

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 Program”) to respond to public health emergencies. The functions and responsibilities of this PHEP Program shall be detailed in the local emergency response plans of the local emergency management agency within the governmental jurisdiction. This PHEP program shall address public health mitigation, preparedness, response and recovery phases of emergency response through plan development, exercise and plan revision.
2. **Definitions Specific to PHEP Programs.**
 - a. **Annual Review:** The evaluation of an LPHA’s Public Health Emergency Preparedness and Response materials, products, plans, and activities conducted by a team of state and local preparedness staff using instruments developed by Department with collaboration and consultation with the Conference of Local Health Officials. The materials, products, plans and documentation of activities, to be reviewed, are identified for 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. **Hazard and Vulnerability Analysis or 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. The public health hazards should be included the county HVA.

- j. Health Alert Network or 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 Health Alert Network 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.
- k. 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.
- l. Homeland Security Exercise and Evaluation Program (HSEEP):** The Homeland Security Exercise and Evaluation Program is a capabilities and performance-based exercise program that provides a standardized policy, methodology, and language for designing, developing, conducting, and evaluating all exercise.
- m. 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.
- n. The Learning Center or 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.
- o. Mass:** A large, but non-specific amount or number.
- p. National Incident Management System or 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>
- q. NIMS IS-700 Training:** A training course on the Incident Command System Standard, developed by the Federal Emergency Management Agency (FEMA) and described at: <http://www.training.fema.gov/EMIWeb/IS/IS700.asp>
- r. NIMS IS-800 Training:** This course introduces the National Response Framework (NRF). It is intended for DHS and other Federal staff responsible for implementing the NRF, and Tribal, State, local and private sector emergency management professionals.

<http://training.fema.gov/EMIWeb/IS/is800a.asp>

- 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. **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), vaccines, Federal buying power, and Federal Medical Stations.
3. **Procedural and Operational Requirements.** All of LPHA's PHEP Program 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. **Non-Federal Match.** To prepare for and support the federal requirement to identify and document non-federal matching funds for preparedness activities, LPHA shall assist the Department in the development of a LPHA financial match tracking tool that identifies non-federal matching funds that support LPHA preparedness activities. Tool development assistance could be, but is not limited to participation on conference calls or providing department with written comments on draft tracking documents. The LPHA match tracking tool shall be implemented in a pilot program beginning January 1, 2009 through June 30, 2009 to identify and track LPHA non federal funds that support preparedness activities. Implementation includes reporting by name, position, activity and cost of LPHA non-federal contributions to preparedness activities. Reports are due on May 1, 2009 for the period January 1 through March 30, 2009 and August 1, 2009 for the period April 1-June 30, 2009. This pilot implementation program shall serve as a training and tool refinement period.

- d. **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.
- e. **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 2009. All reviews are to be completed no later than August 31, 2009
- f. **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, and this Program Element, the LPHA shall maintain emergency preparedness procedures as a component of its jurisdictional Emergency Operations Plan. All LPHA emergency procedures shall comply with the National Incident Management System. The emergency preparedness procedures shall include each of the components 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.
 - (I.) LPHA ESF 8/Health and Medical
 - (II.) LPHA All Hazard Public Health Vulnerability Assessment (HVA)
 - (III.) LPHA Emergency Communication
 - (IV.) LPHA Strategic National Stockpile, Point of Dispensing
 - (V.) LPHA Pandemic Influenza
 - (VI.) LPHA Chemical Event Response
 - (VII.) LPHA Natural Disaster Response
 - (VIII.) LPHA Radiation Event Response

- (IX.) LPHA will either directly develop and coordinate or support the development and coordination of the jurisdiction's Behavioral Health components
- (X.) LPHA United States Postal Service Bio Detection Systems (for jurisdictions having the USPS BDS systems)
- (XI.) LPHA will actively participate in the state Logistics Workgroup and assist in the ongoing development of the ESF 8/Health and Medical Logistic System. This work includes providing input and feedback on asset inventory, resource request forms and procedures and ensuring the Logistics System is integrated with LPHA emergency planning, including the development of appropriate Standard Operating Procedures, as well as county emergency management systems.

(B.) 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.

- ii. **Monitoring:** LPHA shall provide to Department, at the Annual Review of LPHA's PHEP Program, the plans described in subsection 3.d.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.

g. Community Engagement

- i. LPHA should build upon community engagement activities to educate community partners and the public about the LPHA's Pandemic Influenza Plan. 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 the state community disease control measures 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.

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 dispensing 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 LPHA, the state and tribal public health emergency 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 and contacts.
- 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 Health Alert Network.
 - 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. LPHA shall conduct independent internal testing of both 24/7 response systems (switchboard and 24/7) and document the date of test and time elapsed from receipt of initial call to disposition of call by a qualified worker. These communications test may occur within the scope of a functional or full scale exercise, but shall be documented.
 - vi. Demonstrated capability to notify primary, secondary, and tertiary staff to cover all incident management functional roles during a complex incident as local plans call for.
 - vii. 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).**
- 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.
- ii. The LPHA shall designate a local HAN Administrator (s) to maintain the local HAN user and role directory and issues related to user profiles and role-based groups (LPHA staff grouped by position title or job responsibilities) in the HAN system for LPHA staff with responsibilities for response to Communicable Disease or public health emergencies. LPHA shall submit the names of these local HAN coordinators to the State HAN Administrator or PHEP Liaison and notify of changes within 7 working days. Additionally, changes in LPHA staffing or contact information shall be reflected in system user profiles within 7 days of the change. LPHA may elect to add additional local staff within HAN to pre-established roles with permission from the State HAN Administrator using the State HAN account request system. Beginning July 1, 2008 LPHA shall conduct internal tests of the HAN Call Down system two times to verify LPHA's ability to alert its staff with emergency response roles, of public health emergencies. LPHA shall record results of such testing, including date and time of test and interval between alert notification and 90% complete response. The call down sender should follow up with users unfamiliar with receiving test messages and forward new and returning users to weekly trainings. These bi-annual notification exercises may be conducted within the scope of a functional or full scale exercise.
 - iii. 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.
 - iv. LPHA Local HAN Administrator (s) shall post, publish and update plans and maintain the local and County HAN document library folders.
 - v. LPHA Local HAN Administrator (s) shall perform general administration for all local implementation of the HAN system in their respective counties as specified in *Health Alert Network Operating Guide attachment V: Administrator Roles and Responsibilities* available on HAN.
 - vi. 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
 - vii. 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. 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, 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.
- iii. All exercises shall follow the Homeland Security Exercise and Evaluation Program standards (HSEEP). At a minimum an after action report (AAR), improvement plan, Exercise Evaluation Guides (EEG) and HSEEP format of exercise design as required for the type of exercise being developed.
- iv. Real life disease outbreaks or other public health emergencies requiring a LPHA response shall be, upon Department's approval, used to satisfy exercise requirements. Procedures for LPHA command and control shall be used to manage a response to an actual real life Communicable Disease or public health emergency event, all forms (incident action plan) and structures shall be NIMS-compliant and provided to the Department for review within 45 days of the end of the event.
- v. Documentation of the required exercises shall be provided to Department in connection with the Annual Review of LPHA's PHEP Program.
- vi. At a minimum, LPHA shall, before June 30, 2009, develop and satisfactorily execute public health preparedness exercises using the scenarios described below. Exercises shall be selected by the LPHA in collaboration with the county emergency management agency and are limited to the options described below.

 **One seminar or workshop** orienting LPHA participants and other partners to public health emergency response plans to be exercised in the coming year, **or...**

One Tabletop exercise testing at least two of the Public Health Components listed below.

AND

 **Other Required exercise** selected from either option below.

Option One: One Functional Exercise, the exercise shall test two Public Health Components from the list below using the appropriate LPHA response plan.

Option Two: One Full-Scale Exercise testing at least two of the Public Health Components from the list below using the appropriate LPHA response plan:

Scenarios:

- Pandemic Influenza
- BioDetection System Alert

- Chemical
- Natural Disaster-selected by LPHA based on LPHA Public Health Hazard and Vulnerability Analysis

Public Health Components:

- Procedures to conduct isolation and quarantine measures in LPHA area
- Procedures to distribute medications in LPHA area (POD)
- Procedures to notify and alert key stakeholders using HAN
- Procedures for antiviral distribution.
- Procedures to implement vulnerable population sheltering, limited to establishing shelter for people with medical conditions that exclude them from general population shelters.
- Procedures for public information dissemination in LPHA area
- Procedures for health resource requests and tracking resources in LPHA area
- Procedures for conducting post event health surveillance in LPHA area
- Procedures for establishing and conducting LPHA command and control in coordination with LPHA county emergency management agency
- Procedure to test a critical component of the LPHA's choice (i.e. communications w/ healthcare partners, mobilization to POD sites, testing Go Kits when mobilizing, testing of 1-800 hotline, Just-in-time training for volunteers, etc.).

i. 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.

m. 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 July 30, 2009. LPHA shall establish a user profile for the public information officer in the Health Alert Network and system, and inform Department of any changes in staffing for this position within 7 days of the staffing change. 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 in establishing and developing a database of identified communities with special communication needs shall be provided. Documentation may consist of meeting minutes, copies of emails, or telephone/conference call notes related to statewide public information planning or a printed copy of the database.

n. 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. The following descriptions identify who should take the required courses for NIMS and HSEEP compliance.

(A.) ICS-100: Introduction to ICS

Entry-level first responders (including firefighters, police officers, emergency medical services providers, public works on-scene personnel, public health on-scene personnel, and other emergency responders) and other emergency personnel that require an introduction to the basic components of the ICS

(B.) ICS-200: Basic ICS

First line supervisors, single resource leaders, lead dispatchers, field supervisors, company officers, and entry-level positions (trainees) on Incident Management Teams and other emergency personnel that require a higher level of ICS training.

(C.) ICS-300: Intermediate ICS

Middle management, strike team leaders, task force leaders, unit leaders, division/group supervisors, branch directors, and Multi-Agency Coordination System/Emergency Operations Center staff.

(D.) ICS-400: Advanced ICS

The NIMS Integration Center, DHS/FEMA National Standard Curriculum Training Development Guidance, October 15, 2005. Command and general staff, agency administrators, department heads, emergency managers, areas commander, and Multi-Agency Coordination System/Emergency Operations Center managers

(E.) IS-700 National Incident Management System (NIMS): An Introduction. An online course viewable at : <http://www.training.fema.gov/EMIWeb/IS/is700.asp>, All personnel with a direct role in emergency management/response shall complete NIMS IS-700

(F.) IS-800 National Response Framework (NRF) An Introduction. An online course viewable at: <http://www.training.fema.gov/emiweb/IS/is800a.asp>. All personnel whose primary responsibility is emergency management shall complete this training.

(G.) IS-120 HSEEP Introduction to Exercises. An online course viewable at: <http://209.176.175.84/hseep2/IS120/login.asp> . Personnel with the responsibility for exercise program management and/or serve as a member of an exercise planning team shall complete this training.

- iii. LPHA shall identify public health staff with emergency response roles and document that responsibility in their job description. The LPHA shall identify public health emergency response staff that has received hazardous materials or other worker safety training.
- iv. 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>
- v. 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.

- vi. All local Health Alert Network users assigned either a collaborator or administrator license are required to complete, either a classroom or online course called Health Alert Network 201/301. This course is viewable at: <https://www.oregonhan.org/login/hantraining.cfm>; attendees should enroll using the DHS Learning Center. The five hour class is offered once a month as a classroom or online course.
- vii. All local HAN users (required and optional) are required to attend HAN 101 online or via online teleconference webinar, one hour.
- viii. LPHA shall enroll new staff with emergency response roles as users in the Learning Center within 30 days of hire. LPHA shall maintain training records for all local public health staff with emergency response roles. LPHA shall update user records with public health preparedness courses not offered by the Department.
- ix. LPHA may use funds from this agreement to support preparedness staff to attend state provided workshops/seminars and or table top exercises developed around state level plans and procedures.
- x. **Monitoring:** In connection with the Annual Review of LPHA's PHEP Program, LPHA shall make available for review its training program, which shall include number of public health responders that have received hazardous-material, other worker-safety and NIMS training.

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 January 15, 2009. 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 ESF 8/Health and Medical Annex, Emergency Communications, Strategic National Stockpile, Pandemic Influenza, and Chemical Event Response components of LPHA's Emergency Operations Plan.
 - (B.) LPHA's progress on integrating planning and communication with county

general emergency management.

- (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 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.
- (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 Health Alert Network, 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, 2009 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 to be downloaded from the Health Alert Network document library at: <https://oregonhealthnetwork.org/ORHealthNetworkRM/GateStart.aspx>) attached hereto and incorporated herein by this reference, LPHA shall provide to Department by October 31, 2008, a budget using actual award amounts, detailing LPHA's expected costs to operate its PHEP Program during the period of July 1, 2008, through June 30, 2009. LPHA shall submit to Department by January 15, 2009 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 Health Alert Network 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 1, 2009 the actual expense-to-budget report for the period of July 1, 2008 through June 30, 2009.

5. Other Reports.

The LPHA shall provide such other reports on LPHA's PHEP Program 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, 2009, 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, 2009 (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.

- i. At least 98% of LPHA staff with responsibilities for public health emergency response has accurate user profiles in the Health Alert Network.
- ii. At least 90% of LPHA staff with responsibilities for public health emergency response receives test or actual notifications/alerts using Health Alert Network.
- iii. All staff on the Secure Health Alert Network system is required to participate in 6 annual state and local call down tests and are required to keep both an updated system and alerting profile.

d. Exercises.

- i. LPHA has plans for and satisfactorily conducts, by June 30, 2009, at least one tabletop or workshop/seminar; and exercises described in either Option One or Option Two.
- 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

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	\$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.

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.

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: _____