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# Florida Department of Health

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2014-2016 Multi-Year  
Training and Exercise  
Plan

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Bureau of Preparedness and  
Response

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## Introduction

The Florida Division of Emergency Management (DEM) is responsible for developing and maintaining the State of Florida Multi-Year Training and Exercise Plan (MYTEP). That document represents all of the Domestic Security interdisciplinary training and exercise goals and is updated and refined annually. DEM utilizes a standard roll up collection process that allows for inputs from both the county and state departments, including the Department of Health representing the Public Health and Healthcare Preparedness (PHHP) system. The State of Florida MYTEP provides a roadmap for Florida to follow in accomplishing the priorities described in Florida's Domestic Security Strategic Plan. Each State priority is linked to a corresponding National Priority, and, if applicable, an Improvement Plan (IP) action item. The priority is further linked to the associated target capabilities that would facilitate accomplishment of the priority and the training and exercises that will help the jurisdiction obtain those capabilities and achieve that priority.

This Public Health and Healthcare Preparedness (PHHP) MYTEP is one of several inputs into the State of Florida MYTEP. The document is updated annually and follows a similar roll up collection process as utilized by DEM. The PHHP MYTEP is published in the month of March and submitted to the DEM for inclusion in the State of Florida MYTEP. The PHHP MYTEP provides the framework for training and exercise priorities to meet the goals, objectives and strategies of the Florida Public Health and Healthcare Preparedness Strategic Plan. This plan is in effect from 1 April 2014 through 31 March 2016 or until superseded.

As the MYTEP process evolves, the Florida Department of Health will continue to strive in reaching coalitions, incorporating, coordinating or consolidating Hospital Preparedness Programs (HPP) and Public Health Emergency Preparedness Capabilities. Future revisions to this document will include a five-year exercise strategy versus the current three year strategy and will incorporate grant required templates, as required.

## Purpose and Scope

The purpose of this *2014-2016 PHHP MYTEP* is to provide training and exercise priorities and strategies to support the *Florida Public Health and Healthcare Preparedness Strategic Plan*, hereafter cited as the "PHHP Strategic Plan." PHHP Strategic Plan Goal 1, Objective 1.3 defines the training and exercise outcome in the following way: "Training and exercises are targeted to close priority gaps in readiness and sustain readiness capabilities achieved. Evaluation quantifies progress towards desired levels of readiness." The Strategic plan capabilities align with federal guidance documents and for the purposes of this document are grouped as follows:

- Risk Management (state level only)
- Planning
- Crisis and Emergency Risk Communications / Emergency Public Information and Warning
- Emergency Operations Coordination (ESF8)
- Information Sharing
- Medical Logistics / Medical Materiel Management and Distribution
- Public Health and Healthcare Responder Management / Volunteer Management
- Medical Surge / Emergency Triage and Pre-Hospital Treatments
- Mass Care



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- Fatality Management
- Medical Countermeasure Dispensing
- Non-Pharmaceutical Interventions
- Responder Safety and Health
- Surveillance and Epidemiology Investigation / Environmental Health
- Laboratory Testing
- Community Preparedness / Critical Infrastructure
- Community and Healthcare System Recovery

In addition to the PHHP Strategic Plan, the 2014-2016 MYTEP priorities were identified using the following national standards:

- ASPR Healthcare Preparedness Capabilities, January, 2012
- CDC Public Health Preparedness Capabilities: National Standards for State and Local Planning, March 2011
- After Action Report Data from Statewide Exercises and real events

The PHHP MYTEP covers training and exercise priorities that are common across the entire state. In addition, the public health and healthcare community is encouraged to participate in their county Emergency Management MYTEP process; this ensures that their community priorities are addressed. To foster coordination, increase collaboration and to be more efficient all agencies hosting public health and healthcare related training and exercise events are invited to post the information on the Department of Health Training and Exercise Calendar. Identified training and exercise needs are targets that county health departments and capabilities will strive to achieve in the identified year group. No County Health Department (CHD) or capability lead is anticipated to meet every training or exercise objective for every capability identified in the tables, but strive to meet those that are of the highest priority for them in addition to other localized priorities that may not have been included here. The Florida Division of Emergency Management's annual Statewide Hurricane Exercise is a mandatory exercise for all Department of Health entities with response or support responsibilities.

The Florida Department of Health utilizes the Homeland Security Exercise and Evaluation Program (HSEEP) as the standard for exercise management. Adherence to the policy and guidance presented in the HSEEP methodology ensures that exercise programs conform to established best practices and helps provide unity and consistency of effort for exercises at all levels of government.

## Methods

In February 2013, a Training and Exercise Planning Workshop (TEPW) was conducted where local level county health department's input was collected and consolidated by regional representatives and presented at the TEPW. In addition, central office Capability Team representatives were asked to present a state level perspective for gaps in capability that can be addressed by training and exercises. Each of the 20 participants provided the following inputs:

- Top 5 existing training requests for 2014-2016 by *PHP capability area*
- Top 5 new training needs by *PHP capability area*



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- Incident Command System or related emergency management training requests by level or ICS position
- Top 3 exercise objectives by capability area

**Training and Exercise Priorities by Capability**

Results: (N) designates training that is new and needs to be developed or identified.

Risk Management (state level only)		
Training Priorities		
2014	2015	2016
1. Program Manager Training, Operations or Technician Level (N)	1. Program Manager Training, Operations or Technician Level (N)	1. Program Manager Training, Operations or Technician Level (N)
2. Project Management (N)	2. Project Management (N)	2. Project Management (N)
Exercise Priorities		
1. Not Applicable	1. Not Applicable	1. Not Applicable



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Planning		
Training Priorities		
2014	2015	2016
1. Technician training on writing and updating a MYTEP	1. COOP 101, Effective COOP planning	1. Comprehensive Preparedness Guide (CPG) New Planning Guides
2. Technician training on Comprehensive Preparedness Guide 101	2. Training in writing tactical plans (SOG/SOP) (N)	2. Training in writing tactical plans (SOG/SOP) (N)
3. Hazard Vulnerability Assessment (HVA) Tools, Technician Level (N)	3. Hazard Vulnerability Assessment Tools, Technician Level (N)	3. Hazard Vulnerability Assessment Tools, Technician Level (N)
4. COOP Awareness	4. COOP Awareness	4. COOP Awareness
5. FEMA EMI IS 235.b, Emergency Planning	5. FEMA EMI IS 235.b, Emergency Planning	5. FEMA EMI IS 235.b, Emergency Planning
6. Orientation to new and updated plans	6. Orientation to new and updated plans	6. Orientation to new and updated plans
Exercise Priorities		
1. Continuity of Operations (COOP) Tabletop Exercise	1. Continuity of Operations (COOP) Tabletop Exercise	1. Continuity of Operations (COOP) Functional/Operational Exercise
	2. Continuity of Operations (COOP) Functional/Operational Exercise	2. Continuity of Operations (COOP) Tabletop Exercise



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Crisis and Emergency Risk Communication / Emergency Public Information and Warning		
Training Priorities		
2014	2015	2016
1. DOH Media Skills, Operations Level	1. DOH Media Skills, Operations Level	1. DOH Media Skills, Operations Level
2. G-290 or Basic DOH Risk Communication, Operations level	2. G-290 or Basic DOH Risk Communication, Operations level	2. G-290 or Basic DOH Risk Communication, Operations level
3. L952 All Hazards Public Information Officer (PIO)	3. DOH Intermediate Crisis and Risk Communications Workshop	3. L-952 All Hazards PIO
4. Basic Crisis and Emergency Risk Communications (CERC) (CDC)	4. Basic CERC (CDC)	4. Basic CERC (CDC)
5. SNS PIO training offered by CDC	5. SNS PIO training offered by CDC	5. SNS PIO training offered by CDC
6. Public Information and communications during a medical countermeasure response	6. PIO training for special needs sheltering	6. PIO training for special needs sheltering
7. PIO training to address special needs sheltering	7. E388 – Advanced Public Information Officer	
Exercise Priorities		
1. Activate plans, procedures, and policies for coordinating, managing, and disseminating public information and warnings.	1. Establish/Manage operations of a JIC/VJIC in support of SNS operations	1. Establish/Manage operations of a JIC/VJIC in support of SNS operations
2. Advise local IC on multi-faceted public inform matters	2. Respond to informational needs of pubic as required	2. Upon deciding public information services are no longer needed, close the JIC





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		and demobilize personnel.
3. Monitor media, handle medical and public inquiry	3. Upon receiving Protective Action Decisions, issue emergency public warnings through established warning systems.	3. Establish frequently updated emergency information hotline and website.
4. Upon activation, track inquiries for rumors	4. Upon activation, track inquiries for rumors	4. Upon activation, track inquiries for rumors
5. Upon deciding public information services are no longer needed, close the JIC and demobilize personnel.	5. Activate plans, procedures, and policies for coordinating, managing, and disseminating public information and warnings.	5. Activate plans, procedures, and policies for coordinating, managing, and disseminating public information and warnings.



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Emergency Operations Coordination (ESF8)		
Training Priorities		
2014	2015	2016
1. ESF-8 Operations Level Training and Technician level training on response roles (N)	1. ESF-8 Operations Level Training (N)	1. ESF-8 Operations Level Training (N)
2. IS-200.b ICS for Single Resources and Initial Action Incidents	2. IS-200.b ICS for Single Resources and Initial Action Incidents	2. IS-200.b ICS for Single Resources and Initial Action Incidents
3. Intermediate Incident Command System (ICS) for Expanding Incidents, ICS-300	3. Intermediate Incident Command System (ICS) for Expanding Incidents, ICS-300	3. Intermediate Incident Command System (ICS) for Expanding Incidents, ICS-300
4. Advanced Incident Command System (ICS), Command and General Staff— Complex Incidents, ICS-400	4. Advanced Incident Command System (ICS), Command and General Staff— Complex Incidents, ICS-400	4. Advanced Incident Command System (ICS), Command and General Staff— Complex Incidents, ICS-400
5. L962 NIMS ICS All-Hazards Planning Section Chief	5. L960 NIMS ICS All-Hazards Division/Group Supervisor Course	5. Radiological response training and role of ESF-8
6. NIMS ICS All-Hazards Position-Specific: Incident Commander (IC) Course (E/L950)	6. Post-Impact Assessment Local Damage Assessment (G556) Rapid Needs Assessment (G557)	6. NIMS ICS All-Hazards Position-Specific: Incident Commander (IC) Course (E/L950)
7. NIMS ICS All-Hazards Position-Specific: Operations Section Chief (OSC) Course (E/L958)	7. NIMS ICS All-Hazards Position-Specific: Incident Commander (IC) Course (E/L950)	7. NIMS ICS All-Hazards Position-Specific: Operations Section Chief (OSC) Course (E/L958)
8. NIMS ICS All-Hazards Position-Specific: Situation Unit Leader (SITL) Course	8. NIMS ICS All-Hazards Position-Specific: Operations Section Chief (OSC) Course (E/L958)	8. NIMS ICS All-Hazards Position-Specific: Situation Unit Leader (SITL) Course (E/L964)



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(E/L964)		
9. NIMS ICS All-Hazards Position-Specific: Resources Unit Leader (RESL) Course (E/L965)	9. NIMS ICS All-Hazards Position-Specific: Situation Unit Leader (SITL) Course (E/L964)	9. NIMS ICS All-Hazards Position-Specific: Logistics Section Chief (LSC) Course (E/L967)
10. NIMS ICS All-Hazards Position-Specific: Supply Unit Leader (SPUL) Course (E/L970)	10. NIMS ICS All-Hazards Position-Specific: Resources Unit Leader (RESL) Course (E/L965)	10. NIMS ICS All-Hazards Position-Specific: Supply Unit Leader (SPUL) Course (E/L970)
11. NIMS ICS All-Hazards Position-Specific: Finance/Administration Section Chief (FSC) Course (E/L973)	11. NIMS ICS All-Hazards Position-Specific: Supply Unit Leader (SPUL) Course (E/L970)	11. NIMS ICS All-Hazards Position-Specific: Supply Unit Leader (SPUL) Course (E/L970)
12. NIMS ICS All-Hazards Position-Specific: Finance/Administration Unit Leader (FAUL) Course (E/L975)	12. NIMS ICS All-Hazards Position-Specific: Supply Unit Leader (SPUL) Course (E/L970)	12. NIMS ICS All-Hazards Position-Specific: Finance/Administration Unit Leader (FAUL) Course (E/L975)
13. NIMS ICS All-Hazards Position-Specific: Liaison Officer (LOFR) Course (E/L956)	13. NIMS ICS All-Hazards Position-Specific: Finance/Administration Unit Leader (FAUL) Course (E/L975)	13. NIMS ICS All-Hazards Position-Specific: Liaison Officer (LOFR) Course (E/L956)
14. Inter-Team Command and Communication (N)	14. NIMS ICS All-Hazards Position-Specific: Liaison Officer (LOFR) Course (E/L956)	14. Inter-Team Command and Communication (N)
15. ESF-8/Emergency Operations Plan Technician Training (Central Office-Monthly)	15. ESF-8/Emergency Operations Plan Technician Training (Central Office-Monthly)	15. ESF-8/Emergency Operations Plan Technician Training (Central Office-Monthly)
16. G775 - EOC Management and Operations	16. Critical Decision Making During A Crisis (N)	16. G191 - Incident Command System/Emergency Operations Center



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		Interface
17. G191 - Incident Command System/Emergency Operations Center Interface	17. Inter-Team Command and Communication (N)	
18. NIMS ICS All-Hazards Position-Specific: Liaison Officer (LOFR) Course (E/L956)		
<b>Exercise Priorities</b>		
1. Activate public health and medical response system within 60 minutes.	1. Conduct Health Facility field assessments using Task Force concept to include; tactical priority assign, multi-disciplinary assessment teams	1. Revise and brief staff on the Incident Action Plan at least at the start of each new operational period. Incident Action Plans must include the following: <ul style="list-style-type: none"> <li>• What was accomplished in the previous operational period</li> <li>• What is to happen in the next operational period</li> </ul>
2. Produce or contribute to an IAP to include; objectives, incident assignment list, risk assessment, and other elements as identified by the CDC Public Health Capabilities document prior to the start of the second operational period.	2. Implement comprehensive resource tracking & recovery system to account for: 100% of resources check in/check-out, report on all deployed resources.	2. Activate ESF8 Incident Management Teams (IMTs) utilizing secondary/tertiary staff to manage incident operations.
3. Establish & maintain situational awareness using information gathered from medical, public health, and other health stakeholders	3. Activate ESF8 IMTs utilizing secondary/tertiary staff to manage incident operations.	3. Return resources to a condition of "normal state of operation" as appropriate. i.e., archiving records, restoring systems, supplies, and staffing to a pre-incident state.



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4. Track & account for all public health resources during public health response	4. Return resources to a condition of “normal state of operation” as appropriate. i.e., archiving records, restoring systems, supplies, and staffing to a pre-incident state.	
5. Conduct shift change briefings between outgoing and incoming public health staff to communicate priorities, status of tasks and safety guidance.		



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Information Sharing		
Training Priorities		
2014	2015	2016
1. Situational Awareness Common Operating Picture Quarterly in service	1. Florida Department of Health Emergency Notification System (FDENS ) or new system train the trainer and statewide training (N)	1. Awareness level Laws and Policies (N)
2. Data Systems (e.g., GIS, FNRMS)	2. Awareness level Laws and Policies (N)	2. NIMS ICS All-Hazards Position-Specific: Situation Unit Leader (SITL) Course (E/L964)
3. Awareness level Laws and Policies (N)	3. NIMS ICS All-Hazards Position-Specific: Situation Unit Leader (SITL) Course (E/L964)	
4. NIMS ICS All-Hazards Position-Specific: Situation Unit Leader (SITL) Course (E/L964)		
5. Florida Fusion Center Awareness level training (N)		
6. System Administrator for disaster recovery of DOH IT systems.		
Exercise Priorities		
1. Identify and develop rules and data elements for sharing between local and state agencies	1. Exercise Data/Info sharing between internal/external agencies	
	2. Demonstrate ability to integrate fusion information into Public Health & Medical response within 15 minutes of receipt.	



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Medical Logistics / Medical Materiel Management and Distribution		
Training Priorities		
2014	2015	2016
1. Inventory Resource Management System (IRMS) Training	1. Per 220 FEMOR response to domestic bio incidents (Region 7)	1. RSS Site Refresher Training
2. SNS materiel distribution for single drop sites	2. RSS Site Refresher Training	2. IRMS Refresher Training
3. Local Distribution Center Material Mgmt.	3. IRMS Refresher Training	3. Forklift Training
4. Per 211 Medical Mgmt. of CBRNE events (Region 7)	4. Forklift Training	4. Warehouse Safety Training
5. Forward Operating Base roles and responsibilities	5. Warehouse Safety Training (N)	
6. Logistics Section roles in ESF 8 Standard Operation Procedure (SOP) (e.g., mission process interfacing, inventory management)		
7. RSS Site Refresher Training		
8. Warehouse Safety Training (N)		
9. Forklift Training		
Exercise Priorities		
1. Strategic National Stockpile (SNS) Tabletop exercise	1. Conduct full scale SNS exercise including at least one Cities Readiness Initiative (CRI) county Point of Dispensing (POD) activity.	1. Assemble medical supplies warehouse teams
2. Set up and operation	2. Provide quality control and	2. Establish a medical

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of single drop site in county for distribution of medical material	assurance for requested medical assets prior to shipping.	supplies warehouse management structure
3. Establish operate a Forward Operating Base (FOB) to support deployed responders (within first 72 hours)	3. Activate warehousing operation for receipt of medical assets	3. Demonstrate a logistical system that delivers material resources to a single drop point in a count during an incident.
4. Establish FOB within 72 hours of an incident	4. Request SNS assets from CDC	4. Public Health staff will dispose of or return medical materiel to protocols
5. In conjunction with Disaster Preparedness Consultants for Information Technology (DPC's) establish communication in the area of operation.	5. Exercise the ability of staff to maintain and update the Inventory and Resource Management System (IRMS) and/or other inventory management and reporting system	
6. Exercise the ability of staff to maintain and update the Inventory and Resource Management System (IRMS) and/or other inventory management and reporting system	6. Activate warehousing operation structure.	
7. Provide medical supply management and distribution support to incident response operations according to IMT assignments in the IAP		
8. Maintain Resource Accountability		
9. Demonstrate the ability to identify resource needs for each operational period		





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Public Health and Healthcare Responder Management / Volunteer Management		
Training Priorities		
2014	2015	2016
1. Medical Reserve Corp (MRC) Volunteer management training	1. MRC Volunteer management training	1. MRC Volunteer management training
2 Required Florida MRC Volunteer Training	2. Required Florida MRC Volunteer Training	2. Required Florida MRC Volunteer Training
3. Epidemiological Strike Team Training (N)	3. Epidemiological Strike Team Training (N)	3. Epidemiological Strike Team Training (N)
4. Nurse Task Force Training (N)	4. Nurse Task Force Training (N)	4. Nurse Task Force Training (N)
5. Special Needs Shelter Task Force Training (N)	5. Special Needs Shelter Task Force Training (N)	5. Special Needs Shelter Task Force Training (N)
6. Environmental Health Task Force Training (N)	6. Environmental Health Task Force Training (N)	6. Environmental Health Task Force Training (N)
7. Strike Team/Task Force Team Leader Training (N)	7. Strike Team/Task Force Team Leader Training (N)	7. Strike Team/Task Force Team Leader Training (N)
8. Exercise the capability of the Medical Reserve Corps Program to activate the process or protocol of notification, assignment and deployment (including the check-in process) of volunteer personnel in ESAR-VP/Serve Florida to a medical surge event.	8. Volunteer and Responder Registration, Alert and Notification Systems: ESAR-V, ESAR-VHP (SERVFL/FNRMS) HP (SERVFL/FNRMS)	8. Exercise the capability of the Medical Reserve Corps Program to activate the process or protocol of notification, assignment and deployment (including the check-in process) of volunteer personnel in ESAR-VP/Serve Florida to a medical surge event.
9. State Medical Response Team training	9. G288 - Local Volunteer and Donations Management	9. SpNS - Public Health Nursing Refresher Course
10. SpNS - Public Health Nursing Refresher Course	10. SpNS - Public Health Nursing Refresher Course	

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Exercise Priorities		
1. Identification of desired skills and quantity of volunteers needed	1. Manage spontaneous volunteers, with referral to ESF 15 or another volunteer organization	
2. Utilize redundant communication systems (community outage)	2. MRC Exercise	
3. Assure Tracking and rotation of volunteers as indicated by incident and relevant job function		



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Medical Surge / Emergency Triage and Pre-Hospital Treatment		
Training Priorities		
2014	2015	2016
1. Health Care Coalition Building	1. Critical Decision Making for Medical Surge Event, Aware and Ops level (N)	1. Disaster Preparedness for Hospitals MGT341
2. CBRNE and Pan Flu for EMS	2. Just in Time Training (JITT) for Triage, Operations level	2. Critical Decision Making During Crisis, Region 7, Crisis Standards of Care
3. Healthcare System Assessment and Monitoring System (HAMS)	3. Medical Management of CBRNE Events	
Exercise Priorities		
1. Set operational objectives and tactical measures for public health response in larger medical surge	1. Obtain Children's Medical Services (CMS) waiver for hospital operation post-impact.	1. Test full-scale patient movement functions to include patient placement, air medical evacuation, ground evacuation, and reception. (Crisis Standards of Care)
2. Medical activation and deployment of MRC	2. Demonstrate ability to track patients through patient movement.	2. Coalition Exercises
3. Alternate Care Site exercises in communities of Florida	3. Obtain accurate real-time health care facility bed status for 100% of facilitated w/AO	3. HAVBED
4. HAVBED	4. Full-Scale Alternate Care Sites	
	5. HAVBED	



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Mass Care		
Training Priorities		
2014	2015	2016
1. SPNS shelter training for registration staff to recognize the need to make referrals as appropriate (PHEP Capability 7, Function 2 Skill 3) (N)	1. Shelter Assessment	
2. Safe Place for Kids and Shelters	2. G108 - Community Mass Care Management	
3. Supplemental Nursing Skills Refresher Hands On Technician level		
4. G108 - Community Mass Care Management		
Exercise Priorities		
1. Special Needs Shelter (SpNS) Operations	1. Group Home Evacuation	
2. Discharge Planning and closing a Special Needs Shelter		



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Fatality Management		
Training Priorities		
2014	2015	2016
1. Developing Fatality Management Integrated Plans between Medical Examiners, CDC, Law Enforcement, Hospitals, Emergency Management, etc.	1. Mass Fatality Incident Response G386	1. Mass Fatality Awareness Level
2. Mass Fatality Awareness Level		
3. Florida Emergency Mortuary Operations Response System (FEMORS) Victim Identification Center and Odontology teams		
4. FEMORS all team training		
Exercise Priorities		
1. Exercise Alert Notification of FEMORS	1. Identify location for temporary morgue and vendors for needed supplies	



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Medical Countermeasure Dispensing		
Training Priorities		
2014	2015	2016
1. RSS warehouse response and operation medical logistics	1. Working a Point of Dispensing	1. Critical Decision Making During a Crisis
2. SNS process – medical logistics	2. SNS process – medical logistics	
3. Bioterrorism: Mass Prophylaxis Preparedness and Planning -MGT 319		
4. Working a Point of Dispensing		
Exercise Priorities		
1. POD Exercise	1. Multi-County POD Exercise	1. Application that connects with IRMS that supplies dosing and drug selection info for specific populations. (i.e., pregnant, children, allergies, track adverse events)
2. Local level “mock emergency”, where all resources are depleted but response is still required.	2. Regional hands on exercises, carrying out duties in Public Health response situations	
	3. Reception Centers	



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Non-Pharmaceutical Intervention		
Training Priorities		
2014	2015	2016
	1. Awareness level on Multi-types of NPI, implementation and critical decisions	1. Isolation and Quarantine (N)
	2. Travel restrictions as a method of implementing non-pharmaceutical interventions	
Exercise Priorities		
1. Isolation and Quarantine Exercise TTX, Provide recommendations for voluntary or mandatory restriction on movement		
2. Activate Non-Pharmaceutical Intervention Locations		



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Responder Safety and Health		
Training Priorities		
2014	2015	2016
1. All-Hazard IMT courses	1. Radiation exercise-reception center	1. R-FAST
2. Strike team leader training	2. Responder safety and health CHD (N)	2. I-FIRST 2
3. Task force leader training	3. EPI-RIOT Training	3. N-95 fit test
4. Body Mechanics training	4. B-FAST SN	4. Safety, Function, Action
5. B-FAST/B-FAST SN and FAST Foundation	5. Body Mechanics Training	5. Body Mechanics Training
6. C-FAST	6. Mask Fit Testing	6. Mask Fit Testing
7. L954, NIMS ICS All-Hazards Safety Officer	7. L954, NIMS ICS All-Hazards Safety Officer	7. L954, NIMS ICS All-Hazards Safety Officer
8. Medical Logistics		
9. Responder Safety and Health Annex awareness		
Exercise Priorities		
1. Demonstrate ability to develop comprehensive health exposure risk assessment for responders pre-deployment to include PPE, prophylaxis, vacation needs	1. Long term monitoring	
2. Monitor post event exposure	2. Implement health and safety measures under field conditions to include briefing, monitoring and reporting	2. Implement health and safety measures under field conditions to include briefing, monitoring and reporting
3. Pre-deployment equipment and medical prophylaxis is accomplished on each responder		

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Surveillance and Epidemiological Investigation / Environmental Health		
Training Priorities		
2014	2015	2016
1. I-FIRST 1	1. Selected Bioterrorism (BT) agent training (N)	1. Biweekly epidemiology CHD conference trainings with included preparedness topics
2. I-FIRST 2	2. ICS for Epidemiology (Epi) Investigations (N)	2. Monthly Grand Rounds webinar trainings
3. Epi Riot	3. JITT for Potable water, food safety, wastewater, vector, shelter assessment, debris disposal, biomedical waste	
4. Florida Poison Information and Control Network (FPICN)	4. HAZMAT	
5. Epi surveillance and reporting webinars (e.g., ESSENCE-FL Basic Trainings, Merlin Basic Trainings, and Training Tuesdays)	5. CBRNE Selection Training for Public Health Staff, Bureau of Radiation Control & HAZMAT	
6. Biweekly epidemiology CHD conference trainings with included preparedness topics	6. Biweekly epidemiology CHD conference trainings with included preparedness topics	
7. Monthly Grand Rounds webinar trainings	7. Monthly Grand Rounds webinar trainings	
8. Training/webinars on vector-borne and zoonotic disease	8. PER 273 - A Coordinated response to Food Emergencies: Practice and Execution	
9. Assessment tools for Strike Teams		
10. EH Preparedness Day		

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11. Radiation response (RRVC) Population Monitoring		
12. Just in time training (JITT) for screening, and threat determination for special events		
<b>Exercise Priorities</b>		
1. Demonstrate the ability to conduct EH services and support during natural disaster	1. Strike Team deployment for data collection and analysis	1. Community Reception Center Exercise
2. Demonstrate ability to conduct ongoing surveillance activities for Environmental Health (EH) issues post disaster	2. Radiological exercise reception center (Region 7)	2. Strike Team Exercise to include EH, EPI and other partners
3. Regional Epi/EH functional or full scale exercise to include water contamination and outbreak	3. Epi subject specific tabletop	3. Tabletop exercise to include vector and solid waste
4. Regional Strike Team Exercises (Region 7)	4. Environmental Health subject specific tabletop to include food and water	4. Exercise Epi/Law Enforcement Joint Investigations Memoranda of Understanding (MOU)
5. Tabletop to evaluate shelter assessment (audio training) and command/coordination	5. Full-scale or functional exercise include partnership of teams EH, EPI and MRC	
6. Community Reception Center Exercise	6. Community Reception Center Exercise	
7. Full-scale or Functional Exercise for subject-specific issues, Environmental Health Strike team.	7. Assess the capability of a deployed team to conduct ongoing systematic collection, analysis, interpretation, and management of public	



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	health-related data in order to verify a threat or incident of public health concern, and to characterize and manage it effectively through all phases of the incident.	
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Laboratory Testing		
Training Priorities		
2014	2015	2016
1. Chemical Terrorism Awareness	1. Chemical Terrorism Awareness	1. Chemical Terrorism Awareness
2. Infectious Substances Packaging and Shipping	2. Infectious Substances Packaging and Shipping	2. Infectious Substances Packaging and Shipping
3. First Responder – Responding to Suspected Biological Agents (e.g. White Powder)	3. First Responder – Responding to Suspected Biological Agents (e.g. White Powder)	3. First Responder – Responding to Suspected Biological Agents (e.g. White Powder)
4. Sentinel Laboratory Response Network (LRN)	4. Sentinel Laboratory Response Network (LRN)	4. Sentinel Laboratory Response Network (LRN)
5. Select Agent Rule Out Sentinel Labs	5. Select Agent Rule Out Sentinel Labs	5. Select Agent Rule Out Sentinel Labs
6. Collecting Clinical Samples after a Chemical Terrorism Event	6. Collecting Clinical Samples after a Chemical Terrorism Event	6. Collecting Clinical Samples after a Chemical Terrorism Event
7. Annual safety, BSL-3 and select agent training		
8. Influenza testing and specimen accessioning and processing for Lab staff		
Exercise Priorities		
1. The Bureau of Public Health Labs (BPHL) will activate the Continuity of Operations Plan (COOP) in a functional exercise. This will include testing the movement of specimens. Ability of PHEP-funded LRN-C laboratories to collect, package, and ship samples properly during an LRN exercise	1. The BPHL will activate COOP in a Full Scale Exercise. This will include relocation of staff.	1. Provide investigative consultation and technical assistance to epidemiology and other health investigation community partners regarding sample collection, management, and safety. (TTX 2016)



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2. Time for initial laboratorian to report for duty at the PHEP-funded laboratory	2. Proportion of LRN-C proficiency tests (additional methods) successfully passed by PHEP-funded laboratories	2. Ability of PHEP-funded LRN-B reference laboratory to contact the CDC Emergency Operations Center within 2 hours during LRN notification drill
3. Time to complete <b>notification</b> between CDC, on-call laboratorian, and <b>on-call epidemiologist</b> or between CDC, on-call epidemiologist and on-call laboratorian – depending on drill direction	3. Proportion of LRN-C proficiency tests (core methods) successfully passed by PHEP-funded laboratories	3. Proportion of LRN-B proficiency tests successfully passed by PHEP-funded laboratories
4. Ability of PHEP-funded LRN-C Level 1 and/or Level 2 laboratories to detect and quantify biomarkers of chemical agents in clinical samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise	4. Ability of each PHEP-funded LRN-C Level 1 laboratory to process and report results to CDC for 500 samples during the LRN Surge Capacity Exercise	4. Percentage of LRN nonclinical samples received by the PHEP-funded LRN-B laboratory for confirmation or rule-out testing from first responders without any adverse quality assurance events (QA)
5. Time for PHEP-funded laboratory to notify public health partners of significant laboratory results	5. Time for sentinel clinical laboratories to acknowledge receipt of an urgent message from PHEP-funded LRN-B laboratory	5. Percentage of LRN clinical specimens received by PHEP-funded LRN-B laboratory for confirmation or rule-out testing from sentinel clinical laboratories without any adverse QA events
6. Sustain, evaluate and improve the State of Florida Comprehensive Laboratory Response Plan (CLRP) matrix. (TTX 2014 – 2016)	6. Ability of PHEP-funded LRN-C laboratories to collect, package, and ship samples properly during an LRN exercise	6. Ability of PHEP-funded LRN-C laboratories to collect, package, and ship samples properly during an LRN exercise



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Community Preparedness / Critical Infrastructure Protection		
Training Priorities		
2014	2015	2016
1. Health Care Coalition Building	1. E210/G270.4 – Recovery from Disaster: The Local Government Role	
2. Training on Alzheimer's/Dementia for Special Needs Shelter	2. Determine Risks to the Health of the Jurisdiction (N)	
3. Special Needs Shelter Training	3. Building Community Partnerships to Support Health Preparedness (N)	
4. Sensitivity Training on Vulnerable Populations	4. MGT 341 - Disaster Preparedness for Hospitals and Healthcare organizations Within the Community Infrastructure	
5. Crime Prevention through Environmental Design (CPTED)		
6. E210/G270.4 – Recovery from Disaster: The Local Government Role		
Exercise Priorities		
1. Demonstrate ability to verify pre-incident status of 100% of licensed health care facilities in AO. (HC System Preparedness Function)	1. Alert & Notification methods for people with disabilities.	
	2. Post-event high rise with vulnerable populations- ESC	



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Community and Healthcare System Recovery		
Training Priorities		
2014	2015	2016
1. Disaster Behavioral Health Assessment Team training	1. Community Stabilization Based on Community Stabilization Plan	1. Long-term Community Recovery Planning Training (N)
2. Long –term healthcare population preparedness curriculum	2. Living Facilities and group home preparedness (N)	2. RFAST - Disaster Behavioral Health First Aid Specialist Training for Responders
3. Pediatric Preparedness for healthcare coalitions	3. RFAST - Disaster Behavioral Health First Aid Specialist Training for Responders	3. BFAST - Disaster Behavioral Health First Aid Specialist Training
4. COOP for Florida Community Health Centers (CHCs)	4. BFAST - Disaster Behavioral Health First Aid Specialist Training	4. CFAST - Disaster Behavioral Health First Aid Specialist Training with Children
5. RFAST - Disaster Behavioral Health First Aid Specialist Training for Responders	5. CFAST - Disaster Behavioral Health First Aid Specialist Training with Children	
Exercise Priorities		
1. Health and medical facility assessment exercise (post incident assessment)		
2. COOP for CHCs		



## 2014 – 2016 Training and Exercise System Strategies

Training and exercise strategies for implementation a system to support the training and exercise needs identified for 2014 -2016 are organized into the following categories:

- Training Strategies
- Exercise Strategies
- NIMS Strategies

### Training and Exercise System Strategies

#### Training System Strategies

1. Credentialing
  - a. Provide minimum qualification criteria for the PPHP responder workforce that identifies required training by proficiency level.
  - b. Demonstrate a performance based qualification system.
  - c. Develop a verification system to determine responder eligibility by proficiency level or asset type.
  - d. Identify training and exercise requirements necessary to achieve position qualifications.
2. Assure high quality training is developed based on needs and gaps identified.
3. Conduct annual evaluation of training.
4. Establish/adopt FDOH Instructor qualification standards.
5. Maintain tools and resources for local trainers.
6. Align and provide skill level appropriate training to identified responders.
7. Transfer preparedness courses into the Learning Management System, TRAIN Florida and develop training plans for responders.
8. Integrate HPP-PHEP training requirements to address gaps or enhancements that includes community, coalition and state preparedness and response capabilities that progressively increase over a five year period

#### Exercise System Strategies

1. Within the five year HPP grant project period, each identified healthcare coalition must participate in at least one required exercise. This may be at the substate regional level or the statewide level.
  - a. All HPP participating hospitals (and if possible other healthcare organizations) must participate in a required exercise. This should be in conjunction with their respective healthcare coalitions' participation.
  - b. Healthcare coalition(s) within the associated Cities Readiness Initiative metropolitan statistical area must participate in a joint full-scale exercise (FSE).
2. Develop and conduct HSEEP compliant exercises based on objectives considering previous After Action Reports and Improvements Plans, strategic plan goals, federal guidance and inputs from State ESF 8 Response Structure section, program managers and coalitions.
3. Assure high quality statewide exercises are developed that meet the needs and gaps identified.
4. Monitoring After Action Reports for HSEEP compliance and tracking Improvement items to completion.





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5. FDOH Exercise Evaluator qualification standards
6. Utilize a collaborative exercise building approach with Federal, Regional and State partners.
7. Participate in a Region IV ESF 8 Exercise.
6. Integrate HPP-PHEP exercises to enhance public health and medical coalition capabilities that increase in complexity (discussion based through operations based exercises) and evaluate training efforts over the course of a five year period.

## National Incident Management System Strategies

1. Position-specific training for State ESF8 Incident Management Team members that meets NIMS standards.
2. Demonstrate and evaluate capability of Public Health and Healthcare typed teams to achieve specific health and medical missions during exercises and real events. The following typed assets are scheduled for training and/or exercising in 2014-2015:
  - a. Public Health Response Teams (Epidemiology Strike Team, Environmental Health Strike Team, and Special Needs Shelter Team)
  - b. Florida Emergency Mortuary Operations Response Team
  - c. Disaster Behavioral Health Teams
  - d. State Medical Response Teams
  - e. Radiological Response Teams

## Additional Details

For additional information about the DOH credentialing, training, exercise, and evaluation system, including the inputs utilized to create the MYTEP please visit <http://www.doh.state.fl.us/demo/BPR/training.htm>.

## Attachments

1. Training and Exercise Planning Workshop Minutes
2. Public Health Preparedness Capabilities, Training & Exercise Needs in Region 1
3. Multi-Year Training and Exercise Planning Workshop (TEPW) for Health, Region 2 County Health Departments
4. Region 3 MYTEP Input
5. Pre-Work for 2013 Training & Exercise Planning Workshop, Region 4
6. Region 5 MYTEP input 2013
7. Region 6 Training Needs
8. Multi-Year Training and Exercise Planning Workshop (TEPW) for Health – Region 7
9. Bureau of Public Health Laboratories MYTEP 2014-2016



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**Attachment 1**  
**Training and Exercise Planning Workshop Minutes**



## 2013 Florida Department of Health Training and Exercise Planning Workshop Minutes

February 6, 2013

**Agency Host:** FDOH, Bureau of Preparedness and Response, Training Exercise & Evaluation Unit

**Facilitator:** Emily Wilson

**Chair:** Ben St. John

**Members present:**

<b>Regional CHD Representatives</b>		
Molly Payne-Hardin – Region 1 Patricia Frank – Region 3 Hunter Zager – Region 4 David Crowe – Region 5 Wendy Wilderman - 6 Sharon Denton-Gow – Region 7		
<b>Capabilities Representatives</b>		
<i>Planning</i> Lew Ibaugh, Jr. John Delorio Kim Bowman Sonia McNelis <i>Training, Exercise &amp; Evaluation</i> Ben St. John Emily Wilson Katie Pollard <i>Medical Logistics</i> Michael McDonald Rick Miller <i>Public Health Pharmacy</i> Jennifer Thompson <i>Community Preparedness</i> Aaron Otis Michele Sheffield		<i>Environmental Health/Epidemiology</i> Michael Wydotis and Tracy Wade <i>Emergency Operations Coordination</i> Samantha Cooksey <i>Responder Safety &amp; Health</i> Bob Kosiba <i>Laboratory Testing</i> Rick France <i>Information Sharing</i> Reid Jaffe and Brian Vaughn <i>Medical Surge</i> Kay Croy <i>Crisis &amp; Emergency Risk Communications</i> Gary Landry <i>Risk Management</i> Dr. Russell Eggert <i>Mass Care</i> Michele Sheffield Bonnie Gaughn-Bailey
<b>Visitors/Observers</b>		
Kathy Lyons – FDEM Maurice Haynes – FDEM		



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The purpose for the Training & Exercise Plan Workshop (T&EPW) was to develop and provide input to the 2014-2016 FDOH Multi-Year Training and Exercise Plan. Data input for this workshop included a roll-up of information from county health departments through regional representation, improvement areas from previous exercises or incidents and state capability lead identification of training and exercise needs with the focus on capability development. Training and exercise staff identified needs are based on the identified capability outlined in the FDOH *2012-2014 Public Health and Healthcare Preparedness Strategic Plan* and the Centers for Disease Control and Prevention's (CDC) *Public Health Preparedness Capabilities: National Standards for State and Local Planning*.

The results from the T&EPW and preliminary work conducted by the regional health and medical representatives were captured and collectively agreed upon in the Training Priorities and Exercise Priorities tables below (see Attachments). This data will be utilized to build the 2014-2016 Multi-Year Training and Exercise Plan (MYTEP) and will be updated on an annual basis. Identified training and exercise needs are targets that county health departments and capabilities will strive to achieve in the identified year group. No County Health Department (CHD) or capability lead is anticipated to meet every training or exercise priority for every capability identified in the tables, but strive to meet those that are of the highest priority for them in addition to other localized priorities that may not have been included here.

This was the first T&EPW conducted for the Public Health and Healthcare (PHHP) system; the post-workshop survey suggests the T&EPW was successful and provided constructive feedback for subsequent meetings. Future T&EPW will continue with the above overall process and focus on crosswalk of the FDOH Strategic Plan, PHHP, CDC PHP and ASPR HSP Capabilities to develop mutually supporting and complimentary training and exercise objectives and activities.

The FDOH Division of Emergency and Community Support, Bureau of Preparedness and Response, Training, Exercise and Evaluation Unit were the sponsors of this workshop. For questions regarding the workshop or the MYTEP, please contact Emily Wilson at (850) 245-4444, ext 3231, David Harding at (850) 245-4444, ext 3721 or Ben St. John at (850) 245-4444, ext 3228.

(1) Attachment: Identified Training and Exercise Priorities



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**Identified Training Priorities**

Capabilities ††	2014	2015	2016
<b>Community Preparedness</b>	<ul style="list-style-type: none"> <li>▪ Health Care Coalition Building</li> <li>▪ Training on Alzheimer's/Dementia</li> <li>▪ Special Needs Shelter Training</li> <li>▪ Sensitivity Training on Vulnerable Populations</li> </ul>		
<b>Community Recovery</b>		<ul style="list-style-type: none"> <li>▪ Community Stabilization Based on Community Stabilization Plan</li> <li>▪ Living Facilities and group home preparedness (N)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Long-term Community Recovery Planning Training (N) (x2)</li> </ul>
<b>Emergency Operations Coordination</b>	<ul style="list-style-type: none"> <li>▪ ESF-8 Operations Level Training (N) (x5)</li> <li>▪ ICS 200, 300, 400 (x3)</li> <li>▪ State &amp; Local Position-specific Training</li> <li>▪ Plans Section Chief Training (x2)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Liaison Officer Training</li> <li>▪ Division/Group Supervisor Training (x2)</li> <li>▪ All-Hazards Resource Unit Leader L965</li> <li>▪ Post-Impact Assessment</li> <li>▪ Inter-Team Command and Communication (x4)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Critical Decision Making During A Crisis</li> <li>▪ RAD response training and role of ESF-8</li> </ul>
<b>Emergency Public Information and Warning</b>	<ul style="list-style-type: none"> <li>▪ Media Skills, Ops Level</li> <li>▪ G-290 or Basic DOH Risk Communication, Ops level (x2)</li> <li>▪ L952 All Hazards PIO</li> </ul>	<ul style="list-style-type: none"> <li>▪ PIO training for special needs sheltering</li> <li>▪ SNS PIO training offered by CDC</li> </ul>	
<b>Fatality Management</b>	<ul style="list-style-type: none"> <li>▪ Developing Fatality Management Integrated Plans between ME, CDC, LE, Hospitals, EM,</li> </ul>	<ul style="list-style-type: none"> <li>▪ Mass Fatality Incident Response G386 (x3)</li> </ul>	

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	<ul style="list-style-type: none"> <li>etc.</li> <li>▪ Mass Fatality Awareness Level</li> </ul>		
<b>Information Sharing</b>	<ul style="list-style-type: none"> <li>▪ All-Hazards Situation Unit Leader L964 (x2)</li> <li>▪ Data Systems</li> </ul>	<ul style="list-style-type: none"> <li>▪ Awareness level Laws and Policies (N)</li> <li>▪ FDENs Intermedix train the trainer and statewide train (N)</li> </ul>	
<b>Mass Care</b>	<ul style="list-style-type: none"> <li>▪ SPNS shelter training re PMPG pg. 65 Registration</li> <li>▪ State Place for Kids and Shelters</li> </ul>	<ul style="list-style-type: none"> <li>▪ Shelter Assessment</li> </ul>	
<b>Medical Surge</b>	<ul style="list-style-type: none"> <li>▪ Health Care Coalition Building</li> </ul>	<ul style="list-style-type: none"> <li>▪ Critical Decision Making for Medical Surge Event, Aware and Ops level</li> <li>▪ JITT for Triage, Operations</li> </ul>	<ul style="list-style-type: none"> <li>▪ Disaster Preparedness for Hospitals MGT341</li> <li>▪ Critical Decision Making During Crisis, Region 7, Crisis Standards of Care</li> </ul>
<b>Non-Pharmaceutical Interventions</b>		<ul style="list-style-type: none"> <li>▪ Awareness level on types, implementation and critical decisions</li> </ul>	<ul style="list-style-type: none"> <li>▪ Isolation and Quarantine (N)</li> </ul>
<b>Public Health Lab</b>	<ul style="list-style-type: none"> <li>▪ Chemical Terrorism Awareness</li> <li>▪ Sample Packaging and Shipping</li> <li>▪ White Powder First Responder</li> <li>▪ LRN</li> <li>▪ Select Agent Rule Out Sentinel Labs</li> </ul>		
<b>PH Surveillance and Epi</b>	<ul style="list-style-type: none"> <li>▪ I-FIRST 1 (x3)</li> <li>▪ I-FIRST 2</li> </ul>	<ul style="list-style-type: none"> <li>▪ Selected BT agent training (N)</li> </ul>	



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<b>Investigation</b>	<ul style="list-style-type: none"> <li>▪ Epi Riot</li> </ul>	<ul style="list-style-type: none"> <li>▪ ICS for Epi Investigations (N)</li> <li>▪ JIT for Potable water, food safety, wastewater, vector, shelter assessment, debris disposal, biomed waste</li> <li>▪ HAZMAT</li> <li>▪ CBRNE Selection Training for PH Staff, BRC &amp; HAZMAT</li> </ul>	
<b>Responder Safety and Health</b>	<ul style="list-style-type: none"> <li>▪ All-Hazard IMT course</li> <li>▪ Strike team leader training</li> <li>▪ Task force leader training</li> <li>▪ Body Mechanics training</li> <li>▪ B-FAST/B-FAST SN and FAST Foundation</li> <li>▪ C-FAST</li> <li>▪ Roles and responsibilities of safety officer</li> <li>▪ Med Logistics</li> </ul>	<ul style="list-style-type: none"> <li>▪ RAD exercise-reception center</li> <li>▪ Responder safety and health CHD (N)</li> <li>▪ EPI-RIOT Training</li> <li>▪ B-FAST SN</li> <li>▪ Body Mechanics Training (x2)</li> </ul>	<ul style="list-style-type: none"> <li>▪ R-FAST</li> <li>▪ I-FIRST 2 (x2)</li> <li>▪ N-95 fit test</li> <li>▪ Safety, Function, Action</li> <li>▪ Body Mechanics Training</li> </ul>
<b>Volunteer Management</b>  <b>Responder Management</b>	<ul style="list-style-type: none"> <li>▪ Volunteer management training</li> <li>▪ MRC Training</li> <li>▪ Epi Strike Team Training (x2)</li> <li>▪ Nurse Task Force Training</li> <li>▪ Shelter Team Training</li> <li>▪ Ops Level Training for all strike teams in model of what EH offers</li> </ul>	<ul style="list-style-type: none"> <li>▪ SERV-FL</li> <li>▪ Team Leader Training (x4)</li> </ul>	
<b>Risk Management</b>	<ul style="list-style-type: none"> <li>▪ Program Manager Training, Op or Tech (N)</li> <li>▪ Project Management (N)</li> </ul>		

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<b>Planning</b>	<ul style="list-style-type: none"> <li>▪ Tech training on writing and updating a MYTEP</li> <li>▪ Technician training on CPG 101 (x2)</li> <li>▪ HVA Tools Tech (N)</li> <li>▪ COOP Awareness</li> <li>▪ 23sQ IS-Tech Planning</li> </ul>	<ul style="list-style-type: none"> <li>▪ COOP 101 Effective COOP planning</li> <li>▪ Training in writing technical plans (SOG/SOP) (N)</li> </ul>	<ul style="list-style-type: none"> <li>▪ CP6 New Guides as they relate to planning</li> <li>▪ HVA tools as they evolve</li> </ul>
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**New Training = “N”**

**†† CDC National Standards for State and Local Planning, March 2011**





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**Identified Exercise Priorities**

Capabilities††	2014	2015	2016
<b>Community Preparedness</b>	<ul style="list-style-type: none"> <li>▪ Demonstrate ability to verify pre-incident status of 100% of licensed health care facilities in AO. (HC System Preparedness Function)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Alert &amp; Notification methods for people with disabilities.</li> <li>▪ Post-event high rise with vulnerable populations- ESC</li> </ul>	
<b>Community Recovery</b>	<ul style="list-style-type: none"> <li>▪ Health and medical facility assessment exercise (post incident assessment)</li> </ul>		
<b>Emergency Operations Coordination</b>	<ul style="list-style-type: none"> <li>▪ Activate public health and medical response system within 60 minutes.</li> <li>▪ Develop an IAP to include; objectives, incident assignment list, and risk assessment.</li> <li>▪ EOC, set local operational objectives &amp; tactical measures for the operational response period.</li> <li>▪ EOC, track &amp; account for all public health resources during public health response</li> </ul>	<ul style="list-style-type: none"> <li>▪ Conduct field assessments using task force concept to include; tactical priority assign, multi-disciplinary assessment teams</li> <li>▪ Coordinated date with 2 ops, periods post-impact.</li> <li>▪ Implement comprehensive resource tracking &amp; recovery system to account for: 100% of resources, check in/check-out, report on all deployed resources.</li> <li>▪ Activate ESF8 IMTs utilizing secondary/tertiary staff to manage incident operations.</li> </ul>	
<b>Emergency Public Information and Warning</b>	<ul style="list-style-type: none"> <li>▪ CHD Level Emergency Public Information and Warning</li> <li>▪ Advise local IC on multi-faceted public inform matters</li> <li>▪ Monitor media, handle</li> </ul>	<ul style="list-style-type: none"> <li>▪ Manage day to day operations of a JIC</li> <li>▪ PIC Training (SNS)</li> <li>▪ Respond to informational needs of pubic as required</li> <li>▪ Establish a JIC if</li> </ul>	

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	medical and public inquiry	warranted, within 2 hours	
<b>Fatality Management</b>	<ul style="list-style-type: none"> <li>Exercise Alert Notification of FEMORS</li> </ul>	<ul style="list-style-type: none"> <li>Identify location for temporary morgue and vendors for needed supplies</li> </ul>	
<b>Information Sharing</b>	<ul style="list-style-type: none"> <li>Identify and develop rules and data elements for sharing between local and state agencies</li> </ul>	<ul style="list-style-type: none"> <li>Exercise Data/Info sharing between agencies</li> <li>Demonstrate ability to integrate fusion ILOs &amp; intelligence information into Public Health &amp; Medical response within 15 minutes of receipt.</li> </ul>	
<b>Mass Care</b>	<ul style="list-style-type: none"> <li>SpNS Operations</li> <li>Discharge Planning closing SpNS</li> </ul>	<ul style="list-style-type: none"> <li>Group Home Evacuation (to be validated)</li> </ul>	
<b>Medical Countermeasure Dispensing</b>	<ul style="list-style-type: none"> <li>POD Exercise</li> <li>Local level “mock emergency”, where all resources are depleted but response is still required.</li> </ul>	<ul style="list-style-type: none"> <li>Multi-County POD Exercise</li> <li>Regional hands on exercises, carrying out duties in PHP situations.</li> <li>Reception Centers</li> </ul>	<ul style="list-style-type: none"> <li>Application that connects with IRMS that supplies dosing and drug selection info for specific populations. For example pregnant, children, allergies, and track adverse events</li> </ul>
<b>Medical Material Management and Distribution</b> <i>Timelines under review</i>	<ul style="list-style-type: none"> <li>Set up and operation of single drop site in county for distribution of medical material</li> <li>Establish operate a FOB to support deployed responders (within first</li> </ul>	<ul style="list-style-type: none"> <li>Provide quality control and assurance for requested medical assets prior to shipping.</li> <li>Activate</li> </ul>	<ul style="list-style-type: none"> <li>Assemble medical supplies warehouse teams</li> <li>Establish a medical supplies warehouse management</li> </ul>



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	<p>72 hours)</p> <ul style="list-style-type: none"> <li>▪ Tabletop/Functional SNS Exercise</li> <li>▪ In conjunction with DPC's establish communication in the area of operation.</li> <li>▪ Implement health and safety measures in the field to include briefing, monitoring and reporting.</li> <li>▪ Provide medical supply management and distribution support to incident response operations according to IMT assignments in the IAP.</li> <li>▪ Maintain Resource Accountability</li> <li>▪ Demonstrate the ability to identify resource needs for each operational period</li> </ul>	<p>warehousing operation for receipt of medical assets</p> <ul style="list-style-type: none"> <li>▪ Request SNS assets from CDC.</li> <li>▪ Inventory Medical Supplies warehouse resource levels</li> <li>▪ Activate warehousing operation structure.</li> <li>▪ Conduction full scale SNS exercise including at least one CRI county POD activity.</li> </ul>	<p>structure</p> <ul style="list-style-type: none"> <li>▪ Demonstrate a logistical system that delivers material resources to a single drop point in a count during an incident.</li> <li>▪ Public Health staff will dispose of or return medical materiel to protocols</li> </ul>
<b>Medical Surge</b>	<ul style="list-style-type: none"> <li>▪ Set operational objectives and tactical measures for public health response in larger medical surge</li> <li>▪ Medical activation and deployment of MRC</li> </ul>	<ul style="list-style-type: none"> <li>▪ Obtain CMS waiver for hospital operation post-impact.</li> <li>▪ Demonstrate ability to track patients through patient movement.</li> <li>▪ Obtain accurate real-time health care facility bed status for 100% of facilitated w/AO</li> <li>▪ Full-Scale Alternate Care Sites</li> </ul>	<ul style="list-style-type: none"> <li>▪ Test full-scale patient movement functions to include patient placement, air medical evacuation, ground evacuation, and reception. (Crisis Standards of Care</li> <li>▪ Coalition Exercises</li> </ul>
<b>Non-Pharmaceutical Interventions</b>	<ul style="list-style-type: none"> <li>▪ Q &amp; I Exercise TTX, Provide recommendations for VOL or man restriction on movement</li> </ul>		



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	<ul style="list-style-type: none"> <li>▪ Activate NPI Locations</li> </ul>		
<b>Public Health Lab</b>	<ul style="list-style-type: none"> <li>▪ The BPHL will activate COOP in a functional exercise, need to test the movement of specimens</li> </ul>	<ul style="list-style-type: none"> <li>▪ The BPHL will activate COOP in a Full Scale Exercise, include relocation of staff</li> </ul>	<ul style="list-style-type: none"> <li>▪ Support public health investigation and surge capacity for public health emergency</li> </ul>
<b>PH Surveillance and Epi Investigation</b>	<ul style="list-style-type: none"> <li>▪ Demonstrate the ability to conduct EH services and support during natural disaster</li> <li>▪ Demonstrate ability to conduct ongoing surveillance activities for EH issues post disaster</li> <li>▪ Regional Epi/EH FX or Full Scale Exercise to include water contamination and outbreak</li> <li>▪ Regional Strike Team Exercises (Region 7)</li> <li>▪ TableTop to evaluate shelter assessment (audio training) and command/coordination</li> <li>▪ Community Reception Center Exercise</li> <li>▪ Full-scale or Functional Ex for subject-specific issues, Environmental Health ST</li> </ul>	<ul style="list-style-type: none"> <li>▪ Strike Team deployment for data collection and analysis</li> <li>▪ Radiological exercise reception center (Region 7)</li> <li>▪ Epi subject specific tabletop</li> <li>▪ Environmental Health subject specific tabletop to include food and water</li> <li>▪ Full-scale or functional exercise include partnership of teams EH, EPI and MRC</li> <li>▪ Community Reception Center Exercise</li> </ul>	<ul style="list-style-type: none"> <li>▪ Community Reception Center Exercise</li> <li>▪ Strike Team Exercise to include EH, EPI and other partners</li> <li>▪ Tabletop exercise to include vector and solid waste</li> <li>▪ Exercise Epi/Law Enforcement Joint Investigations MOU</li> </ul>
<b>Responder Safety and Health</b>	<ul style="list-style-type: none"> <li>▪ Demonstrate ability to develop comprehensive health exposure risk assessment for responders pre-deployment to include PPE, prophylaxis, vacation needs.</li> <li>▪ Monitor post event exposure</li> <li>▪ Pre-deployment equipment medical prophylaxes are</li> </ul>	<ul style="list-style-type: none"> <li>▪ Long term monitoring</li> </ul>	

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	accomplished on each responder.		
<b>Volunteer Management</b>	<ul style="list-style-type: none"> <li>• Identification of desired skills and quantity of volunteers needed</li> <li>• Utilize redundant communication systems (community outage)</li> <li>• Assure Tracking and rotation of volunteers as indicated by incident and relevant job function</li> </ul>	<ul style="list-style-type: none"> <li>• Manage spontaneous volunteers, with referral to ESF 15 or another volunteer organization</li> <li>• MRC Exercise (MRC)</li> </ul>	
<b>Responder Management</b>			<ul style="list-style-type: none"> <li>• Deploy public health and medical teams to area of impact with no notice within 24hours of request</li> </ul>
<b>Risk Management</b> - <i>Central Office Only</i>	<ul style="list-style-type: none"> <li>▪ Program Manager Training, Op or Tech (N)</li> <li>▪ Project Management (N)</li> </ul>		
<b>Planning</b>		<ul style="list-style-type: none"> <li>• Exercise COOP plan component by 2015 (CCOC or CHD?)</li> </ul>	<ul style="list-style-type: none"> <li>• Exercise new or updated plans by 2016</li> </ul>

†† CDC National Standards for State and Local Planning, March 2011



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**Attachment 2**

**Public Health Preparedness Capabilities, Training & Exercise Needs in  
Region 1**



## Public Health Preparedness Capabilities

### Training & Exercise Needs in Region 1

#### Exercise Need

- Exercise CHD's ability to accomplish Medical Surge in support of a health/medical operation outside of the CHD (e.g., mass casualty incident).

#### Training Needs

1. Community Preparedness	<ul style="list-style-type: none"> <li>G270.4 - Recovery from Disaster, the Local Government Role</li> <li>E210 Recovery from Disaster, the Local Government Role*</li> </ul>
2. Community Recovery	<ul style="list-style-type: none"> <li>BFAST - Disaster Behavioral Health First Aid Specialist Training</li> <li>CFAST - Disaster Behavioral Health First Aid Specialist Training with Children</li> <li>RFAST - Disaster Behavioral Health First Aid Specialist Training for Responders</li> </ul>
3. Emergency Operations Coordination	<ul style="list-style-type: none"> <li>G775 - EOC Management and Operations</li> <li>G191 - Incident Command System/Emergency Operations Center Interface</li> </ul>
4. Emergency Public Information and Warning	<ul style="list-style-type: none"> <li>PIO Training Requested by two counties</li> <li>G290 - Basic Public Information Officers/E388 Advanced PIO*</li> </ul>
5. Fatality Management	<ul style="list-style-type: none"> <li>G386 - Mass Fatalities</li> </ul>
6. Information Sharing	<ul style="list-style-type: none"> <li></li> </ul>
7. Mass Care	<ul style="list-style-type: none"> <li>G108 - Community Mass Care Management</li> </ul>
8. Medical Countermeasure Dispensing	<ul style="list-style-type: none"> <li></li> </ul>
9. Medical Materiel Management and Distribution	<ul style="list-style-type: none"> <li>Training for all functions (except security) listed within this capability of CDC PHEP</li> </ul>
10. Medical Surge	<ul style="list-style-type: none"> <li></li> </ul>
11. Non-Pharmaceutical Interventions	<ul style="list-style-type: none"> <li></li> </ul>
12. Public Health Laboratory Testing	<ul style="list-style-type: none"> <li></li> </ul>
13. Public Health Surveillance	<ul style="list-style-type: none"> <li>I-FIRST- Intermediate Field Investigator Response and</li> </ul>



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and Epidemiological Investigation	Surveillance Training <ul style="list-style-type: none"> <li>• FIRST- Field Investigator Response and Surveillance Training</li> </ul>
14. Responder Safety and Health	<ul style="list-style-type: none"> <li>• Fit Testing</li> </ul>
15. Volunteer Management	<ul style="list-style-type: none"> <li>• G288 - Local Volunteer and Donations Management</li> </ul>

**SANTA ROSA COUNTY**

G775 - EOC Management and Operations

EOC Management and Operations IS775

G191 - Incident Command System/Emergency Operations Center Interface, **or** E947 IEMC EOC/IMT Interface

G250.7 (G557) - Rapid Assessment Workshop

G270.4 - Recovery from Disaster, the Local Government Role

E210 - Recovery from Disaster, the Local Government Role\*

G393 - Mitigation for Emergency Managers

G288 - Local Volunteer and Donations Management

G364 - Multi-Hazard Emergency Planning for Schools

L363 - Multi-Hazard Planning for Higher Education

IS703 - NIMS Resource Management, (Independent Study)

G202 - Debris Management

E202 - Debris Management Planning for State, Local and Tribal Officials\*

G386 - Mass Fatalities,

G361 - Flood Fight Operations

G110 - Emergency Management Operations Course for Local Governments

G408 - Homeland Security Planning for Local Governments

G108 - Community Mass Care Management

G358 - Evacuation and Re-entry Planning

G290 - Basic Public Information Officers/E388 Advanced PIO\*

G271 - Hazardous Weather and Flood Preparedness

E/L/G 146 - Homeland Security Exercise and Evaluation Program (HSEEP) **or** E/L/G 147 - Homeland Security Exercise and Evaluation Program (HSEEP) Train the Trainer





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G366 - Planning for the Needs of Children in Disaster  
G197 - Access and Function Needs

\*Expressed interest in using Just in Time trainings available in the Region.

**OKALOOSA COUNTY**

**Public Health Surveillance and Epidemiological Investigation:**

FIRST - Field Investigator Response and Surveillance Training

I-FIRST - Intermediate Field Investigator Response and Surveillance Training

**Community Recovery/ Mass Care**

BFAST - Disaster Behavioral Health First Aid Specialist Training

CFAST - Disaster Behavioral Health First Aid Specialist Training with Children

RFAST - Disaster Behavioral Health First Aid Specialist Training for Responders

**BAY COUNTY**

- Fatality Management
- Mass Care
- Medical Surge
- Non-pharmaceutical Interventions
- Responder Safety and Health
- Volunteer Management

**WASHINGTON & HOLMES COUNTIES**

- Responder Safety Training
- Fit Testing
- PIO
- IS 300 & 400

**WALTON COUNTY**

- PIO
- Fit Testing
- Non-pharmaceutical Interventions
- Weapons of Mass Destruction
- Logistics Chief Training
- Section Chief Training



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**Attachment 3**

**Multi-Year Training and Exercise Planning Workshop (TEPW) for Health,  
Region 2 County Health Departments**



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<b>Multi-Year Training and Exercise Planning Workshop (TEPW) for Health Region 2 County Health Departments</b>		
<b>Existing Training Requests</b>		
<b>Training / Exercise</b>	<b>Provider</b>	<b>Capability</b>
N-95 Fit Testing and Train-the-Trainer		9 - Responder Safety and Health
FIRST	University of South Florida	13 - PH Surveillance and Epidemiological Investigations
CFAST	University of South Florida	11 - Non-Pharmaceutical Intervention
BFAST plus SN	University of South Florida	11 - Non-Pharmaceutical Intervention
SpNS - Public Health Nursing Refresher Course	FDOH	7 - Mass Care
Working a Point of Dispensing	University of Albany	8 - Medical Countermeasure Dispensing
<b>New Training Requests</b>		
<b>Training / Exercise</b>	<b>Provider</b>	<b>Capability</b>
HSEEP	Regional Planning Council / Region 2 PHP Staff	3 - Emergency Ops Coordination
G549, COOP Program Manager Course	FDEM	3 - Emergency Ops Coordination
G191, ICS/EOC Interface	FDEM	3 - Emergency Ops Coordination
ICS 300	Local EM and Region 2 PHP	3 - Emergency Ops Coordination
ICS 400	Local EM and Region 2 PHP	3 - Emergency Ops Coordination
<b>ICS / EM Training Requests</b>		
<b>Training / Exercise</b>	<b>Provider</b>	<b>Capability</b>
G290, Basic Public Information Officer	FDEM	4 - Emergency Public Information and Warning
L958, NIMS ICS All-Hazards Operations Section Chief	FDEM	3 - Emergency Ops Coordination
L962, NIMS ICS All-Hazards Planning Section Chief	FDEM	3 - Emergency Ops Coordination



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L954, NIMS ICS All-Hazards Safety Officer	FDEM	3 - Emergency Ops Coordination
NIMS ICS All-Hazards Liaison Officer	FDEM	3 - Emergency Ops Coordination
<b>Exercise Objectives</b>		
<b>Objective</b>	<b>Participating Agencies</b>	<b>Capability</b>
Enhance Leadership and Key Personnel Preparedness and Response Capabilities	CHD Staff	3 - Emergency Ops Coordination
Increase Internal (CHD) / External (Community) Information Sharing Capabilities	CHD Staff and Community Stakeholders	6 - Information Sharing
Exercise the ability of the CHD staff to maintain and update an inventory management and reporting system	CHD Staff	9 - Medical Material Management and Distribution



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**Attachment 4**  
**Region 3 MYTEP Input**



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<b>Capability</b>	<b>Existing Training</b>	<b>New Training</b>
1. Community Preparedness		MGT 341 Disaster Prep. For Hospitals and Healthcare organizations within the Community Infrastructure
2. Community Recovery		Long Term Community Recovery Planning
3. Emergency Operations Coordination		Critical Decision Making During Crisis Radiological Response for County Gov.
4. Emergency Public Information and Warning		PIO course
5. Fatality Management		Fatality Management course
6. Information Sharing		
7. Mass Care		
8. Medical Countermeasure Dispensing		MGT 319
9. Medical Materiel Management and Distribution	SNS distribution (DOH/CDC)	
10. Medical Surge		Medical Management of CBRNE Events
11. Non-Pharmaceutical Interventions		Partner engagement in Isolation and Quarantine Travel restrictions as a method of implementing non-pharmaceutical interventions
12. Public Health Laboratory Testing		
13. Public Health Surveillance and Epidemiological Investigation	FIRST	Epi Riot I FIRST I FIRST 2



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14. Responder Safety and Health	B-FAST-SN	PER 220 - Emergency Response to Domestic Biological Incidents
	CFAST	
15. Volunteer Management		Volunteer Management Training

<b><u>ICS Requests</u></b>	
ICS 300	
ICS 400	
L958	All Hazards Ops Section Chief
L-960	All Hazards Division/Group Supervisor
L-962	All Hazards Planning Section Chief
L-965	All Hazards Resource Unit Leader
L-964	All Hazards Situation Unit Leader
L-952	All Hazards Public Information Officer
G-386	Mass Fatality Incident Response
L-954	All Hazards Safety Officer
L 956	All Hazards Liaison Officer



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<u>Capability</u>	<u>Exercise Priority Objectives</u>	<u>Participants</u>
1. Community Preparedness		
2. Community Recovery		
3. Emergency Operations Coordination		
4. Emergency Public Information and Warning		
5. Fatality Management		
6. Information Sharing		
7. Mass Care	SpNS	CHD/partners
	SpNS	regional teams
8. Medical Countermeasure Dispensing	Points of Dispensing	CHD/partners
9. Medical Materiel Management and Distribution		
10. Medical Surge		
11. Non-Pharmaceutical Interventions		
12. Public Health Laboratory Testing		
13. Public Health Surveillance and Epidemiological Investigation	Water Contamination/Outbreak	Regional EH and Epi Staff
14. Responder Safety and Health		-
15. Volunteer Management		-





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**Attachment 5**

**Pre-Work for 2013 Training & Exercise Planning Workshop, Region 4**



Pre-Work for 2013 Training & Exercise Planning Workshop Region 4

Existing Training Requests	Offered by	PHEP Capability Area
FIRST and IFIRST	USF	Public Health Surveillance & Epidemiological Investigation
MGT 319 Bioterrorism: Mass Prophy Preparedness & Planning	TEEX	Medical Countermeasure Dispensing
B-FAST/B-FAST plus SN	USF	Responder Safety and Health
SNS Distribution Training	DOH/CDC	Medical Materiel Management & Distribution
R-FAST	USF	Responder Safety and Health
New Training Requests	Offered by	PHEP Capability Area
ESF-8 In-person Training (include local/state relationship overview, EM Constellation, etc.)	DOH (last time 2006-ish)	Emergency Operations Coordination
SNS Public Information Course	CDC (Was brought up many times during CRI Reviews by CDC)	Emergency Public Information & Warning
Long Term Community Recovery Planning	?	Community Recovery
Radiological Response for County Government	DOH-BRC	Emergency Operations Coordination
Volunteer Management Training	?	Volunteer Management
ICS/EM Requests		
L-958 All Hazards Ops Section Chief		
L-960 All Hazards Division/Group Supervisor		
L-962 All Hazards Planning Section Chief		
L-965 All Hazards Resource Unit Leader		
L-964 All Hazards Situation Unit Leader		
L-952 All Hazards Public Information Officer		
G-386 Mass Fatality Incident Response		
Exercise Priorities	Participants	PHEP Capability Area
Water Contamination/Outbreak	Regional EH & Epi Staff	Public Health Surveillance & Epidemiological Investigation
Emergency Public Information & Warning	CHD Staff	Emergency Public Information & Warning
POD Exercises		Medical Countermeasure Dispensing/Materiel Mgmt. & Distribution



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**Attachment 6**  
**Region 5 MYTEP input 2013**



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<b>Existing Training Requests</b>	<b>Course #</b>	<b>Offered by (i.e.; USF or FDEM)</b>	<b>PHEP Capability Area</b>
Responder Safety and Health			Capability #14
Public Health Surveillance & EPI			Capability #13
Mass Care			Capability #7
Medical Countermeasure			Capability #8
Public Information & Warning			Capability #4
<b>New Training Requests</b>	<b>Course #</b>	<b>Offered by</b>	<b>PHEP Capability Area</b>
Medical Surge			Capability #10
Non-Pharmaceutical Interventions			Capability #11
Volunteer Management			Capability #15
Fatality Management	G-386		Capability # 5
Community Preparedness			Capability #1
<b>ICS/EM Requests</b>	<b>Course #</b>		
Incident Command System	ICS 300		
Incident Command System	ICS 400		
All Hazards Planning Section Chief	L-962		
All Hazards Ops Section Chief	L-958		
<b>Exercise Priorities</b>		<b>Participants</b>	<b>PHEP Capability Area</b>
Public Health Surveillance and Epidemiological Investigation		Regional EH & Epi Staff	Capability #13
Public Information & Warning		CHD Staff	Capability #4
Medical Countermeasure		CHD Staff	Capability #8
Community Preparedness		All Partners	Capability #1



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**Attachment 7**  
**Region 6 Training Needs**



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Region 6	Name of Capability	Function	Name of Function	Existing Training
<b>Rank Order</b>				
Capability 5	Fatality Management			
Capability 11	Non-Pharmaceutical Intervention	1	Engage partners and identify factors that impact interventions	
		3	Implement non-pharm interventions	
Capability 8 (esp. SNS)	Medical Countermeasure Dispensing			MGT 319
Capability 1	Community Preparedness	2	Determine risks to the health of the jurisdiction	
		3	Build community partnerships to support health prep	
Capability 9	Medical Material Management and Distribution			MGT 319
<b>Region 6</b>	<b>Name of Capability</b>	<b>Function</b>	<b>Name of Function</b>	<b>New Training</b>
<b>Rank Order</b>				
Capability 5	Fatality Management			
Capability 11	Non-Pharmaceutical Intervention	1	Engage partners and identify factors that impact interventions	Isolation and Quarantine multi discipline approach
		3	Implement non-pharm interventions	Travel restrictions
Capability 8 (esp. SNS)	Medical Countermeasure Dispensing			
Capability 1	Community Preparedness	2	Determine risks to the health of the jurisdiction	



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		3	Build community partnerships to support health prep	
Capability 9	Medical Material Management and Distribution			
<b><u>ICS Training</u></b>	1			
	2			
	3			
	4			
	5			
<b><u>Exercise Priority</u></b>	1			
	2			
	3			
	4			
	5			



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**Attachment 8**

**Multi-Year Training and Exercise Planning Workshop (TEPW) for Health – Region 7**





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**Multi-Year Training and Exercise Planning Workshop (TEPW) for Health- Region 7**

**Existing Training Requests**

1	BFAST-SN	University of South FL	Capability- Responder Safety
2	RFAST	University of South FL	Capability-Responder Safety
3	CFAST	University of South FL	Capability- Responder Safety
4	IFIRST -2	University of South FL	Capability- Public Health Surveillance & EPI Investigation
5	EPI-RIOT Training	CDC	Capability- Public Health Surveillance & EPI Investigation
6	Mass Fatalities	FDEM	

**New Training Needs**

1	MGT 341	TEEX	Disaster Preparedness for Hospitals and Healthcare organizations Within the Community Infrastructure
2	PER 273	Louisiana State University	A Coordinated response to Food Emergencies: Practice and Execution
3	PER 220	Louisiana State University	Emergency Response to Domestic Biological Incidents
4	NY-006RESP	NY- Mobile Training	Critical Decision Making During Crisis
5	PER 211	TEEX	Medical Management of CBRNE Events

**ICS / EM Training Requests**

1	L-964- NIMS/ICS AHIMT	Situation Unit Leader Training
2	L-956-NIMS/ICS AHIMT	Liaison Officer Training
3	L960-NIMS/ICS AHIMT	Division/Group Supervisor



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<b>Exercise Objectives</b>			
<b>Capability</b>		<b>Objective</b>	<b>Participating Group</b>
<b>1</b>	Public Health Surveillance & EPI Investigation	Assess the capability of a deployed team to conduct ongoing systematic collection, analysis, interpretation, and management of public health-related data in order to verify a threat or incident of public health concern, and to characterize and manage it effectively through all phases of the incident.	Regional EPI Strike Teams
<b>2</b>	Responder Health and Safety	Exercise the ability of Public Health staff supporting operations at a radiological emergency community reception center, to establish crowd management operations including the development of process flow/ triage procedures and the distribution of patient information sheets during population monitoring	Assigned DOH Staff- Clinical and Non-clinical
<b>3</b>	Medical Surge	Exercise the capability of the Medical Reserve Corps Program to activate the process or protocol of notification, assignment and deployment (including the check-in process) of volunteer personnel in ESAR-VP/Serve Florida to a medical surge event.	MRC Coordinators, Public Health Staff



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**Attachment 9**

**Bureau of Public Health Laboratories MYTEP 2014-2016**



## Bureau of Public Health Laboratories MYTEP 2014 – 2016

Training that we need to continue to provide to the health and medical community.

1. Chemical Terrorism Awareness
2. Collecting Clinical Samples after a Chemical Terrorism Event
3. Sentinel Laboratory LRN Training
4. Infectious Substances Packaging and Shipping Training
5. First Responder - Responding to Suspected Biological Agents

### MYTEP 2014 – 2016 Exercise Objectives

(Based on the *Public Health Emergency Preparedness Cooperative Agreement, Budget Period 1, Performance Measure Specifications and Implementation Guide, July 1, 2012 – June 30, 2013, Version 1.1*)

### Capability Functions

The Public Health Laboratory capability consists of the ability to perform the following functions:

1. Manage laboratory activities
2. Perform sample management
3. Conduct testing and analysis for routine and surge capacity
4. Support public health investigations
5. Report results

### Alignment of Performance Measures to Capability

Measure	Function 1	Function 2	Function 3	Function 4	Function 5
PHEP 12.1	•				
PHEP 12.2				•	
PHEP 12.3			•		
PHEP 12.4					•
PHEP 12.5			•		
PHEP 12.6			•		
PHEP 12.7		•			
PHEP 12.8			•		
PHEP 12.9	•				
PHEP 12.10					•
PHEP 12.11			•		
PHEP 12.12		•			
PHEP 12.13		•			



## Performance Measures (to be met 2014 – 2016)

### **PHEP 12.1:**

#### **Laboratorian Reporting**

Time for initial laboratorian to **report for duty** at the **PHEP-funded laboratory**

### **PHEP 12.2:**

#### **24/7 Emergency Contact Drill (Bi-Directional)**

Time to complete **notification** between CDC, on-call laboratorian, and **on-call epidemiologist** or between CDC, on-call epidemiologist and on-call laboratorian – depending on drill direction

### **PHEP 12.3:**

#### **LRN Emergency Response Pop Proficiency Test (PopPT) Exercise**

Ability of PHEP-funded LRN-C Level 1 and/or Level 2 laboratories to detect and quantify biomarkers of chemical agents in clinical samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise

### **PHEP 12.4:**

#### **Notification to Partners**

Time for PHEP-funded laboratory to notify public health partners of **significant laboratory results**

### **PHEP 12.5:**

#### **Proficiency Testing (LRN-C Additional Methods)**

Proportion of LRN-C proficiency tests (additional methods) successfully passed by PHEP-funded laboratories

### **PHEP 12.6:**

#### **Proficiency Testing (LRN-C Core Methods)**

Proportion of LRN-C proficiency tests (core methods) successfully passed by PHEP-funded laboratories

### **PHEP 12.7:**

#### **Sample Collection, Packing, and Shipping (SCPas)**

Ability of PHEP-funded LRN-C laboratories to collect, package, and ship samples properly during an LRN exercise

### **PHEP 12.8:**

#### **LRN Surge Capacity Exercise**

Ability of each PHEP-funded LRN-C Level 1 laboratory to process and report results to CDC for 500 samples during the LRN Surge Capacity Exercise

### **PHEP 12.9:**

#### **Communication between PHEP-funded and Sentinel Clinical Laboratories**

Time for **sentinel clinical laboratories** to acknowledge receipt of an **urgent message** from PHEP-funded LRN-B laboratory



**PHEP 12.10:**

**Notification Drill associated with Proficiency Testing**

Ability of PHEP-funded LRN-B reference laboratory to contact the CDC Emergency Operations Center within 2 hours during LRN notification drill

**PHEP 12.11:**

**Proficiency Testing (LRN-B)**

Proportion of LRN-B proficiency tests successfully passed by PHEP-funded laboratories

**PHEP 12.12:**

**Sample Quality – First Responders**

Percentage of LRN nonclinical samples received by the PHEP-funded LRN-B laboratory for confirmation or rule-out testing from **first responders** without any **adverse quality assurance events** (QA)

**PHEP 12.13:**

**Specimen Quality – Sentinel Clinical Laboratories**

Percentage of LRN clinical specimens received by PHEP-funded LRN-B laboratory for confirmation or rule-out testing from sentinel clinical laboratories without any adverse QA events

**Other General Exercise Objectives for BPHL**

1. Implement, review and revise the BPHL COOP. (Functional Exercise **2014** and Full Scale Exercise **2015**)
2. Sustain, evaluate and improve the State of Florida Comprehensive Laboratory Response Plan (CLRP) matrix. (TTX 2014 – 2016)
3. Provide investigative consultation and technical assistance to epidemiology and other health investigation community partners regarding sample collection, management, and safety. (TTX 2016)