

2011 County Health Department (CHD) Expectations
Draft – 7-15-11

In Florida, preparedness is operationalized in three overlapping structures: public health and health care, emergency management, and domestic security. Public Health and Medical Preparedness is essential to achieving the Florida Department of Health’s mission to promote, protect and improve the health of people in Florida. Facilitating collaboration among the state’s health care partners, including pre-hospital, hospital, and medical practitioners, is critical in order to respond as a system of care. The goals, objectives and strategies in Florida’s *2011-2013 Public Health and Health Care (PHHP) Strategic Plan* unify the principles of the three structures and provide the direction for preparing the state’s health and medical system.

The Department of Health has dual responsibilities in preparedness and response. First, to maintain the ability to provide core public health services through the development of local and state emergency operations plans. Second, to coordinate the public health and medical system preparedness and response activities through the development of county comprehensive emergency management plans and the state comprehensive emergency management plan. The intent of this document is to help define expectations for those preparedness and response activities that are required by statute, policy, and/or funding. Additionally, these expectations align with Florida’s Domestic Security Strategy and the 2011-2013 *PHHP Strategic Plan*. Ensuring preparedness for our citizens and visitors requires a continuous cycle of developing plans, training to these plans, testing the plans through exercises or real events, evaluating outcomes through after action reports, and implementing improvements. History has shown that the public will look to the healthcare system to provide information, guidance, and care during any situation that threatens to impact their health.

COUNTY HEALTH DEPARTMENT EXPECTATIONS

Expectation	Definition	PHHP SP Objective	Associated Measures
<p>County Health Department has an Emergency Operations Plan and an established planning process that addresses the following items:</p> <ul style="list-style-type: none"> • Hazard/Vulnerability Analysis • Continuity of Operations • Alert/Notification Process • Communications • Public Information • Isolation/Quarantine • Pandemic Influenza • Special Needs Sheltering 	<p>All county, regional, and state all hazard response plans will align with requirements of the National Response Framework and NIMS requirements. Additionally, these plans will be developed in collaboration with community stakeholders and clearly identify linkages to larger community planning activities/processes.</p> <p>Included within the plans should be:</p> <ul style="list-style-type: none"> • Identification and prioritization, based on lethality and large population exposure, of hazards that potentially impact human health. • Continuity of public health operations • A process for alerting and notifying internal incident response information using an established system. This system shall collect, manage, and coordinate information about the event and response activities and be available 24/7/365 to reach at least 90% of key stakeholders. • An interoperable communications process for the county health department that ensures redundancy through multiple systems. • Systems and process for communicating public information need to be able to handle large call volumes (at least 1% of the county's households), contain formats appropriate for vulnerable populations including those with disabilities and those that are non-English speaking, and effectively disseminate health and safety information to the public 	<p>Objective 1.2</p>	<p>Self-reported via BPR annual survey</p> <p>CHD EOP addresses identified key factors: 5 – Completely meets expectation 4 – Substantial progress in meeting expectation 3 – Moderate progress in meeting expectation 2 – Limited progress in meeting expectation 1 – No progress in meeting expectation</p> <p>CHD EOP has been exercised during the past 12 months. 5 – Completely meets expectation 4 – Substantial progress in meeting expectation 3 – Moderate progress in meeting expectation 2 – Limited progress in meeting expectation 1 – No progress in meeting expectation</p>

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	<ul style="list-style-type: none"> Isolation and quarantine processes will include coordination of law enforcement, provision of services and monitoring of those under isolation and quarantine, and management of public information releases. Pandemic Influenza planning shall include processes for surveillance and outbreak investigation, elements unique to pandemic influenza response, and integration with community pandemic influenza planning. Plans for supporting /accommodating vulnerable needs populations including Special Needs Sheltering plans will be developed in collaboration with local emergency management and other appropriate agencies that defines the community's approach to sheltering persons with special needs. 		
<p>CHD Point of Dispensing or health care delivery point and/or Mass Prophylaxis</p>	<p>Mass prophylaxis plan activities need to minimize the time needed to dispense mass therapeutics and/or vaccines, and align with the requirements of the Strategic National Stockpile guidance. Additionally, plans must include processes that can ensure mass vaccination requirements for highly infectious diseases can be accomplished in the appropriate timeframes. Additionally these plans must include methodology for data management. including throughput time.</p>	<p>Objective 4.2</p>	<p>Annual SNS Score or CRI Score (data provided by BPR)</p> <p>90-100% - completely meets 60-89% - significant progress 40-59% - moderate progress 20-39% - limited progress 0-19% - no progress</p> <p>Note: Measure may be replaced by 2011 PHEP SNS Composite Measure</p>
<p>CRI Counties: Cities Readiness Initiative Program is implemented based on program standards.</p>	<p>To minimize the loss of lives during a catastrophic public health emergency by providing needed drugs to 100% of the population within 48 hours</p>	<p>Objective 4.2</p>	<p>Data provided by BPR:</p> <p>CRI counties Local Technical Assistance Review score during the annual CRI assessment</p>

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			<p>90-100% - completely meets 60-89% - significant progress 40-59% - moderate progress 29-39% - limited progress 0-19% - no progress</p> <p>Note: Measure may be replaced by 2011 PHEP SNS Composite Measure</p>
<p>Articulate response roles to all employees, document roles in Emergency Operations Plan and emergency response requirement in position descriptions.</p>	<p>All position descriptions are to reflect that emergency response is a requirement. (DOH Emergency Duty Guidelines 5/1/06)</p>	<p>Objective 1.3</p>	<p>Self-reported via BPR annual survey</p> <p>100% of employees with response requirement documented in position description: 5 – Completely meets expectation 4 – Substantial progress in meeting expectation 3 – Moderate progress in meeting expectation 2 – Limited progress in meeting expectation 1 – No progress in meeting expectation</p>
<p>Identify staff to participate on Regional Public Health Response Teams</p>	<p>The Department of Health, to assure compliance with the National Incident Management System (NIMS), will utilize the asset typing methods consistent with the Incident Command System (ICS) to respond to disasters and events for Florida. (DOH Policy 310-1-06)</p>	<p>Objective 1.3</p>	<p>Self-reported via BPR annual survey</p> <p>CHD employees serving on response teams: 5 – Completely meets expectation 4 – Substantial progress in meeting expectation 3 – Moderate progress in meeting expectation 2 – Limited progress in meeting expectation 1 – No progress in meeting expectation</p>
<p>Key health and medical stakeholders are registered users of Florida Department of Health Emergency Notification System (FDENS) and Homeland Security Information Network (HSIN).</p>	<p>Information systems for 24/7/365 notification/alerting of public health emergency response must be in place to reach at least 90% of key stakeholders.</p>	<p>Objective 2.2</p>	<p>Data provided by FDENS:</p> <p>Percentage of users alerted who confirm alert during test and real events (data to be provided by PHP as measured through FDENS drills) Target= 90%</p> <p>Score 90-100% - completely meets</p>

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			<p>60-89% - significant progress 40-59% - moderate progress 29-39% - limited progress 0-19% - no progress</p> <p>Self-reported via BPR annual survey:</p> <p>All key health and medical stakeholders registered on FDENS: 5 – Completely meets expectation 4 – Substantial progress in meeting expectation 3 – Moderate progress in meeting expectation 2 – Limited progress in meeting expectation 1 – No progress in meeting expectation</p>
<p>County Health Department has a preparedness training and exercise program that is NIMS and HSEEP compliant which includes the following:</p> <ul style="list-style-type: none"> • ICS training plan which provides appropriate levels of training based on identified response roles • Assure provider preparedness education 	<p>Training and exercise plan requirements include:</p> <ul style="list-style-type: none"> • National Incident Management System (NIMS) and Incident Command System (ICS) compliance requirements • ICS training for specific response functions • HSEEP Compliant Exercise plans that test horizontal and vertical integration with response partners • Evaluation process that includes after action reports and corrective action plans • Mechanism for assuring that local physicians and other providers are educated on diagnosis and treatment of infectious, chemical, or radiological diseases or conditions that may result from a terrorism-associated event. <p>DOH Training Policy DOH 180-1-06)</p>	Objective 1.3	<p>Self-reported via BPR annual survey:</p> <p>CHD training/exercise programs meet HSEEP standards: 5 – Completely meets expectation 4 – Substantial progress in meeting expectation 3 – Moderate progress in meeting expectation 2 – Limited progress in meeting expectation 1 – No progress in meeting expectation</p>
<p>County Health Department maintains and tests a process for 24/7/365 reporting of cases</p>	<p>Processes must be in place and maintained for 24/7/365 reporting to the public health agency of suspicious symptoms, illnesses, or</p>	Objective 5.1	<p>Data provided via Bureau of Epidemiology Accessibility Report:</p>

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and suspect cases.	circumstances.		Process exists to ensure 24/7/365 reporting of cases and suspected cases: 5 = Pass 1 = Fail
County Health Department has mechanism to receive reports of diseases/illnesses and capability to investigate consistent with needs of county.	Processes must be in place to minimize delays in disease reporting in order to expedite the initiation of appropriate mitigation and control interventions.	Objective 5.1	Data provided via Bureau of Epidemiology Performance Report: 75% or higher rate of disease reporting within 14 days: 5 = Pass 1 = Fail Data provided via Bureau of Epidemiology Data Quality Report: 30% or less annual error rate or unknown values for selected diseases. 5 = Pass 1 = Fail Data provided via Bureau of Epidemiology Education/Training Report: Counties with population greater than 100,000: Epidemiologist calls in to at least 20 Bi-weekly Epi Conference Calls per year and attends 3 Grand Rounds presentations per year: 5 = Pass 1 = Fail Counties with population less than 100,000: Epidemiologist calls into at least 12 bi-weekly epidemiology conference calls during year and attends 3 Grand Rounds presentations per year:

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			5 = Pass 1 = Fail
County Health Departments are knowledgeable of protocols for early detection devices located in their community.	In collaboration with lead authority, identify appropriate response roles and understand protocols for environmental early event detection devices located in applicable communities.	Objective 5.1	Self-reported via BPR annual survey: For Biowatch areas, the CHD is actively engaged in local Biowatch Advisory Committee. 5 – Completely meets expectation 4 – Substantial progress in meeting expectation 3 – Moderate progress in meeting expectation 2 – Limited progress in meeting expectation 1 – No progress in meeting expectation
County Health Departments have a disease surveillance process in place that integrates multiple venues (e.g. Hospitals, walk-in clinics, etc)	Develop and maintain a surveillance network for early biological event detection and situational awareness.	Objective 5.1	Self-reported via BPR annual survey: A surveillance network for biological event detection system is in place: 5 – Completely meets expectation (75% of venues participate) 4 – Substantial progress in meeting expectation (50% of venues participate) 3 – Moderate progress in meeting expectation (25% of venues participate) 2 – Limited progress in meeting expectation (Less than 25% of venues participate) 1 – No progress in meeting expectation
Develop Risk and Crisis Communications Capability within the County	Ensure there is an integrated system to disseminate appropriate and timely public information and address media needs in collaboration with response partners during urgent/emergent situations.	Objective 1.4	Self-reported via BPR annual survey: System exists to disseminate timely public information: 5 – Completely meets expectation 4 – Substantial progress in meeting expectation 3 – Moderate progress in meeting expectation 2 – Limited progress in meeting expectation 1 – No progress in meeting expectation
County Health Department has	A system needs to be in place to address at a	Objective 4.1	Self-reported via BPR annual survey:

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an established Employee Health and Safety Program that meets the needs of response.	minimum the following employee health and safety needs during emergency response: <ul style="list-style-type: none"> • Development of appropriate employee health and safety plans/guidelines • Issuance of and use training on appropriate personal protective equipment • Track vaccinations/prophylaxis status of public health responders • Methodology for communicating appropriate infection control requirements • Access to behavioral health services 		Employee Health and Safety Program established: 5 – Completely meets expectation 4 – Substantial progress in meeting expectation 3 – Moderate progress in meeting expectation 2 – Limited progress in meeting expectation 1 – No progress in meeting expectation
Partner with county Emergency Management and other community partners to develop health and medical response for the County Comprehensive Emergency Management Plan.	The following should be addressed as a part of the planning process: <ul style="list-style-type: none"> • Response structure should be in compliance with NIMS standards • Mass care and medical support services • Special Needs Population Sheltering • Medical Evacuation • Medical and medical system service recovery and restoration • Environmental assessment and notification of related health risks • Dissemination of health information and messaging to the public • Mass Fatality Management 	Objectives 1.2, 2.1, 3.1, 3.2 and 6.3	Self-reported via BPR annual survey: County CEMP addresses mass care and medical support services and is NIMS compliant: 5 – Completely meets expectation 4 – Substantial progress in meeting expectation 3 – Moderate progress in meeting expectation 2 – Limited progress in meeting expectation 1 – No progress in meeting expectation Mass care and medical support services exercised within past 12 months: 5 – Completely meets expectation 4 – Substantial progress in meeting expectation 3 – Moderate progress in meeting expectation 2 – Limited progress in meeting expectation 1 – No progress in meeting expectation
Engage with RDSTF Health and Medical activities	The statewide strategy to address prevention, preparation, protection, response, and recovery efforts in dealing with potential or actual terrorist acts within or affecting this state. (Florida Statute 943.0312)	Objective 1.1	Self-reported via BPR annual survey: CHD senior leaders participate in regional health and medical meetings: 5 – Completely meets expectation 4 – Substantial progress in meeting expectation

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			3 – Moderate progress in meeting expectation 2 – Limited progress in meeting expectation 1 – No progress in meeting expectation
Update county health and medical profile bi-annually (next update 2012)	Through updated county profiles, ensure knowledge and situational awareness of all county systems, capability and capacities within their region.	Objective 1.2	Self-reported via BPR annual survey : County health and medical profile updated within past 12 months: 5 – Completely meets expectation 4 – Substantial progress in meeting expectation 3 – Moderate progress in meeting expectation 2 – Limited progress in meeting expectation 1 – No progress in meeting expectation