

FY17 PHEP Capability Planning Tool

Please use the following document to help inform planning for Fiscal Year 2017 (FY17) of preparedness activities for Public Health Emergency Preparedness (PHEP) funds.

This document is intended only as a tool to share successful tribally-specific preparedness activities. Partners are not limited to listed activities and are encouraged to use examples to collaborate with tribal leaders, preparedness partners, and others in the tribal community to submit planning activities.

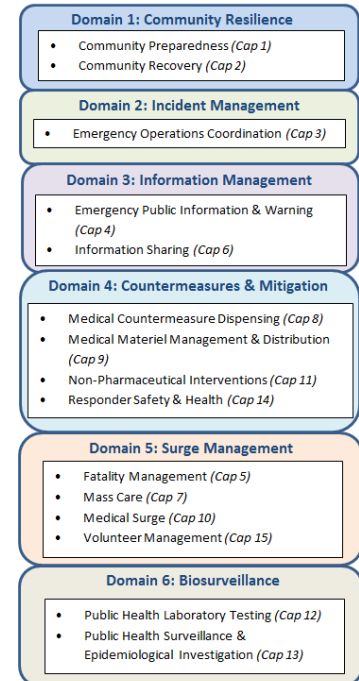
Once public health preparedness activities are determined in alignment with the 2017-2022 HPP-PHEP Cooperative Agreement and Budget Period 1 (BP1) Guidance, please complete the FY17 PHEP Capability Planning Worksheet by email to Kristen.baird@doh.wa.gov **Due: May 30, 2017.**

Planning Considerations:

Planned activities must demonstrate work in one (or more) of the capability areas to increase or maintain preparedness levels in alignment with identified strategies and activities found within the 6 PHEP Preparedness Domains. These new domains build on efforts from the previous project period allowing tribal public health partners to focus efforts on strengthening competencies to ensure the earliest possible recovery and return of the public health and healthcare systems to pre-incident levels or improved functioning.

Strong preparedness activities demonstrate the following:

- ❖ Incorporate areas for improvement identified in drills, exercises, and incident response across each of the domains and include planning elements from identified common risks, threats, and hazards.
- ❖ Include 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** Incorporate Promising / Best Practices and evidence-based research.
- ❖ Address the access and functional needs of at-risk individuals and incorporate considerations into exercise objectives.
- ❖ Develop and maintain CDC response and program outcomes: 1) Timely assessment and sharing of essential elements of information, 2) Earliest possible identification and investigation of an incident, 3) Timely implementation of intervention and control measures, 4) Timely communication of situational awareness and risk information, 5) Continuity of emergency operations management throughout surge of incident, 6) Timely coordination and support of response activities with partners, and 7) Continuous learning and improvements are systematic.



	Sample Activities	Domain/Capability
1.	Staff time to plan the next fiscal year's activities.	Domain 1: Community Resilience – Cap 1
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.	Domain 1: Community Resilience – Cap 1
3.	Participate in the regional Healthcare Coalition to strengthen overall system response to public health and medical emergencies.	Domain 1: Community Resilience – Cap 1
4.	Attend the 2017 Tribal Public Health Emergency Preparedness and Response conference hosted by the Washington State Department of Health and tribal partners.	Domain 1: Community Resilience – Cap 1
5.	Conduct tribal community Hazard Vulnerability Analysis to identify and plan for threats/risks, determine resource needs and gaps, identify individuals who may require additional assistance during a disaster, and inform ongoing preparedness and planning efforts.	Domain 1: Community Resilience – Cap 1
6.	Identify populations that may be more at-risk before and after a disaster (i.e Elders, individuals receiving daily care for chronic disease, late-stage pregnancy, individuals with disabilities etc.). Conduct outreach to build partnerships with tribal programs providing services. Educate clients and tribal staff on personal and organizational preparedness. Update emergency preparedness and response plans to incorporate feedback and increased awareness as appropriate.	Domain 1: Community Resilience – Cap 1
7.	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: Incident Command System (ICS)/National Incident Management System (NIMS); Point of the Spear (L-380), Incident Leadership (L-381), First Aid/CPR, Emergency Management of Radiation Victims (REAC/TS), and Center for Domestic Preparedness courses.	Domain 1: Community Resilience – Cap 1
8.	Host a disaster preparedness workshop for childcare directors and employees that reviews organizational disaster preparedness for their facility and provides materials to encourage preparedness among families that use their childcare services.	Domain 1: Community Resilience – Cap 1
9.	Develop and conduct community awareness training specific to being prepared for, responding to, and recovering from weather-related event.	Domain 1: Community Resilience – Cap 1
10.	Plan and conduct evacuation drill(s) to include preparing and distributing public health emergency supply kits. Incorporate transportation strategies and exercise objectives for individuals without personal means of transportation.	Domain 1: Community Resilience – Cap 1

11.	Review, revise, distribute, and train staff on public health all-hazards emergency plan(s).	Domain 1: Community Resilience – Cap 1
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.	Domain 1: Community Resilience – Cap 2
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.	Domain 1: Community Resilience – Cap 2
14.	Work with inter-tribal and external community partners to identify potential services and resources available to assist with recovery in the event of a disaster. Document available resources and secure agreements as appropriate.	Domain 1: Community Resilience – Cap 2
15.	Develop local framework and template for health and human services recovery planning to inform and facilitate the post-event recovery planning process in the event of a disaster or public health emergency.	Domain 1: Community Resilience – Cap 2
16.	Develop redundant communications capacity with other coalition partners in the healthcare system.	Domain 2: Incident Management – Cap 3
17.	Coordinate with inter-tribal community health programs, clinics, public works, housing, elder care facilities, and other medical organizations to integrate into public health emergency response operations and response roles.	Domain 2: Incident Management – Cap 3
18.	Participate in local emergency response meetings and activities to coordinate and strengthen overall system response to public health emergencies.	Domain 2: Incident Management – Cap 3
19.	Exercise emergency response plan – tabletops, seminars, games, drills, functional or full scale exercises. Update emergency response plans as needed.	Domain 2: Incident Management – Cap 3
20.	Participate in local, state, federal and/or other tribal nations' emergency preparedness exercises in order to improve and refine response roles among partners.	Domain 2: Incident Management – Cap 3
21.	Plan and coordinate response activities between Emergency Management and Tribal Health Clinic for public health emergency response.	Domain 2: Incident Management – Cap 3
22.	Improve emergency resource tracking systems.	Domain 2: Incident Management – Cap 3
23.	Conduct a workshop or workshops to update the multi-year Training and Exercise Plan.	Domain 2: Incident Management – Cap 3
24.	Collaborate with tribal, local, regional, and state partners to develop a Mutual Aid Agreement or Memorandum of Agreement (MAA or MOA) to strengthen all-hazard public health emergency response	Domain 2: Incident Management – Cap 3
25.	Work inter-tribally or with other nearby jurisdictional response partners to review emergency plans and Mutual Aid Agreements.	Domain 2: Incident Management – Cap 3
26.	Conduct a joint exercise of the Mutual Aid Agreements.	Domain 2: Incident Management – Cap 3
27.	Develop emergency alerting capabilities. Explore available emergency alerting systems for integration into tribal infrastructure.	Domain 3: Information Management – Cap 4

28.	Develop and/or expand social media messaging capabilities to enhance capacity to deliver timely messages through multiple channels during disaster response.	Domain 3: Information Management – Cap 4
29.	Develop joint information sharing plans that identifies the type of information that will be disseminated by public health response agencies to the public during an emergency.	Domain 3: Information Management – Cap 4
30.	Provide Public Information Officer (PIO) training to tribal members, staff, and/or other partners designated to provide public information to the tribe and to external partners during an emergency.	Domain 3: Information Management – Cap 4
31.	<p>Register in the SECURES program and respond to exercise test alerts quarterly. Work with local SECURES administrators to review interoperability and integration with tribal emergency communications plans.</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>	Domain 3: Information Management – Cap 6
32.	Participate in the statewide and national tribal organizational meetings to strengthen overall system response to public health and medical emergencies.	Domain 3: Information Management – Cap 6
33.	Improve communication efforts between Emergency Management, business council, Tribal Health Clinic and other external partners for Public Health Emergency Response.	Domain 3: Information Management – Cap 6
34.	Participate in video conferencing tests to maintain communication.	Domain 3: Information Management – Cap 6
35.	Develop, train to, and exercise medical countermeasure (MCM) distribution and dispensing plans.	Domain 4: Medical Counter Measures & Mitigation – Cap 8
36.	Conduct a supply chain integrity assessment to evaluate equipment and supply needs and develop strategies to address shortfalls.	Domain 4: Medical Counter Measures & Mitigation – Cap 8
37.	Assess the need for developing and/or refining plans to pick up, transport, and deliver pharmaceutical and/or medical materiel working with local or state health departments to meet the needs of the tribal nation during a public health emergency.	Domain 4: Medical Counter Measures & Mitigation – Cap 8
38.	<p>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.</p> <p>If applicable, update response plans and train staff on the updates.</p>	Domain 4: Medical Counter Measures & Mitigation – Cap 8
39.	Identify receiving sites for responses of varying sizes and durations. Identify staffing needs for receiving sites, cold storage options, and other resources to sustain receiving facility	Domain 4: Medical Counter Measures & Mitigation – Cap 9

40.	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.	Domain 4: Medical Counter Measures & Mitigation – Cap 9
41.	Facilitated discussions on non-pharmaceutical intervention with key community health partners such as; local jurisdictional health officers, school administrators, cultural center administrators, health clinics representatives, and other healthcare facility representatives. Non-pharmaceutical interventions include isolation, quarantine, travel advisory and restrictions, social distancing, external decontamination, hygiene, and precautionary protective behaviors.	Domain 4: Medical Counter Measures & Mitigation – Cap 11
42.	Review emergency plans to include considerations for chemical, biological, radiological, nuclear, and explosive hazards.	Domain 4: Medical Counter Measures & Mitigation – Cap 11
43.	Review and coordinate Isolation & Quarantine procedures with tribal community, local/state health departments, and Health Officers. Consider inclusions for people with access and functional needs as well as legal requirements and/or considerations in planning.	Domain 4: Medical Counter Measures & Mitigation – Cap 11
44.	Collaborate with key public information services to identify processes and procedures to communicate non-pharmaceutical interventions during time of outbreak.	Domain 4: Medical Counter Measures & Mitigation – Cap 11
45.	Identify safety and personal protective needs based on identified health risks. Equip, train, and provide resources necessary to protect responders, employees, and their families from hazards during response and recovery.	Domain 4: Medical Counter Measures & Mitigation – Cap 14
46.	Ensure access to behavioral and mental health services for responders and families impacted by an incident.	Domain 4: Medical Counter Measures & Mitigation – Cap 14
47.	Coordinate and/or provide personal preparedness training for responders and their families to ensure response readiness and responder health in the event of a disaster.	Domain 4: Medical Counter Measures & Mitigation – Cap 14
48.	Identify responder safety and health risks, such as medical, environmental exposure, and mental/behavioral health risks, based on the jurisdictional risk assessment.	Domain 4: Medical Counter Measures & Mitigation – Cap 14
49.	Plan and conduct N-95 fit testing.	Domain 4: Medical Counter Measures & Mitigation – Cap 14
50.	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, hazard vulnerability assessments (HVAs), and resource needs.	Domain 4: Medical Counter Measures & Mitigation – Cap 14
51.	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.	Domain 4: Medical Counter Measures & Mitigation – Cap 14
52.	Coordinate with partners to facilitate risk-specific safety and health training.	Domain 4: Medical Counter Measures & Mitigation – Cap 14
53.	Assist Health Care Coalitions (HCCs) with determining the amount of morgue space that is available during periods of mass fatality or surge. Develop and/or refine processes to request support from local/state/federal agencies and other tribal nations.	Domain 5: Surge Management – Cap 5
54.	Coordinate with HCCs to identify alternate storage and disposal options for human remains.	Domain 5: Surge Management – Cap 5
55.	Develop a mass fatality training to help local/regional non-tribal first responders to understand cultural considerations and protocols. Implement the training.	Domain 5: Surge Management – Cap 5
56.	Prior to an incident, characterize potential fatalities based on jurisdictional risk assessment and the impact of these potential fatalities on jurisdictional resource needs.	Domain 5: Surge Management – Cap 5

57.	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.	Domain 5: Surge Management – Cap 5
58.	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.	Domain 5: Surge Management – Cap 5
59.	Develop a process to collect and disseminate antemortem data through a family assistance center model or other mechanism. Coordinate with partners.	Domain 5: Surge Management – Cap 5
60.	Coordinate with partners to assemble the required staff and resources to provide culturally appropriate mental/behavioral health services to tribal community and responders.	Domain 5: Surge Management – Cap 5
61.	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 access and functional needs, and requirements for decontamination. May include pet planning.	Domain 5: Surge Management – Cap 7
62.	Coordinate with shelter and feeding providers to ensure processes and procedures are in place to integrate public health mass care services into sheltering and feeding operations.	Domain 5: Surge Management – Cap 7
63.	Coordinate with other mass care providers and partner agencies to plan accommodation of service animals in general population shelters along with location planning of household pet sheltering efforts.	Domain 5: Surge Management – Cap 7
64.	Conduct assessment of emergency medical stockpile including traditional medicines and remedies to strengthen overall system response to public health and medical emergencies.	Domain 5: Surge Management – Cap 10
65.	Develop plan for an Alternate Care Facility.	Domain 5: Surge Management – Cap 10
66.	Purchase supplies and equipment for the Alternate Care Facility.	Domain 5: Surge Management – Cap 10
67.	Develop the capacity to operate a mobile triage unit to respond to public health emergencies, including purchase equipment and supplies.	Domain 5: Surge Management – Cap 10
68.	Exercise mobile triage unit.	Domain 5: Surge Management – Cap 10
69.	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.	Domain 5: Surge Management – Cap 15
70.	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.	Domain 5: Surge Management – Cap 15
71.	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.	Domain 5: Surge Management – Cap 15
72.	Identify and partner with volunteer-based organizations that may be able to supplement and/or support response operations. Example: A community service organization becoming trained to assist with traffic flow at dispensing locations.	Domain 5: Surge Management – Cap 15