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

#### Function 3 related deliverables and due dates

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

#### Preparedness Evaluation Methodology

##### Deliverable 12

**Planning Element:** Provide documentation that identifies an incident planning process that includes development of an IAP.

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

#### PHEP Capability Additional Information:

##### PHP Capabilities. National Standards for State and Local Planning:

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

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

##### Planning Resource Elements:

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

### PHEP Capability 3. Emergency Operations Coordination

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

**PHEP Function 4:** Manage and sustain the public health response. Direct ongoing public health emergency operations to sustain the public health and medical response for the duration of the response, including multiple operational periods and multiple concurrent responses.

#### Function 4 related deliverables and due dates:

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

### Preparedness Evaluation Methodology

#### Deliverable 13

**Planning Element:** Describe the CHD ability to establish an Incident Management Team (IMT). Evidence of this element may include a IMT chart or table of organization.

**Operational Element:** N/A

#### Deliverable 14

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

**Operational Element:** N/A

#### Deliverable 15

**Planning Element:** N/A

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

### PHEP Capability Additional Information:

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

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

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

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

### **Deliverable 14**

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

**P1: (Priority)** Written plans should include processes and protocols to ensure the continued performance of pre-identified essential functions during a public health incident and during an incident that renders the primary location where the functions are performed inoperable. This can be a stand-alone plan or annex but at a minimum the plan must include these elements:

- Definitions and identification of essential services needed to sustain agency mission and operations
- Plans to sustain essential services regardless of the nature of the incident (e.g., all-hazards planning)
- Scalable workforce reduction
- Limited access to facilities (e.g., social distancing and staffing or security concerns)
- Broad-based implementation of social distancing policies if indicated
- Positions, skills, and personnel needed to continue essential services and functions (Human Capital Management)
- Identification of agency vital records (e.g., legal documents, payroll, and staff assignments) that support essential functions and/or that must be preserved in an incident
- Alternate worksites
- Devolution of uninterruptible services for scaled-down operations
- Reconstitution of uninterruptible services

### PHEP Capability 3. Emergency Operations Coordination

**PHEP Function 5:** Demobilize and evaluate public health emergency operations. Release and return resources that are no longer required by the event or incident to their pre-ready state and conduct an assessment of the efforts, resources, actions, leadership, coordination, and communication utilized during the incident for the purpose of identifying and implementing continuous improvement activities.

#### Function 5 related deliverables and due dates

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

### Preparedness Evaluation Methodology

#### Deliverable 16

##### Planning Element:

Document a demobilization process with post-deployment responder safety, after action items, accountability and ensures return of assigned resources.

##### Operational Element: N/A

#### Deliverable 17

##### Planning Element: N/A

##### Operational Element:

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

### PHEP Capability Additional Information:

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

**P1: (Priority)** Written plans should include demobilization procedures for public health operations. The following should be considered for inclusion:

- General information about the demobilization process
- Responsibilities/agreements for reconditioning of equipment/resources
- Responsibilities for implementation of the Demobilization Plan
- General release priorities (i.e., resource type such as staff or equipment to be released) and detailed steps and processes for releasing those resources
- Directories (e.g., maps and telephone listings)

## Section 3

### Capability 4. Emergency Public Information and Warning

#### PHEP Capability 4. Emergency Public Information and Warning

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

**PHEP Function 5:** Issue public information, alerts, warnings, and notifications. Utilizing crisis and emergency risk communication principles; disseminate critical health and safety information to alert the media, public, and other stakeholders to potential health risks; reduce the risk of exposure to ongoing and potential hazards.

#### Function 5 related deliverables and due dates

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

#### Preparedness Evaluation Methodology

##### Deliverable 18

**Planning Element:** Provide planning evidence that identifies the process for communicating emergency public information and provide timeframes for CERC activities according to the type of threat.

**Operational Element:** N/A

## Section 4

### Capability 7. Mass Care Coordination

#### PHEP Capability 7. Mass Care Coordination

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

**PHEP Function 1:** Determine public health role in mass care operations. In conjunction with Emergency Support Function #6, #8, and #11 partners, emergency management, and other partner agencies, determine the jurisdictional public health roles and responsibilities in providing medical care, health services, and shelter services during a mass care incident.

#### Function 1 related deliverables and due dates

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

#### Preparedness Evaluation Methodology

##### Deliverable 19

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

**State Guidelines reference:**

Technical Assistance Guidelines General 12- Special Needs Shelters Planning

**Operational Element:** N/A

##### Deliverable 20

**Planning Element:** N/A

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

#### PHEP Capability Additional Information

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

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

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



## Section 5

### Medical Countermeasures Dispensing

#### PHEP Capability 8. Medical Countermeasures Dispensing

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

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

#### Function 2 related deliverables and due dates

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

#### Preparedness Evaluation Methodology

##### Deliverable 21

**Planning Element:** The CHD logistical system information is described.

**Operational Element:** N/A

#### PHEP Capability Additional Information

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

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

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

**Equipment and Technology Resource Elements:**

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

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

## PHEP Capability 8. Medical Countermeasures Dispensing

**PHEP Function 4:** Dispense medical countermeasures to identified population. Provide medical countermeasures to individuals in the target population, in accordance with public health guidelines and/or recommendations for the suspected or identified agent or exposure.

### Function 4 related deliverables and due dates

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

### Preparedness Evaluation Methodology

#### Deliverable 22

**Planning Element:** Provide county level reference documents [CHARTS Florida Access and Functional Needs Profile](#) and [emPOWER](#) data. Use the [CDC Public Health Workbook](#) to define, locate, and reach special, vulnerable, and at-risk populations in an emergency.

**Operational Element:** N/A

#### Deliverable 23

**Planning Element:** MCM dispensing procedures are provided.

**Operational Element:** N/A

#### Deliverable 24

**Planning Element:** N/A

**Operational Element:** Submission of AAR for a functional exercise or real-world event.

### **PHEP Capability Additional Information**

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

**P1: (*Priority*)** written plans should include processes and protocols to govern the dispensing of medical countermeasures to the target population.

- Protocol for screening and triaging patients, taking into consideration an assessment of patient characteristics to determine the medical countermeasure to dispense

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

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

## Section 6

### Medical Materiel Management and Distribution

#### PHEP Capability 9. Medical Materiel Management and Distribution

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

**PHEP Function 3:** Maintain updated inventory management and reporting system. Maintain inventory system for the jurisdiction's medical materiel for the life of the materiel, including acquisition, receipt, storage, transport, recovery, disposal, and return or loss.

#### Function 3 related deliverables and due dates

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

#### Preparedness Evaluation Methodology:

##### Deliverable 25

**Planning Element:** N/A

**Operational Element:** The CHD inventory of preparedness assets will be maintained in IRMS and reviewed for accuracy. Counties that currently have an alternate inventory management system must be able to export the data in the appropriate format for inclusion in IRMS. Evidence will include an IRMS report that shows annual activity for the CHD.

#### PHEP Capability Additional Information

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

**P1:** (Priority) written plans should include protocols for reporting to jurisdictional, state, regional, and federal authorities. At a minimum, report should include the following elements:

- Amount of materiel received (including receipt date/time and name of individual who accepted custody of materiel)
- Amount of materiel distributed
- Amount of materiel expired
- Current available balance of materiel

## Section 7

### Medical Surge Capability

#### PHEP Capability 10. Medical Surge Capability

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

**PHEP Function 1:** Assess the nature and scope of the incident. In conjunction with jurisdictional partners, coordinate with the jurisdiction's healthcare response through the collection and analysis of health data (e.g., from emergency medical services, fire service, law enforcement, public health, medical, public works, utilization of incident command system, mutual aid agreements, and activation of Emergency Management Assistance Compact agreements) to define the needs of the incident and the available healthcare staffing and resources.

#### Function 1 related deliverables and due dates

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

#### Preparedness Evaluation Methodology

##### Deliverable 26

**Planning Element:** Document the process to conduct and report Health Care Facility Assessments pre- and post-impact.

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

#### PHEP Capability Additional Information

##### PHP Capabilities, National Standards for State and Local Planning

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

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

## Section 8

### Responder Safety and Health

#### PHEP Capability 14. Responder Safety and Health

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

**PHEP Function 1:** Identify responder safety and health risks. Assist in the identification of the medical and mental/behavioral health risks (routine and incident-specific) to responders and communicate this information prior to, during, and after an incident.

#### Function 1 related deliverables and due dates:

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

### Preparedness Evaluation Methodology

#### Deliverable 27

**Planning Element:** A process for identifying risks and providing RSH information to responders is documented.

**Operational Element:** N/A

#### Deliverable 28

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

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

### PHEP Capability Additional Information

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

**P1: (Priority)** Written plans should include documentation of the safety and health risk scenarios likely to be faced by public health responders, based on pre-identified jurisdictional incident risks, which are developed in consultation with partner agencies (e.g., environmental health,

occupational health and safety, jurisdictional Local Emergency Planning Committee, risk-specific subject matter experts). This documentation should include the following elements:

- Limits of exposure or injury necessitating response
- Job-specific worker safety guides (e.g., radiation, heat, fire, and infrastructure damage resulting in other chemical release)
- Potential for post-event medical and mental/behavioral health follow-up assessments



## Section 9

### Volunteer Management

#### PHEP Capability 15. Volunteer Management

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

**PHEP Function 3:** Organize, assemble, and dispatch volunteers. Coordinate the assignment of public health agency volunteers to public health, medical, mental/behavioral health, and non-specialized tasks as directed by the incident, including the integration of interjurisdictional (e.g., cross-border or federal) volunteer response teams into the jurisdictional public health agency's response efforts.

#### Function 3 related deliverables

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

### Preparedness Evaluation Methodology

#### Deliverable 29

**Planning Element:** A planning document identifies a process to manage volunteers. This should include roles and responsibilities of any partner agencies that support the process.

**Operational Element:** N/A

### PHEP Capability Additional Information

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

**P1: (Priority)** Written plans should address anticipated volunteer needs in response to incidents or situations identified in the jurisdictional risk assessment including the following elements:

- Identification of functional roles
- Skills, knowledge, or abilities needed for each volunteer task or role
- Description of when the volunteer actions will happen
- Identification of jurisdictional authorities that govern volunteer liability issues and scope of practice

**P2: (Priority)** Written plans should include memoranda of understanding or other letters of agreement with jurisdictional volunteer sources.

**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)

## Section 10

### Planning

#### FEMA CORE Capability: Planning

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

#### Capability related deliverables and due dates

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

### Preparedness Evaluation Methodology

#### Deliverable 30

**Planning Element:** The CHD EOP is reviewed annually and updated every 5 years by the local planning group. The EOP includes a Hazard and Vulnerability Analysis section and risk assessment with actions to mitigate the risks. A current copy is uploaded into the designated quarterly report folder.

**Operational Element:** N/A

#### Deliverable 31

**Planning Element:** N/A

**Operational Element:** Submit or resubmit updated plans by upload into the county planning SharePoint site folder during quarterly reporting. The county will complete metadata fields to allow accessing by the Central Library maintained on the Inside Florida Health SharePoint website.

## Section 11

### Epidemiology

#### PHEP Capability 13. Surveillance and Epidemiological Investigation

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

**Function 1: Conduct public health surveillance and detection**

**Function 2: Conduct public health and epidemiological investigations**

**Function 3: Recommend, monitor, and analyze mitigation actions**

**Function 4: Improve public health surveillance and epidemiological investigation systems**

#### Capability related deliverables and due dates

No	Deliverables	Complete by		
				2018-2019
32	Complete the annual BOE Epidemiology Capacity Support Survey.			Annual
33	The CHD Preparedness System must maintain an Epidemiology Response Plan. Public Health Surveillance and Epidemiology Plans MUST have or have access to priority elements in PHEP Capability 13.			Annual

#### Preparedness Evaluation Methodology

##### Deliverable 32

**Planning Element:** Each county health department completes the annual Epidemiology Capacity Support Survey. The Bureau of Epidemiology distributes the survey tool.

**Operational Element:** The survey identifies the PHEP required priority skills and training for local Epi staff as well as the priority equipment and technology access.

##### Deliverable 33

**Planning Element:** The CHD Preparedness System has developed a concept of operations for Epidemiology Response that documents priority planning elements found in the PHP capabilities and listed below by function.

**Operational Element:** Submit plans by upload into the county planning SharePoint site folder during quarterly reporting. The county will complete metadata fields to allow access by the Central Library maintained on the Inside Florida Health SharePoint website.

### PHEP Capability Additional Information

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

##### Function 1:

**P1: (Priority)** Written plans should document the legal and procedural framework that supports mandated and voluntary information exchange with a wide variety of community partners, including those serving communities of color and tribes.

**P2: (Priority)** Written plans should include processes and protocols for accessing health information that follow jurisdictional and **federal** laws and that protect personal health information via instituting security and confidentiality policies.

**P3: (Priority)** Written plans should include processes and protocols to gather and analyze data from the following:

- Reportable condition surveillance (i.e., conditions for which jurisdictional law mandates name-based case reporting to public health agencies). Jurisdictions should plan to receive Electronic Laboratory Reporting for reportable conditions from healthcare providers using national Meaningful Use standards
- Syndromic surveillance systems. Jurisdictions are encouraged to establish or participate in such systems to monitor trends of illness or injury, and to provide situational awareness of healthcare utilization
- Surveillance of major causes of mortality, including the use of vital statistics as a data source
- Surveillance of major causes of morbidity
- Written plans should be able to adapt to include novel and/or emerging public health threats.

Gathering and analyzing data from the following sources should also be taken into consideration:

- Environmental conditions
- Hospital discharge abstracts
- Information from mental/behavioral health agencies
- Population-based surveys
- Disease registries
- Immunization registries/Immunization information systems
- Active case finding (e.g., by healthcare logs and record reviews)

**P4: (Priority)** Written plans should include procedures to ensure 24/7 health department access (e.g., designated phone line or contact person in place to receive reports) to collect, review, and respond to reports of potential health threats.

**P5: (Priority)** Written plans should include processes and protocols to notify CDC of cases on the Nationally Notifiable Infectious Disease List within the time frame identified on the list, including immediate notification when indicated. Electronic exchange of personal health information should meet applicable patient privacy-related laws and standards, including state or territorial laws. These include the Health Insurance Portability and Accountability Act, the Health Information Technology for Economic and Clinical Health Act, and standards from the National Institute of Standards and Technology and the Office of the National Coordinator for Health Information Technology of the U.S. Department of Health and Human Services. Plans should include procedures to move to electronic case notification using CDC's Public Health Information Network Case Notification Message Mapping Guides.

### Function 2:

**P1: (Priority)** Written plans should include investigation report templates that contain the following minimal elements:

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

- Key investigators and/or report authors – names and titles are critical to ensure that lines of communication with partners, clinicians, and other stakeholders can be established.

### **Function 3:**

**P1: (Priority)** Written plans should include protocols for recommending and initiating, if indicated, containment and mitigation actions in response to public health incidents. Protocols include case and contact definitions, clinical management of potential or actual cases, the provision of medical countermeasures, and the process for exercising legal authority for disease, injury, or exposure control. Protocols should include consultation with the state or territorial epidemiologist when warranted.

### **Function 4:**

**P1: (Priority)** Written plans should include procedures to communicate the improvement plan to key stakeholders (including groups representing at-risk populations) and to implement corrective actions identified in the improvement plan.

## Record of changes for 2017/18

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

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

## Record of changes for 2018/19

<b>Deliverable 4</b>	Planning element clarified, removed “DOH BPR approval of”
<b>Deliverable 8</b>	Clarify the reporting requirement, change to annual deliverable
<b>Deliverable 9</b>	Clarify the reporting requirement, remove sending to BPRCHD mailbox
<b>Deliverable 12</b>	Clarify the reporting requirement for evaluation purposes
<b>Deliverable 13</b>	Clarify the reporting requirement for evaluation purposes
<b>Deliverable 16</b>	Clarify the reporting requirement for evaluation purposes
<b>Deliverable 18</b>	Clarify the reporting requirement for evaluation purposes
<b>Deliverable 21</b>	Clarify the reporting requirement for evaluation purposes
<b>Deliverable 22</b>	Clarify the reporting requirement for evaluation purposes, inserted hyperlinks to specific references
<b>Deliverable 23</b>	Clarify the reporting requirement for evaluation purposes
<b>Deliverable 24</b>	Clarify the reporting requirement for evaluation purposes



<b>Deliverable 25</b>	Clarify the reporting requirement for evaluation purposes
<b>Deliverable 26</b>	Clarify the reporting requirement for evaluation purposes
<b>Deliverable 27</b>	Clarify the reporting requirement for evaluation purposes
<b>Deliverable 29</b>	Removed “spontaneous”, clarified reporting requirement, added priority elements of planning from national standards
<b>Epidemiology expectations – Section 11</b>	Added
<b>Deliverable 32</b>	Added
<b>Deliverable 33</b>	Added