

PHEP Capability Planning Tool

Please use the following document to help inform planning for Fiscal Year 2016 (FY16) of preparedness activities for Public Health Emergency Preparedness (PHEP) funds.

The provided document is intended only as a tool to share past preparedness activities. Partners are not limited to listed activities.

Once public health preparedness activities are determined in alignment with Budget Period 5 (BP5) Guidance and [CDC's 15 Preparedness Capabilities](#), please complete the PHEP Capability Planning Worksheet by email to Kristen.baird@doh.wa.gov **Due: May 29, 2016.**

Planning Considerations:

Statewide focus areas for FY16 are #2 Community Recovery, #4 Emergency Public Information and Warning, and #11 Non-Pharmaceutical Interventions. While planned activities demonstrating work in one (or more) of the focus areas is encouraged, all public health and healthcare preparedness activities that relate directly to the [15 PHEP Capabilities](#) are acceptable to submit.

Strong preparedness activities demonstrate the following:

- ❖ Effective use of the [Preparedness Cycle \(FEMA\)](#) to continuously evaluate and improve capabilities.
Example: If activities in the previous year included -
 “Train assisted living staff on evacuation procedures for long-term care facilities.”
Planned activities for this year may be -
 “Exercise evacuation procedures for long-term care facilities”
- ❖ Incorporation of ‘Best Practices’ and evidence-based research
- ❖ Collaboration with public health partners for identified preparedness activities
- ❖ Address the access and functional needs of at-risk individuals
- ❖ Include considerations for the sustainability for each preparedness capability achieved after completion of planned activities.

Definitions:

Activity – Usually begins with a verb. Should be specific, measurable, attainable, realistic, and timely within the contract period. Listed in the Statement of Work (SOW). The [PHEP Capability Standards](#) provides activity examples, called “Tasks.”

Deliverable – An output to submit to DOH, often in the form of a narrative summary or report, which explains in a qualitative or quantitative manner how health-related preparedness and response capabilities were sustained or built during the contract period. Listed in the SOW.

Statement of Work (SOW) – A formal document that captures and defines the work Activities, Deliverables, and timeline a partner will execute for specified work.

PHEP Capability	
1	Community Preparedness
2	Community Recovery*
3	Emergency Operations Coordination
4	Emergency Public Information and Warning*
5	Fatality Management
6	Information Sharing*
7	Mass Care
8	Medical Countermeasure Dispensing
9	Medical Materiel Management and Distribution
10	Medical Surge
11	Non-Pharmaceutical Interventions*
12	Public Health Laboratory Testing
13	Public Health Surveillance and Epi Investigation
14	Responder Safety and Health
15	Volunteer Management*

*Highlights: BP 5 statewide focus capabilities

Sample Activities		Capability #
1.	Staff time to plan the next fiscal year's activities.	Administration
2.	Attend EPR Monthly Program Update Call and appropriate provide feedback or comments during the call. The calls will be followed by a Program Update email which will include notes from the call as well as written updates on other program pieces that may not have been included in the call. When necessary provide feedback or comments regarding the notes.	Administration
3.	Participate in the regional Healthcare Coalition to strengthen overall system response to public health and medical emergencies.	#1 Community Preparedness
4.	Attend the 2015 Tribal Public Health Emergency Preparedness and Response conference hosted by the Northwest Portland Area Indian Health Board and the Department of Health.	#1 Community Preparedness
5.	Assess critical care needs of at-risk populations, and update emergency response plans as needed.	#1 Community Preparedness
6.	Conduct and/or participate in emergency preparedness training <specifically name planned trainings to the best of your knowledge> that may include but not limited to: First Aid, Automated External Defibrillator (AED); Incident Command System (ICS)/National Incident Management System (NIMS); Center for domestic Preparedness courses.	#1 Community Preparedness
7.	Develop and conduct community awareness training specific to being prepared for, responding to, and recovering from weather-related event.	#1 Community Preparedness
8.	Plan and conduct annual evacuation drill to include preparing and distributing emergency supply kits.	#1 Community Preparedness
9.	Review, revise, and distribute disaster plan.	#1 Community Preparedness
10.	Train staff on disaster plan.	#1 Community Preparedness
12.	In conjunction with the jurisdiction and community partners, conduct post-incident assessment and planning as part of the after action report process that affects short and long-term recovery for corrective actions relating to public health, medical and mental/behavioral health services.	#2 Community Recovery
13.	Provide guidance to community partners, particularly groups representing the functional needs of at-risk populations to assist them in educating their own constituency groups regarding plans for addressing preparedness for and recovery from identifies risks and for access to health services that may apply to the incident.	#2 Community Recovery
15.	Develop redundant communications capacity with other coalition partners in the healthcare system. The DOH communications consultant will provide technical assistance and consultation to tribes and the identified emergency healthcare partners to determine appropriate equipment and installation needs. The communications consultant will make recommendations to tribes for standardized communications systems capacity in coordination with DOH and the Washington State Hospital Association.	#3 Emergency Operations Coordination

Sample Activities		Capability #
16.	Clinic will collaborate with departments to coordinate emergency operations and response roles.	#3 Emergency Operations Coordination
17.	Participate in local emergency response meetings and activities to coordinate and strengthen overall system response to public health emergencies.	#3 Emergency Operations Coordination
18.	Exercise emergency response plan. Update emergency response plans as needed.	#3 Emergency Operations Coordination
19.	Participate in local, state, federal and/or other tribal nations' emergency preparedness exercises in order to improve and refine response roles among partners.	#3 Emergency Operations Coordination
20.	Plan and coordinate response activities between Emergency Management and Tribal Health Clinic for public health emergency response.	#3 Emergency Operations Coordination
21.	Improve emergency resource tracking systems.	#3 Emergency Operations Coordination
22.	Conduct a workshop or workshops to update the multi-year Training and Exercise Plan.	#3 Emergency Operations Coordination
23.	Collaborate with tribal, local, regional, and state partners to develop a Mutual Aid Agreement or Memorandum of Agreement (MAA or MOA).	#3 Emergency Operations Coordination
24.	Work with surrounding tribes or other nearby jurisdictional response partners to review emergency plans and Mutual Aid Agreements.	#3 Emergency Operations Coordination
25.	Conduct a joint exercise of the Mutual Aid Agreements.	#3 Emergency Operations Coordination
27.	Develop emergency alerting capabilities. Explore available emergency alerting systems for integration into tribal infrastructure.	#4 Emergency Public Information and Warning
39.	Assist health care organizations with determining the amount of morgue space that is available to them during periods of death surges and develop the processes to request support from local/state/federal agencies or tribal nations.	#5 Fatality Management
30.	Coordinate with healthcare organizations to identify alternate storage and disposal options for human remains.	#5 Fatality Management
31.	Develop a mass fatality training to help local/regional non-tribal first responders understand cultural protocols. Implement the training.	#5 Fatality Management
32.	Prior to an incident, characterize potential fatalities based on jurisdictional risk assessment and the impact of these potential fatalities on jurisdictional resource needs.	#5 Fatality Management
33.	Prior to an incident, coordinate with subject matter experts and partners to determine public health's role (or public health needs) in an incident that may result in fatalities. Train to any processes developed.	#5 Fatality Management

Sample Activities		Capability #
34.	Prior to an incident, coordinate with jurisdictional, private and federal Emergency Support Function (ESF) #6 and ESF #8 resources as necessary to determine their roles and requirements for the response.	#5 Fatality Management
35.	Develop a process to collect and disseminate antemortem data through a family assistance center model or other mechanism. Coordinate with partners.	#5 Fatality Management
36.	Coordinate with partners to assemble the required staff and resources to provide non-intrusive mental/behavioral health services to responders.	#5 Fatality Management
37.	Coordinate with partners to facilitate availability of culturally appropriate assistance.	#5 Fatality Management
38.	Make recommendations to incident management or lead agency on procedures for the safe recovery, receipt, identification, decontamination, transportation, storage, and disposal of human remains.	#5 Fatality Management
39.	Coordinate with partners to support electronic death reporting.	#5 Fatality Management
41.	<p>Register in the SECURES program and respond to exercise test alerts quarterly.</p> <p>The Washington Secure Electronic Communication, Urgent Response and Exchange System (SECURES), is a web-based program that allows Public Health to quickly and securely alert SECURES users on a 24/7 basis. It provides an efficient means of distributing emergency health alerts (either from the CDC or initiated at the state or local level), and provides a call-down feature and tracking mechanism through multiple means of communication including voice, email, and text messaging, to notify recipients of an alert or message. Messages may be targeted based on users' assigned roles or groups and initiated from either the state or local level.</p>	#6 Information Sharing
42.	Participate in the statewide tribal organizational meetings (e.g. AIHC, NPAIHB, NWTEMC) meetings to strengthen overall system response to public health and medical emergencies.	#6 Information Sharing
43.	Improve communication efforts between Emergency Management, business council, Tribal Health Clinic and other external partners for Public Health Emergency Response.	#6 Information Sharing
44.	Participate in video conferencing tests to maintain communication.	#6 Information Sharing
46.	Draft a plan designating pre-determined public health roles for incidents. Roles should include population monitoring, environmental health and safety assessment, accessibility for populations with special needs, and need for decontamination. May include pet planning.	#7 Mass Care
48.	Assess the need for developing pharmaceutical caches to meet the needs of the tribal nation during a disaster.	#8 Medical Countermeasure Dispensing
49.	Identify an area for a Point of Dispensing (POD) that will suit the needs of the tribe and improve response during a public health emergency. If applicable, update response plans and train staff on the updates.	#8 Medical Countermeasure Dispensing
51.	Identify receiving sites for responses of varying sizes and durations. Identify staffing needs for receiving sites.	#9 Medical Materiel Management & Distribution

Sample Activities		Capability #
52.	Develop a process to request, accept and store medical materiel from jurisdictional, private, regional, federal or tribal partners in alignment with National Incident Management standards and incident needs; all while maintaining the integrity and security of the materiel.	#9 Medical Materiel Management & Distribution
54.	Bolster emergency medical stockpile to strengthen overall system response to public health and medical emergencies.	#10 Medical Surge
55.	Develop plan for an Alternate Care Facility.	#10 Medical Surge
56.	Purchase supplies and equipment for the Alternate Care Facility.	#10 Medical Surge
57.	Develop the capacity to operate a mobile triage unit to respond to public health emergencies, including purchase equipment and supplies.	#10 Medical Surge
58.	Exercise mobile triage unit.	#10 Medical Surge
61.	<i>< DOH does not expect any work in Cap. 12 ></i>	#12 Public Health Lab Testing
63.	Identify safety and personal protective needs based on identified health risks. Purchase equipment/supplies to mitigate those risks.	#14 Responder Safety & Health
64.	Identify responder safety and health risks, such as medical, environmental exposure, and mental/behavioral health risks, based on the jurisdictional risk assessment.	#14 Responder Safety & Health
65.	Plan and conduct N-95 fit testing.	#14 Responder Safety & Health
66.	Identify the pharmaceuticals needed to safeguard health care workers and their families when indicated by a biological infectious disease or during a likely exposure incident identified through risk assessments, hazards vulnerability assessments (HVAs), and resource needs.	#14 Responder Safety & Health
67.	Establish the appropriate processes to receive and deliver pharmaceuticals to health care workers during an exposure requiring prophylaxis and treatment when requested. Train staff on the process.	#14 Responder Safety & Health
68.	Coordinate with partners to facilitate risk-specific safety and health training.	#14 Responder Safety & Health
70.	Prior to an incident, support provision of initial and ongoing emergency response training for registered volunteers. Training should be supported in partnership with jurisdictional Medical Reserve Corps and other similar partner groups.	#15 Volunteer Management
71.	Prior to an incident, identify an additional pool of volunteers with necessary credentials and skills to respond to an event if an incident differs from or exceeds pre-incident-defined volunteer plan.	#15 Volunteer Management
72.	Have a written plan and process for how a health agency or lead jurisdictional agency will contact registered volunteers including a process to confirm credentials of responding volunteers.	#15 Volunteer Management