

Fundamentals in Public Health Emergency Preparedness

ECHO Preparedness Summit
October 7, 2015

Welcome!

Kris Hansen

NW Preparedness Liaison

Public Health Division | Oregon Health Authority

Kristina.L.Hansen@state.or.us

503-752-3212

Following the presentation, participants will...

- Identify opportunities, programs, and best practices in Emergency Preparedness and Emergency Management fields to utilize in local jurisdictions.
- Describe potential role and responsibilities a Public Health Agency may undertake during an incident response.
- Compare and contrast the concepts between Public Health Emergency Preparedness and Emergency Management.

Today's "Structure"

- Prevent Gluteal Fatigue and Immobilized Cranium
 - Take breaks as needed
- Have thoughtful group and one-to-one discussions
- Connect with participants to share ideas, concerns, thoughts
- Partake in gratifying and entertaining learning experience...

Recent History of PHEP



A human cell infected with Ebola

HOW EBOLA IS SPREAD

Is Ebola airborne?

Ebola is not a respiratory disease and is not spread through the airborne route.

Can Ebola be spread by coughing or sneezing?

There is no evidence that Ebola is spread by coughing or sneezing. Ebola is transmitted through direct contact with the blood or body fluids of a person who is sick with Ebola; the virus is not transmitted through the air (like measles virus). However, large droplets (splashes or sprays) of respiratory or other secretions from a person who is sick with Ebola could be infectious, and therefore certain precautions (called standard, contact, and droplet precautions) are recommended for use in healthcare settings to prevent the transmission of Ebola from patients to healthcare personnel and other patients or family members.

Is Ebola spread through droplets?

To get Ebola, you have to directly get body fluids (blood, diarrhea, sweat, vomit, urine, semen, breast milk) from someone who is sick with Ebola in your mouth, nose, eyes or through a break in your skin. That can happen by being splashed with droplets, or through other direct contact, like touching infectious body fluids.

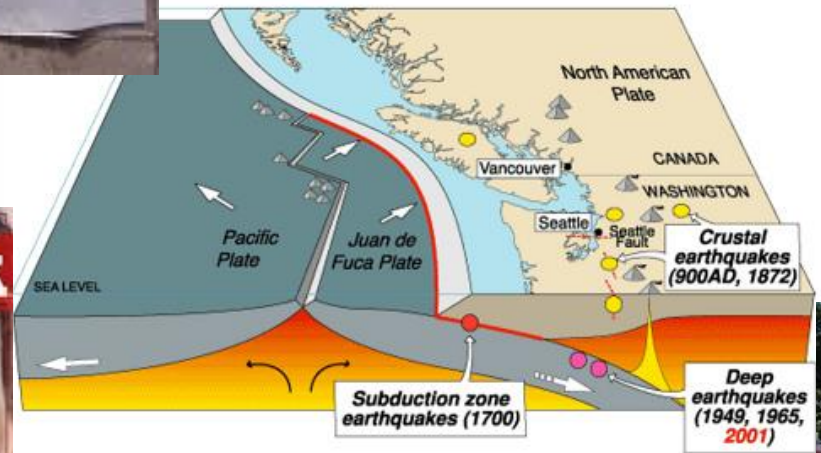
Healthcare providers caring for Ebola patients and the family and friends in close contact with Ebola patients are at the highest risk of getting sick when they touch or are splashed by infectious blood or body fluids from a sick patient.

How do I protect myself from getting sick?

- Wash your hands often with soap and water. If soap and water are not available, use an alcohol-based hand sanitizer.
- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose and mouth. Germs spread this way.
- Routinely clean and disinfect commonly touched surfaces like bathroom surfaces, since some germs can stay infectious on surfaces for hours or days and lead to transmission.



Cascadia earthquake sources



Source	Affected area	Max. Size	Recurrence
● Subduction Zone	W.WA, OR, CA	M 9	500-600 yr
● Deep Juan de Fuca plate	W.WA, OR,	M 7+	30-50 yr
● Crustal faults	WA, OR, CA	M 7+	Hundreds of yr?



Risks and Hazards in Oregon

- HVA & THIRA
 - Hospitals and Healthcare Systems
 - Public Health
 - Emergency Management
 - Other Partners
- PH Consequences
 - Assessed by LPHA in 2012



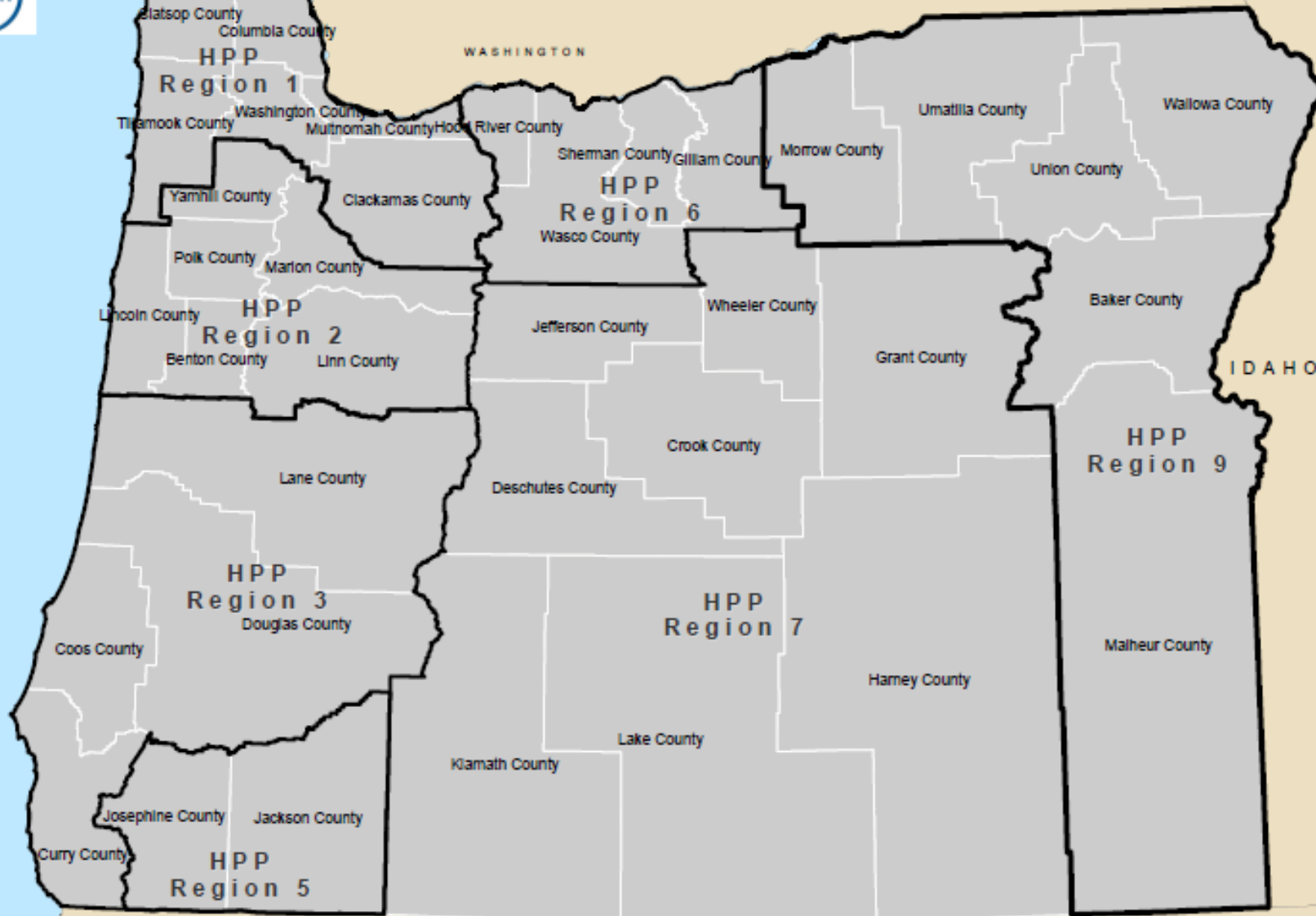
Hazards in Oregon

- Hazardous Material Incident (Fixed &/Transportation)
- Flooding
- Earthquakes
- Severe Weather (Wind, Rain)
- Winter Storms (Ice, Snow, Wind)
- Utility/Communications Failure
- Influenza Pandemic & Emerging Infectious Diseases
- Terrorism
- Wildfire and Smoke
- Drought
- Tsunami



Health Security, Preparedness & Response Program Healthcare Preparedness Program Regions

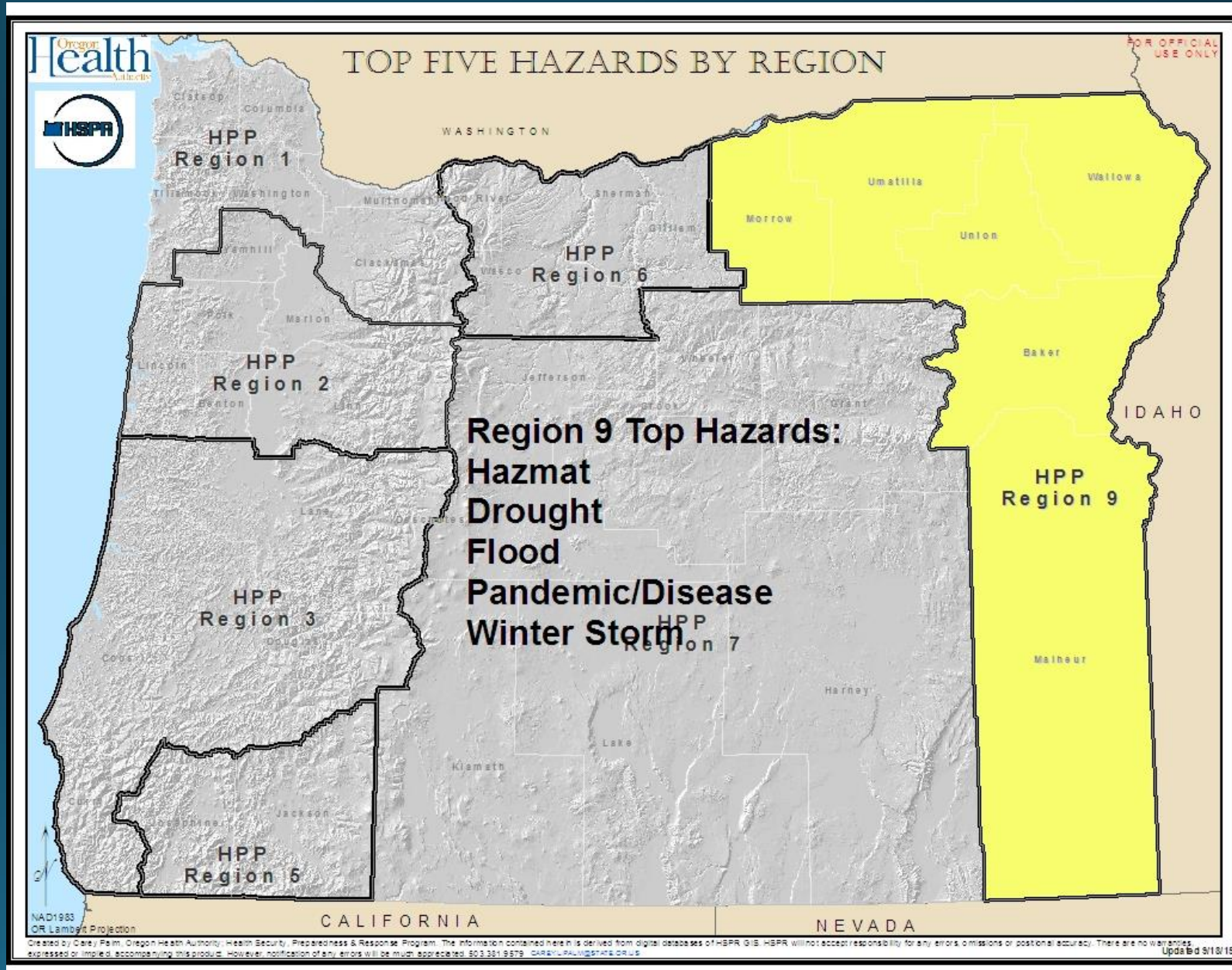
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What are the top Five Hazards in each HPP Region?

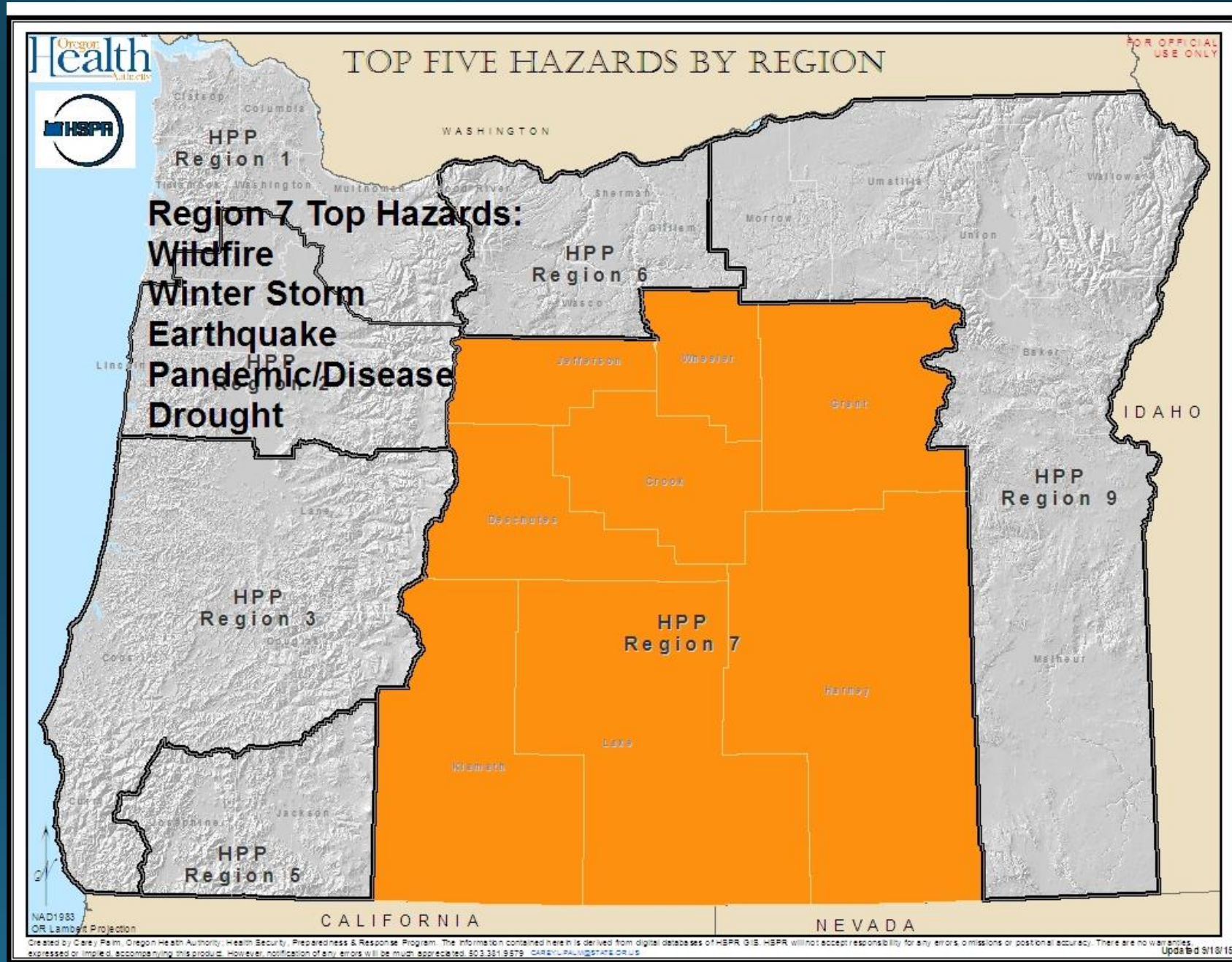
Region 9

- Hazmat
- Drought
- Flood
- Pandemic/
Disease Outbreak
- Winter Storm



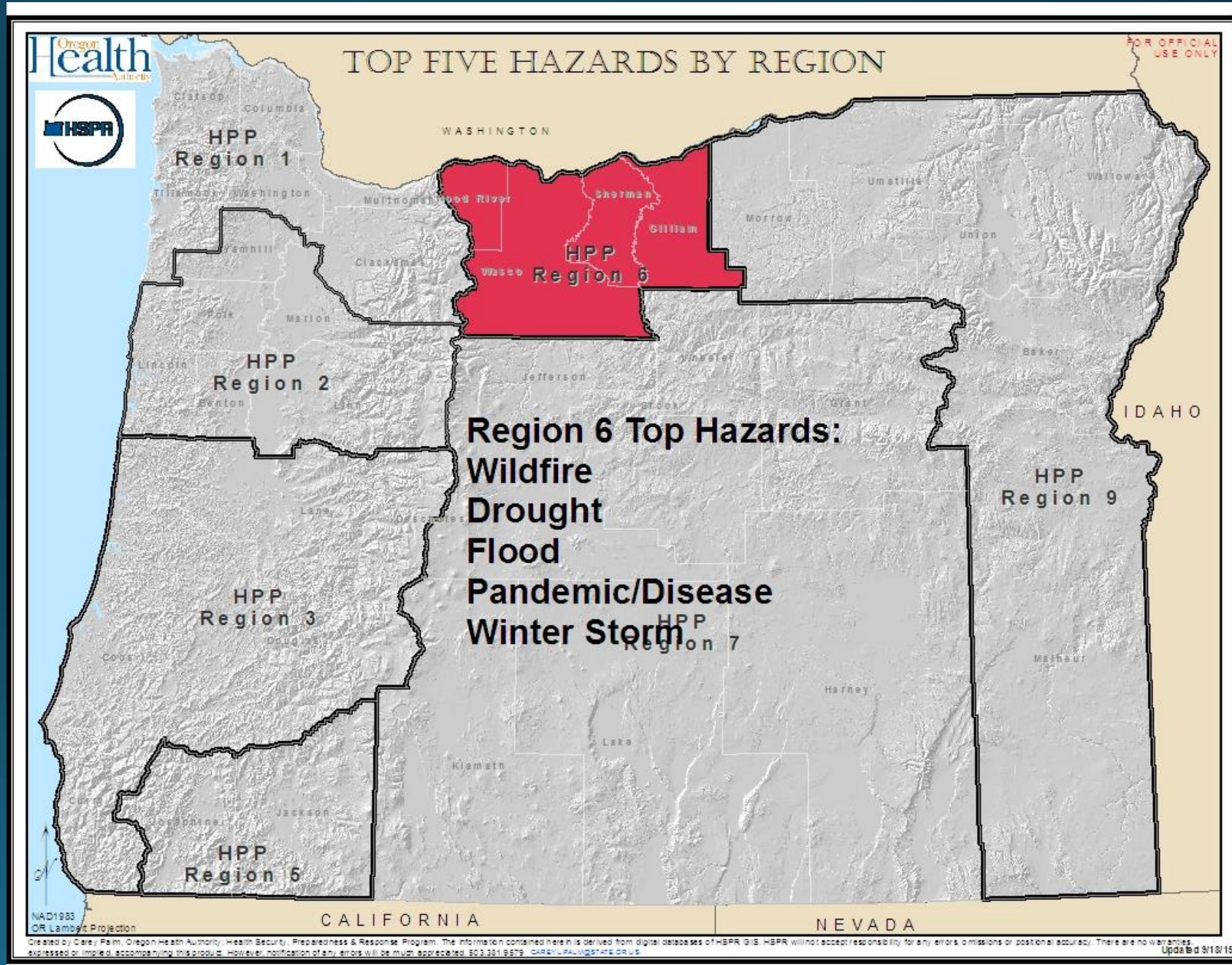
Region 7

- Wildfire
- Winter Storm
- Earthquake
- Pandemic/
Disease
Outbreak
- Drought



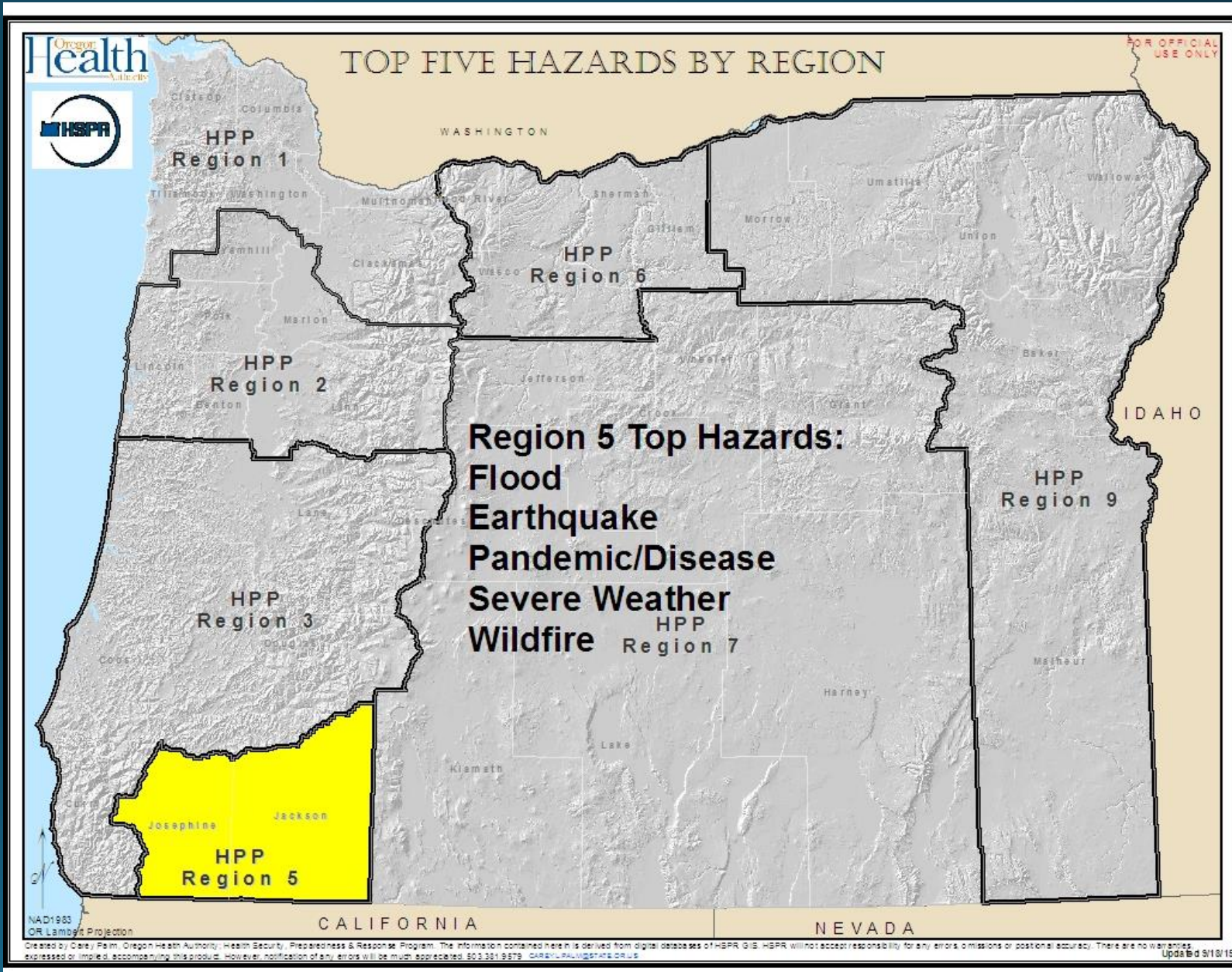
Region 6

- Wildfire
- Drought
- Flood
- Pandemic/
Disease
Outbreak
- Winter Storm



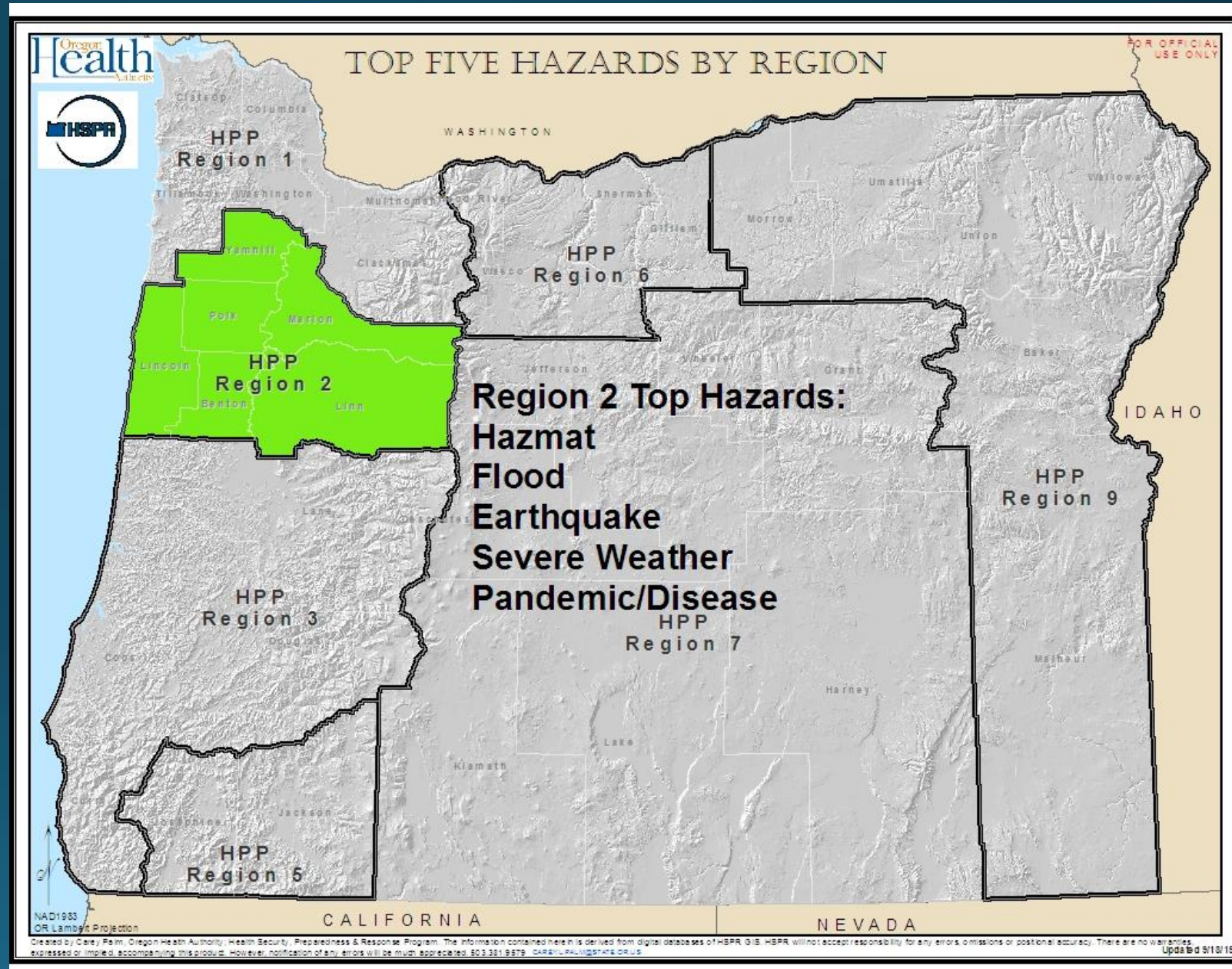
Region 5

- Flood
- Earthquake
- Pandemic/
Disease
Outbreak
- Severe Weather
- Wildfire



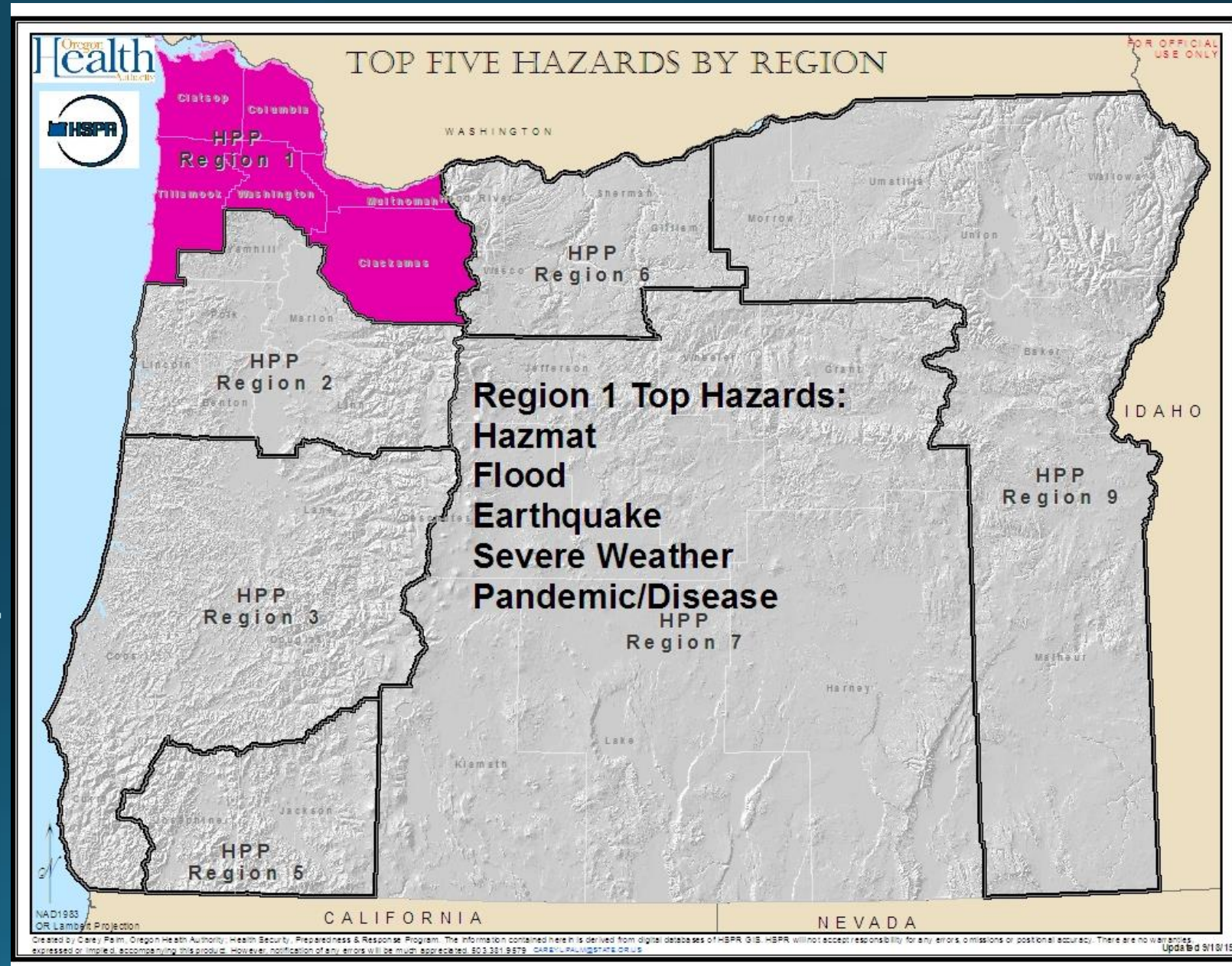
Region 2

- Hazmat
- Flood
- Earthquake
- Severe Weather
- Pandemic/
Disease
Outbreak



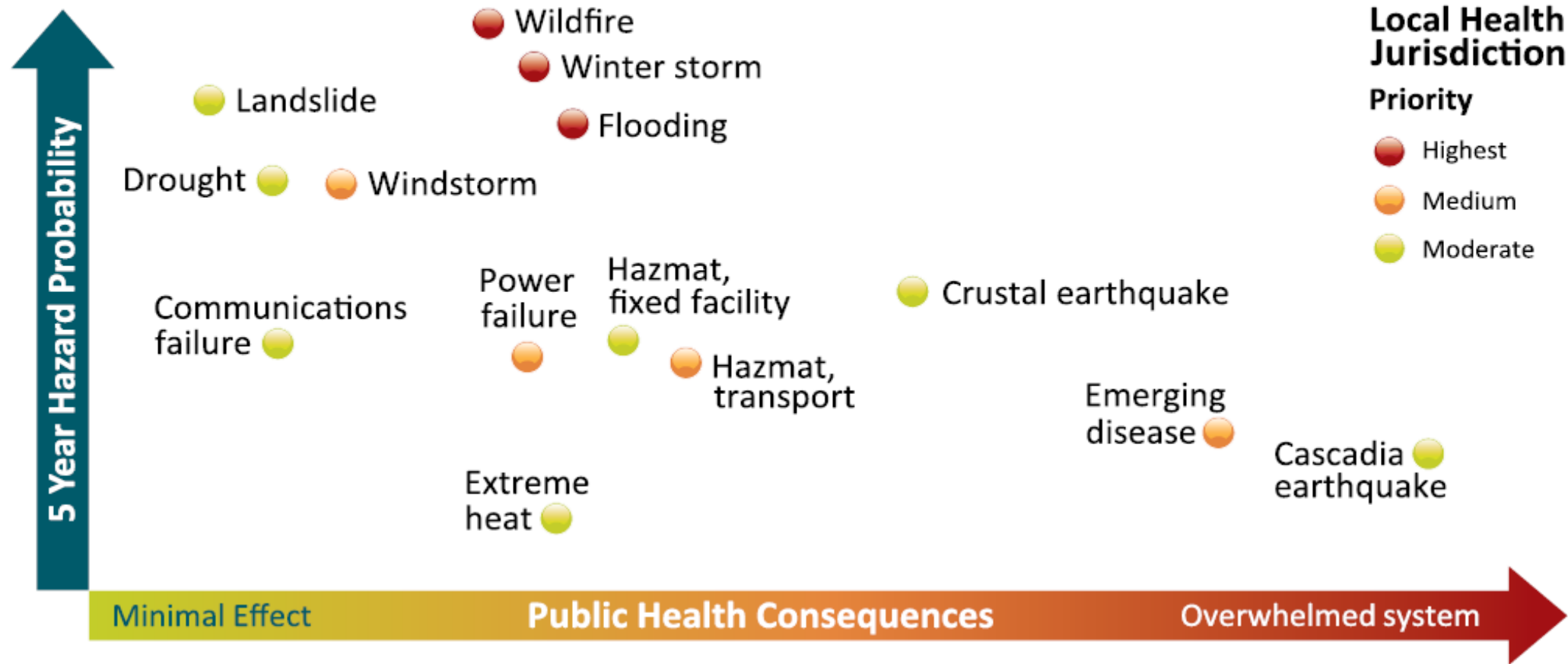
Region 1

- Hazmat
- Flood
- Earthquake
- Severe Weather
- Pandemic/
Disease
Outbreak



Public Health Consequences

Oregon's Public Health Hazard Vulnerability Assessment (PH-HVA)



Who are you
going to call?

PARTNERS!



Public Health is the Great Collaborator!



State Partner: Health Security, Preparedness, and Response (HSPR) Program

Oregon Health
Authority

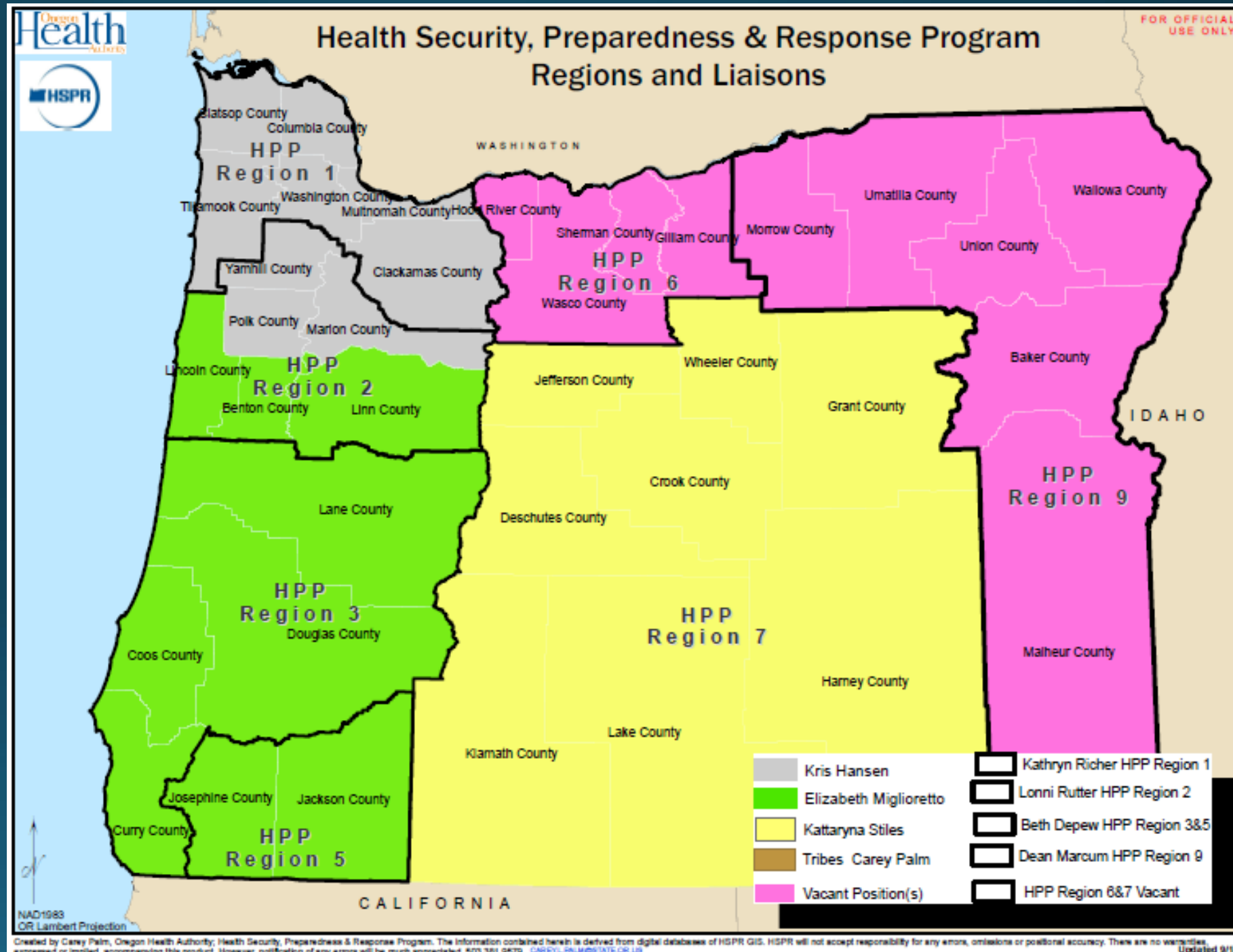
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graph TD; A[Oregon Health Authority] --> B[Health Security, Preparedness and Response Program]; B --> C[Public Health Emergency Preparedness Liaisons]; B --> D[Healthcare Preparedness Program Liaisons];
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Health Security,
Preparedness and
Response Program

Public Health
Emergency
Preparedness
Liaisons

Healthcare
Preparedness
Program
Liaisons

HSPR Regions and Liaisons



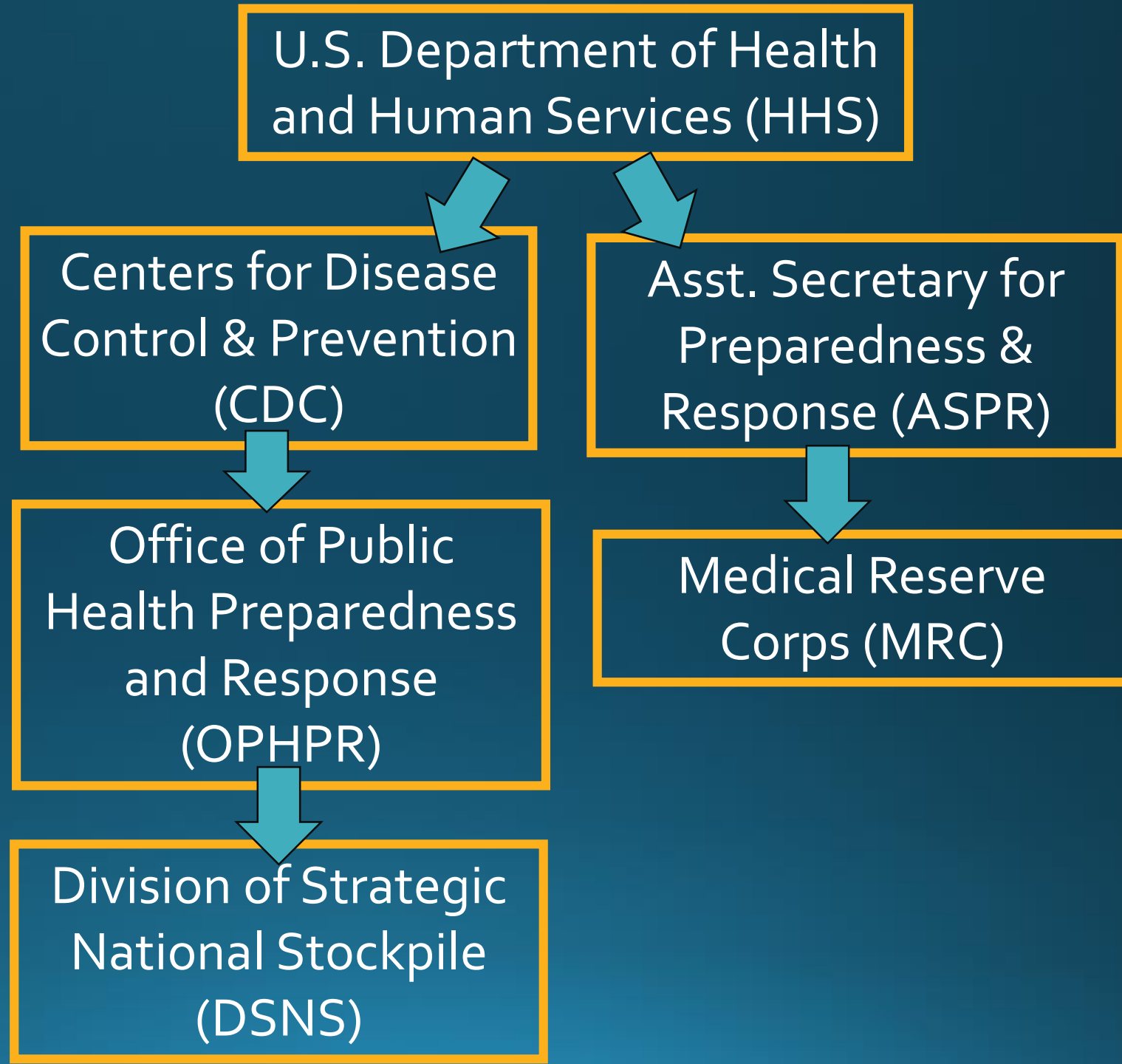
State Partner: Office of Emergency Management (OEM)



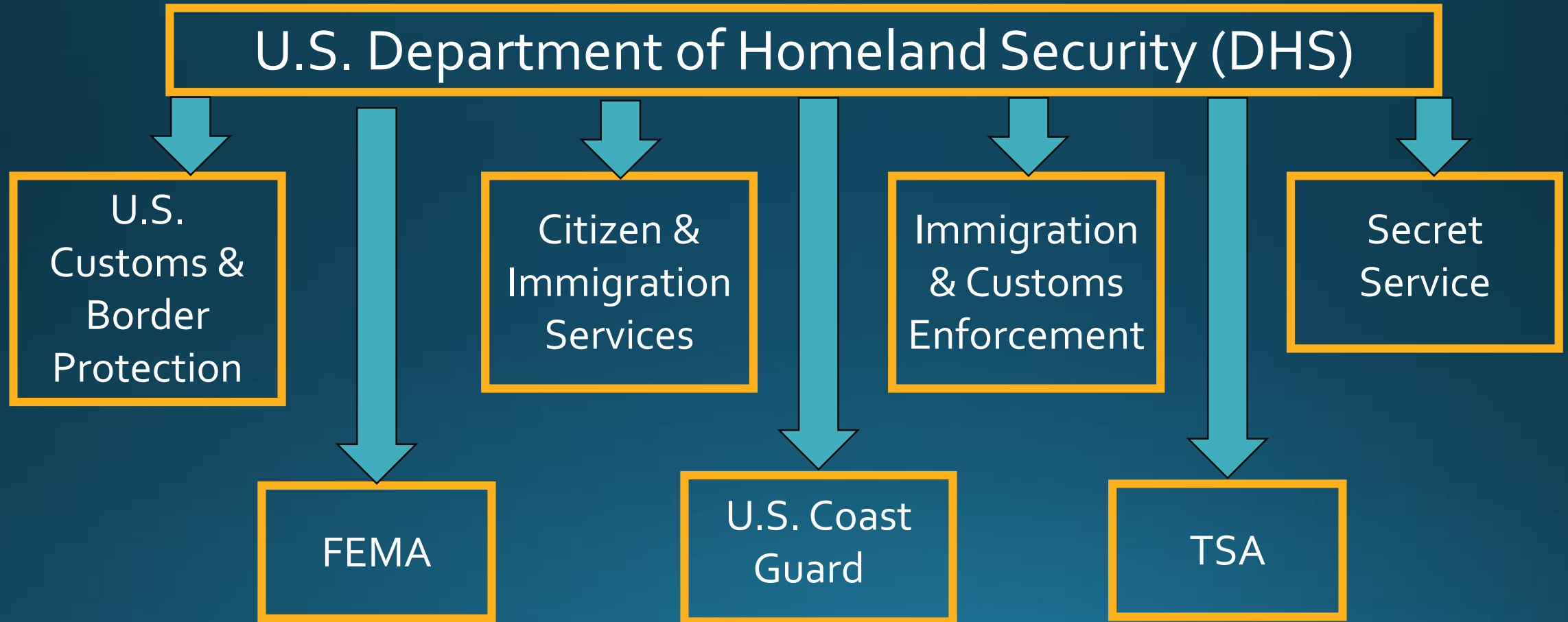
CASCADIA
PLAYBOOK



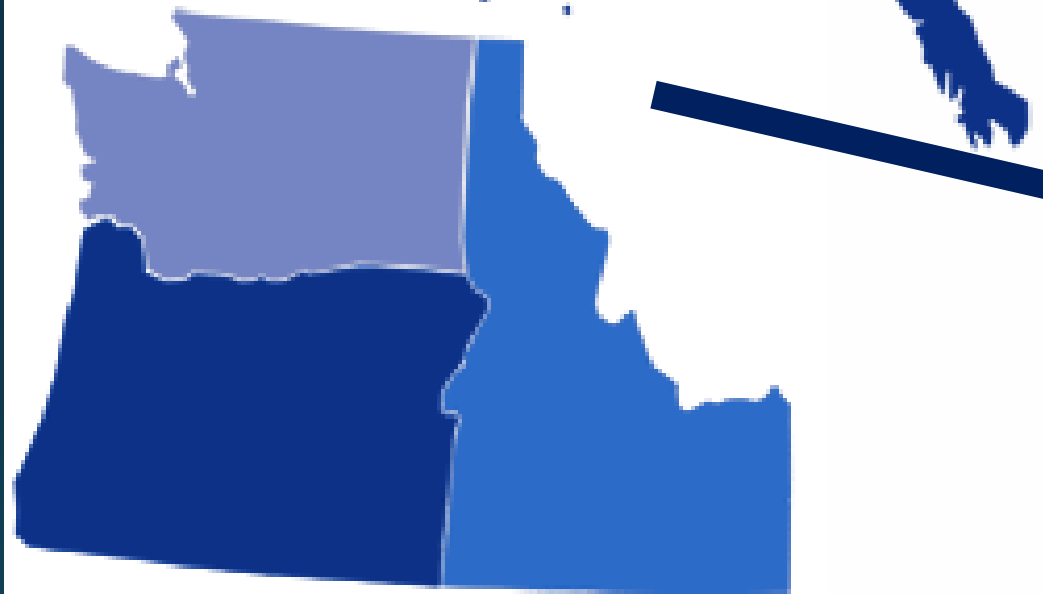
Federal Partners: Department of Health and Human Services



Federal Partners: Department of Homeland Security

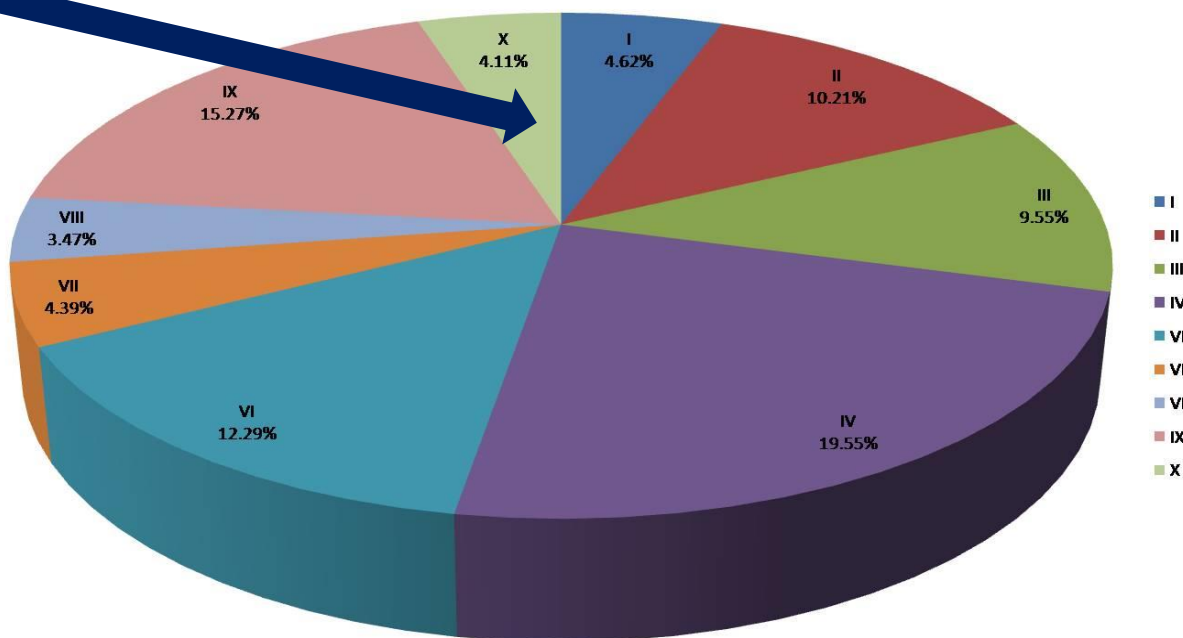


FEMA Regions



Region X

FEMA REGIONS
PERCENT OF U.S. TOTAL POPULATION
**Values do not include Territories or Surrounding Area Population Totals*





Legal Authorities

Federal...



- Homeland Security Presidential Directives (HSPD):
 - #5: Management of Domestic Incidents (NIMS)
 - #7: Critical Infrastructure Identification, Prioritization and Protection
 - #8: National Preparedness
 - #10: Bio-defense of the 21st Century
- Robert T. Stafford Disaster Relief and Emergency Assistance Act
- Health Insurance Portability and Accountability Act (HIPAA)
 - MMWR April 11, 2013 / Vol. 52
 - MMWR May 2, 2003 / Vol. 52/Supplement/Pg. 1 – 20
- Pets Evacuation and Transportation Standards (PETS) Act
- Emergency Management Assistance Compact (EMAC)
- Sandy Recovery Improvement Act (SRIA)

Specific to Public Health

- HSPD #21 – Public Health and Medical Preparedness
- Public Health Service Act
 - Section 311: General Grant of Authority for Cooperation
 - Section 319: Public Health Emergencies
 - Section 319F-2: Strategic National Stockpile and Security
- Public Health Security and Bioterrorism Preparedness & Response Act
- Pandemic and All-Hazards Preparedness / Re-authorization Act
 - PAHPA / PAHPRA
- Public Readiness and Emergency Preparedness (PREP) Act
- Emergency Use Authorization (EUA)
- Section 1135 of Social Security Act



Oregon Administrative Rules (OAR)

- 333-003-0020 – Authority of Public Health Director During a Public Health Emergency
- 333-003-0050 – Access to Individually Identifiable Health Information during a public health emergency
- 333-003-0100 to 333-003-0210 – Registration and deployment of HCPs to perform emergency health care services during a declared emergency
- 333-003-0110 – HCP Registry
- 333-003-0200 – Public Health Director and LPHA use of ICS in EOPs



Oregon Revised Statutes (ORS)



- 431.264 – Authority of Public Health Director to take public health actions
- 431.266 – Public Health Emergency Plans
- 433.443 – Authority of Public Health Director during public health emergency
- 401.651 to 401.670 – use of HCPs to perform emergency health care services during a declared emergency
- 431.654 – HCP Registry



State Guidance

Minimum Standards

- Coalition of Local Health Officials (CLHO)
- Agreed upon minimum required activities as per ORS 431.416
- Control and Epidemiology of Preventable Diseases and Conditions
- Environmental Health
- Public Health Emergency Preparedness
- Parent and Child Health
- Vital Records
- Information and Referral



Program Element 12

- Identify a Public Health Emergency Preparedness Coordinator
- Work plan development and implementation
- Program Reviews
- Preparedness Capabilities Survey
- Maintain 24/7/365 Capability
- Health Alert Network (HAN) Administrator
- Multi-year Training and Exercise Plan (MYTEP)
- Planning
- Fiscal Management and Reporting



Local Legal Authorities

- Charters and Ordinances
- Emergency Declaration Process
- Lines of Succession
- Delegation of Authority
- Isolation and Quarantine
- Allocation and Procurement
- Mandatory Vaccination or Treatment



Legal Resources

- Local counsel
- Pharmacy Legal Authority
- Memorandums of Understanding
- Mutual Aid Agreements
- Oregon Isolation and Quarantine Bench Book
- Northwest Center for Public Health Practice
- Centers for Disease Control and Prevention
- Various Morbidity and Mortality Weekly Report (MMWR)



The Formula for Distribution to LPHA under Program Element 12

- Funding is determined with input and approval of the Conference of Local Health Officials (CLHO). There is a sub-committee for Public Health Emergency Preparedness and we work closely with this sub-committee each year.
- The current funding formula (FY16 July 1, 2015-June 30, 2016) was a straight reduction of approximately 7% from the FY15 awards. The FY15 formula was calculated with a base to each county and the remainder distributed on population. The base is \$68,209 for large counties (population of 10,000+) and \$37,894 for small counties (population of less than 10,000).

Budgets Submitted by LPHAs for PE12

Preparedness Program Annual Budget			
County			
July 1, 201_ - June 30, 201_			
			Total
PERSONNEL		Subtotal	\$0
	List as an Annual Salary	% FTE based on 12 months	0
<i>(Position Title and Name)</i>			0
Brief description of activities, for example, This position has primary responsibility for _____ County PHEP activities.			
			0
			0
			0
Fringe Benefits @ ()% of describe rate or method			0
TRAVEL			\$0
Total In-State Travel: (describe travel to include meals, registration, lodging and mileage)		\$0	
Out-of-State Travel: (describe travel to include location, mode of transportation with cost, meals, registration, lodging and incidentals along with number of travelers)		\$0	
CAPITAL EQUIPMENT (individual items that cost \$5,000 or more)		\$0	\$0

Budgets Submitted by LPHAs for PE12

SUPPLIES, MATERIALS and SERVICES (office, printing, phones, IT support, etc.)		\$0		\$0
CONTRACTUAL (list each Contract separately and provide a brief description)		\$0		\$0
<i>Contract with (_____) Company for \$_____, for (_____) services.</i>				
<i>Contract with (_____) Company for \$_____, for (_____) services.</i>				
<i>Contract with (_____) Company for \$_____, for (_____) services.</i>				
OTHER		\$0		\$0
TOTAL DIRECT CHARGES				\$0
TOTAL INDIRECT CHARGES @ ____% of Direct Expenses or describe method				\$0
TOTAL BUDGET:				\$0
Date, Name and phone number of person who prepared budget				
NOTES:				
Salaries should be listed as a full time equivalent (FTE) of 2,080 hours per year - for example an employee working .80 with a salary of \$50,000 would be listed as \$62,500				
% of FTE should be based on a full year FTE percentage of 2080 hours per year - for example an employee listed as 50 hours per month would be $50 * 12 / 2080 = .29$ FTE				

Common Errors that require resubmission by LPHAs of their Budgets

- Here are a list of some common errors that require resubmission by LPHAs of their budgets:
 - Missing or miscalculated FTE. Salaries should be listed as a full time equivalent (FTE) of 2,080 hours per year - for example an employee working .80 with a FTE salary of \$62,500 would be listed as \$50,000. Another example: % of FTE should be based on a full year FTE percentage of 2080 hours per year - for example an employee listed as 50 hours per month would be $50 * 12 / 2080 = .29$ FTE .
 - Fringe Benefits not listed as a percentage or the rate not described.
 - Description of travel for both in-state and out-of-state.
 - Capital Equipment is for any SINGLE item that costs \$5,000 or more.
 - Indirect Charges not listed as a percentage or the rate not described.

Mid Year Budget to Actuals

Mid Year expense to budget reports are due from LPHAs for the period of July 1st through December 31st. These are due no later than February 15th.

Preparedness Program Expense to Budget			
_____ County			
Period of the Report (July 1, 201_ -December 31, 201_)			
	Budget	Expense to	Variance
PERSONNEL	\$0	\$0	\$0
Salary	\$0		
Fringe Benefits	\$0		
TRAVEL	\$0		\$0
In-State Travel:	\$0		
Out-of-State Travel:	\$0		
CAPITAL EQUIPMENT	\$0		\$0
SUPPLIES	\$0		\$0
CONTRACTUAL	\$0		\$0
OTHER	\$0		\$0
TOTAL DIRECT	\$0	\$0	\$0
TOTAL INDIRECT	\$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.			

End of Year Expense to Budget

End of Year expense to budget reports are due from LPHAs for the period July 1st through June 30th. There are due no later than September 15th.

Preparedness Program Expense to Budget			
County _____			
Period of the Report (July 1, 201_ - June 30, 201_)			
	Original Budget	Expense to	Variance
PERSONNEL	\$0	\$0	\$0
Salary			
Fringe Benefits			
TRAVEL	\$0	\$0	\$0
In-State Travel:			
Out-of-State Travel:			
EQUIPMENT	\$0		\$0
SUPPLIES: communications, professional services, office supp	\$0		\$0
CONTRACTUAL	\$0		\$0
OTHER: facilities, continued education	\$0		\$0
TOTAL DIRECT	\$0	\$0	\$0
TOTAL INDIRECT @ XX% of Direct Expenses (or describe method):	\$0		\$0
TOTAL:	\$0	\$0	\$0
DATE:			
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.			



Plans, plans, plans

CPG 101

- Comprehensive Preparedness Guide
- Fundamentals of planning and developing emergency operations plans (EOPs)
- Community-based
- CPG 201: THIRA
- CPG 301: Planning Guide for Special Needs Populations (under review since 2008)



Minimum Content for Base Plan

According to CPG 101:

- Identify agency response and recovery activities and specific tasks
- Describe integration of assistance for response and recovery
 - Whole community
- Provides coordinating instructions
- As applicable, provides provisions for implementing MOUs/MAAs
- Describes logistical support for planned operations



CPG 101 Minimum Content...

- And specifies the direction, control and communication procedures and systems
 - Incident Command
 - Delegation of Authority
 - Order of Succession
 - Alerting the emergency personnel
 - Warning the public
 - Protecting residents and property
 - Requesting aid/support



Suggested Plans for Public Health

- ESF #8 – Public Health and Medical Services
 - County Emergency Management
 - Must have Public Health involvement
- All-Hazards Base Response and Recovery Plan
- Functional Annexes
 - Includes Hazard Specific Annexes
- Support Annexes
 - Continuity of Operations Plan (COOP)
- Appendices
 - Easily changed and updated

“There’s no one in this room that doesn’t understand that the sooner you are prepared the safer you will be.”

Geoff Shaw, DWR

SOP/SOG, FOG, Job Aid

- Standard Operating Procedures or Standard Operating Guidelines
 - Reference documents
 - Provides purpose, authorities, duration and details
 - Single function or number of interrelated functions
- Field Operations Guides
 - Contains information required to perform specific assignments
 - Assigned to specific teams, branches
 - Short-form version of the SOP/SOG
- Job Aids
 - Checklists that help users perform a task
 - Serve to address gaps in training during an incident



Updating Plans

- In conjunction with County Emergency Management
 - County Emergency Operations Plan (EOP)
 - At least every 5 years
- After an exercise or incident
 - After Action Report (AAR) and Improvement Plan (IP) is developed
 - Key issues are identified in AAR/IP for change
- Significant changes occur within County and/or LPHA structure
- Legal issues identified
- Triennial Review





TRAINING

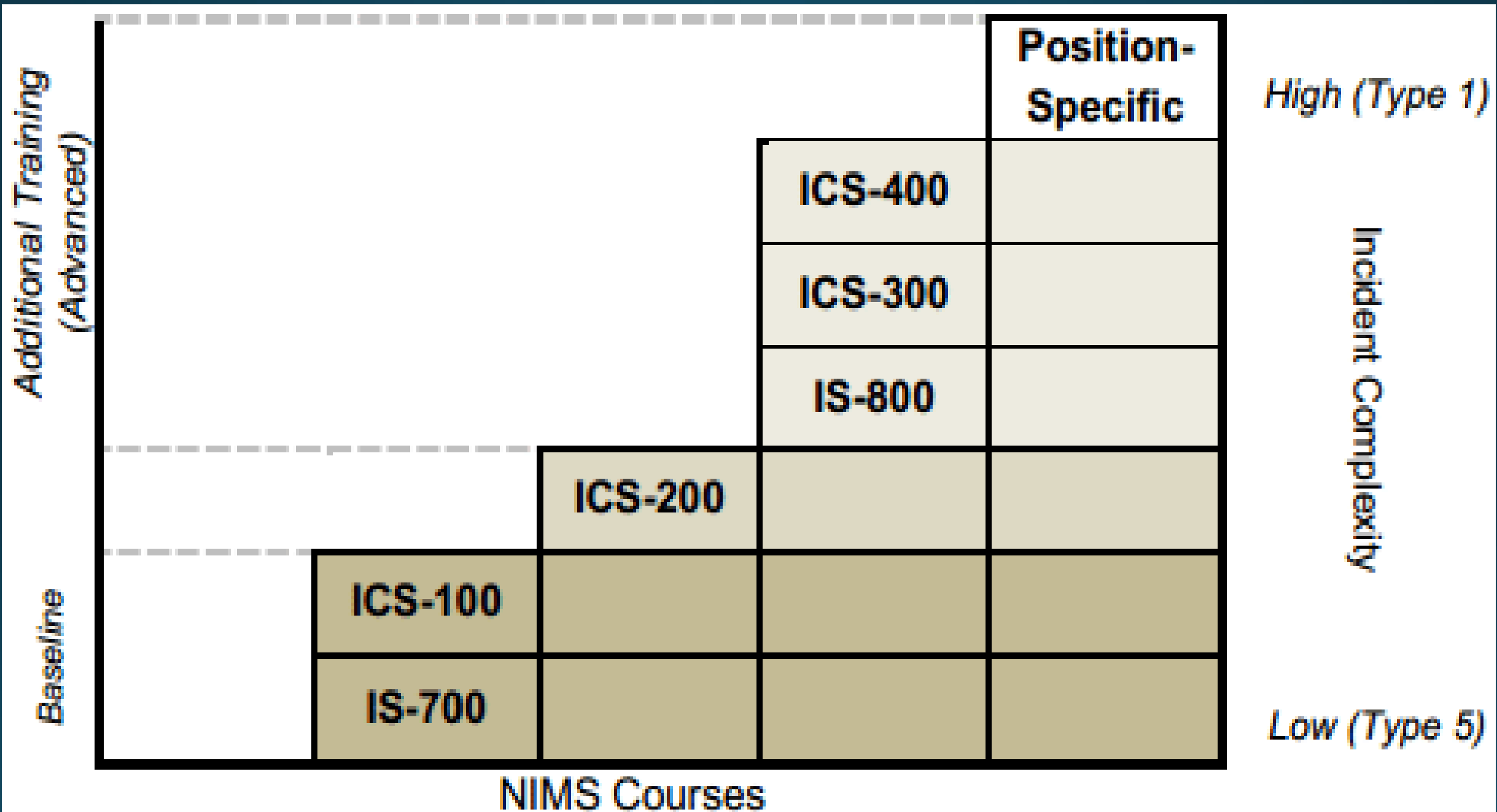
Education & Training



Foundational

- Emergency Management Institute - FEMA
- Baseline Courses – Independent Study
 - National Incident Management System, IS-700
 - Introduction to Incident Command System, IS-100
- Additional Courses – Independent Study
 - National Response Framework, IS-800
 - ICS for Single Resources & Initial Action Incidents, IS-200
- Additional Courses – In Person
 - Intermediate ICS for Expanding Incidents, ICS-300
 - Advanced Incident Command System, ICS-400
 - Position-specific training





Where to find more...

Emergency Management

- Center for Domestic Preparedness (CDP)
- Rural Domestic Preparedness Consortium (RDPC)
- National Disaster Preparedness Training Center (NDPTC)
- Texas A&M Engineering Extension Services (TEEX)

Public Health

- Office of Public Health Preparedness & Response, CDC
 - CDC TRAIN
- National Association of County & City Health Officials
 - Advance Practice Centers
- Public Health Emergency, HHS
 - TRACIE
 - Mental Health
 - Food Safety
 - Human Services

PERLC

- 14 across the U.S.
- Workforce Development
- Specialized training, education and consultation.



*Universities that also have Preparedness and Emergency Response Research Centers (PERRCs)



SERV-OR

State Emergency Registry of Volunteers in Oregon

[Home](#)

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[FAQ](#)

[Terms of Service](#)

[Privacy Policy](#)

[Register Now](#)

Welcome

State Emergency Registry of Volunteers in Oregon (SERV-OR)

Are you a health professional? Register today to join other health professionals as we prepare for future public health emergencies.

Apply Now

Click "[Register Now](#)" to apply to a local Medical Reserve Corps (MRC) and/or the State Managed Volunteer Pool (SMVP). It may take 15-20 minutes. You may start the application, save your work, and return.

Learn More

- [Overview video](#)
- [FAQs, brochures, and newsletters](#)
- [Training calendar for registered and prospective volunteers](#)

Username:

Password:

[Log In](#)

[Forgot Username or Password?](#)
[Not Registered?](#)

Oregon
Health
Authority

SERV-OR
Training
Calendar





Oregon Emergency Preparedness Training Calendar
August 27, 2015

New course additions or changes highlighted in blue

For information on hosting training contact James Adams at james.adams@state.or.us

Additional information on a listed course: contact the person listed under "Process to Register for Course."

For registrations needing FEMA Form 119-25-1 a FEMA Student ID (FEMASID) number is required. Please go to <https://cdp.dhs.gov/femasid> to obtain your number. FEMA SID is also needed to attend resident courses.

2015						
Date	Course Title	Location	Host Agency	Prerequisites (certificate of completion must accompany application)	Cost	Process To Register for Course
9/1-2/2015	Exercise Design—postponed until further notice	Lynwood, WA	FEMA Region X	Is-100, IS-700, IS_800.b and IS-23.b	Tuition is free. No stipends available for travel or salary	lyssa.plumer@fema.dhs.gov
9/3-4/2015	L01015 Public Information and Warning—postponed until further notice	Lynnwood, WA	FEMA Region X	Is-100, IS-700, IS_800.b and IS-23.b	Tuition is free. No stipends available for travel or salary	lyssa.plumer@fema.dhs.gov
9/21-24/2015	Joint OEMA and WSEMA 2015 Conference	Vancouver, WA	OEMA	See www.oregonemergency.com	Yes	www.oregonemergency.com
9/29-30/2015	G358 Evacuation and Re-Entry Planning (Oregon Specific) Training	Oregon City	Clackamas County EM	None	None	http://evac.eventbrite.com
10/20/2015	Webinar: Intro to 2 CFR 200 the "Super Circular"	Webinar	Oregon Emergency Management	None	None	Register at: https://attendee.gotowebinar.com/register/1121856270608812289
10/8-9/2015	2015 ECHO ESF-8 Preparedness Conference	Bend, OR	Health Security, Preparedness and Response Program (OHS/PHD)	None	None	https://public.health.oregon.gov/Preparedness/Pages/ECHOPreparednessSummit2015.aspx
10/16-17/2015	ICS 300	Ontario, OR	Saint Alphonsus Medical Center	IS-100, 200, 700 and 800	None	sainnalm@samc.org
10/20-23/2015	L0143 Advanced Situational Awareness and Common Operating Picture	Camp Murray, WA	FEMA Region X	E/L L0948 Situational Awareness and Common Operating Picture; IS 100, 200 and 700 recommended	Training is free. No travel stipends available	lisa.davis2@fema.dhs.gov
10/22/2015 1p-4p	Initial Damage Assessment/Preliminary Damage Assessment	1333 NW Eastman Parkway, Gresham, OR	Gresham Fire and Emergency Services	None	None	kelle.landavazo@greshamoregon.gov
10/27-29/2015	MGT 347 ICS Forms and ICS 300	Coville	Oregon State University	IS 100, 200, 700 and 800	None	michael.bamberger@oregonstate.edu
10/28/2015 8a-12p	AWR-310 Natural Disaster Awareness for Community Leaders	Salem	Marion County EM	None	None	krowland@co.marion.or.us

OEM Training Calendar

Public Health Preparedness Capabilities

Public Health Preparedness Capabilities

- Released March 2011
- National Standards for State and Local Planning
- 15 Capabilities
- Strategic Planning
- Align across national programs
- Everyday use
 - Supports the 10 Essential Public Health Services
- Evidence based
- Performance Measures



Focus on Capabilities Most Applicable to State and Local Public Health



Capabilities List

- 1 – Community Preparedness
- 2 – Community Recovery
- 3 – Emergency Operation Coordination
- 4 – Emergency Public Information & Warning
- 5 – Fatality Management
- 6 – Information Sharing
- 7 – Mass Care
- 8 – Medical Countermeasures Dispensing
- 9 – Medical Materiel Management & Distribution
- 10 – Medical Surge
- 11 – Non-Pharmaceutical Intervention
- 12 – Public Health Laboratory
- 13 – Public Health Surveillance & Epidemiological Investigation
- 14 – Responder Safety and Health
- 15 – Volunteer Management

Capability Survey

- PE-12 Deliverable
- Annual look back
- Due August 15
- Triennial Review



Community Resilience – 1 & 2

- Community Preparedness (1)

- Assess Hazards with Partners (HVA)
- 11 sectors identified for partner engagement
- Build systems & communication routes between public health, medical and mental/behavioral health
- Community education
- Identify Access and Functional Needs populations

- Community Recovery (2)

- Continuity of Operations Planning for Public Health
- Coordinate and collaborate with systems built for recovery operations
- Implement improvement plans and corrective actions



Emergency Operations Coordination (3)

- Workforce Readiness
- Incident Command
 - Staff identified to fulfill roles
 - Activation of incident command/management team
- Develop an incident response strategy
 - Use of Incident Action Plan
- All-Hazards Response and Recovery Plan
 - Standard Operating Procedures to manage response
- Ability to demobilize and evaluate



Capabilities 5 & 7



Fatality Management (5)

- Determine LPHA role
- Assist as determined in plans
- Participate in survivor mental/behavioral health services



Mass Care (7)

- Determine LPHA role
- Determine impacted population needs
- Coordinate public health, medical and mental health mass care services
- Monitor population's health

Capabilities 10 & 15



Medical Surge

- Support activation of medical surge
- Support jurisdictional operations
- Support demobilization



Volunteer Management

- Coordinate Volunteers
 - ESAR-VHP
 - MRC
- Have ability to notify volunteers
- Organize, assemble and dispatch volunteers
- Demobilize
 - Debrief
 - Exit screening

Capabilities 12 & 13

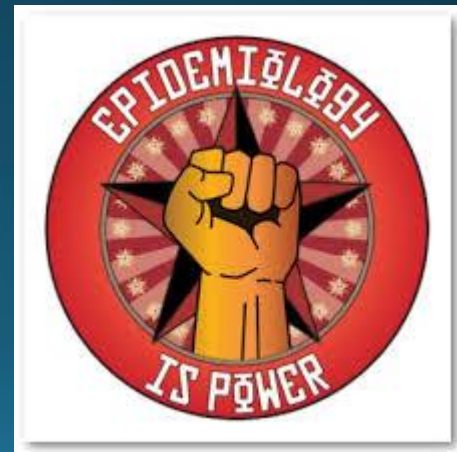
Laboratory Testing

- Ability to manage lab activities
- Conduct testing & analysis for routine and surge capacity
- Support investigations



Surveillance & Epidemiological Investigations

- Conduct surveillance, detection, & investigations
- Recommend, monitor and analyze mitigation actions
- Improve the systems
 - Epidemiology
 - Surveillance



Responder Safety and Health

- Identify safety and health risks
 - Pre-scripted information
 - Safety Officers
- Identify safety and personal protective needs
 - Planning
- Coordinate with partners and train
 - Identify Subject Matter Experts
- Monitor safety and health actions
 - Not just the physical, but emotional and mental health
 - Create databases



Non-Pharmaceutical Interventions (11)

- Identify factors that impact NPI
- Determine NPI
 - Social distancing
 - School closures
 - Isolation and quarantine
 - Universal vs. Droplet vs. Contact Precautions
 - Boil water
- Implement and monitor the NPI
 - Plans and education
 - Hand washing
 - Cover your cough



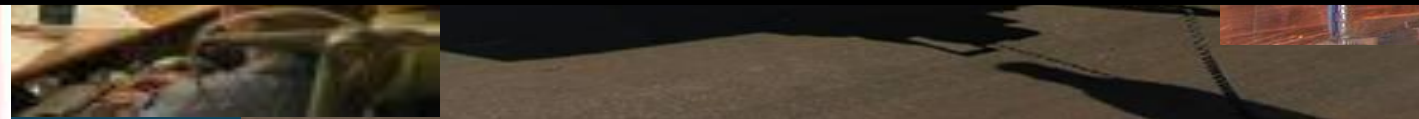


Medical
Countermeasures

Capabilities 8 and 9



The Strategic National Stockpile



Strategic National Stockpile Mission



To prepare and support partners, and provide the right resources at the right time to secure the nation's health

12-Hour Push Packs

- Ill defined threats - First line of defense
- Contains many things including:
oral antibiotics and respiratory, pediatric & medical/surgical supplies.



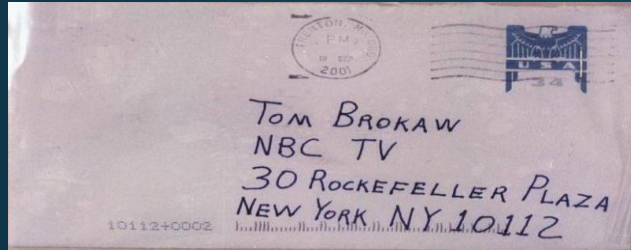
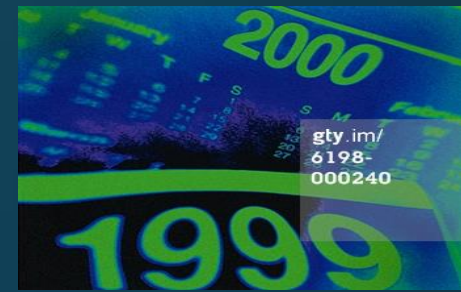
- 1 pack = 130 (max) specialized containers
- Arrives by:
Wide-body jet, or
Eight-53 foot tractor trailers
- Weighs 50 tons
- Occupies 5,000 square feet when offloaded

While a large and a significant resource, the Push Pack only makes up 2-3% of the total available SNS medical materials stockpile

Managed Inventory (MI) - Known threat



CDC/SNS Response History



2001 9/11– Response to ground zero and anthrax exposed sites

2005 Hurricanes Katrina & Rita – FMS depolyed to New Orleans and supplies shipped to numerous states



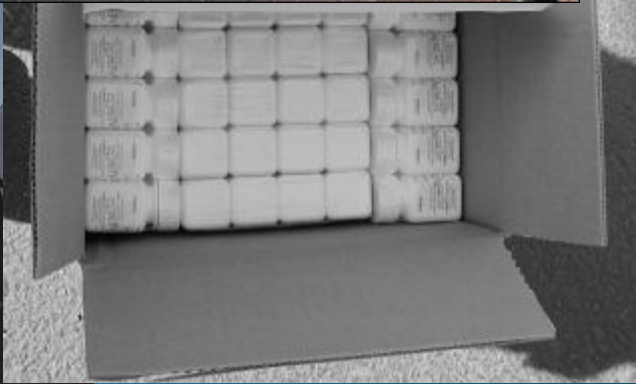
2009 H1N1– 12 million antiviral regimens and 85 million masks

2012 Hurricanes Isaac and Sandy – CDC responders deployed for shelter needs along with 7 Federal Medical Stations (FMS)



Ebola –Personal Protective Equipment Caches

Distribution



Dispensing - PODs



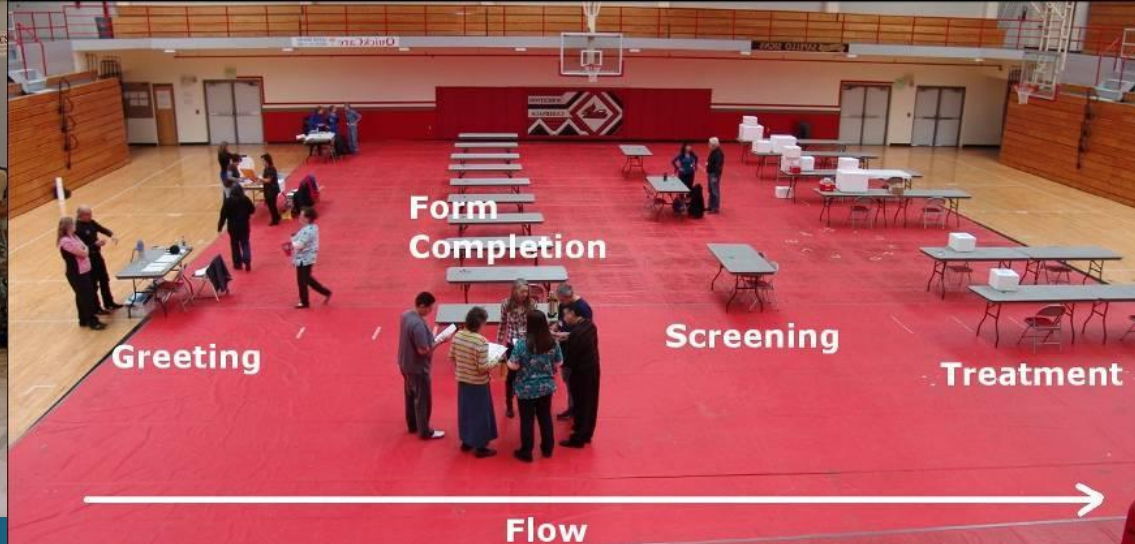


Goal of Mass Dispensing



Decrease the numbers of individuals who may get ill

Dispensing Planning Considerations

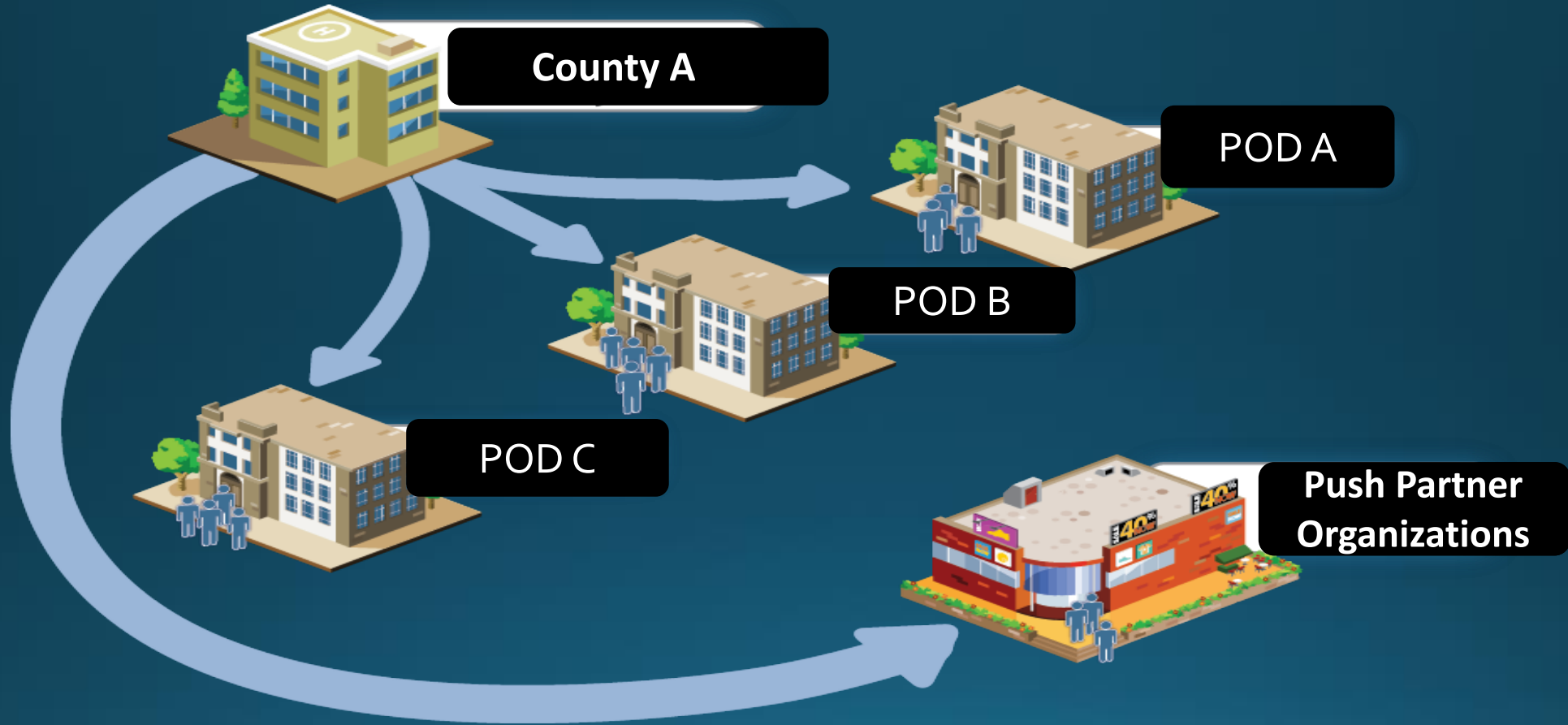




**Throughput
(flow)**

Clinical Accuracy

Push vs Pull



Push Partner

- Organization who agrees to dispense Emergency Medications/Vaccinations to their populations
- Medications/Vaccinations are “pushed” out for organization to pick up, set up and manage their own dispensing site.
- Avoids employees/clients needing to go to large mass dispensing sites where public is “pulled” in to pick up medications.



Planning Resources

- Trainings:
 - Mass Antibiotic Dispensing
 - MAD Train the Trainer
- Planning Resources
 - PHEP Liaisons
 - State MCM Coordinator
- Federal Guidance
 - State POD FOG – on HAN
 - SNS v 11
 - PREP ACT – liability coverage

Resources

- CRI Website: www.CRINorthwest.org
-
- Dispense Assist: www.dispenseassist.net
- Adrienne Donner, Sr. Regional Program Coordinator
Cities Readiness Initiative
adrienne_donner@co.washington.or.us
503-846-3769

Information Sharing systems

Health Alert Network



Oregon HAN Communication Matrix

Alert Level (Based on Severity of situation/event)	Outbreaks*	Natural Disasters*	Technological Events*	Recovery*
High (Imminent health and/or safety related)	Outbreaks that are severe in their effects on the health of all or part of a community within Oregon or neighboring states/jurisdictions.	Natural Disasters that threaten the health and security of a community or region. Most common example is severe winter weather including flooding.	Human made events that have a potential to disrupt healthcare and response efforts. This level of alert could be to notify local state partners to warnings or received threats against key facilities and/or organizations.	Communications surrounding infrastructure and health response to natural disasters and technological events. May not be High priority due to time sensitivity, rather due to potential impacts to health.
Medium (Updates related to health and/or safety related situations)	Updates and situational awareness surrounding moderate scale outbreaks occurring in other parts of the nation/world.	Awareness surrounding impending severe weather and potential impacts to healthcare delivery systems and response organizations.	Threats surrounding human made events where Oregon and/or the Pacific NW are not targets. Informational notice to before mentioned region.	Informational and general communications surrounding recovery efforts that may have an elevated time sensitivity than a Low priority notification.
Low (General Information sharing)	Outbreaks occurring in other parts of the nation/world that may have a minor impact on Oregon. or Oregon outbreaks that may be minor in health severity but are still important to share with health and preparedness community.	Informational and general communications surrounding severe weather or natural disaster preparedness.	Threats surrounding human made events occurring nationally/ internationally or awareness surrounding observed behavior to be conscious of. Informational notice to local partners only.	Informational and general communications surrounding recovery efforts.

*Events can cross over to several categories for the same event. Example: The Japan earthquake in 2011 created a multi-faceted natural disaster (earthquake and tsunami) and a technological event [Fukushima Daiichi nuclear reactor breach(s)]

HAN Alerts 9/5/2014 to 12/31/2014

Date-time Sent	Alert Sender	Sent To (Number of Roles and Number of Users in Roles)	Subject (Pink are Ebola Related)
9/5/2014 8:45	ACDP	ORCD1 (493 Roles 691 Users)	Update to Investigative Guidelines
9/5/2014 11:25	HSPR	ORCD1 (493 Roles 691 Users)	Information regarding secure email to your DHS/OHA Partners
9/10/2014 15:11	HSPR	ORCD1, Tribes, Hospitals (976 Roles 921 Users)	National Preparedness Month - Governors Proclamation
9/11/2014 13:34	ACDP	ORCD1 (493 Roles 691 Users)	Enterovirus Infections: Information for Healthcare Providers
9/12/2014 16:00	ACDP	ORCD1 (493 Roles 691 Users)	Investigate Guideline Updates
9/19/2014 12:19	ACDP	ORCD1 (493 Roles 691 Users)	Information on Enterovirus D68 (EV-D68)
9/22/2014 15:09	ACDP	ORCD1 (493 Roles 691 Users)	Ebola Virus Disease its Implications for Oregon and Guidance for Frontline
9/22/2014 17:22	HSPR	HIB (1 Role 27 Users)	Situation Update: Potential Saline Shortage
9/26/2014 8:37	ACDP	ORCD1 (493 Roles 691 Users)	Investigative Guideline & Measles Specimen Submission Instruction Updates
9/26/2014 10:15	ACDP	ORCD1 (493 Roles 691 Users)	EDIT: Correct Link to Updated Botulism Investigative Guideline
9/26/2014 16:23	ACDP	ORCD1, Hosp Roles (759 Roles 937 Users)	Acute Neurologic Illness of Unknown Etiology
10/1/2014 13:40	HSPR	ORCD1and3, Tribes Hosp Roles (1092 Roles 1135 Users)	Ebola Virus Disease & Implications for Oregon; FAQ & translated materials
10/3/2014 14:22	HSPR	ORCD1, Hosp Roles (960 Roles 1142 Users)	Ebola Virus Disease - Open Letter to All U.S. Healthcare Professionals
10/6/2014 16:29	LHD HAN User	Lane County LHD, Hospitals (34 Roles 59 Users)	Lane County Public Health Advisory - Enterovirus D68
10/13/2014 12:11	HSPR	ORCD1and3, Hosp Roles (757 Roles 1140 Users)	Ebola Incident Management Team Established - OHA PHD
10/15/2014 14:01	HSPR	ORCD1and3, Hosp Roles (749 Roles 1081 Users)	Oregon Public Health Virtual Incident Management Team Initial IAP
10/16/2014 10:08	HSPR	ORCD1, Hosp Roles (962 Roles 1282 Users)	Call today @ 10:30 A.M. pacific - Preparing Nurses to Safely Care for a Patient with
10/16/2014 14:50	HSPR	ORCD1, Tribes, Hospitals (1410 Roles 1508 Users)	Oregon Ebola Planning Webinar: Friday 10/17/14 at 12:00 P.M. - 1:30 P.M. (pacific)
10/20/2014 8:56	ACDP	Hospitals (206 Roles 264 Users)	11:00 Conference Call - Approaches to Clinical Management for Patients with Ebola Treated in U.S. Hospitals - Hosted by CDC Clinician Outreach & Communication
10/21/2014 10:26	HSPR	LHD, Tribes (164 Roles 222 Users)	Oregon Ebola Planning for LPHA and Tribal CD Staff
10/22/2014 11:16	HSPR	LHD, Tribes (37 Roles 41 Users)	Oregon Ebola Planning for LPHA and Tribal CD Staff
10/22/2014 11:37	HSPR	ORCD1and3, Hosp Roles (754 Roles 1106 Users)	Updated PPE Guidance for Healthcare Partners
10/22/2014 15:48	HSPR	ORCD1and3, Hosp Roles (757 Roles 1140 Users)	Oregon Public Health Incident Management Team SITSTAT
10/22/2014 17:48	HSPR	LHD, Tribes (200 Roles 236 Users)	LPHA and Tribe CD Webinar 9:00-10:00 10/23 - Resending with Attachments
10/24/2014 17:12	ACDP	LHD, Tribes, Hospitals (500 Roles 721 Users)	Updated Oregon Guidelines for Persons Under Monitoring
10/28/2014 10:39	HSPR	LHD, Tribes (554 Roles 755 Users)	Ebola Planning Call today at 1:00 PM for LPHAs & Tribes
10/29/2014 13:00	HSPR	LHD, Hospitals (288 Roles 305 Users)	EMS PSAP & Hospital Ebola Transport Planning Webinar - Tomorrow
10/31/2014 12:35	HSPR	LHD, Tribes, Hospitals (986 Roles 1172 Users)	Updated Ebola Planning / Response Documents & Guidance
10/31/2014 18:37	HSPR	LHD, Tribes (118 Roles 133 Users)	Situation Update Call: TOMORROW Saturday at 10:30 A. M.
11/2/2014 15:26	HSPR	ORCD1, Hosp Roles (885 Roles 1141 Users)	Ebola ruled out for low-risk patient at Providence Milwaukie Hospital
11/5/2014 12:20	HSPR	LHD, Tribes, Hospitals (1296 Roles 1435 Users)	(Canceled by: System Administrator CRADOCK) Ebola Continuum of Care Planning & Response Webinar Nov. 7
11/5/2014 14:00	HSPR	LHD, Tribes, Hospitals (1296 Roles 1435 Users)	Update: Ebola Continuum of Care Planning & Response Webinar Nov. 7
11/5/2014 15:27	HSPR	ORCD1and3, Hosp Roles (757 Roles 1140 Users)	Oregon Public Health Incident Management Team SITSTAT

HAN Alerts 9/5/2014 to 12/31/2014

Date-time Sent	Alert Sender	Sent To (Number of Roles and Number of Users in Roles)	Subject (Pink are Ebola Related)
11/5/2014 16:10	HSPR	LHD, Tribes, Hospitals (180 Roles 220 Users)	Oregon Ebola Response - Isolation and Quarantine - Legal Call
11/12/2014 9:53	ACDP	LHD, Hospitals (892 Roles 1247 Users)	Monthly Investigative Guideline and Case Report form Updates
11/12/2014 15:50	HSPR	ORCD1and3, Hosp Roles (757 Roles 1140 Users)	Oregon Public Health Incident Management Team SITSTAT and IAP
11/18/2014 12:46	ACDP	LHD, Tribes, Hospitals (500 Roles 721 Users)	Fatal case of mucormycosis associated with infant formula
11/19/2014 16:48	HSPR	ORCD1and3, Hosp Roles (757 Roles 1140 Users)	Oregon Public Health Incident Management Team SITSTAT
11/24/2014 8:35	ACDP	LHD, Tribe (258 Roles 308 Users)	ACDP Phone System Survey
11/26/2014 14:41	HSPR	LHD (71 Roles 113 Users)	CDC Emergency Partners Update: 2014 Ebola Response
11/26/2014 15:07	HSPR	ORCD1and3, Hosp Roles (757 Roles 1140 Users)	Oregon Public Health Incident Management Team SITSTAT
11/26/2014 18:56	HSPR	HIB (18 Users)	HIB - Influenza 2014
11/26/2014 19:05	HSPR	HIB (14 Roles 54 Users)	HIB - Influenza 2014
12/3/2014 12:02	HSPR	ORCD1and3, Hosp Roles (757 Roles 1140 Users)	Oregon Public Health Incident Management Team SITSTAT and IAP
12/4/2014 11:29	LHD HAN User	Clackamas County LHD (8 Roles 59 Users)	2014-15 Influenza Season Update
12/5/2014 8:47	ACDP	LHD, Tribes, Hospitals (634 Roles 883 Users)	Health Advisory Regarding the Potential for Circulation of Drifted Influenza A (H3N2)
12/5/2014 15:17	ACDP	LHD and Tribes Roles (502 Roles 725 Users)	Investigative Guideline Update
12/11/2014 10:07	HSPR	ORCD1and3, Hosp Roles (757 Roles 1140 Users)	Oregon Public Health Incident Management Team SITSTAT 010
12/12/2014 9:30	HSPR	LHD, Tribes, Hospitals (1023 Roles 1275 Users)	Hospital Tiering Strategy (Ebola) for Oregon Facilities
12/15/2014 14:05	ACDP	LHD and Tribes Roles (502 Roles 725 Users)	Sharing Norovirus Information: Norovirus Working Group and Local Health
12/17/2014 11:45	HSPR	ORCD1and3, Hosp Roles (757 Roles 1140 Users)	Oregon Public Health Incident Management Team SITSTAT 011
12/20/2014 14:15	ACDP	LHD Roles (502 Roles 742 Users)	Oregon Health Alert: H5N8 Avian Influenza in Douglas County Birds
12/20/2014 14:19	ACDP	Oregon Hospital Users (197 Roles 176 Users)	Oregon Health Alert: H5N8 Avian Influenza in Douglas County Birds Information for Medical Providers
12/22/2014 16:26	ACDP	ORCD1and3, Hosp Roles (757 Roles 1140 Users)	Updates: ACDP Webpage Investigative Guidelines & Case Report forms
12/24/2014 11:58	HSPR	ORCD1and3, Hosp Roles (757 Roles 1140 Users)	Oregon Public Health Incident Management Team SITSTAT - 012

Hospital Capacity

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Public Health

Topics A to Z Data & Statistics Forms & Publications News & Advisories Licensing & Certification Rules & Regulations Public Health Directory

Public Health > Preparedness > Resources for Partners > Health Alert Network (HAN)

Health Alert Network (HAN)

Password and Account Requests
HAN Updates: FAQ & Training
Web Links

Order a BIRTH Certificate

Oregon Health Alert Network and HOSCAP



Health alert network (HAN)

Oregon's Health alert network (HAN) connects public health, hospitals, clinics, laboratories, public safety, and EMS partners via a variety of secure web applications that facilitate information sharing throughout Oregon and SW Washington. The system is funded by the US Centers for Disease Control and Prevention and managed by the Oregon Health Authority - Public Health Division.

Hospital capacity web system (HOSCAP)

Oregon's hospital capacity web system (HOSCAP) allows health care and emergency preparedness partners to share real time status data.

HAN and HOSCAP

- Oregon HAN Landing Page
- Oregon HOSCAP

Contact Us

- Health Security Preparedness and Response

www.HAN.Oregon.gov

Work Plan

"Clearly states the description of the assignment in documented milestones."



Work Plan Development



2015-16 Work Plan Template

CDC

Cap. #s

Goal 1:

Goal 2:

Goal 3:

Ongoing and Goal Related PHEP Program Work

Training and Education

Goal #	Objectives	Planned Activities	Date Completed	Actual Outcome	Notes

Drills and Exercises

Goal #	Objectives	Planned Activities	Date Completed	Actual Outcomes	Notes

Planning

Goal #	Objectives	Planned Activities	Date Completed	Actual Outcomes	Notes

Work Plan Requirements

- Three (3) Program Goals
 - Overarching
 - Encompasses the PHEP program
- Objectives
 - Measurable
 - Defined timelines
 - Relates to Goals
- Planned Activities
 - Steps taken to achieve the objectives
 - Devil in the details...

Proposed Work Plan due:
August 1st

Final, Approved Work Plan due:
September 1st

Examples of Measureable Objectives

- Participant will work out four times per week for three months.
- By the end of the training, 90% of the participants are able to pronounce "how are you?" in French.
- By the end of the Halloween party, 75 people will have attended the party.
- By July 31, 2016, I will have read four books written by James Patterson.
- I will attend the Partners in Preparedness in April 2016.
- I will have save \$2000 in my Trip to Italy savings account by December 31, 2015.

Work Plan...

- Date of Completion
 - By activity
 - By objective
- Outcomes
 - Lessons learned
 - What to include next year
 - Follow up
 - Improvement plan
- Notes (optional)
 - For you, for liaison

Update work plan as necessary

- Dates of completion
- Outcomes
- Notes

Review work plan at least twice with liaison

- By February 15
- By August 15

2015-16 Work Plan Template

CDC

Cap. #s

Goal 1:

Goal 2:

Goal 3:

Ongoing and Goal Related PHEP Program Work

Training and Education

Goal #	Objectives	Planned Activities	Date Completed	Actual Outcome	Notes

Drills and Exercises

Goal #	Objectives	Planned Activities	Date Completed	Actual Outcomes	Notes

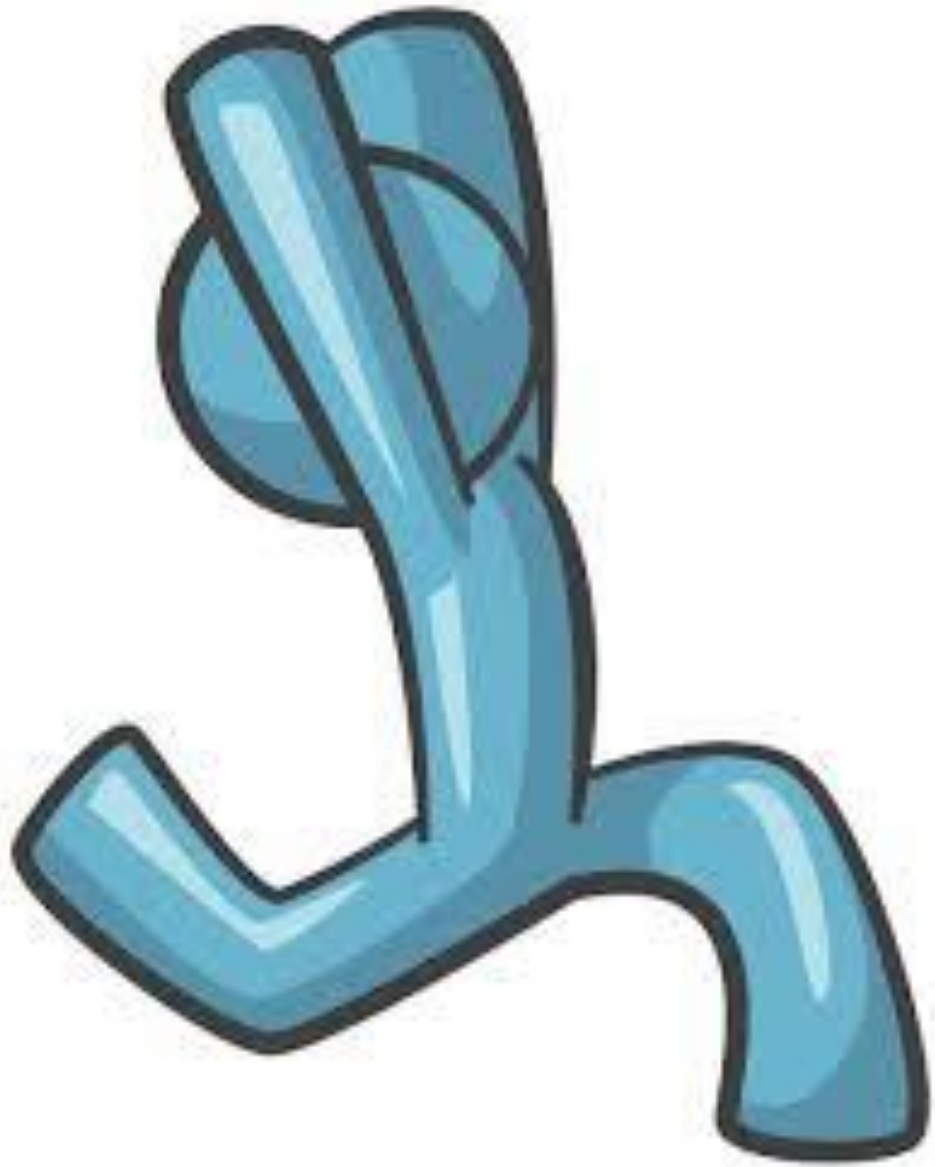
Planning

Goal #	Objectives	Planned Activities	Date Completed	Actual Outcomes	Notes

Develop a work plan

- Identify one goal
- Identify three objectives to support
 - Timeline
 - Measureable
- Add planned activities





Exercises,
Reports &
MYTEPs

Exercises

- Two exercises per year
 - PE-12 Deliverable
- Submit scope and objectives to liaison prior to exercise
 - One to three objectives
 - SMART format
 - Five is ideally the maximum
- Public Health participation
- Partner involvement



Name of Exercise:	Name of event/exercise.		Date(s):	Date(s) of event/exercise.
Scope:	Describe the scope of the event or scope and type of exercise.			
Overarching Goal(s):	Provide at least 1 overarching goal for the event/exercise.			
Capabilities/ Functions:	Please list the Public Health Capabilities addressed in the event/exercise.			
Objectives:	Give 1 to 3 SMART objectives.			
Primary Activities:	Give 1 to 3 primary activities for the event/exercise.			
Participating Organizations:	List the participating organizations			
Design Team:	List the names of the design team members.			
Point of Contact:	Enter name	Point of Contact LPHA or Tribe:	LPHA or Tribe	
POC Email:	Enter email	Phone:	Phone	
Strengths:	What were the Strengths identified during the event/exercise? Give 1 to 3 Strengths.			
Areas of Improvement:	Where there any areas of improvement identified? Give 1 to 3 and complete Improvement Plan on next page.			
Summary Completed by:	Person completing summary		Date:	Date

Progression of Exercises



AAR/IP

- Submit after action report/improvement plan (AAR/IP) within 60 days to liaison
- When using the Exercise Notification form
 - One to three strengths identified
 - One to three areas of improvement identified
- HSEEP AAR/IP (Long form)
 - Identify strengths and areas for improvement
 - Analysis of capabilities
- Reviewed during Triennial



Name of Exercise:	Name of event/exercise.		Date(s):	Date(s) of event/exercise.
Scope:	Describe the scope of the event or scope and type of exercise.			
Overarching Goal(s):	Provide at least 1 overarching goal for the event/exercise.			
Capabilities/ Functions:	Please list the Public Health Capabilities addressed in the event/exercise.			
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Strengths:	What were the Strengths identified during the event/exercise? Give 1 to 3 Strengths.			
Areas of Improvement:	Where there any areas of improvement identified? Give 1 to 3 and complete Improvement Plan on next page.			
Summary Completed by:	Person completing summary		Date:	Date

Improvement Plan

Name of Event/Incident/Exercise:		Name of event/exercise.	Date(s):	Date(s) of event/ incident/exercise.
Public Health Capability	Issue(s)/Area of Improvement(s)	Corrective Action(s)	Start Date	Estimated Completion Date
Capability Name	Identified Issue	Corrective Action or Planned Activity		
		Corrective Action or Planned Activity		
	Identified Issue	Corrective Action or Planned Activity		
		Corrective Action or Planned Activity		
Capability Name	Identified Issue	Corrective Action or Planned Activity		
		Corrective Action or Planned Activity		
	Identified Issue	Corrective Action or Planned Activity		
		Corrective Action or Planned Activity		
Capability Name	Identified Issue	Corrective Action or Planned Activity		
		Corrective Action or Planned Activity		
	Identified Issue	Corrective Action or Planned Activity		
		Corrective Action or Planned Activity		

Multi-year Training & Exercise Plan

- MYTEP
- Documents progressive exercise plan
- Completed each year
 - Dynamic
 - Update, add and change
 - Due October 31st
- Part of the Work Plan
- Identify approximate time frame
- Identify capabilities



Example of One Year

FY 2016 (JULY 2015 – JUNE 2016)

July 2015	Aug. 2015	Sept. 2015	Oct. 2015	Nov. 2015	Dec. 2015	Jan., 2016	Feb. 2016	March 2016	April 2016	May 2016	June 2016
Oregon Bike Race – MRC Tent	MAD/VAX Training Pathfinder Exercise	HAN Drill		MAD/VAX FSE – Flu Clinic with LTCF	HAN Drill			HAN Drill	COOP Seminar with Partners		HAN Drill Cascadia Rising FE

Working with Emergency Manager(s)

- County, city, facility, system, agency
- Collaboration
- Coordination
- Relationship Building
- Training & Exercise Plan Workshop (TEPW)
- Regional Training and Exercise Plan (RTEP)





Triennial Review

PHEP Tool and Reviews

- In coordination with the Triennial schedule
- Quality Assurance
- Compliance
- Reports sent to Office of Community Liaisons
- Reproductive Health Trained
- Financial Office
 - Budgets



I. ADMINISTRATIVE

Compliance	Compliant		Comments/Documentation/Explanation /Timelines
	Y	N	
A. LPHA is staffed at a level appropriate to complete the approved work plan. Personnel who are funded under the PE-12 contract are working on preparedness activities in accordance with their funding levels. PE-12.3.d.			
1. Provide Position Description of any directly funded PHEP staff for review.			
1. Evidence of training records of any directly funded PHEP staff.			
Quality Assurance	Recommendations for Improvement		
A. By September 1 annually, the LPHA has drafted, submitted for review, revised as needed, and submitted for final approval an annual work plan that includes all contractual and statutory required elements and Public Health Capabilities sustaining and enhancing elements. PE-12.3.b.			
1. Written in clear and measurable objectives with timelines.			
1. Has at least three broad program goals that address gaps and guide work plan activities.			

Last time to ask...

Questions?