

Program Element #12: Public Health Emergency Preparedness (PHEP) and Communicable Disease Response Program

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 and Communicable Disease Response Program (“PHEP Program”) to respond to public health emergencies, to prevent, investigate, report and respond to outbreaks of communicable diseases, or the spread of communicable diseases, and to develop and maintain the capacity to operate such a PHEP Program. 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 Communicable Disease 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 two 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. **Case Report Form:** Form designated by Department for use in collecting data and documenting activities performed during an investigation of a case of Reportable Communicable Disease. Information about case forms are viewable at: <http://oregon.gov/dhs/ph/acd/reporting/forms/forms.shtml>.
 - d. **CDC:** U. S. Department of Health and Human Services, Centers for Disease Control and Prevention
 - e. **Cities Readiness Initiative or CRI:** The Cities Readiness Initiative is a CDC program to aid cities/metropolitan areas in increasing their capacity to deliver medicines and medical supplies during a large-scale public health emergency such as a bioterrorism attack or a nuclear accident. Additional information is viewable at: <http://www.bt.cdc.gov/planning/coopagreement/>.
 - f. **Communicable Disease:** Any disease that is transmissible by infection or contagion.
 - g. **Communicable Disease Database:** A database application developed by Multnomah County and made available to LPHA, upon request to Multnomah County, for use in compiling data on Diseases of Public Health Significance.

- h. 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.

- i. 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.
- j. Hazard and Vulnerability Analysis or HVA:** A public health hazard vulnerability assessment is a written document used to assess and identify public health and community specific public health hazards and vulnerabilities so that plans may be developed to reduce or eliminate these threats.
- k. Health Alert Network or HAN:** An electronic messaging system operated by Department, available to all Oregon public health officials 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.
- l. Hospital Preparedness Program (HPP):** Formally known as U. S. Department and Health and Human Services, Health Resources and Services Administration (HRSA.) 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.
- m. 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.
- n. 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.
- o. Investigative Guidelines:** Department's disease-specific procedures, dated as of July 1, 2005, for the investigation of Reportable Diseases. The Investigative Guidelines can be viewed at: <http://oregon.gov/DHS/ph/acd/reporting/guideln/guideln.shtml>.

- p. **Learning Management System or LMS:** A web-based system operated by Department that allows for an on-line training and tracking of course registration, competency-based training, individual tracking of knowledge, skill, and ability competencies, e-learning, and evaluation and assessment of courses and training experiences.
- q. **Mass:** A large, but non-specific amount or number.
- r. **National Incident Management System 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>
- s. **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>
- t. **NIMS IS-800 Training:** This course introduces the National Response Plan (NRP). It is intended for DHS and other Federal staff responsible for implementing the NRP, and Tribal, State, local and private sector emergency management professionals. <http://training.fema.gov/EMIWeb/IS/is800a.asp>
- u. **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.
- v. **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.
- w. **Prophylaxis:** The prevention of, or protective treatment for disease.
- x. **Secure File Transfer Protocol or sFTP:** A specific secure electronic method to transmit data from one source to another.
- y. **Strategic National Stockpile or SNS:** A national cache of emergency pharmaceuticals and medical supplies provided through the CDC.
- z. **Surveillance:** Ongoing, systematic collection analysis and interpretation of health related data essential to the planning, implementation and evaluation of public health practice, closely integrated with the timely dissemination of these data to those responsible for disease prevention and control.
- aa. **Surveillance and Epidemiology Capacity Development:** Activities designed to enable state and local public health authorities (i) to enhance, design, and develop systems to measure disease or risk factors for disease in a population, rapidly detect outbreaks of illness including those caused by bioterrorism, and other public health emergencies and (ii) to improve epidemiologic capacity to investigate and mitigate outbreaks of infectious disease.

- bb. TopOff 4 (Top Officials Four):** A joint federal, state, local full-scale exercise conducted by the US Department of Homeland Security. Described at:
http://www.dhs.gov/xprepresp/training/gc_1179430526487.shtm
 - cc. Urban Areas Security Initiative or UASI:** UASI is a program of the Federal Office of Domestic Preparedness that provides financial assistance to address the unique planning, equipment, training, and exercise needs of large urban areas. UASI funding assists these jurisdictions in building an enhanced and sustainable capacity to prevent, respond to, and recover from threats or acts of terrorism.
 - dd. Virtual Private Network or VPN:** A specific secure electronic method to transmit data from one source to another.
- 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 must 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. Public Health Preparedness Coordinator.** LPHA must 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 attend all monthly preparedness coordination conference calls and statewide preparedness coordination meetings and the LPHA PHEP Annual Review.
 - c. Annual Review Staffing.** LPHA must provide adequate staff satisfactory to the Department to participate in the development of the Annual Review materials and tools. LPHA must submit its materials and tools for the Annual Review in a manner satisfactory to the Department by June 30, 2008. LPHA must anticipate and plan for its participation in the review of its own 2007-2008 Public Health Emergency Preparedness and Communicable Disease Response program as well as the Annual Reviews of the PHEP Programs of two other LPHAs, all of which are to be conducted during July and August 2008. LPHA must anticipate and plan for the 2008-2009 Annual Review of its PHEP Program to take place during July and August 2009.
 - d. Public Health Emergency Preparedness Procedures.**

 - i. Emergency Plans.**

 - (A.) Consistent with the CDC, State and Local Public Health Emergency Preparedness Cooperative Agreement No. U90/CCU017007-06 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 must comply with the National Incident Management System. The emergency preparedness procedures must 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 adopt the component described in subsection (I.) below, including procedures to address bioterrorism and smallpox events. Other plans shall be adopted as local jurisdiction rules apply.

- (I.) LPHA ESF 8/Health and Medical Annex
 - (II.) LPHA Emergency Communication Plan
 - (III.) LPHA Strategic National Stockpile, Point of Dispensing Plan
 - (IV.) LPHA Pandemic Influenza Plan
 - (V.) LPHA Chemical Event Response Plan
 - (VI.) LPHA Natural Disaster Response Plan (the disaster is to be chosen by the LPHA based on the most likely large scale natural disaster as determined through the jurisdiction's hazard and vulnerability analysis)
 - (VII.) LPHA Radiation Event Response Plan
 - (VIII.) LPHA will either directly develop and coordinate or support the development and coordination of the jurisdiction's Behavioral Health Plan
 - (IX.) LPHA United States Postal Service Bio Detection Systems (for jurisdictions having the USPS BDS systems)
 - (X.) Washington County LPHA, specifically, will submit the Cities Readiness Initiative Strategic Plan. This plan will encompass activities for all LPHAs whose service areas fall within the Portland UASI area.
 - (XI.) LPHAs within the CRI service area (Multnomah, Washington, Clackamas, and Columbia counties), must include the following elements in their Strategic National Stockpile plans, in addition to those elements described elsewhere in this program element:
 - Local Mass Dispensing Plans, including asset ordering procedures and a Point of Dispensing inventory control plan with inventory control forms and job action sheets
 - LPHA shall document how the local Mass Dispensing plan has been incorporated into the county all-hazards plan.
- (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 must include the following subject headings, **or those**

reflected in the county emergency operations plan, with an appropriate discussion satisfactory to the Department:

- Purpose and Authorities
- Situation and Assumptions
- Concept of Operations
- Roles and Responsibilities
 - State
 - Local
- Responsibilities by Phase
- Mitigation/Preparedness
- Response
- Recovery
- Attachments and Standard Operating Procedures (SOPs)

Attachments and SOPs from other countywide or department emergency plans, or other employee procedure manuals that are referenced in the above required emergency plans may be submitted to evaluators conducting the Annual Review

- 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 to be met only once.

e. **Cities Readiness Initiative.**

- i. If LPHA's service area falls within the Portland UASI area (Washington, Clackamas, Multnomah, and Columbia counties), LPHA, in conjunction with cities and counties in the Portland UASI area, must actively participate in CRI assessments, planning, and exercises.
 - (A.) Each LPHA within CRI service area shall complete a security assessment for 90% of Point of Dispensing sites identified as of January 15, 2009.
 - (B.) Each LPHA within CRI shall develop an annual training and exercise plan, including training on tactical communications and ICS.

- ii. If LPHA's service area is Washington County, the award of funds under this Agreement to LPHA for this Program Element will include funds to implement the CRI in the Portland UASI area. The funds awarded for CRI implementation will be identified by footnote in the award. If applicable, LPHA shall use a portion of the CRI award to fund a CRI Coordinator position. Consistent with that formula and process, LPHA may then sub grant CRI moneys to governmental jurisdictions within the Portland UASI Area for CRI implementation, subject to Department prior approval. LPHA shall exercise appropriate fiscal oversight of each Portland UASI jurisdiction that receives a CRI sub grant from LPHA.
- iii. If LPHA's service area is Washington County, LPHA shall submit a strategic plan and budget that outlines specific activities of each LPHA within the CRI service area and describes the step for how each LPHA will progress to meeting the CRI performance measures.
- iv. If LPHA's service area is Washington County, LPHA must describe progress on CRI implementation in the twice annually reports required by Section 4 of this Program Element Description and must provide Department with documentation of LPHA's CRI implementation at the Annual Review of LPHA's PHEP Program. Documentation may consist of such records as meeting minutes, copies of emails, mass dispensing plans, exercise scope documents or after action reports, or telephone/conference call notes related to mutual aid planning efforts.

f. Pandemic Influenza.

- i. LPHA shall conduct community engagement activities to educate community partners and the public about the LPHA's Pandemic Influenza Plan. Engagement activities should include at least, the following constituencies: elected officials, businesses, schools including K-12 and higher education in LPHA service area, social service agencies, local law enforcement and faith based organizations. Engagement activities could include, but are not limited to: compiling lists of key stakeholders in the groups described above; development and delivery of presentations on pandemic influenza and it's relationship to the groups described above; 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 engage with local law enforcement. Topics to be discussed in these engagements, should include, but not be limited to strategies as to how local law enforcement will provide security for public health functions such as point of dispensing sites..
- iii. LPHA shall actively support the development of, the state and local ESF 8 resource ordering and tracking procedures and the state community disease control measures and antiviral distribution plans. Such support shall include attendance at regional planning meetings, review and comment on planning documents and other material support as needed for plan completion.

- iv. LPHA shall actively support the development of medical surge plans in conjunction with hospital and health care preparedness planning underway in the Healthcare 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 shall include attendance at regional planning meetings, review and comment on planning documents and other material support as needed for plan completion.

- g. **All Hazard Public Health Vulnerability Assessment.** The LPHA shall develop and maintain a public health vulnerability assessment (PH-HVA) as a component of its jurisdictional Emergency Operations Plan. The LPHA PH-HVA must comply with the CDC and State of Oregon Emergency Management System requirements. The PH-HVA must include each of the components in the template provided by the State. Review and revisions to the PH-HVA shall be done according to the county's emergency management schedule but not less than once every five years after completion. The PH-HVA must be completed in final form no later than June 30, 2009.

- h. **Emergency Response Procedure Minimums.**

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

- i. establishing mass prophylaxis or vaccination clinics, mobile disease investigation response teams and other locally identified methods to provide mass prophylaxis and vaccination;
- ii. identifying, investigate and controlling a case or cluster of diseases characterized by severe respiratory illness, including smallpox and pandemic influenza;
- iii. responding to outbreaks of disease, including diarrheal diseases;
- iv. receiving reports from laboratories and providers;
- v. active disease surveillance;
- vi. receiving and responding to disease reports and 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 citizens or groups of citizens including those experiencing psychosocial consequences and facilitating actions to reduce the harmful impact on said citizens;
- 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.

LPHA must 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 must 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 must establish and maintain a telephone number whereby, physicians, hospitals, other health care providers, and the public can phone to report Communicable Disease or other public health emergencies within the LPHA service area.
- ii. The telephone number must 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 must 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 must be answered by a knowledgeable person or by a recording that clearly states the above mentioned 24/7 telephone number. LPHA must list both the switchboard number and the 24/7 numbers on the Preparedness Health Network.
- iv. All reports of disease or other public health emergencies must 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 disease and public health emergency reports, within 30 minutes of receipt of the report.
- v. LPHA must conduct quarterly 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.

j. Emergency Public Information Phone Line.

- i. By June 30, 2008, The LPHA must develop a strategic plan to provide a Communicable Disease and public health emergency public information telephone line that can receive calls from up to 1% of the population in LPHA's service area in a seventy-two hour period.
- ii. LPHA must include a description of its compliance with this public information phone line requirement in the twice annually reports required by Section 4 of this Program Element Description.

k. 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, 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.
 - (E.) The use of this funding to cover a cost not described above must be pre-approved in writing by Department.
- ii.** The LPHA must designate a local HAN Coordinator(s) to maintain the local HAN user 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 must submit the names of these local HAN coordinators to the State HAN Administrator or PHEP Liaison and notify of changes within seven working days. Additionally, changes in LPHA staffing or contact information must be reflected in system user profiles within seven 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 must conduct internal tests of the HAN Call Down system every quarter (a total of (4) Times during this agreement period) to verify LPHA's ability to alert its staff with emergency response roles, of public health emergencies. LPHA must 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.
- iii.** LPHA must include a description of its compliance with these HAN requirements in the twice annually reports required by Section 4 of this Program Element Description. The Secure HAN archives messaging and alert history reports that can be accessed by the local HAN Coordinators to supplement these annual reports.
- iv.** LPHA Local HAN Coordinator(s) must post plans and maintain the local and County HAN folders.
- v.** LPHA Local HAN Coordinator(s) must perform general administration for all local implementation of the HAN system in their respective counties.

I. Exercise Requirements for all LPHAs.

- i.** LPHA must develop and conduct an exercise program that tests LPHA's plans for disease investigation and response to public health emergencies described in section 3.d. above. As further described below, the program must include orientation, tabletop, drill, functional and full-scale exercises that involve LPHA's Communicable Disease and public health emergency management program managers and LPHA's general emergency management program manager.
- ii.** LPHA must submit to Department for approval, an exercise scope for each of the exercises at least 45 days before each exercise is scheduled to take place. The scope document is to be brief, but must describe the goals, objectives, activities, and the list of the invitee participants.
- iii.** All exercises must include evaluation. At a minimum, evaluation must include immediate verbal debriefing of attendees and participants and solicitation of written comments. LPHA must compile all evaluation comments into a written After-Action Report that includes how plan improvements will be made, who is responsible and when improvements will be complete. After-Action Reports must be submitted to Department for the Annual Review.
- iv.** Real life disease outbreaks or other public health emergencies requiring a LPHA response shall be documented and recorded and, upon Department's approval, can be used to satisfy exercise requirements. If an incident command structure is used to manage a response to an actual real life Communicable Disease or public health emergency event, all forms and structures must be NIMS-compliant and provided to the Department for review for NIMS compliance within 45 days of the event.
- v.** LPHA must include in the twice annually reports required by Section 4 of this Program Element Description, a description of its progress in completing the required exercises. Documentation of the required exercises must be provided to Department in connection with the Annual Review of LPHA's PHEP Program. Documentation of the exercises must include copies of the exercise scope, participant list including name, position, and contact information, controller's playbook (functional or full scale only), master scenario events list (functional or full scale only), and After-Action Reports.
- vi.** At a minimum, LPHA must, before June 30, 2009, develop and satisfactorily execute public health preparedness exercises described below. To the extent that the LPHA's personnel have been trained, HSEEP system will be used. One must be a tabletop exercise of two public health components of the LPHA Pandemic Influenza Plan. The additional exercises shall be selected by the LPHA in collaboration with the county emergency management agency and are limited to the options described below. LPHA shall submit in writing the selected exercise option, including the scenarios and components to be tested, to the state no later than August 30, 2008:



One Tabletop exercise testing at least two components of the LPHA Pandemic Influenza Plan **and** **one of the two options described below:**

Option One: One table top or functional exercise, scenario to be selected from the list below by LPHA; the exercise shall test two components from the list below using the appropriate LPHA response plan.

Option Two: One full-scale exercise, scenario to be selected from the list below by LPHA; testing at least four of the components from the list below of the appropriate LPHA response plan:

Scenarios:

- Pandemic Influenza
- Radioactive Dispersal Device/Radiation
- 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 implement school closure to limit disease transmission in LPHA area
- Procedures to distribute antiviral medications in LPHA area
- 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.).

m. Exercise Requirements for LPHA's within Cities Readiness Initiative (CRI) Jurisdiction

- i. LPHAs within the CRI service area must complete the following exercises, in addition to exercise requirements described above:

🔑 **One regional tabletop** that discusses communication and coordination across the CRI region; this exercise shall include all LPHAs within the CRI service area. Each LPHA is not expected to conduct the exercise individually within their service area.

🔑 **One functional exercise** of the Point of Dispensing (POD) or medical care point plans in each LPHA service area

CRI funding provided through this program element can be used to support these exercise requirements.

Exercise requirements described above in Section I, ii-vi also apply to CRI exercises as well.

n. Mutual Aid Planning.

- 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 must identify who will make this determination and how it will be made. Note: Senate Bill 330 relating to intrastate compact for resource sharing; creating new provisions; and amending ORS 401.025 was passed by the 2007 Legislative assembly allowing for statewide mutual aid can be found at:
<http://landru.leg.state.or.us/07reg/measures/sb0300.dir/sb0330.en.html>
- ii. LPHA must 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 must 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.

o. Public Information and Notification

- i. LPHA must create and maintain press releases and letters on file, for use in notifying the public of disease outbreaks or other public health emergencies. Such information must 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 must develop and maintain the capability to communicate and disseminate health risk information to the public in its service area. Development of the capability must include designation of an individual with primary responsibility for coordinating communication of public health information. LPHA's public health communication officer must 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, 2008. LPHA shall establish a user profile for the public information officer in the Preparedness Health Network and AlertOregon systems, 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.
- p. Training of LPHA Staff.**
- i. LPHA staff responsible for conducting disease investigations or having public health emergency planning and response roles must 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. To be NIMS compliant, the appropriate staff shall take: IS 700, IS 800, ICS 100, 200 and in some cases 300 and 400 by June 30, 2009. The following descriptions identify who should take the required courses.
 - (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>

(F.) IS-800 National Response Plan (NRP): An Introduction. An online course viewable at: <http://www.training.fema.gov/emiweb/IS/is800a.asp>

(G.) IS-120 HSEEP Introduction to Exercises. An online course viewable at: <http://209.176.175.84/hseep2/IS120/login.asp>

- iii. LPHA must 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 have received hazardous materials or other worker safety training.
- iv. LPHA's public health communication officer must 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 must 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 Preparedness Health 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 eight-hour class is offered once a month as a classroom or online course.

- vii. LPHA must enroll new staff as users in the Learning Management System (The Learning Center) within 30 days of hire. LPHA shall maintain training records for all local public health staff with emergency response roles, including those with responsibility for Communicable Disease response. LPHA must periodically review the LMS training records for completeness and ensure LPHA user records are updated with public health preparedness or Communicable Disease courses not offered by the Department.
- viii. **Monitoring:** In connection with the Annual Review of LPHA's PHEP Program, LPHA must 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.

q. Communicable Disease and Health Hazard Control

- i. LPHA must have the capability to report, monitor, investigate, and control Communicable Diseases and other health hazards within its service area. LPHA must coordinate medical, environmental and epidemiological interventions using the tools, methods and procedures described below.
- ii. LPHA must collaborate and cooperate with Department and other LPHAs in the conduct of disease Outbreak Investigations, as appropriate.
- iii. LPHA must establish and maintain a mechanism for reporting and follow up on diseases in animals that cause serious disease in humans.
- iv. LPHA must conduct on-going surveillance and analysis of the incidence and prevalence of Communicable Disease within LPHA's service area using the most recent five-year communicable disease data provided by Department and discuss with Department whether the data warrant changes to its PHEP Program to improve the Communicable Disease control.
- v. LPHA must communicate with local medical service providers and establish a local plan for active surveillance and early detection of unusual disease patterns, and the reporting of those conditions to the LPHA.
- vi. LPHA must provide health providers with access to an appropriate stockpile of vaccines for use in immunization of human and target animal populations, including but not limited to, rabies immunizations for animal target populations within its service area.
- vii. In connection with the Annual Review of LPHA's PHEP Program, LPHA shall provide to Department documentation of adequate vaccine access and documentation of a local active surveillance plan.

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 and Communicable Disease response. The first report must 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 must, 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 planning.
 - (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.) LPHA's progress on active surveillance planning.
 - (I.) A description of how NIMS-compliant ICS forms have been integrated into LPHA's Emergency Operations Plan.
 - (J.) A description of LPHA's efforts to maintain accurate staff and contact information in the Health Alert Network, and the Learning Management System.
 - (K.) A description of the mechanisms and results of internal testing of the public and non-public LPHA 24/7 ability to receive disease reports and notice of potential public health emergencies.
 - (L.) LPHA's progress on development of its strategic plan to provide a Communicable Disease and public health emergency information line that can handle calls from up to 1% of the population in LPHA's service area within 72 hours.

(M.) A description of LPHA's internal testing results of bimonthly AlertOregon notification.

b. Communicable Disease Reporting.

- i. LPHA must provide Communicable Disease reports to Department as required by applicable Oregon statutes and administrative rules.
- ii. Upon receipt of a report of a Communicable Disease, LPHA shall investigate the report, notify the Department, and undertake disease prevention activities as indicated in state public health guidelines or in discussion with state communicable disease control personnel. If LPHA chooses to use the Communicable Disease Database developed by Multnomah County as its reporting mechanism, the electronic information must be transmitted every business day to the Department by a secure electronic means such as VPN or sFTP or by fax.

c. General Budget and Expense Reporting. Using the budget template (available to be downloaded from the Preparedness Health Network document library at: <https://www.oregonhan.org/login.login.cfm>) and incorporated herein by this reference, LPHA shall provide to Department by August 31, 2008, a budget 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 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 Appendix 2 (available to be downloaded from the Health Alert Network document library at: <https://www.oregonhan.org/login.login.cfm>), and incorporated herein by this reference, shall be the only form used to satisfy this requirement.

d. CRI Expense Reporting. If LPHA's service area is Washington County, LPHA shall provide twice annually financial reports detailing CRI expenses and implementation of appropriate fiscal oversight of participating jurisdictions.

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 Emergency Communication Plan
- iii. LPHA Strategic National Stockpile Plan
- iv. LPHA Pandemic Influenza Plan
- v. LPHA Chemical Response Plan
- vi. LPHA Natural Disaster Response Plan
- vii. LPHA Radiation Event Response Plan
- viii. LPHA will either directly develop and coordinate or support the development and coordination of the jurisdiction's Behavioral Health Plan
- ix. LPHA Cities Readiness Initiative Strategic Plan, for LPHAs whose service area falls within the Portland UASI area. This plan will be submitted by Washington County.

b. Minimum Emergency Response Times.

- i. At least 95% of calls to LPHA's public Communicable Disease and 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 Communicable Disease and public health emergency reports.
- ii. At least 95% of calls to the LPHA non-public Communicable Disease and 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 and manage Communicable Disease and 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 Communicable Disease outbreak or other 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 Communicable Disease outbreak or 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. The time to provide prophylactic protection and or immunization to all responders from the jurisdiction of which LPHA is a part is 24 hours or less from the decision to conduct prophylactic protection or immunization.

c. Emergency Public Information Telephone Line.

LPHA has an emergency public information line that can handle calls from up to 1% of the population in LPHA's service area in a 72-hour period.

d. Health Alert Network.

- i. At least 98% of LPHA staff with responsibilities for Communicable Disease or public health emergency response have accurate user profiles in the Health Alert Network.
- ii. At least 90% of LPHA staff with responsibilities for Communicable Disease or public health emergency response receive test or actual notifications/alerts using Health Alert Network.
- iii. All staff on the Secure Health Alert Network system are required to participate in 12 annual call down tests and are required to keep both an updated system and alerting profile.

e. Exercises.

- i. LPHA has plans for and satisfactorily conducts, by June 30, 2009, at least one tabletop exercise of two components of its Pandemic Influenza plan; and exercises described in either Option One or Option Two.
- ii. CRI participating LPHAs satisfactorily conducts exercises required by the Cities Readiness Initiative portion of this program element.
- iii. Documentation of the exercises must demonstrate the involvement of county emergency management in exercises.

f. Training.

- i. At least 90% of LPHA staff that have Communicable Disease or emergency response roles documented in their job descriptions are trained in incident management.
- ii. LPHA has trained 100% of its staff with emergency response roles identified in their position descriptions in IS-100, 200, 700, and 800, 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.
- g. **General Outbreak Management for the identification and control of Bioterrorism and Communicable Disease Cases Performance Measures.**
 - i. **Surveillance & Investigation.**
 - (A.) LPHA initiates investigation of at least 90% of suspected disease Outbreaks within LPHA's service area within 24 hours of LPHA's receipt of the report of the suspected disease Outbreak.
 - (B.) LPHA reports at least 90% of suspected disease Outbreaks within LPHA's service area to Department within 24 hours of LPHA's receipt of the report of the suspected disease Outbreak.
 - (C.) LPHA submits investigation reports on 90% of Outbreaks within LPHA's service area that are assigned an outbreak number by Department and for which the LPHA has been assigned primary investigation responsibility, to Department within 30 days after the completion of the investigation.
 - (D.) LPHA contacts infection control professionals in 90% of hospitals within LPHA's service area at least once every six months to encourage reporting to LPHA of all suspected incidences of Reportable Communicable Diseases.
 - (E.) LPHA reports at least 90% of all cases of Reportable Communicable Diseases to Department within the required time frames set for in Department guidelines
 - ii. **Communicable Disease Prevention.** With respect to all foodborne and waterborne Outbreaks in LPHA's service area, where a facility is suspected of being the source of the disease, LPHA initiates an environmental evaluation of the facility within one working day of the report of the Outbreak to LPHA.
 - iii. **Disease Investigation.**
 - (A.) LPHA initiates case investigation and contact identification within the required timeframes for at least 90% of suspected cases of Reportable Communicable Diseases within LPHA's service area that are reported to LPHA.
 - (B.) **At least** 90% of all Case Report Forms filled out by the LPHA are sent to Department no later than the end of the calendar week of the completion of the investigation and in no event later than 10 days after initial report to the LPHA.
 - (C.) LPHA provides information and recommendations on disease prevention to 90% located contacts of cases of Reportable Communicable Diseases that occur within LPHA's service area.
 - (D.) LPHA has access to educational materials on each of the Reportable Communicable Diseases.

h. Specific Outbreak Management for the Identification and Control of Bioterrorism and Communicable Disease.

i. Hepatitis A.

(A.) Surveillance.

- (I.) LPHA evaluates, within 1 working day of LPHA's receipt of the report, at least 90% of reported suspect cases (e.g., fever, malaise and jaundice) in LPHA's service area.
- (II.) LPHA reports to Department, within 1 working day of LPHA's receipt of the report, at least 90% of confirmed or presumptive cases in LPHA's service area.

(B.) Disease Investigation and Management.

- (I.) LPHA initiates case investigation and contact identification on 90% of cases within LPHA's service area within 1 working day of LPHA's receipt of report.
- (II.) LPHA completes, within 7 working days of LPHA's receipt of the report, at least 90% of case investigations.

(C.) Disease Prevention.

- (I.) LPHA provides information and treatment recommendations regarding Hepatitis A to 90% locatable contacts of cases reported to LPHA and within LPHA's service area.
- (II.) LPHA conducts an environmental inspection of 90% of establishments associated with Hepatitis A cases in commercial food handlers and day-care workers, within 1 working day of LPHA's receipt of the report of such a case within LPHA's service area.
- (III.) LPHA offers immune globulin and recommended vaccines, within 48 hours of LPHA's receipt of the report of the Hepatitis A case, to at least 75% of household and day-care contacts (staff and classmates) of Hepatitis A cases occurring within LPHA's service area.

ii. Hepatitis B, Acute

(A.) Surveillance.

- (I.) LPHA evaluates within 1 working day of LPHA's receipt of the report, at least 90% of reported suspect cases of acute Hepatitis B in LPHA's service area.

- (II.) LPHA reports to Department, as soon as possible but no later than the end of the calendar week in which LPHA received the report of the case, at least 90% of confirmed or presumptive Hepatitis B cases in LPHA's service area.

(B.) Disease Investigation and Management.

- (I.) LPHA initiates case investigation and contact identification on 90% cases within LPHA's service area within 1 working day of LPHA's receipt of the report.
- (II.) LPHA completes 90% of confirmed case investigations within 14 days of LPHA's receipt of the report of the case.

(C.) Disease Prevention.

- (I.) LPHA provides information and treatment recommendations regarding Hepatitis B to 90% locatable contacts of cases reported to LPHA and within LPHA's service area.
- (II.) LPHA offers vaccine, within 48 hours of LPHA's receipt of the report of a case within LPHA's service area, to at least 75% of the locatable household contacts of the case.
- (III.) LPHA recommends Hepatitis B Immune Globulin (HBIG) and vaccine, within 48 hours of LPHA's receipt of the report of the case, if such prophylaxis is within the window of effectiveness, to at least 75% of locatable persons with sexual or percutaneous exposure to the case.

iii. Meningococcal Disease.

(A.) Surveillance.

- (I.) LPHA evaluates, within 24 hours of LPHA's receipt of the report, at least 90% of reported suspect cases (e.g., individuals with petechial rash) in LPHA's service area.
- (II.) LPHA reports to Department, within 24 hours of LPHA's receipt of the report, at least 90% of confirmed or presumptive cases in LPHA's service area.

(B.) Disease Investigation and Management.

- (I.) LPHA initiates case investigation and contact identification on 100% cases within LPHA's service area within 24 hours of LPHA's receipt of the report.
- (II.) LPHA completes 90% of case investigations within 7 days of LPHA's receipt of the report.

(C.) Disease Prevention.

- (I.) LPHA recommends antimicrobial prophylaxis, within 48 hours of LPHA's receipt of the report of a case within LPHA's service area, to at least 90% of persons identified as close contacts of the case.
- (II.) LPHA recommends antibiotics effective in eliminating meningococcal carriage to 100% of cases reported to LPHA and within LPHA's service area.
- (III.) LPHA provides information and treatment recommendations regarding meningococcal disease to 100% of locatable close contacts of cases reported to LPHA and within LPHA's service area.

iv. Completeness of Reporting.

- (A.) LPHA reports race and ethnicity of the case to Department for at least 90% of interviewed cases of Reportable Communicable Disease.
- (B.) LPHA reports the occupation of cases of Reportable Communicable Disease to Department for at least 90% of cases reported to LPHA, where the disease requires work or day-care or school restriction.
- (C.) LPHA reports the hospitalization status of cases of Reportable Communicable Disease to Department for at least 90% of the cases that LPHA investigates.
- (D.) LPHA reports the birth dates of cases of Reportable Communicable Disease to the Department for at least 90% of cases that LPHA investigates.
- (E.) LPHA records the risk factor exposure variables on Case Report Forms for at least 90% of interviewed cases of Reportable Communicable Disease.