

Program Element #12: Public Health Emergency Preparedness Program (PHEP)

1. **Description.** Funds provided under this Agreement for this Program Element may only be used, in accordance with, and subject to, the requirements and limitations set forth below, to operate a Public Health Emergency Preparedness Program (“PHEP”) to respond to public health emergencies. The functions and responsibilities of the PHEP shall be detailed in the local emergency response plans of the local emergency management agency within the governmental jurisdiction. The PHEP shall address mitigation, preparedness, response and recovery phases of public health emergency response through plan development, exercise, response activities and plan revision.
2. **Definitions Specific to PHEP Programs.**
 - a. **Annual Review:** Evaluation of an LPHA’s PHEP materials, products, plans, and activities conducted by a team of state and local preparedness staff using instruments developed by Department in collaboration and consultation with the Conference of Local Health Officials (CLHO.) Items to be examined in the annual review will be identified for the subject LPHA at least four weeks prior to the scheduled review.
 - b. **Bioterrorism:** The unlawful use, or threatened use, of microorganisms or toxins derived from living organisms to produce death or disease in humans, animals or plants.
 - c. **CDC:** U. S. Department of Health and Human Services, Centers for Disease Control and Prevention.
 - d. **Communicable Disease:** Any disease that is transmissible by infection or contagion.
 - e. **Disease of Public Health Significance or Reportable Disease:** A Disease required to be reported to local and state public health officials, including a case or cluster of unusual disease. The list of reportable Diseases can be viewed at: <http://oregon.gov/DHS/ph/acd/reporting/reportable.shtml>. The following statutes and administrative rules govern Reportable Diseases: ORS 433.004, and OAR 333-018-0000 to 333-018-0015.
 - f. **Division of the Strategic National Stockpile (DSNS):** CDC program which manages the SNS program.
 - g. **DSNS Local Technical Assistance Review (TAR) tool:** a form developed by DSNS to evaluate and score local mass dispensing plans
 - h. **ESF 8/Health and Medical Annex or Public Health Base Plan:** For the purposes of this Program Element, ESF 8/Medical Annex refers to LPHA’s public health or medical plans to respond to a major disaster or public health emergency.
 - i. **Federal Medical Stations (FMS):** The FMS is a Health and Human Services deployable healthcare system that can deliver large-scale primary healthcare services anywhere in the U.S. A team of approximately 100 personnel is needed to staff the FMS, with personnel provided primarily by the USPHS. Each FMS contains a three-day supply of medical and pharmaceutical resources to sustain 250 stable primary care-based patients who require hospital services.

- j. **H1N1:** Pandemic H1N1 is a novel strain of Influenza type “A” virus first identified in April 2009. It causes illness symptoms and severity that are similar to those resulting from seasonal flu infection. However, because it is a new virus, very few people have immunity, and, as a result many may become ill with this infection.
- k. **Hazard and Vulnerability Analysis (HVA):** A hazard vulnerability analysis is a written document used to assess and identify community specific public health hazards and vulnerabilities so that plans may be developed to reduce or eliminate these threats.
- l. **Health Alert Network (HAN):** A web based, secure, redundant, electronic communication and collaboration system operated by Department, available to all Oregon public health officials, hospitals, labs and service providers. The data it contains is maintained jointly by Department and all LPHAs. This system provides continuous, high-speed electronic access for Oregon public health officials and service providers to public health information including the capacity for broadcasting information to Oregon public health officials and service providers in an emergency 24 hours per day, 7 days per week. The secure HAN has a call down engine that can be activated by state or local Preparedness HAN administrators. The HAN also has a secure, access controlled document library which can be used to share information and post plans. The Hospital Capacity Web site (HOSCAP) is built within the HAN net work. A limited number of HAN users can access HOSCAP with their HAN user ID and password.
- m. **Hospital Preparedness Program (HPP):** The Hospital Preparedness Program (HPP) enhances the ability of hospitals and health care systems to prepare for and respond to bioterrorism and other public health emergencies.
- n. **Homeland Security Exercise and Evaluation Program (HSEEP):** The Homeland Security Exercise and Evaluation Program is a capabilities and performance-based exercise and real event after action and improvement plan program that provides a standardized policy, methodology, and language for designing, developing, conducting, and evaluating all exercise.
- o. **Incident Command System Standard:** The National Incident Management System’s standard for facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, to perform domestic incident management activities in response to incidents, such as explosions, bioterrorism attacks, chemical releases, earthquakes, and tsunamis, which have significant public health impact.
- p. **The Learning Center (TLC):** A web-based system operated by Department that allows for on-line training and tracking of course registration, competency-based training, individual tracking of knowledge, skill, and ability competencies, e-learning, and evaluation and assessment of courses and training experiences.
- q. **Mass:** A large, but non-specific amount or number.
- r. **National Incident Management System (NIMS):** The Federal Homeland Security Administration’s system for integrating effective practices in emergency preparedness and response into a comprehensive national framework for incident management. The NIMS

enables emergency responders at all levels and in different disciplines to effectively manage incidents no matter what the cause, size or complexity. More information can be viewed at: <http://www.fema.gov/emergency/nims/index.shtm>

- s. **Outbreak:** The occurrence of more cases of disease than typically expected in a given area or among a specific group over a particular period of time.
 - t. **Outbreak Investigation:** A process to determine the cause of an Outbreak including, source of infection, and mode of transmission, and to identify risk factors and to reduce morbidity and mortality.
 - u. **Prophylaxis:** The prevention of, or protective treatment for disease.
 - v. **Public Health Emergency Response (PHER) Grant:** Funding provided by U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) for Public Health Emergency Response (PHER). The purpose of the grant is to support and enhance the state and local public health infrastructure that is critical to public health preparedness and response.
 - w. **Strategic National Stockpile or SNS:** A CDC program developed to provide rapid delivery of a broad spectrum of pharmaceuticals, medical supplies and equipment for an ill-defined threat in the early hours of an event, a large shipment of specific items when a specific threat is known and/or technical assistance to distribute SNS materiel. SNS program support includes the 12-hour Push Pack, vendor managed inventory (VMI), for pharmaceuticals and medical supplies, and Federal Medical Stations.
3. **Procedural and Operational Requirements.** All of LPHA's PHEP services and activities supported in whole or in part with funds provided under this Agreement shall be delivered or conducted in accordance with the following requirements:
- a. **Non-Supplantation.** Funds provided under this Agreement for this Program Element shall not be used to supplant state, local, other non-federal, or other federal funds.
 - b. **Audit Requirements.** In accordance with federal guidance, each entity receiving funds shall, not less than once every two years, audit its expenditures of PHEP funding. Such audits shall be conducted by an entity independent of the agency and in accordance with the federal Office of Management and Budget Circular A-133. Audit reports shall be sent to the Department, who will provide them to the CDC. Failure to conduct an audit or expenditures made not in accordance with PHEP cooperative agreement guidance and grants management policy may result in a requirement to repay funds to the federal treasury or the withholding of funds.
 - c. **Public Health Preparedness Coordinator.** LPHA shall identify a Public Health Preparedness Coordinator acceptable to the Department. The Public Health Preparedness Coordinator will be the Department's chief point of contact related to program issues. The Public Health Preparedness Coordinator will ensure that all scheduled preparedness coordination conference calls and statewide preparedness coordination meetings and the LPHA PHEP Annual Review are attended.

- d. Annual Review Staffing.** LPHA shall provide adequate staff satisfactory to the Department to participate in the Annual Review process. LPHA shall submit its materials and tools for the Annual Review in a manner satisfactory to the Department. The annual reviews are to be conducted during July and August 2010. All reviews are to be completed no later than August 31, 2010

- e. Public Health Emergency Preparedness Procedures and Plans.**
 - i. Emergency Plans and Procedures.**
 - (A.)** Consistent with the CDC, State and Local Public Health Emergency Preparedness Cooperative Agreement No. U90/CCU017007-09 between the State of Oregon and the CDC, the PHEP of the public health and social service emergency fund CFDA # 93.069 funding opportunity number CDC – RFA-TP09-902- H1N1 09 and this Program Element, the LPHA shall maintain and execute emergency preparedness procedures as a component of its jurisdictional Emergency Operations Plan. All LPHA emergency procedures shall comply with the NIMS. The emergency preparedness procedures shall address the capabilities and hazards described below. Review and revisions shall be done according to the schedule included in each LPHA plan, or according to the local emergency management agency schedule, but not less than once every five years after completion as required in OAR 104-010-005. The governing body of the LPHA shall maintain and update the components described in subsection below, including procedures to address bioterrorism and smallpox events. Other components shall be adopted as local jurisdiction rules apply.

 - (B.)** The jurisdictional Emergency Operations Plan shall describe the procedures necessary to successfully implement the following functions and capabilities:
 - (I.)** LPHA ESF 8/Health and Medical all hazard plan

 - (II.)** United States Postal Service Bio Detection Systems Alert (for jurisdictions having the USPS BDS systems)

 - (III.)** LPHA All Hazard Public Health Vulnerability Assessment (HVA)

 - (IV.)** LPHA Emergency Communication

 - (V.)** LPHA Strategic National Stockpile receipt, storage and dispensation

 - (C.)** The jurisdictional Emergency Operations Plan shall describe the procedures necessary to mitigate, respond and recover from the following hazards:
 - (I.)** Pandemic Influenza

 - (II.)** Chemical Event

 - (III.)** Natural Disaster

(IV.) Radiation Event

(V.) Bioterrorism

(VI.) Smallpox

(D.) LPHA will either directly develop and coordinate or support the development and coordination of the jurisdiction's Behavioral Health plans and procedures.

(E.) At a minimum, all public health emergency preparedness and response plans whose development is supported in whole or in part with funds provided for this Program Element shall meet the county format.

(F.) Federal Medical Stations (FMS): Selected LPHA will actively participate and assist in the ESF 8 Health and Medical plan development for the use, support and deployment of FMS.

ii. **Monitoring:** LPHA shall provide to Department, at the Annual Review of LPHA's PHEP Program, the plans described in subsection 3.e.i. (A.) above. Additionally, LPHA shall provide copies of the adoption ordinance or minutes of the meeting in which LPHA's ESF 8/Health and Medical Annex was adopted by LPHA's governing body. This adoption requirement needs only to be met once.

f. **Community Engagement**

i. LPHA shall build upon community engagement activities to educate community partners and the public about the LPHA's Pandemic Influenza Plan and community based response. Activities could include, but are not limited to: compiling lists of key stakeholders. Developing and delivery of presentations on pandemic influenza; coordination with Department and other partners to develop consistent, statewide pandemic influenza related health messages and education materials for the general public.

ii. LPHA shall actively support the development of state and local community disease control measures, vaccine and antiviral distribution plans. Such support may include attendance at planning meetings, review and comment on planning documents and other material support as needed for plan completion.

iii. LPHA shall actively support the development of medical surge plans in conjunction with hospital and health care preparedness planning underway in the Hospital Preparedness (HPP) regions in which the LPHA service area is located. These plans are the responsibility of the HPP Regional Lead Agencies, but LPHAs have a substantive role in their development and execution. Such support may include attendance at regional planning meetings, review and comment on planning documents and other material support as needed for plan completion.

g. Mutual Aid Procedures.

- i.** LPHA shall draft a standard operating procedure for accessing its existing Mutual Aid agreements and determining when LPHA has expended, or will imminently expend, its local resources in responding to a public health emergency. This procedure shall identify who will make this determination and how it will be made.
- ii.** LPHA shall include a description of its progress on mutual aid planning in the twice annually reports required by Section 4 of this Program Element Description. Documentation of the draft standard operating procedure and participation in statewide mutual aid planning shall be provided to Department in connection with the Annual Review of LPHA's PHEP Program. Documentation may consist of meeting minutes, copies of emails, draft mutual-aid agreements or telephone/conference call notes related to mutual-aid planning.

h. Emergency Response Procedure Minimums.

LPHA shall develop, incorporate, review and maintain within its public health emergency procedures for the following:

- i.** receiving reports from laboratories and providers;
- ii.** requesting additional resources, receiving, storing and/or distributing those resources
- iii.** receiving and/or distributing resources that are being pre-deployed in anticipation of need (antivirals, vaccine, medical supplies and equipment)
- iv.** distributing and dispensing medications and/or other materials needed for protecting the public using traditional models (e.g., Points of Dispensing) and alternative models (e.g., closed business PODs, mobile response teams). LPHA shall document the ability to dispense prophylactic medication or vaccine to 100% of the population within 48 hours of the recognition of an incident.
- v.** active disease surveillance;
- vi.** receiving reports of and responding to public health emergencies (including food and water) twenty-four hours per day, seven days per week;
- vii.** coordinating and reporting LPHA, the state and tribal public health emergency response activities and medical countermeasure response activities;
- viii.** monitoring the impact of an emergency situation on identified vulnerable people or groups of people including those experiencing psychosocial consequences and facilitating actions to reduce the harmful impact on said people;
- ix.** implementing public health measures including, quarantine and restriction of movement; and

- x. Using paid and volunteer staff to increase capacity for investigating cases, contacts and mass prophylactic activities.
 - xi. LPHA shall provide to Department, at the time of the Annual Review of LPHA's PHEP Program, satisfactory documentation that the procedures described above have been included in the appropriate plan. Additionally, LPHA shall document that established plans and procedures undergo review and revision according to the plan or procedures review requirements, or the county emergency management schedule, but not less than every five years after completion.
- i. Emergency Response Time.**
- i. LPHA shall establish and maintain a telephone number whereby, physicians, hospitals, other health care providers, and the public can phone to report public health emergencies within the LPHA service area.
 - ii. The telephone number shall be operational 24 hours a day, 7 days a week and be a nine digit telephone number available to callers from outside the local emergency dispatch. LPHA may use their 911 system in this process, but the nine digit telephone number of the local 911 operators shall be listed in all instances and be provided to switchboard operators so that callers from outside the locality can contact LPHA through the local dispatch system.
 - iii. The LPHA telephone number described above shall be answered by a knowledgeable person or by a recording that clearly states the above mentioned 24/7 telephone number. LPHA shall list and maintain both the switchboard number and the 24/7 numbers on the HAN.
 - iv. All reports of public health emergencies shall be evaluated and acted on, including an appropriate response to the individual making the report and coordination between LPHA and other local public safety agencies, by a public health worker with the knowledge, skills and abilities to evaluate and manage public health emergency reports, within 30 minutes of receipt of the report.
 - v. As local plans call for, demonstrated capability to notify primary, secondary, and tertiary staff to cover all incident management functional roles during a complex incident.
 - vi. Test and document the notification system twice a year, with at least one test being unannounced and occurring outside of regular hours. The test can be a drill or an exercise, or it may be demonstrated by a response to a real incident. Test results will be reviewed at the annual review.
- j. Health Alert Network (HAN) and Redundant Communications.**
- i. Funds provided under this Program Element may only be used to cover the following HAN related costs:

- (A.) Service charges related to public health network security as reflected in the 2006 Local Preparedness security enhancement assessment and recommendations.
 - (B.) Additional costs for emergency communications, including Internet access fees, cell phone charges for preparedness staff, radios, satellite telephone charges, the costs of upgrading computers for LPHA's PHP Program staff.
 - (C.) Acquisition of standard office computer software and other standard computer hardware to improve LPHA's capacity to communicate securely and redundantly in a public health emergency.
 - (D.) Training of local staff in support of technologies supporting HAN, including attendance of HAN 101, 201 and 301.
 - (E.) The use of this funding to cover a cost not described above shall be pre-approved in writing by Department.
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- ii. Maintain, add, modify, and delete users in the local HAN user and county role directory and ensure local users are both trained and have the correct system license (end user, collaborator, or administrator - see HAN operations guide for license allocation per county.)
 - iii. Act as a single point of contact for all HAN issues, user group, and training to the state PHEP training unit and HAN staff.
 - iv. Serve as the county authority on all HAN related access (excluding hospitals and tribes)
 - v. Resolve all non-technical issues related to user profiles and role-based groups
 - vi. LPHA shall submit the name of the local HAN Administrator to the State HAN Administrator or PHEP Liaison and notify of changes within 7 working days.
 - vii. Beginning July 1, 2009 LPHA shall conduct internal tests of the HAN Call Down alerting system two times to verify LPHA's ability to alert its staff with emergency response roles. These bi-annual notification exercises may be conducted within the scope of a functional or full scale exercise.
 - viii. LPHA shall record results of such testing, including date and time of test and interval between alert notification and 90% complete response.
 - ix. The designated LPHA HAN administrator will coordinate with the State HAN Administrator to ensure the roles and available system licenses are appropriately distributed with each county.
 - x. LPHA Local HAN Administrator (s) shall post, publish and update plans and maintain the local and County HAN document library folders.

- xi.** LPHA Local HAN Administrator (s) shall perform general administration for all local implementation of the HAN system in their respective counties as specified in *HAN Operating Guide attachment V: Administrator Roles and Responsibilities* available on HAN.
- xii.** LPHA local HAN administrator (s) shall review their LPHA HAN users 2 times annually to ensure users are assigned their appropriate roles and that appropriate users are deactivated. The review shall be conducted during the same time frame as the semi-annual review and the annual review.
- xiii.** LPHA shall comply with the terms and conditions of use of “Department Issued Satellite Phones,” set forth in Attachment 3 to this Program Element Description.

k. Exercise Requirements for all LPHAs.

- i.** LPHA shall develop and conduct an exercise program that tests LPHA’s all hazard emergency response plans, adhering to HSEEP standards: After Action Report, Improvement Plan, and Exercise Evaluation Guide. As further described below, the program shall include exercises that involve LPHA’s administration, the local jurisdiction’s emergency management and other emergency response partners.
- ii.** LPHA shall submit to Department for approval before December 1, 2009, a three-year Training and Exercise Plan. The three year period shall start December 1, 2009. The Training and related exercise Plan shall meet the following conditions:
 - (A.)** The Training and related exercise Plan shall, at a minimum, outline the exercise program priorities, target capabilities, and training and exercise schedule.
 - (B.)** the plan shall demonstrate continuous improvement and progress toward increased capability of the LPHA to perform critical tasks.
 - (C.)** the plan shall include priorities which address lessons learned from previous exercises, as described in LPHA’s existing After Action Reports (AARs) and Improvement Plans (IPs).
 - (D.)** at a minimum, the plan shall identify at least two exercises per year and shall identify a cycle of exercises that increase in complexity from year one to year three, progressing from discussion based exercises (e.g. seminars, workshops, tabletop exercises, games) to operations based exercises (e.g. drills, functional exercises and full-scale exercises); exercises of similar complexity are permissible within any given year of the plan.
 - (E.)** LPHA shall work with emergency management to integrate exercises with the county exercise schedule.
- iii.** LPHA shall review its three-year Training and related exercise Plan at least annually at the time of the Annual Review and update as necessary. Any revisions shall be submitted to Department for approval.

- iv. At a minimum, LPHA shall, before June 30, 2010, develop and satisfactorily execute two public health preparedness exercises as outlined in the LPHA's approved Training and Exercise Plan. LPHA shall submit to Department for approval, an exercise scope, including goals, objectives, activities, list of invited participants and list of exercise design team members, for each of the exercises at least 45 days before each exercise is scheduled to take place. LPHA shall provide to the Department an AAR documenting each exercise within 60 days of conducting the exercises.
- v. Disease outbreaks or other public health emergencies requiring a LPHA response may, upon Department's approval, be used to satisfy exercise requirements. NIMS compliant procedures for LPHA command and control shall be used to manage the response to the Communicable Disease or public health emergencies.

l. Public Information and Notification

- i. LPHA shall have the ability to create press releases and letters on file, for use in notifying the public of disease outbreaks or other public health emergencies. Such information shall describe public health actions and recommendations for preventing illness, injury or death. These documents may reference or be based upon documents from other sources, as appropriate.
- ii. LPHA shall develop and maintain the capability to communicate and disseminate health risk information to the public in its service area. Development of the capability shall include designation of an individual with primary responsibility for coordinating communication of public health information. LPHA's public health communication officer shall actively participate in statewide planning and coordination of public health messages.
- iii. In connection with the Annual Review of LPHA's PHEP Program, LPHA shall provide to Department copies of the press releases and letters for public health emergencies. LPHA shall provide Department with the name and contact information for LPHA's public health communication officer by August 30, 2009. LPHA shall establish a user profile for the public information officer in the HAN. In connection with the Annual Review of LPHA's PHEP Program, LPHA shall provide documentation to Department of LPHA's participation in statewide public information planning.
- iv. During the Annual Review, documentation of progress shall be provided in identifying local communities with special communication needs and establishing the communication channels and methods to reach them.

m. Training of LPHA Staff.

- i. LPHA staff responsible for public health emergency planning and response roles shall be trained for their respective roles consistent with Conference of Local Health Officials Minimum Standards dated February 21, 2002, including training on how to discharge the LPHA statutory responsibility to take measures to control communicable disease in accordance with applicable law. The Conference of Local Health Officials Minimum Standards may be viewed at: <http://oregon.gov/DHS/ph/lhd/reference.shtml>

- ii. The LPHA shall identify appropriate LPHA staff for training in preparedness for and response to bioterrorism, chemical, radiation, communicable diseases, and general emergency response. The LPHA training shall include an evaluation component. LPHA is to be NIMS compliant. To determine NIMS compliance and view the standards go to: <http://www.fema.gov/emergency/nims/>
- iii. LPHA's public health communication officer shall be trained in the concept, development, and use of the Incident Command System Standard for the Public Information Officer role (as described in the Incident Command System Standard) and in the local development of a joint information system as described and required in the National Incident Management System. These standards can be viewed at: <http://www.dhs.gov/xlibrary/assets/NIMS-90-web.pdf>. Specific training in National Incident Management Systems (NIMS) Public Information Systems, IS-702, is available on-line at: <http://training.fema.gov/emiweb/IS/is702.asp>
- iv. LPHA's public health communication officer shall receive the CDC's Crisis and Emergency Risk Communication (CERC) By Leaders, For Leaders training, described at http://www.bt.cdc.gov/erc/part_man.pdf; the staff person performing this function needs to meet this training requirement only once.
- v. All local HAN users assigned either a collaborator must complete HAN 201. All local HAN users assigned an administrators license must complete HAN 201 and 301.
- vi. All local HAN users are required to attend HAN 101.
- vii. LPHA shall enroll new staff with emergency response roles as users in the Learning Center within 30 days of hire.
- viii. LPHA shall maintain training records for all local public health staff with emergency response roles. LPHA shall record public health preparedness courses taken by LPHA staff.
- ix. LPHA may use funds from this agreement to support preparedness staff to attend state provided preparedness training, workshops, seminars, and exercises developed around state level plans and procedures.

4. Additional Reporting Specific to this Program Element.

In addition to the reporting requirements set forth in Exhibit E at Section 8, LPHA shall provide the reports described below.

a. Narrative Report (Twice Annually).

- i. LPHA shall provide narrative reports, in a form approved for this purpose by Department, to the Department on the status of local activities related to public health emergency preparedness. The first report shall be submitted no later than February 15, 2010. The Annual Review will serve as the second report.

- ii. In addition to any information required by other provisions of this Program Element to be included in the required reports, the reports shall, at a minimum, include the following:
 - (A.) LPHA's progress on review and revision of the LPHA ESF 8/Health and Medical all hazard plan including annexes referenced in section (3.e.i).
 - (B.) LPHA's progress on integrating planning and communication with county general emergency management, evidenced by, for example, meeting minutes or other documented communications.
 - (C.) LPHA's progress on required exercises and a discussion of LPHA's participation in any other public health emergency exercises.
 - (D.) LPHA's progress on establishing mutual-aid agreements and procedures as referred to in (3.k.i) Mutual Aid Procedures.
 - (E.) LPHA's progress on public information planning, including establishment and development of the database of communities with special communication needs.
 - (F.) LPHA's progress on training, including hazardous-material, other worker-safety and NIMS training.
 - (G.) The number of staff with public health emergency response roles documented in their job descriptions that passed NIMS IS-700 and IS 800 Training.
 - (H.) A description of how NIMS-compliant ICS forms have been integrated into LPHA's Emergency Operations Plan.
 - (I.) A description of LPHA's efforts to maintain accurate staff and contact information in the HAN, and the Learning Management System.
 - (J.) A description of the mechanisms and results of internal testing of the public and non-public LPHA 24/7 ability to receive notice of potential public health emergencies.
 - (K.) A description of LPHA's internal testing results of biannual HAN notification exercises,
 - (L.) LPHA shall provide a completed local TAR by June 30, 2010 to the Department. Completion of the TAR includes providing necessary supporting documentation and references.

b. General Budget and Expense Reporting.

Using the budget template set forth in Attachment 1 (and available for download from the HAN document library: <https://oregonhealthnetwork.org/ORHealthNetworkRM/GateStart.aspx> attached hereto and incorporated herein by this reference, LPHA shall provide to Department by October 31, 2009, a budget using actual award amounts, detailing LPHA's

expected costs to operate its PHEP and PHER programs during the period of July 1, 2009, through June 30, 2010. LPHA shall submit to Department by January 15, 2010 and include, as part of the reports required by subsection a. above, expense-to-budget reports that detail expenses charged to funds provided under this Agreement for this Program Element. An expense-to-budget template set forth in Attachment 2 (available to be downloaded from the HAN document library at: <https://www.oregonhan.org/login.login.cfm>), and attached hereto and incorporated herein by this reference, shall be the only form used to satisfy this requirement. The LPHA shall provide to the Department by August 31, 2010 the actual expense-to-budget report for the period of July 1, 2009 through June 30, 2010.

c. H1N1 Pandemic Influenza Response Activities

- i.** The LPHA shall at a minimum provide the Department with weekly electronic reports of identified sites for public vaccination. Reports shall be provided on a form developed with LPHA input and approved by the Department. These reports are due to the Department no later than close of business every Thursday. Reports will project public vaccination sites for at least the seven day period beginning with the next Monday.
- ii.** The LPHA shall provide the website address and LPHA response phone number for H1N1 response to the Department.
- iii.** Periodic reports of LPHA H1N1 response activities as determined by the ESF 8 Incident Manager.

5. Other Reports.

The LPHA shall provide such other reports on LPHA's PHEP as Department may reasonably request from time to time.

6. Performance Goals.

LPHA shall implement its PHEP Program in a manner designed to achieve the following performance goals:

- a. Public Health Emergency Plans.** All of the components described below of LPHA's jurisdictional Emergency Operations Plan, are complete, including submission to Department for the Annual Review by June 30, 2010, and LPHA's ESF 8/Health and Medical Annex (to the jurisdictional Emergency Operations Plan), including procedures to address bioterrorism and small pox events, is adopted by governing body of the jurisdiction by June 30, 2010 (if this requirement has not be satisfied previously).
 - i.** LPHA ESF 8/Health and Medical Annex
 - ii.** LPHA Hazard Vulnerability Assessment (HVA)
 - iii.** LPHA Emergency Communication Plan
 - iv.** LPHA Strategic National Stockpile Plan

- v. LPHA Pandemic Influenza Plan
- vi. LPHA Chemical Response Plan
- vii. LPHA Natural Disaster Response Plan
- viii. LPHA Radiation Event Response Plan
- ix. Biohazard Detections System (as applicable)
- x. LPHA will either directly develop and coordinate or support the development and coordination of the jurisdiction's Behavioral Health Plan

b. Minimum Emergency Response Times.

- i. At least 95% of calls to LPHA's public health emergency reporting telephone number are responded to within 30 minutes by a public health worker with the knowledge, skills and abilities to evaluate and manage public health emergency reports.
- ii. At least 95% of calls to the LPHA non-public public health emergency reporting telephone number (for reporting by Department or other emergency response agencies) are responded to within 30 minutes by a public health worker with the knowledge, skills and abilities to evaluate public health emergency reports.
- iii. The time to complete the notification/alerting of the initial wave of personnel needed for emergency operations in response to a public health emergency is 60 minutes or less from the decision to conduct the notification.
- iv. The time to have the initial wave of personnel physically present to staff emergency operations in response to a public health emergency is 90 minutes or less from the decision to conduct the notification.
- v. The time to issue information to the public that emphatically acknowledges the event, explains and informs the public about risk, provides emergency courses of action and commits to continued communication is 60 minutes or less from the activation of the Emergency Operations Plan.
- vi. LPHA shall be able to document capability to provide countermeasures to 100% of population in their jurisdiction within 48 hours.

c. Health Alert Network (HAN).

- i. At least 98% of LPHA staff with responsibilities for public health emergency response has accurate user profiles in the HAN.
- ii. At least 90% of LPHA staff with responsibilities for public health emergency response receives test or actual notifications/alerts using HAN.

- iii. All staff on the Secure HAN system is required to participate in 4 state and 2 local call down tests for a total of 6 annually and are required to keep both an updated system and alerting profile.

d. Exercises and Response

- i. LPHA has plans for and satisfactorily conducts, by June 30, 2010, at least one tabletop or workshop/seminar; and exercises described above.
- ii. Documentation of the exercises shall demonstrate the involvement of county emergency management in exercises.

e. Training.

- i. At least 90% of LPHA staff that have emergency response roles documented in their job descriptions is trained in incident management.
- ii. LPHA has trained 100% of its staff with emergency response roles identified in their position descriptions in emergency response training appropriate to their emergency roles in compliance with the National Incident Management System requirements.
- iii. LPHA's public health communication officer has received training in (a) the concept, development, and use of the Incident Command System Standard's communication structure as described and required in the National Incident Management System and (b) CDC's Crisis and Emergency Risk Communication (CERC) For Leaders training.
- iv. LPHA has a training program to ensure volunteers are trained in their role to provide mass prophylaxis.

ATTACHMENT 1 TO PROGRAM ELEMENT #12

Preparedness Program Annual Budget

() County

July 1, 2008 - June 30, 2009

			Total
PERSONNEL		Subtotal	\$0.00
	Annual Salary	% FTE	0
<i>{Position Title and Name}</i>			0
Brief description of activities, for example, This position has primary responsibility for () County public health preparedness activities.			
<i>{Position Title and Name}</i>			0
Brief description of activities and responsibilities			
<i>{Position Title and Name}</i>			0
Brief description of activities and responsibilities			
<i>{Position Title and Name}</i>			0
Brief description of activities and responsibilities			
Fringe Benefits @ ()% or describe rate or method			
TRAVEL	\$0		\$0
Total In-State Travel:			
Out-of-State Travel:			
EQUIPMENT (computer, communication, etc.)	\$0		\$0
SUPPLIES, MATERIALS and SERVICES (office, printing, phones, IT support, etc.)	\$0		\$0
CONTRACTUAL	\$0		\$0
Contract with () Company for \$ _____, for () services.			
Contract with () Company for \$ _____, for () services.			
Contract with () Company for \$ _____, for () services.			
OTHER	\$0		\$0
TOTAL DIRECT CHARGES			\$0
TOTAL INDIRECT CHARGES @ ___% of Direct Expenses:			\$0
TOTAL BUDGET:			\$0

Date, name and phone number of person who prepared budget

ATTACHMENT 2
TO PROGRAM ELEMENT #12

Preparedness Program Expense to Budget (Example)

Name of County

Period of the Report (July 1, 2008-December 30, 2008)

	Budget	Expense to date	Variance
PERSONNEL	\$0	\$0	\$0
Salary	\$0		
Fringe Benefits	\$0		
TRAVEL	\$0	\$0	\$0
In-State Travel:	\$0		
Out-of-State Travel:	\$0		
EQUIPMENT	\$0		\$0
SUPPLIES	\$0		\$0
CONTRACTUAL	\$0		\$0
OTHER	\$0		\$0
TOTAL DIRECT	\$0	\$0	\$0
TOTAL INDIRECT @ XX% of Direct Expenses (or describe method):	\$0		\$0
TOTAL:	\$0	\$0	\$0

Date, name and phone number of person who prepared expense to budget report

Notes:

The budget total should reflect the total amount in the most recent Notice of Grant Award.

The budget in each category should reflect the total amount in that category for that line item in your submitted budget.

Preparedness Program Expense to Budget (Example)

Name of County

Period of the Report (January 1, 2009 - June 30, 2009)

	Budget	Expense to date	Variance
PERSONNEL	\$0	\$0	\$0
Salary	\$0	\$0	
Fringe Benefits	\$0	\$0	
TRAVEL	\$0	\$0	\$0
In-State Travel:	\$0	\$0	
Out-of-State Travel:	\$0	\$0	
EQUIPMENT	\$0	\$0	\$0
SUPPLIES	\$0	\$0	\$0
CONTRACTUAL	\$0	\$0	\$0
OTHER	\$0	\$0	\$0
TOTAL DIRECT	\$0	\$0	\$0
TOTAL INDIRECT @ XX% of Direct Expenses (or describe method):	\$0	\$0	\$0
TOTAL:	\$0	\$0	\$0

Date, name and phone number of person who prepared expense to budget report

Notes:

The budget total should reflect the total amount in the most recent Notice of Grant Award.

The budget in each category should reflect the total amount in that category for that line item in your submitted budget.

ATTACHMENT 3
TO PROGRAM ELEMENT #12
DEPARTMENT ISSUED SATELLITE TELEPHONES

AGENCY TERMS and SHIPPING INFORMATION

PLEASE READ CAREFULLY

Each agency must complete the following steps by COB 9/26/08 to receive a phone or phones.

ELIGIBLE ORGANIZATIONS:

- All Oregon Hospitals → (1) Iridium 9505A Kit + Phone
- All PHEP funded Oregon Tribes → (1) Iridium 9505A Kit + Phone
- All County Local Public Health Departments → (2) Iridium 9505A Kits + Phone**

***Some exceptions apply.*

INSTRUCTIONS:

1. Review the terms.
2. Complete the information below and sign.
3. Fax the signed form no later than COB September 26, 2008 to 971-673-1307 Attention: Katie McLellan
4. Your phone will be delivered as requested.
5. Training and orientation sessions will be conducted four (4) times in the first two weeks of November. Information will be available on HAN regarding these sessions.

If your agency does not fax a form back to 971-673-1307 by the above listed date, you will not receive a phone. If you do not fax back to us by COB 9/26/08, the state will assume you have opted out and will not participate.

!! Complete and return only one (1) form per agency and fax to: 971-673-1307!!

Name of Tribe, hospital, or LHD: _____

Name of Preparedness Coordinator in HAN: _____

(Must be a HAN member)

Correspondent Contact Phone Number: _____

Correspondent Contact Email: _____

Delivery Preference (Circle only 1): { Ground Ship } → Note state may opt to deliver in person.
{ Pick up at State Public Health HQ in Portland - PSOB }
{ Our PHEP Liaison or Regional Coordinator will deliver }

Ship to Address: (Organization) _____

(ATTN – name): _____

Address –line 1: _____

Address: -line 2: _____

City, State, Zip: _____

By signing below, my agency agrees to the terms listed on page 2 below. The individual(s) in the preparedness coordinator role in Oregon HAN will keep updated profiles and act as the single point of contact for the state and partners regardless of how my organization chooses to assign and deploy its phone(s).

Signature Authority: _____

Name and Title (printed): _____ **Date:** _____

PHEP SATELLITE TELEPHONE TERMS

All state satellite phones are provided under the following terms.

Failure to abide by these terms will result in service termination or return of the phone.

- I. All phones are for official use only (FOUO) for health and medical emergency response (ESF 8) training, testing, exercise, and actual events in Oregon and neighboring states. All other use is strictly prohibited. Phone use is restricted to state public health officials, local health departments, hospitals, and tribes.
- II. Phones must be used for voice communication only and must not be used for data or faxing.
- III. Phone(s) remain property of the State of Oregon Department of Human Services (DHS) and are subject to the conditions of use related to state equipment and DHS Information Security Office Policy (ISO).
- IV. Access fees and minutes are paid in full by the state on a monthly basis through FY 2010. The master account will be audited every month to monitor use. Each phone has a minimum (10) minutes of charged talk time per month for testing, exercise and training. (Training may include use at off site clinics where no cellular service is available in rural counties.) Use beyond (10) minutes must be related to health and medical response. Lack of testing may be cause for service termination or return of the phone.
- V. If an individual possesses a phone and resigns, retires, is terminated, or is deceased; the phone must be re-assigned within the organization within 24 hours and the associated HAN account must be updated.
- VI. All phones must successfully participate in 3 (of 4) annual notification drills (unless an actual event conflicts with the date of an exercise) run by the state public health preparedness program. Assigned users are expected, without exception, to call the State Public Health Agency Operations Center (AOC) using their satellite phone after an exercise HAN alert is sent. Specific details will be posted to HAN in folder "000 – HAN System Operations" in the satellite phone folders.
- VII. Individuals with an assigned phone must enter and maintain their satellite phone number in their Secure HAN user account under '*Alternate Satellite Phone Number.*'
- VIII. Any individual assigned a satellite phone must be an active HAN user and trained at the HAN 101 level and keep an updated profile. The user must keep their satellite phone number updated in their HAN profile.
- IX. Phones assigned to LHDs, tribe, or hospital phones are the responsibility of the individual listed in HAN as the "Preparedness Coordinator" (or Deputy Preparedness Coordinator, if applicable) role in each health department, tribe, or hospital. The individual in this role must act as the single point of contact for the phone(s) regardless of whether the phone is permanently issued to this person.
- X. The state will not replace or repair stolen, lost, or broken phones.
- XI. All phones, at all times, must be deployed, assigned, and maintained by a single individual; however, sharing the phone within your agency or organization is encouraged. The individual holding responsibility for each phone must be an employee of its respective organization. The phone voicemail should be configured and accessible to a shared group of users if the phone is intended to serve more than a single user.
- XII. All phone users must be trained in Iridium 9505A care and operation.
- XIII. Phones must be stored in secure location(s).
- XIV. Participating agencies will determine optimal deployment and storage locations.
- XV. Phones must remain in Oregon unless the responsible party is traveling or is deployed outside of Oregon.
- XVI. Phones must never be checked baggage on a commercial flight. They must be part of your carry-on baggage.
- XVII. Phones must never be stored in a vehicle where they are visible.
- XVIII. If a phone is stolen, lost, misplaced, or destroyed; the responsible individual must contact HAN.OREGON@state.or.us or 971-673-1319 within 24 hours to ensure the service is suspended.

By signing below, my agency agrees to these terms.

Signature: _____

Date: _____

Name & Title: _____