Program Element #12: Public Health Emergency Preparedness and Response (PHEPR) Program

OHA Program Responsible for Program Element:

Public Health Division/Center for Public Health Practice/Health Security, Preparedness & Response Section

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 deliver the Oregon Health Authority (OHA) Public Health Emergency Preparedness and Response (PHEPR) Program.

The PHEPR Program shall address prevention, protection, mitigation, response, and recovery phases for threats and emergencies that impact the health of people in its jurisdiction through plan development and revision, exercise and response activities based on the 15 Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness and Response Capabilities.[1]

Emergency Preparedness and Response is one of the seven foundational capabilities described in the Oregon Public Health Modernization Manual. [2] . The foundational capabilities are needed for governmental public health to meet its charge to improve the health of everyone in Oregon. The vision for this foundational capability as stated in the Public Health Modernization Manual is as follows: "A healthy community is a resilient community that is prepared and able to respond to and recover from public health threats and emergencies."

This Program Element, and all changes to this Program Element are effective the first day of the month noted in the Issue Date section of Exhibit C of the Financial Assistance Award unless otherwise noted in the Comments and Footnotes of Exhibit C of the Financial Assistance Award.

2. Definitions Specific to Public Health Emergency Preparedness and Response.

a. **Access and Functional Needs:** Population defined as those whose members may have additional response assistance needs that interfere with their ability to access or receive medical care before, during, or after a disaster or public health emergency,[3] including but not limited to communication, maintaining health, independence, support and safety, and transportation. Individuals in need of additional response assistance may include children, people who live in congregate settings, older adults, pregnant and postpartum people, people with disabilities,[4] people with chronic conditions, people with pharmacological dependency, people with limited access to transportation, people with limited English proficiency or non-English speakers, people with social and economic limitations, and people experiencing houselessness.[5]

b. **Base Plan**: A plan that is maintained by the Local Public Health Authority (LPHA), describing fundamental roles, responsibilities, and activities performed during prevention, preparedness, mitigation, response, and recovery phases of FEMA's disaster management cycle. This plan may be titled as the Emergency Support Function #8, an annex to the County Emergency Operations Plan, Public Health All-Hazards Plan, or other title that fits into the standardized county emergency preparedness nomenclature. The County Emergency Operations Plan (EOP) ESF8 Annex may specify which health and medical agencies are responsible for what activities (including the LPHA); the Public Health All-Hazards Base Plan specifies how the LPHA will conduct its operations during a response. The County EOP ESF8 Annex and the Public Health All-Hazards Base Plan may be the same document but maintained by PHEPR funded staff.

c. **Budget Period:** The intervals of time (usually 12 months) into which a multi-year project period is divided for budgetary/ funding use. For purposes of this Program Element, the Budget Period is July 1 through June 30.

d. **CDC:** U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

e. **CDC Public Health Emergency Preparedness and Response Capabilities:** The 15

capabilities developed by the CDC to serve as national public health preparedness standards for state and local planning.[1]

f. **Due Date:** If a due date falls on a weekend or holiday, the due date will be the next business day following.

g. **Equity:** The State of Oregon definition of equity acknowledges that not all people, or all communities, are starting from the same place due to historic and current systems of oppression. Equity is the effort to provide different levels of support based on an individual's or group's needs in order to achieve fairness in outcomes. Equity actionably empowers communities most impacted by systemic oppression.[6] Historically underserved and marginalized populations include but are not limited to people with access and functional needs and disabilities, racial/ethnic minorities, people who are economically disadvantaged, those whose second language is English, and rural and remote communities, etc.

h. **Health Alert Network (HAN):** A web-based, secure, redundant, electronic communication and collaboration system operated by OHA, available to all Oregon public health officials, hospitals, labs and other health service providers. The data it contains is maintained jointly by OHA and all LPHAs. This system provides continuous, high-speed electronic access to public health information including the capacity for broadcasting information to registered partners in an emergency, 24 hours per day, 7 days per week, 365 days per year. The secure HAN has a call-down engine that can be activated by state or local HAN administrators.

i. **Health Security, Preparedness, and Response (HSPR):** A state-level program that is a joint effort with the Conference of Local Health Officials (CLHO) and The Nine Federally Recognized Tribes of Oregon to develop public health systems to prepare for and respond to major threats, acute threats, and emergencies that impact the health of people in Oregon.

j. **Health Care Coalition (HCC):** A coordinating body that incentivizes diverse and often competitive health care organizations and other community partners with differing priorities and objectives and reach to community members to work together to prepare for, respond to, and recover from emergencies and other incidents that impact the public's health.

k. **Medical Countermeasures (MCM):** Vaccines, antiviral drugs, antibiotics, antitoxins, etc. in support of treatment or prophylaxis to the identified population in accordance with public health guidelines or recommendations. This includes the Strategic National Stockpile (SNS), a CDC program developed to provide rapid delivery of pharmaceuticals, medical supplies, and equipment in the early hours of an ill-defined threat, a large shipment of specific items when a specific threat is known or technical assistance to distribute SNS material.

l. **National Incident Management System (NIMS):** The U.S. Department of Homeland Security 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.[7]

m. **Public Information Officer (PIO)**: The person responsible for communicating with the public, media, and/or coordinating with other agencies, as necessary, with incident-related information.[8]

n. **Public Health Accreditation Board:** A non-profit organization dedicated to improving and protecting the health of the public by advancing the quality and performance of tribal, state, local and territorial public health departments.[9]

o. **Public Health Emergency Preparedness and Response (PHEPR):** Local public health programs designed to better prepare Oregon to prevent, protect, mitigate, respond to, and recover from emergencies with public health impacts.

p. **Regional Emergency Coordinator (REC)**: Regional staff that work within the Health Security,

Preparedness, and Response section of the Oregon Health Authority. These staff support the Public Health Emergency Preparedness and Response (PHEPR) and Healthcare Coalition (HCC) programs. The PHEPR REC supports local public health authorities' public health emergency preparedness activities and assures completion of required activities as outlined in this PE-12 document.

3. Alignment with Modernization Foundational Programs and Foundational Capabilities.

The activities and services that the LPHA has agreed to deliver under this Program Element align with Foundational Programs and Foundational Capabilities and the public health accountability metrics (if applicable), as follows (see Oregon's Public Health Modernization Manual, (http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf):

a. Foundational Programs and Capabilities (As specified in Public Health Modernization Manual)

Program Components	**Foundational Program**					**Foundational Capabilities**						
	CD Control	Prevention and health promotion	Environmental health	Access to clinical preventive services: Population Health	Access to clinical preventive services: Direct services	Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response
Asterisk (*) = Primary foundational program that aligns with each component *X = Other applicable foundational programs*						*X = Foundational capabilities that align with each component*						
Planning	X	X	X	X		X	X	X	X	X	X	X
Partnerships and MOUs	X	X	X	X		X	X	X	X	X	X	X
Surveillance and Assessment	X	X	X	X		X	X	X	X	X	X	X
Response and Exercises	X	X	X	X		X	X	X	X	X	X	X
Training and Education	X	X	X	X		X	X	X	X	X	X	X

Note: Emergency preparedness crosses over all foundational programs.

b. The work in this Program Element helps Oregon's governmental public health system achieve the following Public Health Accountability Metric:

Not applicable

c. The work in this Program Element helps Oregon's governmental public health system achieve the following Public Health Modernization Process Measure:

Not applicable

4. Procedural and Operational Requirements.

By accepting and using the Financial Assistance awarded under this Agreement and for this Program

Element, LPHA agrees to conduct activities in accordance with the following requirements:

a. Engage in activities as described in its approved PHEPR Work Plan, which is due to OHA HSPR on or before August 15 and which has been approved by OHA HSPR by September 15. LPHA must use the PHEPR Work Plan Template Instructions and Guidance which OHA HSPR will provide to LPHA.

b. Focus on health equity by assessing and addressing equity gaps during all facets of the disaster management cycle (prevention, protection, mitigation, response, recovery) to reduce and/or eliminate disproportionate impacts on historically underserved and marginalized populations, including but not limited to people with access and functional needs and disabilities, racial/ethnic minorities, people who are economically disadvantaged, those whose second language is English, and rural and remote communities, etc. All response plans, procedures, workplans, exercises, or other activities performed under the PE-12 should address disparities and health inequities and work collaboratively with members of affected populations and community-based organizations to identify ways to minimize or eliminate disproportionate impacts and incorporate these solutions into all activities.[2]

c. Use funds for this Program Element in accordance with its approved PHEPR budget, which is due to OHA HSPR on or before August 15 and which has been approved by OHA HSPR by September 15. LPHA must use the PHEPR Budget Template, which is set forth in Attachment 1, incorporated herein with this reference.

(1) **Contingent Emergency Response Funding:** Such funding, as available, is subject to restrictions imposed by the CDC at the time of the emergency and would provide funding under circumstances when a delay in award would result in serious injury or other adverse impact to the public.

Since the funding is contingent upon Congressional appropriations, whether contingent emergency response funding awards can be made will depend upon the facts and circumstances that exist at the time of the emergency; the particular appropriation from which the awards would be made, including whether it contains limitations on its use; authorities for implementation; or other relevant factors. No activities are specified for this authorization at this time.

(2) **Non-Supplantation.** Funds provided under this Agreement for this Program Element must not be used to supplant state, local, other non-federal, or other federal funds.

(3) **Public Health Preparedness Staffing.** LPHA must identify a PHEPR Coordinator who is directly funded from the PHEPR grant. LPHA staff who receive PHEPR funds must have planned activities identified within the approved PHEPR Work Plan. The PHEPR Coordinator will be the OHA HSPR's chief point of contact related to grant deliverables. LPHA must implement its PHEPR activities in accordance with its approved PHEPR Work Plan.

(4) **Use of Funds.** Funds awarded to the LPHA under this Agreement for this Program Element may only be used for activities related to the CDC Public Health Emergency Preparedness and Response Capabilities in accordance Attachment 2 (Use of Funds) and an approved PHEPR budget using the template set forth as Attachments 1 to this Program Element.

(5) **Modifications to Budget.** Modifications to the budget exceeding a total of $5,000, adding a new line item, or changing the indirect line item by any amount require submission of a revised budget to the Regional Emergency Coordinator (REC) and final receipt of approval from the HSPR fiscal officer.

(6) **Conflict between Documents.** In the event of any conflict or inconsistency between the

provisions of the approved PHEPR Work Plan or PHEPR Budget and the provisions of this Agreement, this Agreement shall control.

(7) **Unspent funds**. PHEPR funding is not guaranteed as a carryover to a subsequent fiscal year if funds are unspent in any given fiscal year.

d. **Statewide and Regional Coordination:** LPHA must coordinate and participate with state, regional, and local Emergency Support Function partners and stakeholders to include, but not limited to, The Nine Federally Recognized Tribes of Oregon, other public health and health care programs, HCCs, emergency management agencies, EMS providers, behavioral/mental health agencies, community-based organizations (CBOs), older adult-serving organizations, and educational agencies and state childcare lead agencies as applicable.[10]

(1) Attendance by LPHA leadership, PHEPR coordinator, or other staff involved in preparedness activities or conferences is strongly encouraged.

(2) Participation in emergency preparedness subcommittees, work groups and projects for the sustainment of public health emergency preparedness and response as appropriate is required.

(3) LPHA must collaborate with HCC partners to develop and maintain plans, conduct training and exercises, and respond to public health threats and emergencies using a whole-community approach to preparedness management that includes:[10]

a. Prioritizing health equity as referenced in Section 4b.

b. Coordination with community-based organizations.

c. Development or expansion of child-focused planning and partnerships.

d. Engaging field/area office on aging.

e. Engaging behavioral health partners and stakeholders.

(4) LPHA shall participate and engage in planning at the local level in all required statewide exercises as referenced in the Workplan minimum requirements (including collaborating with OHA HSPR on statewide Integrated Preparedness Plan requirements) which OHA HSPR has provided to LPHA.

(5) LPHA shall participate in activities associated with local, regional, or statewide emerging threats or incidents as identified by HSPR or LPHA that includes timely assessment and sharing of essential elements of information for identification and investigation of an incident with public health impact, as agreed upon by HSPR and the CLHO Emergency Preparedness and Response subcommittee.[10]

(6) LPHA shall work to develop and maintain a portfolio of community partnerships to support prevention, preparedness, mitigation, response, and recovery efforts. Portfolio must include viable contact information from local community-based organizations and community sectors as defined by the CDC: business; community leadership; cultural and faith-based groups and organizations; emergency management; healthcare; human services; housing and sheltering; media; mental/behavioral health; office of aging or its equivalent; education and childcare settings.

e. **Assessing Local Public Health Emergency Risks and Hazards:** LPHA must participate in or complete one of the following at least every two years.

(1) Health Care Coalition Hazard Vulnerability Assessment

(2) Public Health Climate Related Risk Assessment

(3) Public Health Emergency Risk Assessment utilizing HSPR provided template

(4) The County Emergency Management's Hazard or Risk Assessment process e.g., Natural Hazard Mitigation Plan (NHMP), Hazard Vulnerability Assessment (HVA), or Threat and Hazard Identification and Risk Assessment (THIRA)

f. **PHEPR Work Plan:** LPHA must annually submit to HSPR on or before September 15 of each year the Agreement is in effect, an annual PHEPR Work Plan or update. PHEPR Work Plans must be written with clear and measurable objectives in support of the CDC Public Health Emergency Preparedness and Response Capabilities with timelines and include:

(1) At least three broad program goals that address gaps, operationalize plans, and guide the following PHEPR work plan activities.

(a) Planning

(b) Training and education

(c) Exercises.

(d) Community Education and Outreach and Partner Collaboration.

(e) Administrative and Fiscal activities.

(2) Activities should include or address health equity considerations as outlined in Section 4b.

(3) Local public health leadership will review and approve PHEPR Work Plans.

g. **PHEPR Work Plan Performance**: LPHA must complete all minimum requirements of the PE-12 by June 30 each year. If LPHA does not meet the minimum requirements of the PE-12 for each of the three years during a triennial review period, not due to unforeseen public health events, it may not be eligible to receive funding under this Program Element in the next fiscal year. Minimum requirements are delineated in the designated tab of the PHEPR Work Plan Template which OHA HSPR has provided to LPHA. Work completed in response to a HSPR-required exercise, a response to an uncommon disease outbreak, or other uncommon event of significance that requires an LPHA response and is tied to the CDC Public Health Emergency Preparedness and Response Capabilities may, upon HSPR approval, be used to replace PHEPR Work Plan activities interrupted or delayed.

h. **24/7/365 Emergency Contact Capability**.

(1) LPHA must establish and maintain a single telephone number whereby, physicians, hospitals, other health care providers, OHA and the public can report public health emergencies within the LPHA service area.

(a) The contact number must be easy to find through sources in which the LPHA typically makes information available including local telephone directories, traditional websites, and social media pages. It is acceptable for the publicly listed phone number to provide after-hours contact information by means of a recorded message. LPHA must list and maintain both the switchboard number and the 24/7/365 numbers on the HAN.

(b) The telephone number must be operational 24 hours a day, 7 days a week, 365 days a year and be an eleven-digit telephone number available to callers from outside the local emergency dispatch. LPHA may use an answering service or their Public Safety Answering Point (PSAP) in this process, provided that the eleven-digit telephone number of the PSAP is made available for callers from outside the locality.[2]

(c) The LPHA telephone number described above must be answered by a knowledgeable person with the ability to properly route the call to a local public

health administrator or designee.

(2) An LPHA official should respond within 60 minutes, to calls received on 24/7/365 telephone number

(a) LPHA must self-report in their PHEPR Work Plan an annual test or real-world utilization during an emergency or incident of their 24/7/365 telephone line and results of a call, including any needed improvements to the process.

(b) LPHAs can request HSPR conduct a test on their behalf.

(c) LPHA must take any corrective action on any identified deficiency within 30 days of such test or communication drills, to the best of their ability.

(d) LPHAs are encouraged to document their 24/7/365 procedure or process in the Base Plan.

i. HAN

(1) A HAN Administrator must be appointed for the LPHA and this person's name and contact information must be provided to the HSPR REC and the State HAN Coordinator.

(2) The HAN Administrator must:

(a) Agree to the HAN Security Agreement and State of Oregon Terms and Conditions.

(b) Complete appropriate HAN training for their role.

(c) Coordinate with the State HAN Coordinator to ensure roles are correctly assigned within each county.

(d) Facilitate in the development of the HAN accounts for new LPHA users

(e) Ensure local HAN user and county role directory is maintained to include at a minimum of Health Officer, Communicable Disease (CD) Coordinator(s), Preparedness Coordinator (PHEPR), PIO, local HAN Administrator, and Public Health Director/Administrator (add, modify and delete users, and ensure they have the correct level of access) HAN Administrator must review LPHA HAN users two times annually including adding and deleting users and add dates of review in the Work Plan.

(f) Act as a single point of contact for all LPHA HAN issues, user groups, and training.

(g) Serve as the LPHA authority on all HAN related access (excluding hospitals and The Nine Federally Recognized Tribes of Oregon).

(h) Initiate at least one local call down exercise/ drill for LPHA staff annually. If the statewide HAN is not used for this process, LPHA must demonstrate through written procedures how public health staff and responding partners are notified during emergencies.

(i) Perform general administration for all local implementation of the HAN system in their respective organizations.

j. Exercise Requirements: [1] LPHA must include at least one exercise per year (a qualifying incident may substitute for an exercise) as part of their annual PHEPR Work Plan update.

(1) For an exercise or incident to qualify under this requirement, the exercise or incident must meet the following requirements:

(a) Exercise:

LPHA must:

- Submit to HSPR REC, 30 days in advance of each exercise, an exercise notification or exercise plan that includes a description of the exercise, exercise objectives, CDC Public Health Emergency Preparedness and Response Capabilities addressed, a list of invited participants, and a list of exercise planning team members. An incident/exercise notification form that includes the required notification elements is included in Attachment 3 and is incorporated herein with this reference.
- Involve two or more participants in the planning process.
- Involve two or more public health staff and/ or related partners as active participants.
- Submit to HSPR REC an After-Action Report that includes an Improvement Plan within 60 days of every exercise completed. An improvement plan template is included as part of the incident/exercise notification form in Attachment 3.

(b) Incident:

During an incident LPHA must:

- Submit LPHA incident objectives or Incident Action Plan to HSPR REC within 48 hours of receiving notification of an incident that requires an LPHA response. An incident/exercise notification form that includes the required notification elements is included in Attachment 3.
- Submit to HSPR REC an After-Action Report that includes an Improvement Plan within 60 days of every incident or public health response completed. An improvement plan template is included as part of the incident/exercise notification form in Attachment 3.

(2) Additional Exercise Requirements:

(a) Demonstrate continuous improvement and progress toward increased capability to perform functions and tasks associated with the CDC Public Health Emergency Preparedness and Response Capabilities.

(b) Address health equity considerations as outlined in Section 4b.

(c) Include priorities that address lessons learned from previous exercises events, or incidents as described in the LPHA's After Action Reports (AAR)/ Improvement Plans (IP).

(d) LPHA must work with Emergency Management to align with Emergency Management's Integrated Preparedness Plan, local health care partners and other community partners to integrate exercises, as appropriate.

(e) Identify a cycle of exercises that increase in complexity, address gaps, and/or test different capabilities over a three-year period. Exercises on the same hazard, capability, or plan over consecutive years should progress from discussion-based exercises (e.g., seminars, workshops, tabletop exercises, games) to operation-based exercises (e.g., drills, functional exercises and full-scale exercises).

(f) Participation in a HSPR-led exercise, when scheduled, is strongly encouraged by PHEPR funded staff.

(g) LPHA must coordinate exercise design and planning with local Emergency

Management and other partners for community engagement, as appropriate.[2]

k. **Maintaining Training Records:** LPHA must maintain training records that demonstrate NIMS compliance for all local public health staff for their respective emergency response roles.[7] Staff responsible for emergency planning and response roles must be trained for their respective roles consistent with their local emergency plans and according to CDC Public Health Emergency Preparedness and Response Capabilities,[1] the Public Health Accreditation Board[9], and the National Incident Management System.[7]

(1) The training portion of the PHEPR Work Plan must:

(a) Include training on how to discharge LPHA statutory responsibility to take measures to control communicable disease in accordance with applicable statute.

(b) Identify and train appropriate LPHA staff [11] to prepare for public health emergency response roles and general emergency response based on the local identified hazards.

l. **Plans:** LPHA must maintain and execute emergency preparedness procedures and plans as a component of its jurisdictional Emergency Operations Plan.

(1) LPHA must establish and maintain at a minimum the following plans, which constitute an ESF8 Emergency Operations Plan, All-Hazards Public Health Emergency Preparedness and Response Plan or another name as decided by the LPHA:

(a) Base Plan.

(b) Medical Countermeasure Dispensing and Distribution (MCMDD) plan.[12]

(c) Continuity of Operations Plan (COOP)[10]

(d) Communications and Information Plan.

(2) All plans, annexes, and appendices must:

(a) Be updated whenever an After-Action Report improvement item is identified as requiring a change or biennially at a minimum,

(b) Address, as appropriate, the CDC Public Health Emergency Preparedness and Response Capabilities based on the local identified hazards,

(c) Comply with the NIMS,[7]

(d) Include a record of changes that includes a brief description, the date, and the author of the change made, and

(e) Include health equity considerations as outlined in Section 4b.

5. General Revenue and Expense Reporting.

LPHA must complete an "Oregon Health Authority Public Health Division Expenditure and Revenue Report" located in Exhibit C of this Agreement. These reports must be submitted to OHA each quarter on the following schedule:

Fiscal Quarter	Due Date
First: July 1 – September 30	October 30
Second: October 1 – December 31	January 30
Third: January 1 – March 31	April 30
Fourth: April 1 – June 30	August 30

6. Reporting Requirements.

a. **PHEPR Work Plan.** LPHA must implement its PHEPR activities in accordance with its OHA HSPR-approved PHEPR Work Plan. Dependent upon extenuating circumstances, modifications to this PHEPR Work Plan may only be made with OHA HSPR agreement and approval. Proposed PHEPR Work Plan will be due on or before August 15. Final approved PHEPR Work Plan will be due on or before September 15.

b. **Mid-year check-ins and end of year PHEPR Work Plan reviews**. LPHA must complete PHEPR Work Plan updates prior to the end-of-year review.

(1) Mid-year Work Plan check-ins shall be conducted between October 1 and March 31.

(2) End of year Work Plan reviews shall be conducted between April 1 and August 15.

c. **Triennial Review.** This review will be completed in conjunction with the statewide Triennial Review schedule as determined by the Office of the State Public Health Director. A year-end work plan review may be replaced with a Triennial Review when it falls within the end-of-year review period. This Agreement will be integrated into the Triennial Review Process.

7. Performance Measures:

LPHA will progress local emergency preparedness planning efforts in a manner designed to achieve the 15 CDC National Standards for State and Local Planning for Public Health Emergency Preparedness and is evaluated by End of Year and Triennial Reviews.[1]

ATTACHMENT 1*[1]

PHEPR Program Annual Budget

_____ County

July 1, 2022 - June 30, 2023

				Total	Total
PERSONNEL			Subtotal	$0	$0
	List as an Annual Salary	% FTE based on 12 months	0		
(Position Title and Name)			0		
Brief description of activities, for example, This position has primary responsibility for _____ County PHEP activities.					
Fringe Benefits @ (___)% of describe rate or method			0		
TRAVEL				$0	$0
Total In-State Travel: (describe travel to include meals, registration, lodging and mileage)		$0			
Hotel Costs: **Per Diem Costs:** **Mileage or Car Rental Costs:** **Registration Costs:** **Misc. Costs:**					
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			
Air Travel Costs: **Hotel Costs:** **Per Diem Costs:** **Mileage or Car Rental Costs:** **Registration Costs:** **Misc. Costs:**					
CAPITAL EQUIPMENT (individual items that cost $5,000 or more)		$0		$0	$0
SUPPLIES		$0		$0	$0
CONTRACTUAL (list each Contract separately and provide a brief description)		$0		$0	$0
Contract with (____) Company for $_____, for (_____) services. *Contract with (____) Company for $_____, for (_____) services.* *Contract with (____) Company for $_____, for (_____) services.*					
OTHER		$0		$0	$0
TOTAL DIRECT CHARGES				$0	$0
TOTAL INDIRECT CHARGES @ ___% of Direct Expenses or describe method				$0	$0
TOTAL BUDGET:				$0	$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 yearly salary of $62,500 (annual salary) which would computer to the sub-total column as $50,000

% 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

* A fillable template is available from a HSPR REC

Attachment 2: Use of Funds

Subject to CDC grant requirements, funds may be used for the following:

a. Reasonable program purposes, including personnel, travel, supplies, and services.

b. To supplement but not supplant existing state or federal funds for activities described in the budget.

c. To purchase basic, non-motorized trailers with prior approval from the CDC OGS.

d. For overtime for individuals directly associated (listed in personnel costs) with the award with prior approval from HSPR.

e. For deployment of PHEPR-funded personnel, equipment, and supplies during a local emergency, in-state governor-declared emergency, or via the Emergency Management Assistance Compact (EMAC).

f. To lease vehicles to be used as means of transportation for carrying people or goods, e.g., passenger cars or trucks and electrical or gas-driven motorized carts with prior approval from HSPR.

g. To purchase material-handling equipment (MHE) such as industrial or warehouse-use trucks to be used to move materials, such as forklifts, lift trucks, turret trucks, etc. Vehicles must be of a type not licensed to travel on public roads with prior approval from HSPR.

h. To purchase caches of antibiotics for use by first responders and their families to ensure the health and safety of the public health workforce.

i. To support appropriate accreditation activities that meet the Public Health Accreditation Board's preparedness-related standards

Subject to CDC grant requirements, funds may not be used for the following:

a. Research.

b. Clinical care except as allowed by law. Clinical care, per the CDC Funding Opportunity Announcement FOA, is defined as "directly managing the medical care and treatment of patients."

c. The purchase of furniture or equipment - unless clearly identified in grant application.

d. Reimbursement of pre-award costs (unless approved by CDC in writing).

e. Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body.

f. The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.

g. Construction or major renovations.

h. Payment or reimbursement of backfilling costs for staff.

i. Paying the salary of an individual at a rate in excess of Executive Level II or $187,000.00 per year.

j. The purchase of clothing such as jeans, cargo pants, polo shirts, jumpsuits, or t-shirts.

k. The purchase or support of animals for labs, including mice.

l. The purchase of a house or other living quarter for those under quarantine.

m. To purchase vehicles to be used as means of transportation for carrying people or goods, such as passenger cars or trucks and electrical or gas-driven motorized carts.

ATTACHMENT 3*

Incident/Exercise Summary Report

Notification

Exercise: Due 30 Days Before Exercise
Incident: Within 48 hours of notification of incident requiring a response

Name of Exercise or Incident:		Name of Exercise or Incident and OERS number, if relevant		**Date(s) of LPHA Play:**	Dates of Play
Scope	**Type of Exercise/Event:**	☐ Drill	☐ Functional Exercise	☐ Planned Event/Training	
		☐ Tabletop Exercise	☐ Full Scale Exercise	☐ Incident/Declared Emergency	
	Participating Organizations:	List all the names (if available) and agencies participating in your exercise			
	Duration:	How long will the exercise last? Or start/end time		**Location**	Location of exercise, if known
	Objectives:	List 1 to 3 SMART objectives			
	Primary Activities:	List primary activities to be conducted with this incident or exercise			
Design Team:		List people who are participating in designing the exercise by name, agency			
Point of Contact:		Typically, the PHEP Coordinator's name		**LPHA or Tribe:**	Agency Name
POC Email:		Enter POC's email address		**Phone:**	Phone

Capabilities Addressed

BIOSURVEILLANCE
- ☐ 12: Public Health Laboratory Testing
- ☐ 13: Public Health Surveillance and Epidemiological Investigation

COMMUNITY RESILIENCE
- ☐ 1: Community Preparedness
- ☐ 2: Community Recovery

COUNTERMEASURES AND MITIGATION
- ☐ 8: Medical Countermeasure Dispensing and Administration
- ☐ 9: Medical Materiel Management and Distribution
- ☐ 11: Nonpharmaceutical Interventions
- ☐ 14: Responder Safety and Health

INCIDENT MANAGEMENT
- ☐ 3: Emergency Operations Coordination

INFORMATION MANAGEMENT
- ☐ 4: Emergency Public Information and Warning
- ☐ 6: Information Sharing

SURGE MANAGEMENT
- ☐ 5: Fatality Management
- ☐ 7: Mass Care
- ☐ 10: Medical Surge
- ☐ 15: Volunteer Management

After Action Report

To be completed within 60 days of exercise or incident completion

Strengths:	What were the strengths identified during this exercise or incident?
Areas of Improvement:	Were there any areas of improvement identified? List all in this space, then complete improvement plan on next page.

Improvement Plan

To be completed with action review
and submitted to liaison within 60 days of exercise or incident completion

Name of Event or Exercise	Name of Exercise or Incident		Date(s)	Date(s) of Exercise or Incident
CDC Public Health Capability Addressed	**Issue(s)/Area(s) of Improvement**	**Corrective Action**	**Timeframe**	**Date Completed**
Capability Name	Describe the issue or refer to an item number in the after action report	Corrective action or planned activity	When do you expect to complete this activity?	To be filled in when completed
		Corrective action or planned activity	When do you expect to complete this activity?	To be filled in when completed
	Describe the issue or refer to an item number in the after action report	Corrective action or planned activity	When do you expect to complete this activity?	To be filled in when completed
		Corrective action or planned activity	To be filled in when completed	To be filled in when completed
Capability Name	Describe the issue or refer to an item number in the after action report	Corrective action or planned activity	When do you expect to complete this activity?	To be filled in when completed
		Corrective action or planned activity	When do you expect to complete this activity?	To be filled in when completed
	Describe the issue or refer to an item number in the after action report	Corrective action or planned activity	When do you expect to complete this activity?	To be filled in when completed
		Corrective action or planned activity	To be filled in when completed	To be filled in when completed
Capability Name	Describe the issue or refer to an item number in the after action report	Corrective action or planned activity	When do you expect to complete this activity?	To be filled in when completed
		Corrective action or planned activity	When do you expect to complete this activity?	To be filled in when completed
	Describe the issue or refer to an item number in the after action report	Corrective action or planned activity	When do you expect to complete this activity?	To be filled in when completed
		Corrective action or planned activity	To be filled in when completed	To be filled in when completed

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