Local Public Health Preparedness and Response Capacity Inventory

CDC™

Public Health Practice

A Voluntary Rapid Self-Assessment

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

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http://www.phppo.cdc.gov/od/inventory

Acknowledgments

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What's new in Local Version 1.1

Local Version 1.1 (December 2002) corrects minor errors identified since Local Version 1 was published in August 2002. Most errors were typographical. In a few cases question instructions are modified slightly to improve clarity. Substantive changes worthy of note include:

Introduction

- Validity information is updated

Focus Area A

- Question 1. "Community" replaces "state" in line 6: Formulate a community plan…
- Question 13C (Surge Capacity). "Mortuary space" is added

Focus Area C

- Question 45C (Proficiency Testing). "Laboratory Response Network (LRN)" replaces "Select Agent" in line 1: Commitment to participate in CDC's Laboratory Response Network (LRN) proficiency…
- Question 46. "State" is deleted in line 1: Functions in the majority of laboratory testing areas within the public…

Appendix A National Pharmaceutical Stockpile Preparedness Checklist

Dispensing

- Bullet #1. Duplicate bullet: "Dispensing sites are selected" is deleted. Number of activities for the Function is, consequently, reduced to 33.
- Bullet #3. "Medication" replaces "mediation" in: A decision has been made about providing prophylactic medication to…

Appendix B Smallpox Vaccine Preparedness Checklist

Smallpox Vaccination Sites

- Bullet #3. "Vaccinees" replaces "vaccines" in: Each vaccination site has or can be sent wound-management materials for vaccinees.
- Bullet #11. "Vaccinees" replaces "vaccines" in: Each vaccination site has or can get a supply of materials in appropriate languages for the community populations served to provide informed consent to potential vaccinees.

Resource Dictionary

- Environmental Surveys

  http://www.cdc.gov/nceh/ehserv/ephs/wkshop1/w1consen.htm is no longer an active link and is deleted.

- Level A Laboratory Protocols

  www.asmusa.org/pasrc/biodetection.htm , an American Society for Microbiology website, is added as a resource.

Introduction

Background

Public health agencies are the natural leaders in the development of cohesive public health systems. Our nation must ensure that all state and local public health organizations have a strong infrastructure and are prepared to respond to bioterrorism, outbreaks of infectious diseases, and other public health threats and emergencies through comprehensive planning, training, and evaluation.

This document, hereafter referred to as the Capacity Inventory or the Inventory, provides a rapid assessment of a public health agency's ability to respond to public health threats and emergencies. The Inventory includes measures to assess progress towards meeting each of the benchmarks and critical capacities described in the grant guidance for Fiscal Year 2002 Supplemental Funds for Public Health Preparedness and Response for Bioterrorism (Announcement Number 99051). The Capacity Inventory is organized into six chapters that correspond directly with the six funded Focus Areas of the grant guidance - Preparedness Planning and Readiness Assessment, Surveillance and Epidemiology Capacity, Laboratory Capacity - Biologic Agents, Health Alert Network/Communications and Information Technology, Risk Communication and Health Information Dissemination, and Education and Training. Questions in the Capacity Inventory were derived in part from the Department of Justice Public Health Performance Assessment for Emergency Preparedness (i.e., DOJ survey), National Public Health Performance Standards assessment instruments, CDC Bioterrorism Core Capacity Project, Council of State and Territorial Epidemiologists (CSTE) Capacity Assessment Tool, and selected state specific assessment instruments.

Purpose and Suggested Use

We continue to solicit comments on the questions and on the critical capacities that the questions represent. The science to determine which are reliable and valid measures of preparedness is evolving.

The Inventory can be used by state and local public health agencies for self-assessment to track progress on activities described in the Bioterrorism Supplemental Funding Cooperative Agreement. The Inventory can also be used as a guide for determining capacities that ought to be in place in the Focus Areas according to current expert opinion. The grant guidance and a link to the Inventories can be found on CDC's Bioterrorism website: http://www.bt.cdc.gov/Planning/CoopAgreementAward/index.asp

About the Instrument

Field Test

The Inventory was field tested in a diverse sample of seven state and local health departments to determine if:

- the measures provide an accurate assessment of the critical benchmarks and critical capacities outlined in the grant guidance
- the measures reflect public health practitioner opinion of the capacities necessary to respond to bioterrorism, outbreaks of infectious diseases, and other public health threats and emergencies
- the tools are useful to state and local health departments for identifying gaps in preparedness and tracking progress in addressing gaps
- the background materials, instructions, and tools are clearly understood and correctly interpreted by users

During field testing, CDC staff observed health department staff and partners completing the Inventory in order to note areas of confusion and concern for further discussion. In addition, each site addressed a series of standard evaluation questions about the Inventory, background materials, instructions, and the recommended process for completing the instrument. Information gathered during field tests was used to revise the instruments and background materials.

Validity

The University of Kentucky Center for Health Services Management and Research assessed the content and criterion validity of the Capacity Inventory through site visits, a review of documentation to support responses, and a mail

survey. The Center concluded that the Capacity Inventory met reasonable standards of validity and was, therefore, accurate in relation to the critical capacities and benchmarks set forth in the supplemental grant guidance.

Structure of the Instrument

Demographics

The demographics section requests pertinent information about the public health agency and the jurisdiction it serves. This section gives helpful insight into the circumstances under which your agency protects its population.

Focus Area Questions

The Inventory is organized into the six funded Focus Areas and associated sub-sections described in the grant guidance for Fiscal Year 2002 Supplemental Funds for Public Health Preparedness and Response to Bioterrorism. Each Focus Area includes measures pertaining to **critical capacities** and **critical benchmarks (CB)** identified in the grant as well as additional measures to further assess emergency preparedness and response capabilities. The critical capacities and benchmarks associated with a measure or group of measures are noted in the black and gray borders on the outside edge of each page. In cases where a measure applies to more than one critical capacity or Focus Area, the measure was included only once.

Resource Dictionary

Definitions, information, examples, and additional resources are provided in a Resource Dictionary for all underlined terms or phrases. Terms are underlined at first use in each Focus Area.

Appendices A and B

Appendices A and B are provided by CDC's National Pharmaceutical Stockpile Preparedness (NPS) Program for use in answering the questions in Focus Area A, Part III.

Appendix A - National Pharmaceutical Stockpile Preparedness Checklist

Appendix B - Smallpox Vaccination Preparedness Checklist

Instructions

In order to comprehensively evaluate a state's ability to respond to bioterrorism, outbreaks of infectious diseases, and public health threats and emergencies, the Inventory should be completed by both state and local public health agencies on an annual basis. State public health agencies should complete the State Capacity Inventory and local public health agencies should complete the Local Capacity Inventory. Public health agencies are the intended respondents for the Inventory, however, Focus Area C, Laboratory Capacity-Biologic Agents, includes additional detailed instructions that should be reviewed carefully.

State and/or local public health agency directors should assign responsibility for coordinating completion of the Inventory to at least one staff, or to a team of staff, who can ensure that appropriate agency, emergency response, and other experts convene to answer the questions in the Inventory.

Staff most knowledgeable about agency operations in each of the respective six Focus Areas should coordinate the completion of the Inventory for their area. For example, the agency's information technology manager(s) and Health Alert Network coordinator should answer the questions in Focus Area E: Health Alert Network/Communications and Information Technology. Likewise, the agency's human resources training manager(s) should coordinate with Centers for Public Health Preparedness, schools of public health, and others in answering the questions in Focus Area G: Education and Training.

Pre-planning to identify subject matter expertise will afford the highest likelihood of accurate answers and the greatest degree of respect for each participant's time. We anticipate that many of the agreements and protocols identified in the Focus Areas have yet to be written or are not yet written to the satisfaction of all participating partners. Therefore, having all relevant partners convened will begin the process of establishing said agreements and protocols or detecting gaps in existing ones.

There are several types of questions within the Inventory: Yes/No, base question with multiple sub-questions, multiple choice, table or matrix, and fill-in the blank. Questions with a base statement followed by a series of bulleted statements should be approached as though each bulleted statement were a Yes/No question where a "No" response is designated by leaving the box blank. The respondent should check all that apply for each of the multiple-part questions. Table or matrix questions require

that a check be placed in the appropriate column for each row. Additional question-specific instructions are provided throughout the Inventory immediately preceding the question to which they apply.

The Public Health Practice Program Office at CDC will provide technical assistance and support for data analysis and generation of standardized reports.

Relation to other assessment efforts

CDC has been involved in several assessment efforts including the Department of Justice (DOJ) Public Health Performance Assessment for Emergency Preparedness and the National Public Health Performance Standards Program. Both of these assessment efforts use the ten essential public health services as an organizing framework. The DOJ Public Health Performance Assessment is part of a multi-assessment process designed to assess a jurisdiction's ability to respond to incidents involving weapons of mass destruction through a combination of questions focused on both the local public health system and the local public health agency. In comparison, the state, local, and governance performance assessment tools of the National Public Health Performance Standards Program are designed to assess optimal infrastructure at the state or local public health system level for the routine delivery of essential public health services.

In contrast, the Inventory provides a rapid assessment of a public health agency's preparedness to respond in times of emergency and its capacity to participate in response with its partners during an actual emergency. Although the Inventory addresses many aspects of the public health system which must be in place to accomplish routine functions, the emphasis of the Inventory is on those priority agency capacities which ensure rapid response capability including detection of biologic threats, communication of information regarding threats, and control of human consequences arising from threats.

Mobilizing state and community resources requires strategic planning. Public health officials exercising leadership to develop plans for strengthening infrastructure should review the MAPP tool – Mobilizing for Action through Planning and Partnership – found at the National Association of County and City Health Officials website (http://www.naccho.org).

Acknowledgements:

We would like to express our appreciation to the public health agencies in Colorado, Georgia, Iowa, Texas, Utah, Vermont, and Virginia that assisted us in testing earlier versions of the Inventories. We continue to gratefully acknowledge our partnerships with the Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO), the National Association of Local Boards of Health (NALBOH), the Council of State and Territorial Epidemiologists (CSTE), and the Association of Public Health Laboratories (APHL) as we work together to enhance the practice of public health in our nation.

For Additional Information:

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Local Public Health Preparedness and Response Capacity Inventory
Demographic Information

Name of Local Public Health Agency: _____

Agency Website URL: _____

Name of Local Health Officer: _____

Mailing Address: _____

State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Name of Local Bioterrorism Coordinator (if applicable): _____

Phone: _____ Fax: _____

E-mail: _____

1. Categorize the public health agency's jurisdiction by selecting one of the following:

   ☐ County ☐ City ☐ City-county ☐ Township
   ☐ Multiple counties, district, or regional health department
   ☐ Other, please specify: _____

2. For purposes of identifying coverage area for this assessment, please list the geographic area(s) included in this assessment. Geographic area can include one or more counties, townships, individual cities, or towns. (If more than one county is included, please list all counties). If the description of your jurisdiction is not a city, county, or multiple counties, please list ALL ZIPCODES for the geographic area the assessment covers.

   _____
   _____
   _____
   _____

3. What is the population of the jurisdiction reported in this assessment? _____

   3a. Year of Census or year population estimate was developed: _____

4. How many people are employed by your local public health agency?

   4a. Total full-time equivalent employees (FTEs): _____

   4b. Total full-time equivalent contract employees: _____

5. What is the total agency budget for your jurisdiction? _____

6. How many full-time epidemiologists does your public health agency employ? (Two half-time employees equal one full-time employee) _____

7. Which of the following best describes the organization or office to which your local health officer reports directly?

   ☐ Local board of health
   ☐ City council/county council
   ☐ County commissioner/county executive
   ☐ City or town manager
   ☐ Regional or district health director
   ☐ State health director or commissioner
   ☐ Other, please specify: _____

8. Has your agency participated in: (Check all that apply)

   ☐ Mobilizing for Action through Planning and Partnerships (MAPP)?
   ☐ National Public Health Performance Standards Program?
   ☐ Other state-based assessments?

9. **EXTERNAL PARTNERS:** Please list the full name of each agency/organization involved in the Inventory completion process and the number of people from each agency/organization involved. Give a brief description of the type of organization (e.g., not-for-profit, county governmental social services). If community residents are participating and not representing a specific organization, please put "individual" under "Name of Agency/Organization". If a participant represents more than one organization, please indicate that person's primary affiliation. Use additional sheets if necessary.

Name of Agency/Organization	Number of Representatives Involved	Type of Organization

10. **INTERNAL PARTNERS:** Please list the name, job title or program represented, contact information, and Focus Area(s) of expertise for persons WITHIN your public health agency who participated in answering the questions in each Focus Area.

Name	Job title/ Program	Phone	E-mail	Focus Area

Focus Area A: Preparedness Planning and Readiness Assessment

Part I: Strategic Direction, Assessment, and Coordination

1. Which activities are part of the agency's strategic planning process?

(Check all that apply for each type of planning)	Emergency Preparedness Planning	Community Health Planning
Identify stakeholders		
Engage stakeholders		
Use data to identify health problems and gaps		
Prioritize problems and gaps		
Set improvement goals		
Formulate a community plan that describes action steps to reach goals		
Disseminate the plan among public health partners		
Evaluate effectiveness of action steps		
Recommend changes to action steps that prove ineffective		
Establish how often the community plan will be reviewed and updated		

☐ The agency does not participate in a strategic planning process to improve public health

2. Does the agency update high level policy-makers and elected officials on progress toward goals in the community plan to improve public health?

☐ Yes ☐ No

☐ The question is not applicable. We don't formulate a community plan to improve public health.

3. Establishing relationships among public health system partners is likely the most critical aspect of emergency response. In what manner and to what extent has the agency formalized working relationships with each organization for the purpose of emergency response? (For each partner organization listed, [pg. 2] check all boxes that apply; IF the organization does not exist in jurisdiction, check **only** the "N/A" box)

- *Formal Written Agreements:* The agency and the organization both participate in a written jurisdiction-wide/multi-agency emergency response plan or the emergency response roles and responsibilities of the agency and organization are described in a written agreement.
- *Informal Unwritten Agreements:* The agency and the organization agree to collaborate for emergency response, but the agreement is informal with roles and responsibilities not clearly defined in writing.
- *No Relationship:* The agency has no relationship with the organization.
- *Health Alert Network Partner:* The agency considers the organization a partner in its health alert network and ensures that the organization receives future "alerts".
- *N/A:* Not applicable. IF the organization does not exist/is not a potential emergency response partner, check **only** the "N/A" box.

Organizations	Written documentation describes relationship, roles, and responsibilities	Agreements to collaborate are unwritten and informal	No relationship	Health alert network partner	N/A: does not exist/ is not a potential response partner
State Health Department					
State Laboratory (if separate from agency)					
City/county government elected officials					
County Attorney					
Locally headquartered state legislator					
Local Board of Health					
State Emergency Management Agency					
Local Emergency Management Agency					
Emergency Alert System					
Emergency Medical Services					
Metropolitan Medical Response System (MMRS)					
911 dispatch					
Local law enforcement					
Federal Bureau of Investigation (FBI) local/regional contact					
Fire Department/HazMat					
Occupational health and safety agencies					
Local Mental Health Authority					
Home health care provider agencies					
Managed care organizations					
Nursing homes/assisted living facilities					
Hospitals					
Local Hospital Association					
Private laboratories					
Community indigent health centers					
Urgent medical care centers					
Local Physician Association					
Local Veterinarian Association					
Local Pharmacy Association					
American Red Cross					
Salvation Army					
U.S. military hospitals/Veterans Administration hospitals					
National Guard					
Department of Human/Social Services					
Medical Examiner					
Coroner					
Funeral directors					
Universities/colleges/public health schools					
Education system					
Poison Control					
Environmental protection agencies					
Public transportation systems					
Public works/sanitation/utilities					
Correctional institutions					
Tribal government representatives					
Representatives of foreign states/counties/provinces along international borders					
Public health agencies in neighboring jurisdictions					
Inter-faith councils					

4. Does the agency sponsor or participate in jurisdiction-wide conferences and workshops for emergency preparedness that bring together partners and stakeholders?

   ☐ Yes ☐ No

5. Please provide the requested information for each of the following individuals:

   - Agency Director (or person at the highest level of management)
   - Deputy Director (or person at the second highest level of management)
   - Executive Director of the agency's Bioterrorism (BT) Preparedness and Response Program (IF the executive director of BT is the same person as Agency Director or Deputy Director, leave the Director of BT column blank):
     - Enter the advanced degrees the official holds (e.g., MD, DrPH, MPH, RN, MS, etc.)
     - Enter the number of years the official has worked for the agency
     - Indicate which leadership/management training the official has participated in by checking the box associated with the training. (IF the official has not participated in the training, do not mark their box for that training.)
     - Indicate which emergency management training the official has participated in by checking the box associated with the training. (IF the official has not participated in the training, do not mark their box for that training.)

	Director	Deputy Director	Director of BT
Degrees			
Number of years employed by agency			
Management/Leadership Training			
National Public Health Leadership Institute (PHLI)			
Regional or State-sponsored Public Health Leadership Institute (PHLI)			
Management Academy for Public Health			
Other leadership/management training courses (one week or longer in duration)			
Core Legal Competencies for Public Health Professionals			
Emergency Management Training			
Federal Emergency Management Agency (FEMA) emergency management course on Incident Command System/Unified Command (ICS/UC)			
Other FEMA courses			
Other national or regional (multi-state) bioterrorism/ emergency management courses (five days or longer in duration)			

6. For the agency bureau chiefs/ department heads (third level of management) and division/program directors (fourth level of management), estimate how many of these managers have:

   - Participated in the following types of **leadership/management training**
   - Participated in the following types of **emergency management training**

	No managers	**Some** managers	**Most** managers	**All** managers
Management/Leadership Training				
Regional or State-sponsored Public Health Leadership Institute (PHLI)				
Management Academy for Public Health				
Other leadership/management training courses (five days or longer in duration)				
Emergency Management Training				
National or regional (multi-state) bioterrorism/emergency management courses (three days or longer)				
State-sponsored bioterrorism/emergency management courses (three days or longer)				

7. Which provisions are included in your state statutes? (see Model State Emergency Health Powers Act) (Check all that apply)

- ☐ Track and contain disease through case investigation and implementation of control measures
- ☐ Share confidential information
- ☐ Establish criteria and procedures to invoke and terminate emergency health powers
- ☐ Gain access to and control facilities and property
- ☐ Enforce measures to provide for safe disposal of infectious waste
- ☐ Enforce measures to provide for safe disposal of corpses
- ☐ Control health care supplies
- ☐ Seize and destroy property
- ☐ Limit movement of individuals
- ☐ Mandate medical examinations
- ☐ Isolate and quarantine
- ☐ Vaccinate and treat
- ☐ Collect and test laboratory specimens
- ☐ Access and disclose patient records
- ☐ Temporarily license out-of-state health care personnel
- ☐ Dissemination of information to the public
- ☐ Access to mental health support personnel
- ☐ Develop plans for public health emergency response
- ☐ Authorize funding for emergency public health activities
- ☐ Address liability for death, injury, and damage, including liability for triage of victims
- ☐ Provide reasonable compensation for use of supplies and use/destruction of property
- ☐ Address conflicts with federal laws/prior conflicting laws
- ☐ Generate reports on actions taken during a public health emergency

8. Has the agency identified legal counsel who will be available during emergencies to advise the agency on legal matters pertaining to public health?

☐ Yes ☐ No

Part II: Terrorism Preparedness and Response Planning

9. Does the agency have a staff member assigned the role and responsibilities of Emergency Response Coordinator (ERC)?

   ☐ Yes ☐ No

10. Does the agency's jurisdiction have formal arrangements with other jurisdictions to respond as a region (multi-city, multi-county, city-county) in emergencies?

    ☐ Yes ☐ No

11. Is the agency's public health emergency response plan integrated with the: (Check all that apply)

    ☐ Jurisdiction emergency response plan?
    ☐ Regional emergency response plan?
    ☐ State public health agency emergency response plan?

    ☐ The agency does not have a public health emergency response plan

12. How does the agency assess hospital readiness for emergency response? (Check all that apply)

    ☐ Collaborates with state and federal partners (e.g., Health Resources Services Administration) charged with assessing readiness
    ☐ Includes hospitals and their representatives in emergency response exercises
    ☐ The agency assesses hospital readiness through other activities

13. Which issues are addressed in the public health emergency response plan OR addressed in other sections/annexes of the jurisdiction/regional emergency response plan and referenced in the public health plan? (Check all that apply)

A. Plan Activation and Link to Emergency Operations Center

☐ Definition for thresholds of alert that lead to plan activation (e.g., DEFCON, Homeland Security Advisory System - color alert scheme, etc.)
☐ Activation of the public health emergency response plan
☐ Communication with the Emergency Operations Center (EOC)
☐ Participation in the Incident Command System/Unified Command (ICS/UC)
☐ Participation in a Joint Information Center (JIC)
☐ Development of field operations manuals that summarize critical procedures and contact information to facilitate job performance of workers rotating into unfamiliar roles (e.g., handbooks, pocket field guides, task orientation/standard operating procedures manuals, "cheat sheets")

B. Public Health and Medical Coordination

☐ Participation in a medical operations center linked to EOC
☐ Identification of suitable alternate facilities to ensure continuity of operations in case the agency's regular facility is uninhabitable
☐ Conference call procedures
☐ Use of standardized questionnaires across jurisdictions by military and civilian epidemiology investigators
☐ Use of consistent epidemiologic case definitions
☐ Mechanisms for robust electronic and paper information exchange (e.g., laboratory, epidemiology)
☐ Implementation of an emergency epidemiologic response, including enhanced surveillance and investigation of human and animal exposures

- ☐ Management of the National Pharmaceutical Stockpile (NPS), including trained personnel to receive and distribute critical stockpile items and manage mass distribution of vaccine, antibiotics, and antidotes (see Focus Area A, Part III)
- ☐ Triage of victims
- ☐ Decontamination of mass casualties
- ☐ Institution of isolation within a health facility
- ☐ Implementation of infection control procedures
- ☐ Coordination of mass casualty transportation
- ☐ Coordination of hospital diversion policies
- ☐ Procurement and use of personal protective equipment for biological agents for first responders and select public health staff
- ☐ Procurement and use of personal protective equipment for chemical agents for first responders and select public health staff
- ☐ Procurement and use of personal protective equipment for radiological agents for first responders and select public health staff
- ☐ Identification of special populations who may encounter barriers to receiving health services during an emergency
- ☐ Assistance to special populations who may encounter barriers to receiving health services during an emergency
- ☐ Referring victims and response personnel to mental health professionals for needed services, including critical incident stress counseling
- ☐ Response to mass mortuary needs
- ☐ Incorporation of National Guard Weapons of Mass Destruction: Civil Support Teams into local response efforts
- ☐ Incorporation of National Disaster Medical System (NDMS) into local response efforts
- ☐ Incorporation of Disaster Medical Assistance Team (DMATS) into local response efforts
- ☐ Incorporation of Disaster Mortuary Operational Response Team (DMORTS) into local response efforts
- ☐ Incorporation of Veterinary Medical Assistance Team (VMATS) into local response efforts

C. Surge Capacity

Ascertainment of jurisdiction's and neighboring jurisdictions' local maximum capacity for:

- ☐ Emergency department beds
- ☐ Adult medicine beds
- ☐ Pediatric beds
- ☐ Burn unit beds
- ☐ Intensive care unit beds
- ☐ Multiple trauma beds
- ☐ Specialized infection control rooms (e.g., negative pressure rooms)
- ☐ Respiratory isolation units
- ☐ Respiratory ventilators
- ☐ Laboratory testing
- ☐ Medical transport vehicles
- ☐ Mortuary space

D. Protection of Environment

- ☐ Performance of environmental hazard/risk assessments and mitigation of identified risks
- ☐ Performance of environmental surveys
- ☐ Removal of debris
- ☐ Transport and disposal of hazardous waste
- ☐ Facility security and crowd control

E. Personnel and Provisions

- ☐ Identification of required personnel
- ☐ Identification of qualifications of required personnel
- ☐ Geographic distribution of required personnel
- ☐ Work and relief scheduling for response personnel to maintain 24 -hour operations (2-3 work shifts per day) for at least several days
- ☐ Support for families of emergency response personnel
- ☐ Organization and coordination of volunteers
- ☐ Provision of food and lodging for volunteers, individual health care providers, and emergency response workers during a public health emergency
- ☐ Verification of provisional credentials and professional liability coverage for out-of-state clinicians approved by state licensing authorities to support surge capacity policies during an emergency
- ☐ Management of donations
- ☐ Identification of shelters

F. Recovery

- ☐ Monitoring of mental health care needs in emergency response personnel
- ☐ Monitoring of air quality
- ☐ Monitoring of water quality
- ☐ Monitoring of food quality
- ☐ Monitoring of soil quality
- ☐ Vector control
- ☐ Environmental decontamination

14. Directories containing emergency contact information for agency personnel and emergency response partners must be current, accurate, available, and accessible 24 hours per day/7 days per week. In addition to paper directories, the public health agency is expected to construct electronic directories consistent with the Public Health Information Technology (IT) Functions and Specifications. What is the present status of the agency's directory of emergency contact information?

- ☐ Paper form **only**
- ☐ Electronic directories **not consistent** with (IT) Functions and Specifications
- ☐ Electronic directories **consistent** with (IT) Functions and Specifications

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- ☐ The agency does not have a directory of emergency contact information

15. It is understood that first responders (e.g., law enforcement, emergency medical services, emergency management agencies) can be contacted 24 hours per day/7 days per week. Certain other critical emergency response personnel do not typically operate in a 24/7 mode. Ability to contact and talk with these persons (or their on-call delegates) must be tested periodically through unannounced drills and exercises. Under what conditions does the public health agency test its ability to reach its own personnel and key external partners (through any communications means) by receiving acknowledgement, within 30 minutes, that the contact is available? (Check all that apply, IF the position does not exist/is not a potential emergency response partner, check **only** the "N/A" box)

Position	Tested at least once every six months: **During** regular business hours	Tested at least once every six months: **After** regular business hours	N/A: does not exist/ is not a potential response partner
Agency Director			
Agency Deputy Director			
Agency Lab Director			
Agency Epidemiology Response Coordinator			
Agency Emergency Response Coordinator			
Agency Public Information Officer			
State Public Health Commissioner			
State Public Health Deputy Commissioner			
State Epidemiologist			
State Public Health Lab Director			
Administrators of local publicly-funded hospitals			
Lab Directors of local publicly-funded hospitals			
Administrators of local private hospitals with which agency has agreement for 24/7 response			
Lab Directors of local private labs with which agency has agreement for 24/7 response			

16. Which has the agency done in the past 12 months? (Check all that apply)

- ☐ Conducted a tabletop exercise(s) with individuals and organizations that have a response role
- ☐ Conducted a functional exercise(s) with individuals and organizations that have a response role
- ☐ Participated in a regional exercise(s) conducted by federal agencies
- ☐ Responded to a public health emergency (e.g., chemical spill, bio-release, suspicious letter)
- ☐ Corrected deficiencies in the emergency response plan based on knowledge gained from these evaluations
- ☐ Convened jointly, at least once, with community response partners to update the emergency response plan, even if no exercise or emergency occurred to warrant more frequent review

Part III: National Pharmaceutical Stockpile Preparedness

Appropriate management of National Pharmaceutical Stockpile (NPS) assets requires extraordinary commitment of resources, involving 1,000 or more skilled and trained persons for each high-risk city in the state and coverage that can be mobilized to non-high-risk cities and regions lacking their own NPS infrastructure. The U.S. Department of Health and Human Services transmittal letter, informing states of bioterrorism supplemental funding awards from CDC (June 2002), emphasizes the unprecedented scope of the charge: to vaccinate or distribute antibiotics around the clock to an entire population within 3 to 5 days. Public health agencies are expected to develop detailed plans to manage NPS assets following guidance set forth in Receiving, Distributing, and Dispensing the National Pharmaceutical Stockpile: A Guide for Planners, Version 9- Draft, April, 2002.

Instructions for completing NPS and Smallpox Preparedness Function tables:
(Questions 17 and 18)

1. Refer to Appendix A, NPS Preparedness Checklist and Appendix B, Smallpox Vaccination Preparedness Checklist. Each appendix is a checklist developed by CDC's NPS Program. Each checklist identifies important functions and related activities. (Questions 17 and 18 cannot be completed without these appendices.)
2. On the checklists, indicate preparedness for each activity by putting a check mark in the column that best describes your level of progress for the activity.
3. For each Function, add the number of check marks in each column and write the total for the column along the bottom row —the row entitled "Summary Levels of Progress". (If you add the number of check marks in each column correctly, the column totals will equal the number of Function activities.) Finally, transfer the numbers recorded in the last row of each Function to the appropriate row in the tables for questions 17 and 18.

For example: For the Function: Repackaging (7 activities) from the NPS Preparedness Checklist

NPS Preparedness Function: Repackaging	Not in progress yet (red)	In progress (amber)	Completely in place (green)	Not applicable
Members are designated…			√	
An appropriate number of pharmacists…		√		
Repackaging team members…are part of…		√		
Repackaging team members…are oriented...		√		
Repackaging team members trained to practice…			√	
A repackaging site...	√			
Security is arranged…				√
Summary levels of progress (column totals=7)	1	3	2	1

17. Transfer the numbers representing summary levels of progress for each Function from Appendix A, NPS Preparedness Checklist, to the table below:

NPS Preparedness Function	Not in progress yet, but part of a designated role (red)	In progress, but not yet completely in place (or confirmed) (amber)	Completely in place (and confirmed) (green)	Not applicable or not part of jurisdiction's designated role
State/Local NPS Management Infrastructure (Critical Component)				
NPS Logistics				
Repackaging				
Distribution (Critical Component)				
Dispensing (Critical Component)				
Coordination with Treatment Centers				
Communications/Security				
Training, Exercising, and Evaluating				

18. Transfer the numbers representing summary levels of progress for each Function from Appendix B, Smallpox Vaccination Preparedness Checklist, to the table below:

Smallpox Vaccination Preparedness Function	Not in progress yet, but part of a designated role (red)	In progress, but not yet completely in place (or confirmed) (amber)	Completely in place (and confirmed) (green)	Not applicable or not part of jurisdiction's designated role
Policy/Planning				
Staffing				
Vaccinia Immune Globulin (VIG) Management				
Smallpox Vaccination Sites				
Isolation and Quarantine				
Public Communications				

Focus Area B: Surveillance and Epidemiology Capacity

Part I: Public Health Surveillance and Detection Capacities

19. Do your state laws governing reports for notifiable conditions include: (Check all that apply)

- ☐ Priorities for reporting, including certain notifiable conditions designated as **immediately** notifiable?
- ☐ Authority for the State Health Officer to amend the notifiable conditions list during a declared state of emergency?
- ☐ Information on who is required to report (e.g., physicians, labs, coroners, pharmacies, veterinarians, etc.)?
- ☐ Criteria to meet before cases are reported (e.g., confirmed, presumptive, suspected, syndromic)?
- ☐ Maximum time frames for notification?
- ☐ Information on which authority(ies) to notify?
- ☐ Information on reporting across jurisdictions (e.g., use of out-of-state lab; report recorded from jurisdiction where notification is made, case resides, or infection was acquired)?
- ☐ Penalties for failure to notify?

- ☐ Our state does not have any laws to report notifiable conditions

20. Which does the agency have to receive reports of **immediately** notifiable conditions 24 hours per day/7days per week? (Check all that apply)

- ☐ Toll free phone number. Please enter this number: _____
- ☐ Fax number. Please enter this number: _____
- ☐ Electronic reporting
- ☐ A designated contact person available 24/7 to receive reports

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- ☐ Our **state agency** is responsible for receiving reports of **immediately** notifiable conditions 24 hours per day/7 days per week
- ☐ Our agency does not receive reports of **immediately** notifiable conditions 24 hours per day/ 7 days per week

21. Which aspects of its surveillance system for notifiable conditions does the agency assess? (Check all that apply)

- ☐ Completeness of reporting (surveillance system sensitivity)
- ☐ Timeliness of reporting
- ☐ Validity of data
- ☐ Flexibility
- ☐ Acceptability
- ☐ Simplicity
- ☐ Predictive value positive
- ☐ Representativeness
- ☐ Stability

22. How does the agency attempt to strengthen relationships with reporting sources? (Check all that apply)

- ☐ Assesses and addresses barriers to reporting
- ☐ Dedicates staff time to educating reporting sources in order to improve reporting
- ☐ Dedicates staff time to providing feedback to reporting sources in order to "close" the reporting loop
- ☐ Modifies reports and data display to accommodate user needs
- ☐ The agency attempts to strengthen relationships with reporting sources through other activities

23. For each surveillance system listed, indicate: (Check all that apply)

- Which surveillance activities the agency performs
- How patient data are stored. In addition to paper records, the agency is expected to construct electronic databases consistent with the Public Health Information Technology (IT) Functions and Specifications to facilitate case/contact tracking and medical treatment follow-up (e.g., vaccinated, prophylaxed, medicated, etc.)

Surveillance System	Collect Data	Store Data			Analyze Data	Compile Reports	Disseminate Reports
		Paper records **only**	Electronic database **not consistent** with IT specs	Electronic database **consistent** with IT specs			
Influenza							
Invasive bacterial diseases (e.g., invasive Group A Strep)							
Vaccine preventable diseases							
Vectorborne diseases							
Foodborne diseases							
Waterborne diseases							
Category A list agents of bioterrorism							
Syndromes							
Vaccine Registry							
Hazardous Substances Emergency Events Surveillance (HSEES)							
Hazardous chemical, patient exposures							

24. Does the agency have the capacity to enhance surveillance, when necessary, by:

A. Expanding reporting sources beyond those typically used, to include timely data (preferably real time) from: (Check all that apply)

- ☐ 911 dispatch?
- ☐ Emergency Medical Services (EMS) runs?
- ☐ Emergency department admissions/registration?
- ☐ Pharmacies?
- ☐ Poison Control?
- ☐ Medical Examiner/Coroner?
- ☐ Schools?
- ☐ Child day care centers?
- ☐ Adult day care centers?
- ☐ Long-term care facilities?
- ☐ Veterinarians/animal control?

B. Instituting <u>active surveillance</u> during an emergency for: (Check all that apply)

- ☐ Notifiable diseases
- ☐ Category A list agents
- ☐ Event-related injuries

C. Receiving, analyzing, and compiling reports on syndromic data that include: (Check all that apply)

- ☐ Meningitis, encephalitis, or unexplained acute encephalopathy/delirium?
- ☐ Vesicular or pustular rash?
- ☐ Localized cutaneous lesion with at least one of these: puritic maculopapular rash, acute ulcer, eschar?

D. Alerting reporting sources to notify the agency when illness presents in patterns with <u>suspicious epidemiologic features</u>?

☐ Yes ☐ No

Part II: Public Health Epidemiologic Investigation and Response Capacities

25. Has the agency formally assessed its epidemiology capacity?

☐ Yes ☐ No

26. Which responsibilities has the agency assigned to its <u>epidemiology response coordinator</u>? (Check all that apply)

- ☐ Coordinate epidemiology response with other public health system partners in local/regional emergency response planning
- ☐ Coordinate with hospitals and/or infection control practitioners to facilitate hospital readiness
- ☐ Respond 24 hours per day/7days per week to **immediately** notifiable conditions reports or other urgent public health reports
- ☐ Lead and conduct epidemiologic investigations, analyze and interpret data, and design epidemiologic studies

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- ☐ The agency does not have an epidemiology response coordinator

27. Which personnel does the agency employ or have access to and under what conditions is their support available for 24/7 prolonged emergency response? (For each category of personnel, check conditions of availability that apply)

Type of personnel	Employed		Not employed, but agency has access to			Agency neither employs, nor has access to
	Routine duty only	Routine **and** 24/7 emergency duty	Routine duty only	24/7 emergency duty only	Routine **and** 24/7 emergency duty	
Biostatisticians						
Epidemiologists						
Environmental health scientists						
Registered sanitarians						
Health physicists						
Industrial hygienists						
Toxicologists						
Occupational health specialists						
Infection control practitioners						
Veterinarians						

28. Which risk and vulnerability assessments do agency epidemiologists conduct (in collaboration with registered sanitarians, other environmental health specialists, and veterinarians)? (Check all that apply)

☐ Food: including production, processing, distribution facilities, etc.
☐ Water: including water sources, aqueducts, water treatment, water bottling, bottled water distribution, ice-making facilities, etc.
☐ Air: including ventilation systems in airport terminals, arenas, large public buildings, etc.

29. Does the agency have a plan to accommodate surge capacity for epidemiologic investigation that includes: (Check all that apply)

☐ Identification of epidemiologists throughout the state who could be mobilized to local jurisdictions to assist in investigations?
☐ Identification of agency staff and staff of public health partners throughout the state who have been trained in secondary roles to assist in epidemiologic investigation under the direction of a qualified epidemiologist?
☐ Formal agreements with neighboring jurisdictions to secure the services of qualified epidemiologists in the event of an emergency?

☐ The agency does not have a plan to address surge capacity for epidemiologic investigation

30. Does the agency have copies of pre-prepared medical management information for agents on the critical agents list?

☐ Yes ☐ No

31. How does the agency attempt to strengthen relationships with the animal health community? (Check all that apply)

- ☐ Recruits local veterinarian(s) to act as liaison(s) between the public health agency and the state veterinary association
- ☐ Includes local veterinarians in bioterrorism planning
- ☐ Recruits local veterinarians to act as sentinel reporters for zoonotic diseases
- ☐ The agency attempts to strengthen relationships with the animal health community through other activities

32. Does the agency participate in CDC's Epidemic Information Exchange (Epi-X) for secure web-based communications?

☐ Yes ☐ No

Focus Area C: Laboratory Capacity – Biologic Agents

Some local public health agencies have laboratories and some do not. Regardless of the situation, local public health agency leadership is essential to developing an integrated system of public health, hospital, and independent labs. This system of labs must serve the jurisdiction's entire population at acceptable levels of quality and timeliness. Local public health agency directors must, therefore, foster strong relationships with all public and private labs in the community.

Focus Area C is divided into four sections:

- Section I: Questions about agency relationships with local labs and reference labs. This section applies to ALL local public health agencies, with or without a lab.
- Section II: Questions about safe laboratory practices applicable to local public health laboratories without a certified biological safety cabinet AND to Level A laboratories
- Section III: Questions specific to LEVEL A local public health laboratories
- Section IV: Questions specific to LEVEL B/C local public health laboratories

Intended Respondents:

Local public health **agencies without a lab**: Agency Director answers **only Section I**

Local public health **labs WITHOUT a certified biological safety cabinet**: Lab Director answers **Sections I and II**

Local public health **Level A labs**: Lab Director answers **Sections I, II, and III**

Local public health **Level B/C labs**: Lab Director answers **Sections I and IV**

Section I (Public health agencies)

33. Which information does the agency have for all Level A labs in its jurisdiction? (The local agency should be able to obtain this information from the state lab, if the state lab collects it.) (Check all that apply)

- ☐ Name
- ☐ Street address
- ☐ Mailing address
- ☐ Phone number of lab
- ☐ Fax number of lab
- ☐ Contact information for lab director (e.g., work phone, e-mail address, fax number, home phone, pager number, cell phone)
- ☐ Contact information for supervising microbiologist/technologist (e.g., work phone, e-mail address, fax number)
- ☐ Certification and accreditation information
- ☐ Capability to rule out Category A list agents
- ☐ Highest Biosafety Level
- ☐ Reference labs used
- ☐ Statement of willingness and preparedness to perform emergency public health testing

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- ☐ The agency does not have information on Level A labs

34. Which activities does the agency conduct to build relationships with local Level A labs? (Check all that apply)

- ☐ Dedicates staff time to establishing and maintaining working relationships with Level A laboratories
- ☐ Visits Level A labs (with or without state public health lab personnel) to enhance relationships and address barriers to collaboration
- ☐ Provides technical assistance to enhance compliance with disease reporting requirements
- ☐ Assesses capabilities for implementation of electronic disease reporting through secure electronic links constructed consistent with Public Health Information Technology (IT) Functions and Specifications?
- ☐ Sponsors local/regional emergency preparedness planning meetings with Level A lab partners to facilitate defining roles and responsibilities for emergency response
- ☐ Sponsors joint training exercises for emergency preparedness with local Level A labs
- ☐ The agency builds relationships with Level A labs through other activities

35. Can the agency assure 24/7 lab support and adherence to chain of custody of criminal evidence for: (Check all that apply)

- ☐ Local members of HazMat teams?
- ☐ Local law enforcement officers and first responders?
- ☐ Local infectious disease experts?
- ☐ The agency assures lab support and adherence to chain of custody for other groups

36. For agents on the Category A list, which labs does the agency have access to? (Check all that apply)

- ☐ Level A labs, which can rule **OUT** potential agents within 48 hours of specimen collection
- ☐ Level B labs, which can rule **IN** potential agents within 24 hours for culture isolates and 72 hours for specimens
- ☐ Level C labs, which can rule **IN** and speciate potential agents

37. Which special tests do local hospital/independent labs have access to through formal arrangements between the local agency and the state public health lab (or another reference lab)? The local public health agency often facilitates these arrangements. (Check all that apply)

- ☐ Tests on blood and urine specimens for toxic chemicals used as agents in chemical warfare (e.g., Sarin, Tabun, Soman, VX, sulfur mustard, nitrogen mustard, Lewisite 1, phosgene, chlorine, HCN, CK)
- ☐ Tests on environmental samples for radiological elements
- ☐ Molecular typing of organisms for epidemiology (e.g., fingerprinting)
- ☐ Tests for unusual pathogens (other than Tuberculosis) under Biosafety Level 3 conditions
- ☐ Tests for direct detection of organisms using molecular methods (e.g., polymerase chain reaction [PCR])

38. Has the agency developed, in collaboration with law enforcement and first responders, protocols and procedures to triage specimens/samples?

☐ Yes ☐ No

39. Does the agency have a safety officer specially trained on procedures in the Select Agent Rule to manage transfer of potentially dangerous clinical and environmental specimens/samples to a reference lab?

☐ Yes ☐ No

40. Does the agency's specimen/sample transportation system:
(Check all that apply)

- ☐ Consistently meet agency expectations for proper specimen/sample handling?
- ☐ Consistently meet agency expectations for timeliness?
- ☐ Comply with current packaging and shipping regulations on infectious substances and dangerous goods?
- ☐ Accommodate electronic tracking of the specimen/sample in real time (similar to tracking done by package delivery services)?
- ☐ Accommodate transporting chemical samples?
- ☐ Accommodate transporting radiological samples?

- ☐ The agency does not have a specimen/sample transportation system

41. Are procedures for sharing laboratory reports among public health officials and law enforcement officers adequately addressed in the agency's emergency response/crisis communication plan?

☐ Yes ☐ No

Section II (Public health labs without a certified biological safety cabinet AND Level A labs)

42. Has the public health lab director received Level A lab training that includes safe specimen handling, packaging, shipping, appropriate referral to higher-level reference labs, and chain of custody of criminal evidence?

☐ Yes ☐ No

43. To what extent have the public health lab staff (other than the lab director) received Level A lab training?

(Staff = employed and contract personnel)

- ☐ **None** have received training
- ☐ **Some** have received training
- ☐ **Most** have received training
- ☐ **All** have received training

Section III (Level A labs)

44. Protocols to rule **OUT** three Category A list agents are currently available. Which of these agents can the public health lab rule **OUT** using available Level A lab protocols? (Check all that apply)

- ☐ Bacillus anthracis (Anthrax)
- ☐ Yersinia pestis (Plague)
- ☐ Francisella tularensis (Tularemia)

Section IV (Level B/C Labs)

45. Which critical capacities does the public health lab have? (Check all that apply)

A. Worker Safety

- ☐ A Class II certified biological safety cabinet directly available where work on Select Agents is performed
- ☐ Lockable freezers/refrigerators and incubators
- ☐ Staff appropriately fitted for and trained to use personal protective equipment

B. Qualified Personnel for Testing and Quality Control/Assurance

- ☐ Staff fully qualified according to the requirements of their job descriptions and relevant licensing agencies

- ☐ Continuing education opportunities for selected lab personnel to attend CDC-sponsored Level B and Level C lab training
- ☐ Staff trained in use of Laboratory Response Network (LRN) protocols
- ☐ Staff specially trained on equipment and testing procedures used to identify potential agents of bioterrorism, including polymerase chain reaction (PCR) and time-resolved fluorescence (TRF) rapid assays
- ☐ A staffing plan that provides adequate coverage in emergencies
- ☐ Molecular microbiologist(s) experienced in developing and validating assays for detecting infectious organisms
- ☐ Capacity to integrate new rapid identification methods, as they become available, into current lab testing algorithms

C. Proficiency Testing

- ☐ Commitment to participate in CDC's Laboratory Response Network (LRN) proficiency testing program
- ☐ Commitment to participate in annual exercises and simulations that test public health system readiness and lab capacity to identify Category A list agents

D. Specimen Retention

- ☐ Specimen retention policies that meet the Select Agent Rule

E. Lab Security

- ☐ Lab security that is consistent, at a minimum, with guidelines set forth in Appendix F of the CDC-NIH publication Biosafety in Microbiological and Biomedical Laboratories, 4th Edition (BMBL)
- ☐ Lab personnel recruitment, retention, and hiring policies that comply with the PATRIOT Act of 2001 (18 USC section 175b as added by section 817; P.L. 107-56)

F. Equipment and Supplies

- ☐ Instrumentation to perform CDC-developed, real-time polymerase chain reaction (PCR) and time-resolved fluorescence (TRF) rapid assays
- ☐ Adequate inventories of equipment, reagents, and supplies needed to detect and identify agents typically seen in other infectious disease outbreaks, including foodborne and waterborne agents that could also be used in bioterrorism

46. Does the agency have a Laboratory Information Management System (LIMS) that:
(Check all that apply)

- ☐ Functions in the majority of laboratory testing areas within the public health lab?
- ☐ Enables public health programs to access LIMS data and perform ad hoc queries?
- ☐ Enables electronic reporting to public health programs and other clients consistent with guidelines on security and exchange of data outlined in the Public Health IT Functions and Specifications?
- ☐ Has Geographic Information Systems (GIS) capabilities consistent with guidelines provided in the Public Health IT Functions and Specifications?
- ☐ Has operating characteristics of manual and online instrument data entry, searchable databases, and monitoring results for quality standards?
- ☐ Adheres to National Electronic Disease Surveillance System (NEDSS) standards?

- ☐ The lab does not have a LIMS

Focus Area E: Health Alert Network/ Communications and Information Technology

47. Which capacities does the public health agency's health alert system have? (Check all that apply)

- ☐ Operates 24 hours per day/7 days per week
- ☐ Can send health alerts within one hour of their final approval
- ☐ Can receive health alerts within one hour of the time they were sent
- ☐ Is tested at least once every three months

- ☐ The agency does not have a health alert system

48. Which protocols does the agency have to determine message priorities? (Check all that apply)

- ☐ Establishing levels of message urgency (e.g., alert, advisory, routine)
- ☐ Ensuring agency approval and endorsement of message content
- ☐ Authorization to send urgent messages
- ☐ Determining need for message to be acknowledged by recipient
- ☐ Selecting messaging technologies based on need and likelihood that message will be acknowledged (i.e., whether message should be sent to intended recipients by fax, e-mail, pager, cell phone, or all available means, etc.)

49. Which communications technologies does the agency have? (Check all that apply)

- ☐ E-mail accessed through dial-up modem
- ☐ E-mail accessed through "always-on" digital subscriber line (DSL), T1, or T3 line
- ☐ Fax machine
- ☐ Fax, using computer fax server for simultaneous broadcast fax (e.g., CityWatch Messaging System)
- ☐ Computer generated fax capability using e-mail application (e.g., Microsoft Outlook)
- ☐ Computer generated message capability using **Ex**tensible **M**arkup **L**anguage (XML) format
- ☐ Personal digital assistant (e.g., Blackberry)
- ☐ Broadcast recorded voice messaging (e.g., telephony, "Reverse 911")
- ☐ Conference phone
- ☐ Conference phone bridge
- ☐ Cell phone
- ☐ Satellite phone
- ☐ Digital pagers (numeric only)
- ☐ One-way alpha-numeric pagers
- ☐ Two-way alpha-numeric pagers
- ☐ Two-way radios
- ☐ High-frequency radios
- ☐ Translation services (e.g., telephone company translation service)

50. For each type of communications equipment the agency has, under what circumstances does the agency provide training? (Check all that apply)

- ☐ When the equipment is first issued to an employee
- ☐ For any employee who wants to become more proficient or who is recommended for training by his supervisor
- ☐ Periodic refresher training

- ☐ The agency does not provide training on each type of communications equipment

51. Which types of Information Technology (IT) expertise does the agency employ or have access to? (Check all that apply)

- ☐ Data entry
- ☐ Geographic Information Systems (GIS)
- ☐ Network management, including communications and messaging expertise
- ☐ Server application management
- ☐ Database management, including patient care management systems
- ☐ IT disaster and IT disaster recovery planning
- ☐ Programming, including database programming
- ☐ Website development
- ☐ Website management (i.e., web master)
- ☐ IT security
- ☐ Standard data vocabularies
- ☐ Data modeling
- ☐ IT internal customer support (i.e., network support)

52. For each of the following functions indicate to what extent your agency's information technology supports the function consistent with the Public Health Information Technology (IT) Functions and Specifications:

Function	IT supports the function, but **not consistent** with IT specs	IT supports the function **consistent** with IT specs
Automated exchange of data between public health partners (agency end of connection)		
Use of electronic clinical data for event detection		
Manual data entry for event detection and management		
Specimen and lab result information management and exchange (agency end of connection)		
Management of possible case contacts and threat data (agency end of connection)		
Analysis and visualization of data		
Directories of contact information		
Public health information dissemination and alerting		
IT security and critical infrastructure protection		

53. To what extent have your agency's programs transitioned to electronic data and messaging systems?

- ☐ **No** programs have transitioned
- ☐ **Some** programs have transitioned
- ☐ **Most** programs have transitioned
- ☐ **All** programs have transitioned

54. Which has the agency accomplished? (Check all that apply)

- ☐ Determined with which partners the agency needs a secure electronic link
- ☐ Negotiated a timeline with the identified partners to build an electronic link constructed consistent with the Public Health (IT) Functions and Specifications

55. Is the agency connected to the state public health agency with a secure electronic link, constructed consistent with the Public Health (IT) Functions and Specifications?

☐ Yes ☐ No

56. What percent of the following partners are connected to the agency with a secure electronic link, constructed consistent with the Public Health (IT) Functions and Specifications, to enable exchange of confidential information and data? (Check N/A [not applicable], if the entity does not exist/is not a potential emergency response partner)

Calculation Instructions
Numerator = number connected
Denominator = number present in jurisdiction

	0-24%	**25-49%**	**50-74%**	**75-100%**	**N/A:** does not exist/ is not a potential response partner
Hospitals (hospital labs)					
(Non-hospital) Level A labs					
Level B/C labs					

57. Which activities does the agency assign to one or more individuals? (Check all that apply)

- ☐ Develop a directory of contact information for public health agency personnel
- ☐ Develop a directory of contact information for all partners to whom the agency sends health alerts
- ☐ Maintain a directory of contact information for public health agency personnel by updating information at least monthly
- ☐ Maintain a directory of contact information for all partners to whom it sends health alerts by updating information at least monthly
- ☐ Distribute copies of directories to authorized public health agency staff and emergency response partners at least annually

58. Does the agency have a public website for information that: (Check all that apply)

- ☐ Can be updated at least once per day, 7 days per week, during an emergency?
- ☐ Contains information on potential, suspected, or confirmed hazards?
- ☐ Contains information on associated risks?
- ☐ Contains information on preventive measures?
- ☐ Addresses rumors and hoaxes?
- ☐ Has restricted areas with access permitted only to authenticated users?
- ☐ Can be comprehended at a eighth grade reading level?
- ☐ Includes a mechanism to contact agency staff for additional information?

- ☐ The agency does not have a website for public information

59. Does the agency ensure that its electronic security systems are validated and verified by persons not associated with the agency (i.e., independent validation and verification)?

☐ Yes ☐ No

Focus Area F: Risk Communication and Health Information Dissemination

60. Which are addressed in the agency's emergency response/crisis communication plan? (Check all that apply)

A. Messenger

- ☐ An agency staff member and at least one alternate assigned the role and responsibilities of Public Information Officer (PIO)
- ☐ Lines of authority and responsibilities for the public information team
- ☐ Work and relief scheduling for public information team to maintain 24 hour per day operations (2-3 work shifts per day) for at least several days
- ☐ Identification of persons to act as spokespersons on public health issues during an emergency for multiple audiences and formats (spokespersons representing different ethnic groups, media spokespersons, community meetings speakers, etc.)

B. Command and Control

- ☐ Verification (accuracy/appropriateness) and clearance/approval procedures for information that will be released to response partners, media, and public
- ☐ Coordination with public information officials from partner organizations to ensure message consistency
- ☐ Liaison between agency and Emergency Operations Center (EOC)
- ☐ Briefings with agency director, EOC command, and higher headquarters to update and advise on information intended for release, incident-specific policy, science, and situation

C. Creating "Go-Kits" to enable rapid, mobile response by public information officers that include:

- ☐ Laptop computer capable of connecting to Internet/e-mail
- ☐ CD-ROM with elements of crisis communication plan (emergency contact information, pre-prepared materials, medical management information, manuals, background information, etc.)
- ☐ Portable printer
- ☐ Cellphone or satellite phone, pager, wireless e-mail

D. Media Information

- ☐ Triage of media requests and inquiries
- ☐ Response to media requests (e.g., daily press conferences, website updates)
- ☐ Locations, equipment, and supplies for press conferences
- ☐ Production of media advisories, press releases, fact-sheets, b-roll
- ☐ Monitoring media through environmental and trend analysis (e.g., clipping service, monitoring news coverage) to determine messages needed, misinformation to be corrected, media concerns, and media interest during crisis

E. Direct Public Information

- ☐ Assessing existing telephone capacity to determine the need for additional lines during an emergency
- ☐ Response to public who request information directly from the agency by telephone (e.g., hotline), in writing, or by e-mail
- ☐ Timeliness and accuracy of public website information
- ☐ Public advertising of agency contact information
- ☐ Monitoring public through environmental and trend analysis to determine messages needed, misinformation to be corrected, public concerns, and public interest during crisis

F. Partner/Stakeholder Information

- ☐ Response to requests and inquiries from partners, legislators, and special interest groups
- ☐ Regular partner briefings and updates
- ☐ Logging calls from legislators and special interest groups
- ☐ Monitoring partners through environmental and trend analysis to determine messages needed, misinformation to be corrected, partner concerns, and partner interest during crisis

G. Content and Material

- ☐ Translation of EOC situation reports, health alerts, and meeting notes into information appropriate for partners
- ☐ Translation of scientific information into layman's terms and multiple languages
- ☐ Identification of subject matter experts who can effectively "validate" public health messages and assist in the creation of situation-specific fact-sheets and responses to Frequently-Asked-Questions (FAQs)

- ☐ The agency does not have an emergency response/crisis communication plan

61. A directory of emergency contact information for local/regional media contacts (including after-hours news desks) and PIOs from partner organizations must be current, accurate, available, and accessible 24 hours per day/7 days per week. In addition to paper directories, the agency is expected to construct electronic directories consistent with the Public Health Information Technology (IT) Functions and Specifications. What is the present status of the agency's directory of emergency contact information for media personnel and partner PIOs? (Check all that apply).

- ☐ Paper form **only**
- ☐ Electronic directories **not consistent** with the (IT) Functions and Specifications
- ☐ Electronic directories **consistent** with the (IT) Functions and Specifications

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- ☐ The agency does not have a directory of emergency contact information for media personnel and partner PIOs

62. Does the agency: (Check all that apply)

- ☐ Periodically assess the risk/crisis communication and media relations training needs of its own staff?
- ☐ Participate with community organizations/agencies to assess the risk/crisis communication and media relations training needs of public health partners?

63. Which topics are included in the agency's training needs assessment? (Check all that apply)

- ☐ Risk communication
- ☐ Crisis Communication
- ☐ Preparing oral and written communication tailored to each type of media (e.g., newspaper, radio, television)
- ☐ Preparing oral and written communication tailored to the majority and minority cultures in the community
- ☐ Preparing communication materials tailored to hearing and sight impaired persons in the community
- ☐ Preparing and distributing a news release
- ☐ Developing communications objectives for media appearances/publication

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- ☐ The agency does not have a training needs assessment

64. Which information dissemination vehicles does the agency use? (Check all that apply)

- ☐ Media channels (e.g., print, TV, radio)
- ☐ Website
- ☐ Phone banks
- ☐ Town hall meetings
- ☐ Listserve e-mail
- ☐ Broadcast fax
- ☐ Letters by mail
- ☐ Newsletters
- ☐ Submissions to partner newsletters
- ☐ Regular or special partner conference calls
- ☐ Door-to-door canvassing
- ☐ Public utility bill messages or inserts
- ☐ Government access channels (e.g., cable television)
- ☐ Mass distribution through partners (e.g., churches, retailers, restaurants)
- ☐ "Reverse 911" messaging

65. Which personnel does the agency have (or have access to) for developing informational materials that can be used in emergencies? (Check all that apply)

- ☐ Public affairs specialist
- ☐ Health communication specialist
- ☐ Health education specialist
- ☐ Crisis communication specialist
- ☐ Training specialist
- ☐ Writer/editor
- ☐ Audio-visual specialist
- ☐ Graphics illustrator/artist
- ☐ Language translators
- ☐ Commercial printers

66. Which topic-specific materials has the agency developed or obtained before they are needed in a crisis? (Check all that apply)

- ☐ Topic fact-sheet (e.g., description of disease, public health threat, treatment information, etc.)
- ☐ Public FAQs
- ☐ Partner FAQs
- ☐ Fact-sheet on the topic as it relates to your agency (e.g., roles, responsibilities, and resources)
- ☐ Resource fact-sheet for media/public/partners to obtain additional information
- ☐ Web links to information on the topic
- ☐ Recommendations for affected persons
- ☐ Background beta video (b-roll) for media use on the topic
- ☐ Telephone scripts in multiple languages
- ☐ Press releases/newspaper articles
- ☐ Training videos
- ☐ Computer projected presentations (e.g., Microsoft PowerPoint)

67. Has the agency engaged special populations (e.g., elderly, migrant, tribal, border, institutionalized, etc.) to identify trusted and accepted communication vehicles?

☐ Yes ☐ No

68. Does the agency have a policy to routinely route all media calls to the public information officer?

☐ Yes ☐ No

69. How does the agency evaluate its emergency response/crisis communication plan? (Check all that apply)

☐ Uses emergency preparedness drills and exercises to test its emergency response/crisis communication plan

☐ Conducts at least one debriefing with its public information staff after exercises, drills, hoaxes, and real events to discuss lessons learned

☐ Revises its emergency response/crisis communication plan based on lessons learned during exercises, drills, hoaxes, and real events

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☐ The agency does not have an emergency response/crisis communication plan

Focus Area G: Education and Training

70. Does the agency conduct an internal training needs assessment to identify gaps in employee knowledge, skills, and abilities?

☐ Yes ☐ No

71. On which topics does the agency provide training (or collaborate to provide training) to infectious disease specialists, infection control practitioners, emergency department physicians, emergency department nurses, and other health care providers? (Check all that apply)

☐ Infections/syndromes related to the critical agents lists
☐ Epidemiology
☐ Surveillance, including syndromic surveillance
☐ Disease reporting requirements in your state
☐ How the public health system works in your state
☐ Incident Command System/Unified Command (ICS/UC)

☐ The agency does not collaborate with relevant partners to provide training to these practitioners.

72. With which partners does the agency have formal agreements to provide training to agency staff and other public health partners? (Check all that apply)

☐ Schools of public health
☐ Schools of medicine
☐ Schools of nursing
☐ Schools of veterinary medicine
☐ Centers for Public Health Preparedness
☐ Other academic institutions
☐ Other health care organizations
☐ Other health care providers
☐ Public safety/first responders
☐ Medical examiners

73. Which does the agency provide? (Check all that apply)

☐ Someone to coordinate workforce/staff development
☐ Someone to coordinate distance learning opportunities
☐ Someone to facilitate distance learning activities (e.g., on-site moderator, technical expert)
☐ Access to distance learning for its employees
☐ Access to online learning resources for its employees (e.g., hardware, software, course fees)
☐ Access to in-person, live-speaker instruction for its employees, where appropriate

74. Which distance learning technologies does the agency use? (Check all that apply)

☐ Internet-based videoconferencing
☐ Videostreaming
☐ Satellite Video/Audio/Data broadcast uplink capability
☐ Satellite Video/Audio/Data broadcast downlink capability
☐ Internet-delivered courses
☐ CD-ROM
☐ Audio conferencing

75. Does your agency have (or have access to) satellite downlink capabilities?

☐ Yes ☐ No

76. To familiarize workers with various emergency response roles, which opportunities does the agency provide? (Check all that apply)

☐ Joint training among its own staff
☐ Joint training between its staff and other community response personnel
☐ The agency provides other opportunities

77. Do agency staff participate in exercises and training with the state public health agency and other response organizations (e.g., Metropolitan Medical Response System [MMRS]) using Incident Command System/Unified Command (ICS/UC)?

☐ Yes ☐ No

78. How does the agency evaluate training? (Check all that apply)

☐ Evaluates organizational emergency response competence through drills, simulations, and events
☐ Evaluates individual emergency response competence through drills, simulations, and events
☐ Evaluates effectiveness of training through drills, simulations, and events
☐ Revises training based on the results of the evaluation
☐ Incorporates lessons learned from emergency response drills, simulations, and events

79. Does the agency have written job descriptions that define knowledge, skills, and abilities needed for emergency roles and responsibilities?

☐ Yes ☐ No

Appendix A

National Pharmaceutical Stockpile Preparedness Checklist

(To complete checklist, use instructions from Capacity Inventory, Focus Area A, Part III)

Evaluation Categories
(keyed to chapters in Version #9 of the NPS Planning Guide)

State/Local NPS Management Structure (Chapter 4-Command & Control; Chapter 5-Requesting the NPS; and Chapter 6-Management of NPS Operations)

NPS Logistics (Chapter 7-Receiving, Storing, & Staging; and Chapter 8-Controlling Inventory)

Repackaging (Chapter 9-Managing Oral Drugs Supplies for Prophylaxis)

Distribution (Chapter 10 -Distribution)

Dispensing (Chapter 11-Dispensing)

Treatment Center Coordination (Chapter 12-Treatment)

Communication and Security (Chapter 13-Communications and Chapter 14-Security)

Training, Exercising, & Evaluating (Chapter-15 Prepare, Train, Exercise, & Evaluate)

Confirmations that Translate Plans into Preparation (integrated throughout)

Status Key

- **Not in progress yet**, but part of a designated role (red)
- **In-progress**, but not yet completely in place (or confirmed) (amber)
- **Completely in place** (and confirmed) (green)
- **Not applicable** or not a part of a designated role

State/Local NPS Management Infrastructure 41 Activities (Critical Component)	Not in progress yet (red)	In progress (amber)	Completely in place (green)	Not applicable
• Key decision makers understand that NPS preparedness requires a contingent organization of 1,000 or more persons for the MMRS city (or for each high-risk municipality/locality in the state).				
• Key state-level decision makers understand that NPS preparedness also requires a capacity to cover all non high-risk cities and regions that do not require their own NPS infrastructure.				
• Financing is adequate to support all facets of NPS preparedness.				
• An adequate "core management" staff to work full time on NPS preparedness.				
• A person designated to be the Overall Manager of NPS preparedness.				
• A person designated to lead the "Command & Control" function.				
• A person (with backup) designated to request the NPS.				
• A person designated to lead the "Management of NPS Operations" function.				
• A person designated to lead the "Receiving, Storing, & Staging" function.				
• A person designated to lead the "Repackaging" back-up function.				
• A person designated to lead the "Distribution" function.				
• A person designated to lead the "Dispensing" function.				
• A person designated to lead the "Treatment Center Coordination" function.				
• A person designated to lead the "Communications" function				

• A person designated to lead the "Security" function.				
• A person designated to lead "Training" activities.				
• A person designated to lead "Exercises" activities.				
• A person designated to lead "Evaluation" activities.				
• A person designated to address human resource issues for the NPS preparedness organization.				
• All core staff and function leads are tethered by pager and cell phone.				
• All core staff and function leads are trained to perform their assigned duties.				
• All core staff and function leads have coordinated planning efforts across activities.				
• Has redundancy for any function lead that is deployable National Guard.				
• Collaboration of NPS preparedness by adjacent high-risk cities.				
• Collaboration to carry out an NPS deployment to any low-risk area.				
• National Guard assets arranged for NPS-related use in an affected area.				
• State-level transportation assets arranged for NPS use or back-up use in an affected area.				
• State-level law enforcement assets arranged for NPS use or back-up use in an affected area.				
• NPS-related MOA with CDC is signed and forwarded.				
• Any needed uses of Gubernatorial powers exercised for NPS preparedness.				
• Official DEA registrants designated to be involved in receipt of the NPS.				
• Persons designated to inform CDC of changes in NPS requesters & receivers.				
• NPS liaisons to the overall C & C function are designated.				
• Contact list ready for all key members of overall C & C.				
• Process determined for interaction between S/L NPS Team, TARU, & C & C.				
• The process and means for problem solving is thought through and described.				
• Responsibility and process determined for release of public information.				
• Members of the NPS Operations Management (OM) Team are designated.				
• How the OM team function & interacts with the TARU & C & C is described.				
• Have arranged prophylaxis for all function team members & immediate family.				
• Have arranged credentials for all function team members.				
Summary Levels of Progress (column totals = 41)				

NPS Logistics
14 Activities

	Not in progress yet (red)	In progress (amber)	Completely in place (green)	Not applicable
• Members are designated for the RSS team (NPS Receiving, Staging, and Storage).				
• RSS team members are designated to meet the NPS and assist with IV med allocation.				
• Members are designated for the Controlling Inventory team.				
• Members of the RSS and Control Inventory teams are tethered, at least by pagers and by redundant means of communication.				
• Members of the RSS and Control Inventory teams have had orientation & training.				
• An airport is designated for NPS delivery by air.				
• One or more sites are designated for initial NPS delivery by ground transport.				
• Facility(ies) designated for staging that meet Version #9 specifications.				
• Facility(ies) designated for storage that meet Version #9 specifications.				
• A system is developed and tested that will monitor and track NPS stock materiel.				
• Security is arranged to protect the possible air and ground delivery sites.				
• Security is arranged to protect the staging site.				
• Security is arranged to protect the storage site(s).				
• Security from a law enforcement agency is arranged to coordinate with the U.S. Marshals with the CDC TARU.				
Summary Levels of Progress (column totals = 14)				

Repackaging
7 Activities

	Not in progress yet (red)	In progress (amber)	Completely in place (green)	Not applicable
• Members are designated for a repackaging team, and are on call.				
• An appropriate number of pharmacists agrees to oversee repackaging and is on call.				
• Repackaging team members & pharmacists are part of a workable call-down system.				
• Repackaging team members are oriented to their roles and requirements.				
• Repackaging team members trained to practice the skills they would need.				
• A repackaging site is designated, if the process is required.				
• Security is arranged to protect the repackaging site.				
Summary Levels of Progress (column totals = 7)				

Distribution
15 Activities
(Critical Component)

	Not in progress yet (red)	In progress (amber)	Completely in place (green)	Not applicable
• A private or public entity has agreed to carry out the NPS distribution function.				
• A redundant distribution capability is identified (especially if deployable National Guard personnel and vehicles are the entity slated to provide primary transport).				
• The S/L NPS Team has a reliable single point of 24/7 contact to alert the entity.				
• The entity uses tethers or a call-down system ensuring all drivers can muster at once.				
• The entity has 24/7 arrangements for fuel, repair, and recovery services.				
• The entity has means for its drivers to purchase fuel from commercial sources.				
• Drivers have credentials that will allow access to all sites without interference.				
• Identity markings for entity vehicles is arranged for use to facilitate site access.				
• Drivers will be outfitted with communication devices to allow dispatch.				
• Security is arranged to protect entity vehicles to and from delivery points.				
• Police have agreed to escort distribution vehicles from staging to delivery points.				
• Transportation experts have cited the best delivery routes and any detouring needed, including coordination with established routed for other plans, such as for evacuation.				
• Drivers have been oriented about their assigned delivery sites and the routes to take.				
• Drivers to treatment centers have gotten controlled substance protocols & orientation.				
• Drivers have gotten orientation to NPS invoicing and other record keeping SOPs.				
Summary Levels of Progress (column totals = 15)				

Dispensing
33 Activities
(Critical Component)

	Not in progress yet (red)	In progress (amber)	Completely in place (green)	Not applicable
• Dispensing sites are selected.				
• Sites selected underwent a careful assessment using criteria from Version #9.				
• A decision has been made about providing prophylactic medication to first responders.				
• Has selected sites that are accessible including for the homeless and similar groups.				
• Decision made about letting adults pick up prophylaxis for other household members.				
• Decision made on dispensing agency, prescriber name, & 24-hour # for drug labels.				
• Decision made on how many days of prophylaxis will be initially dispensed.				
• Has a source of tables, chairs, partitions, baby scales, etc., to equip dispensing sites with an ability to deliver what is needed and put it in place on very short notice.				
• An overall manager is identified to lead the team at each dispensing site.				
• Assistant managers are identified to lead shifts at each dispensing site.				
• Has staff and a process to ensure citizens provide medical history and demographics.				
• Has staff and a process to ensure symptomatic citizens get prompt referral for Dx/Tx.				
• Has staff and a process to ensure infants receive a proper prophylactic regimen.				
• Has staff and a process to ensure site inventory monitoring and timely NPS re-supply.				
• Has staff and a process to ensure site workers are continually supplied and functional.				
• Has staff to process citizens who want to pick up prophylaxis for persons left at home.				
• Has staff to efficiently dispense prophylaxis and facilitate patient tracking.				
• Enough persons are recruited to fill the various roles and shifts at each dispensing site.				
• The staff of the dispensing sites has received orientation and training for their roles.				
• If the pharmacy laws prevent lay dispensing, have either gotten a waiver applicable in a BT event, or recruited enough pharmacists/pharmacy techs to meet all dispensing needs.				
• Has commitments from interpreters to assist at dispensing sites in ethnic areas.				
• Has a staff member ensure that each site has patient information sheets & drug labels.				
• If the area has undocumented aliens, has a plan to bring them into dispensing sites.				
• Has a workable plan to extend dispensing to institutionalized and shut-in persons.				
• Has an outreach plan for making homeless & similar groups aware of dispensing sites.				
• Has a communication campaign planned to tell people where to go for prophylaxis.				
• Has a communication campaign planned to encourage strict drug-taking adherence.				
• Has a communication campaign planned to educate people on the different drugs used.				
• Security is arranged to protect the staff at each dispensing site.				
• Crowd control services are arranged to help maintain order at each dispensing site.				
• Transportation is arranged for symptomatic persons who present to dispensing sites to be transported to a treatment center.				
• Has arranged for mental health professionals to be assigned to dispensing sites.				
• Has arranged shuttle service to reach dispensing sites, if necessary for transportation needy population groups.				
Summary Levels of Progress (column totals = 33)				

Coordination with Treatment Centers
7 Activities

	Not in progress yet (red)	In progress (amber)	Completely in place (green)	Not applicable
• Has identified area treatment centers most likely to care for symptomatic casualties.				
• Has identified alternate treatment facilities to care for symptomatic casualties.				
• Each treatment center has a system to allow prompt ongoing reporting of the numbers of diagnosed and suspect cases to the local ICC in a bioterrorism event.				
• Is tracking the progress of reporting systems at treatment centers that not currently able to promptly report the ongoing numbers of diagnosed and suspect cases to the local ICC in a bioterrorism event.				
• Has epidemiologists identified who, in case of need, could go to treatment centers that have inefficient reporting systems to report the numbers of diagnosed and suspect cases to the local ICC in a bioterrorism event.				
• Has communication devices that could be employed to ensure prompt reporting of case numbers from treatment centers in a bioterrorism event.				
• Has identified a coordinator at each treatment center with whom to communicate.				
Summary Levels of Progress (column totals = 7)				

Communications/Security
5 Activities
(Both cross-cutting functions are integrated except for:)

	Not in progress yet (red)	In progress (amber)	Completely in place (green)	Not applicable
• Has a back-up communication method for the C&C, OM, and Distribution teams.				
• Maintains a complete list of all persons with whom communication will be needed.				
• Confirmed radio frequencies/other communications means with the All Hazards Plan				
• Has made back-up arrangements for security for all sites and functions where needed.				
• Has undertaken a risk assessment and taken steps to strengthen security/reduce risks.				
Summary Levels of Progress (column totals = 5)				

Training, Exercising, & Evaluating
2 Activities
(Training is an integrated cross-cutting function)

	Not in progress yet (red)	In progress (amber)	Completely in place (green)	Not applicable
• Exercises are planned and carried out to meet specific NPS preparedness objectives.				
• Exercise evaluation is tightly planned to see if NPS preparedness objectives were met.				
Summary Levels of Progress (column totals = 2)				

Appendix B

Smallpox Vaccination Preparedness Checklist

(To complete checklist, use instructions from Capacity Inventory, Focus Area A, Part III)

Status Key

- **Not in progress yet**, but part of a designated role (red)
- **In-progress**, but not yet completely in place (or confirmed) (amber)
- **Completely in place** (and confirmed) (green)
- **Not applicable** or not a part of a designated role

Policy/Planning Issues:
6 Activities

	Not in progress yet (red)	In progress (amber)	Completely in place (green)	Not applicable
• Has decided to receive vaccine at the state level or have it sent to addresses that can use/ distribute shipments >10,000 doses.				
• Has developed a clinic-level vaccine reconstitution and storage plan.				
• Has decided on transfer needle distribution consistent with reconstitution needs.				
• Has an after-event policy to handle those with contraindication/refusal to receive vaccine.				
• If the area has undocumented aliens, has a plan to bring them into SP vaccination sites.				
• Has a workable plan to extend SP vaccination to institutionalized and shut-in persons and those in short- and long-term correctional facilities.				
Summary Levels of Progress (column totals = 6)				

Staffing Issues:
5 Activities

	Not in progress yet (red)	In progress (amber)	Completely in place (green)	Not applicable
• Has security for distribution vehicles moving SP vaccine from depots to vaccination sites.				
• Has identified personnel to be oriented/trained and available to administer SP vaccine.				
• Has provided orientation/training to personnel identified to administer SP vaccine.				
• Has identified personnel to carry out all non vaccine-administration functions at each site.				
• Has provided training to those who will carry out all non vaccine-administration functions.				
Summary Levels of Progress (column totals = 5)				

Vaccinia Immune Globulin (VIG) Management:
3 Activities

	Not in progress yet (red)	In progress (amber)	Completely in place (green)	Not applicable
• Has identified a central VIG storage and distribution site.				
• Has a 24/7 VIG consultation team for release and distribution of VIG to treating physicians.				
• Has a 24/7 phone number to the VIG distribution site for physicians caring for patients with adverse events.				
Summary Levels of Progress (column totals = 3)				

Smallpox Vaccination Sites:
18 Activities

	Not in progress yet (red)	In progress (amber)	Completely in place (green)	Not applicable
• Has identified the sites to carry out smallpox vaccination.				
• Has access to, or demand contracts for, non-latex gloves, 2x2 gauze pads, tape (or air-permeable band-aids), zip-lock baggies, sharps containers, medical waste bags, and electronic thermometers and disposable covers.				
• Each vaccination site has or can be sent wound-management materials for vaccinees.				
• Each vaccination site has or can get a supply of wound-management instructions.				
• Each vaccination site has adequate refrigeration (2-8°C or 35-46°F), or can get it.				
• Each vaccination site has adequate space to provide intake screening and triage.				
• Each vaccination site has adequate space to conduct the informed consent process, including the viewing of a video and a place to fill out a screening and record form.				
• Each vaccination site has playback equipment to allow persons to view the information/consent process video.				
• Each vaccination site has adequate space for a vaccine administration area.				
• Each vaccination site has enough space for counseling those with vaccine contraindications.				
• Each vaccination site has or can get a supply of materials in appropriate languages for the community populations served to provide informed consent to potential vaccinees.				
• Each vaccination site has or can get a supply of the vaccination information booklets with patient identification and screening forms, an SP vaccination information sheet, a handout on vaccination site care, and a handout on adverse events and whom to contact in case of adverse events				
• Each vaccination site has or can get a supply of information sheets on vaccination options for persons with contraindications.				
• Has identified personnel for each site to screen persons for contraindications to SP Vax.				
• Each vaccination site has backup & emergency 2-way communication with a vaccine depot.				
• Has a plan and identified sites for vaccinating public health personnel, extended SP response teams, first responders, health care and lab personnel caring for SP patients, and other personnel required to maintain essential community and response services during an SP outbreak				
• Security is arranged to protect the staff at each vaccination site.				
• Crowd control services are arranged to help maintain order at each vaccination site.				
Summary Levels of Progress (column totals = 18)				

Isolation and Quarantine:
3 Activities

	Not in progress yet (red)	In progress (amber)	Completely in place (green)	Not applicable
• Has a policy for the isolation of persons infected with SP and identified sites to carry it out.				
• Has identified procedures for the quarantine of unvaccinated persons at high risk for SP.				
• Each vaccination site has information about, guidance on, and means to register and track the isolation of SP-infected persons and the quarantine of unvaccinated high-risk individuals.				
Summary Levels of Progress (column totals = 3)				

Public Communications:
1 Activity

	Not in progress yet (red)	In progress (amber)	Completely in place (green)	Not applicable
• Has a communication campaign planned to inform people who should be vaccinated and to tell them where they should go for smallpox vaccination.				
Summary Levels of Progress (column totals = 1)				

Resource Dictionary

Active Surveillance

Solicitation of case reports by regularly contacting reporting sources. Requests for case reports include positive reports (cases) and negative reports (no cases).

B-Roll

Attention-grabbing footage containing compelling video. Together with sound bites, such footage can easily be aired by producers in news broadcasts.

Beds

Beds refers both to physical beds and the staff, equipment, and supplies necessary to care for patients occupying the beds. In times of disaster, physical beds can come from often overlooked sources such as hotels, college dorms, and military barracks.

Biosafety in Microbiological and Biomedical Laboratories, 4th Edition (BMBL) (April 1999)

A U.S. Health and Human Services publication developed jointly by the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH). The publication describes the combinations of standard and special microbiological practices, safety equipment, and facilities constituting Biosafety Levels 1-4, which are recommended for work with a variety of infectious agents in various laboratory settings.

http://www.cdc.gov/od/ohs

Category A List Agents

Potential biological terrorism agents having the greatest potential for adverse public health impact with mass casualties. The Category A list agents are:

Variola major – Smallpox

Bacillus anthracis – Anthrax

Yersinia pestis – Plague

Clostridium botulinum (botulinum toxins) – Botulism

Francisella tularensis – Tularemia

Filoviruses and Arenaviruses (e.g., Ebola virus, Lassa virus) – Viral hemorrhagic fevers

http://www.cdc.gov/ncidod/EID/vol8no2/01-0164.htm

Core Legal Competencies for Public Health Professionals

Course work in public health law which consists of 10 print-based modules that explain the public health legal system, de-mystify legal language, and encourage the effective use of legal tools in forwarding public health goals. Since public health laws are different in every state, the course is designed so that it can be customized by a state (or region), with some of the content being provided by local legal experts.

http://www.publichealthlaw.net/Training/TrainingPDFs/PHLCompetencies.pdf

Crisis Communication

Communicating in the midst of disaster through skillful management of communication channels, message, timing, and delivery with the goal of de-escalating the crisis through information.

http://www.communicatewithpower.com/reference.htm

Critical Agents Lists

Lists of biological and chemical agents likely to be used in weapons of mass destruction and other bio-terrorist attacks.

http://www.bt.cdc.gov/Agent/Agentlist.asp
http://www.bt.cdc.gov/Agent/AgentlistChem.asp

Critical Incident Stress Counseling

Counseling for the emotional, physical, cognitive, and behavioral reactions, signs, and symptoms experienced by a person or group in response to a traumatic event outside of the ordinary range of human experiences. Such events are usually sudden and powerful, having sufficient emotional impact to overwhelm usually effective coping skills.

Data Modeling

The analysis of data objects used in a business or other context, such as public health, and the identification of the relationships among these data objects.

DEFCON (DEFense CONditions)

A series of defense/alert conditions that can be called in the event of a national emergency.

DEFCON 5 Normal peacetime readiness

DEFCON 4 Normal, increased intelligence and strengthened security measures

DEFCON 3 Increase in force readiness above normal readiness

DEFCON 2 Further increase in readiness, but less than maximum readiness

DEFCON 1 Maximum readiness

http://www.fas.org/nuke/guide/usa/c3i/defcon.htm

Disaster Medical Assistance Teams (DMAT)

A Disaster Medical Assistance Team (DMAT) is a volunteer group of medical and paramedical professionals who have prepared themselves to assemble rapidly as a self-sufficient medical unit.

The basic unit of a DMAT is the patient care nucleus. Composed of physicians, nurses, rescue and support staff, this group provides both acute emergency and primary care to an affected population. Team members are trained to deliver medical and surgical care, and to stabilize victims at a disaster site until they can be evacuated to a receiving hospital. A DMAT is also equipped to provide primary care services in cases where communities may have lost their health care facilities. All individual DMAT members serve on a volunteer basis, bringing with them skills they practice in their daily work.

DMATs may be activated under a federal declaration of disaster in support of a National Disaster Medical System (NDMS) mission. DMATs are federal assets which can be deployed to regional disasters, nation-wide disasters requiring several teams present at the disaster sites, and international disasters in nations requesting assistance from the United States.

Disaster Mortuary Operational Response Team (DMORT)

The Federal Response Plan tasks the National Disaster Medical System (NDMS) under Emergency Support Function #8 (ESF #8) to provide victim identification and mortuary services.

These responsibilities include:

- Temporary morgue facilities
- Victim identification
- Forensic dental pathology
- Forensic anthropology methods
- Processing
- Preparation
- Disposition of remains

In order to accomplish this mission, NDMS entered into a Memorandum of Agreement with the National Association for Search and Rescue (NASAR), a nonprofit organization, to develop Disaster Mortuary Operational Response Teams (DMORTs). DMORTs are composed of private citizens, each with a particular field of expertise, who are activated in the event of a disaster.

DMORT members are required to maintain appropriate certifications and licensure within their discipline. When members are activated, licensure and certification is recognized by all states, and the team members are compensated for their duty time by the Federal government as a temporary Federal employee. During an emergency response, DMORTs work under the guidance of local authorities by providing technical assistance and personnel to recover, identify, and process deceased victims.

The DMORTs are directed by the National Disaster Medical System in conjunction with a Regional Coordinator in each of the ten Federal regions. Teams are composed of Funeral Directors, Medical Examiners, Coroners, Pathologists, Forensic Anthropologists, Medical Records Technicians and Transcribers, Finger Print Specialists, Forensic Odontologists, Dental Assistants, X-ray Technicians, Mental Health Specialists, Computer Professionals, Administrative support staff, and Security and Investigative personnel.

The Department of Health and Human Services (HHS)/United States Public Health Service (USPHS) Office of Emergency Preparedness (OEP)/National Disaster Medical System (NDMS), in support of the DMORT program, maintains a Disaster Portable Morgue Unit (DPMU) at the OEP warehouse located in Gaithersburg, Maryland. The DPMU is a depository of equipment and supplies for deployment to a disaster site. It contains a complete morgue with designated workstations for each processing element and prepackaged equipment and supplies.

http://www.hhs.gov/news/press/2001pres/20010911c.html

Emergency Operations Center

The protected site from which state and local civil government officials coordinate, monitor, and direct emergency response activities during an emergency.

Federal Emergency Management Agency Guide to All-Hazard Emergency Operations Planning, State and Local Guide (SLG) 101, September 1996

Emergency Response Coordinator

A person who is authorized to and charged with the responsibility of orchestrating the activities described in the agency's emergency response plan. Consequently, the emergency response coordinator (ERC) must be knowledgeable regarding all aspects of the response plan. The ERC must, by training and experience, be able to assess the degree of the emergency and to determine appropriate initial action. During an emergency the ERC would be expected to coordinate personnel and resources,

report on the evolving situation, and monitor the adequacy of the response. In addition, the ERC should represent the agency at meetings, conferences, and workgroups convened to develop and update the emergency response plan. ERC would also attend de-briefings after emergencies to identify deficiencies in the current plan and make recommendations to improve the plan based on those observations. A job description defining the duties, responsibilities, knowledge, skills, and abilities required should be composed for the ERC position, regardless of whether the ERC is a primary or secondary role for the person assigned to it.

Emergency Response Plan

A plan to respond to bioterrorism, other outbreaks of infectious diseases and, other public health threats and emergencies.

http://www.fema.gov/rrr/gaheop.shtm
http://www.fema.gov/rrr/pte052101.shtm

Environmental Surveys

Assessments conducted to identify health hazards in the environment. A health hazard is an existing or likely condition, inherent to the operation, maintenance, transport or use of material that can cause death, injury, acute or chronic illness, disability, or reduced job performance by exposure to physiologic stress. Hazards can be classified as:

Chemical: e.g., hazardous materials that are flammable; corrosive; toxic; carcinogens or suspected carcinogens; systemic poisons; asphyxiants, including oxygen deficiencies; respiratory irritants

Physical: e.g., acoustical energy, heat or cold stress; ionizing and non-ionizing radiation

Biological: e.g., bacteria, fungi, etc.

Ergonomic: e.g., lifting requirements, task saturation, etc.

http://www.ssq.org/docs/TASK207.HTM

Epidemic Information Exchange (Epi –X)

A secure web-based communications network for public health officials to exchange sensitive information relevant to epidemiologic investigation and study. The program is available to epidemiologists, laboratorians, and other authorized public health officials. It is expected that state and local public health officials, while using Epi-X, will also ensure that information is shared directly with each other, as appropriate.

Epidemiologist

A professional skilled in disease investigation. A trained, experienced epidemiologist can design and conduct epidemiological studies, analyze data to detect patterns and trends in disease, establish and maintain surveillance systems, monitor health status, and evaluate the performance and cost effectiveness of public health programs.

Epidemiology Response Coordinator

An epidemiologist who plans and coordinates the agency's emergency epidemiology response with other public health system partners. This epidemiologist also leads and conducts epidemiologic investigations, analyzes and interprets data, and designs epidemiologic studies during emergencies.

Geographic Information Systems (GIS)

Computer systems capable of assembling, storing, manipulating, and displaying geographically referenced data (i.e., data identified according to their locations). Practitioners also regard the total GIS as including operating personnel and the data that go into this system.

http://www.usgs.gov/research/gis/title.html

Hazard/Risk Assessment

An inventory and appraisal of the hazards, risks, and vulnerabilities in the public health agency's jurisdiction which, if improperly managed or targeted in a terrorist attack, would pose a serious and credible threat to the public's health. Examples include: chemicals stored in pesticide, pharmaceutical, munitions, or chemical manufacturing plants, the presence of fireworks vendors, school and university chemistry labs, nuclear power plants, water treatment and distribution centers, food manufacturing plants, ventilation systems of large occupancy facilities, dams, and levies, etc. The results of the assessment process should be to determine the personnel, resources, training, and equipment necessary to plan for and respond to emergency situations involving identified hazards.

Fiscal Year 1999 State Domestic Preparedness Equipment Program (aka DOJ Survey, 1.2.1)

Hazardous Substances Emergency Events Surveillance (HSEES)

State-based surveillance system maintained by the Agency for Toxic Substances Disease Registry (ATSDR) to describe the public health consequences associated with the release of hazardous substances. Data collected for the system include general information

on the event, substance(s) released, victims, injuries, and evacuations.

ATSDR HSEES Annual Report, 1996

Health Alerts

Messages that notify health officials regarding matters of public health importance. Messages can be conveyed as text messages (e.g., e-mail alerts) or as an electronic notification instructing recipients where to obtain alert information (e.g., a page or telephone message directing recipients to log on to a website to read the alert). Health Alerts from CDC are designated with the following levels of urgency:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; no immediate action necessary.

Health Physicist

A health practitioner engaged in the interdisciplinary science of health physics. Health physics applies relevant aspects of physics, biology, chemistry, statistics, and electronic instrumentation to protect humans and the environment from effects of radiation.

Homeland Security Advisory System

A national framework for communicating the level of security threat from terrorist attacks.

Red – Severe risk

Orange – High risk

Yellow – Significant risk

Blue – Guarded risk

Green – Low risk

http://www.whitehouse.gov/news/releases/2002/03/20020312-1.html

Incident Command System/Unified Command (ICS/UC)

The model for command, control, and coordination of resources at the scene of an emergency and a management tool consisting of procedures for organizing personnel, facilities, equipment, and communications at the scene.

http://oep.osophs.dhhs.gov/dmat/resource/ICS/

Joint Information Center (JIC)

A center established to coordinate the public information activities on-scene. It is the central point of contact for all news media at the scene of the incident. Public information officials from all participating federal, state, and local agencies and organizations should co-locate at the JIC.

Federal Emergency Management Agency

Laboratory Levels (A, B, C, D)

Level A Laboratory

Level A laboratories are public health and hospital laboratories with a certified biological safety cabinet as a minimum. These laboratories have the ability to rule out specific agents and to forward organisms or specimens to higher-level laboratories for further testing.

Level B Laboratory (Core Capacity)

Level B laboratories are state and local public health laboratories with Biosafety Level (BSL) 2 facilities that incorporate BSL-3 practices and maintain the proficiency to adequately process environmental samples, rule in specific agents, and perform confirmatory and antibiotic susceptibility testing. These laboratories can identify appropriate higher-level laboratories and can forward samples to them for further testing.

Level C Laboratory (Advanced Capacity)

Level C Laboratories are BSL-3 facilities with the capability to perform nucleic acid amplification, molecular typing, and toxicity testing. Level C laboratories can conduct all tests performed in Level B laboratories and can provide surge capacity, when needed. Additionally, these laboratories will evaluate reagents and tests to facilitate their transfer for use in Level B laboratories.

Level D Laboratory

Level D Laboratories can conduct all tests performed in Levels A, B, and C laboratories. They can validate new assays, detect genetic recombinants, provide specialized reagents, securely bank isolates, and possess BSL-3 and BSL-4 biocontainment facilities. For bioterrorism events affecting civilian populations, CDC is the Level D laboratory.

Public Health Response to Biological and Chemical Terrorism: Interim Planning Guidance for State Public Health Officials

http://www.bt.cdc.gov/Documents/Planning/PlanningGuidance.PDF

Level A Laboratory Protocols

http://www.bt.cdc.gov/LabIssues/index.asp
http://www.asmusa.org/pasrc/biodetection.htm
http://www.tdh.state.tx.us/bioterrorism/Facts/Lab/Anthrax_protocol.html

Management Academy for Public Health

http://www.maph.unc.edu/

Medical Management Information for Critical Agents

Written materials, which describe how to 1) recognize the signs and symptoms produced by critical agents, 2) evaluate patients having such signs and symptoms, and 3) provide medical care for such patients.

http://www.nbc-med.org/SiteContent/medRef/OnlineRef/FieldManuals/medman/Handbook.htm
http://ndms.dhhs.gov/CT_Program/Response_Planning/response_planning.html

Medical Operations Center

A medical operations center functions as a "mini" Emergency Operations Center (EOC) adjunctive to the larger multi-disciplinary EOC, but not necessarily co-located with it. In times of emergency, a medical operations center is a hub of activity for hospital and health care professionals tasked with coordinating medical assets. The advantage of configuring a medical operations center is to concentrate health care professionals in a common location to facilitate communication and decision-making among them. A medical operations center is not an official Federal Emergency Management (FEMA) construct, but rather a concept born from disaster experience with proven value in the context of an EOC.

Metropolitan Medical Response System (MMRS)

The Metropolitan Medical Response System program was originated in 1996 and is managed by the Office of Emergency Preparedness (OEP). The primary focus of the MMRS program is to develop or enhance existing emergency preparedness systems to effectively manage a weapons of mass destruction (WMD) incident. This includes both biological and chemical threats. The goal is to coordinate the efforts of local law enforcement, fire, HazMat, EMS, hospital, public health, and other personnel to improve response capabilities in the event of a terrorist attack.

http://www.mmrs.hhs.gov/

Metropolitan Statistical Area (MSA)

An MSA consists of one or more counties that contain a city of 50,000 or more inhabitants, or contain a Census Bureau-defined urbanized area (UA) and have a total population of at least 100,000 (75,000 in New England). Counties containing the principal concentration of population, the largest city and surrounding densely settled area, are components of the MSA. Additional counties qualify to be included by meeting a specified level of commuting to the counties containing the population concentration and by meeting certain other requirements of metropolitan character, such as a specified minimum population density or percentage of the population that is urban. MSAs in New England are defined in terms of cities and towns, following rules concerning commuting and population density.

http://www.census.gov

Model State Emergency Health Powers Act

http://www.publichealthlaw.net/MSEHPA/MSEHPA.pdf

National Disaster Medical System (NDMS)

The National Disaster Medical System (NDMS) is a cooperative asset-sharing program among Federal government agencies, state and local governments, and the private businesses and civilian volunteers to ensure resources are available to provide medical services following a disaster that overwhelms the local health care resources. The National Disaster Medical System (NDMS) is a Federally coordinated system that augments the Nation's emergency medical response capability. The overall purpose of the NDMS is to establish a single, integrated national medical response capability for assisting state and local authorities in dealing with the medical and health effects of major peacetime disasters and providing support to the military and Veterans Health Administration medical systems in caring for casualties evacuated back to the U.S. from overseas armed conflicts.

National Electronic Disease Surveillance System (NEDSS)

http://www.cdc.gov/od/hissb/act_int.htm

National Guard Weapons of Mass Destruction: Civil Support Teams

The Civil Support Team mission is to assess a suspected weapons of mass destruction attack, advise civilian responders in support of the incident commander, and facilitate the arrival of additional state and Federal military forces.

http://call.army.mil/products/nftf/novdec01/novdec01ch1.htm
http://www.ngb.dtic.mil/downloads/fact_sheets/wmd.shtml

National Pharmaceutical Stockpile (NPS)

The mission of CDC's National Pharmaceutical Stockpile (NPS) Program is to ensure the availability and rapid deployment of life-saving pharmaceuticals, antidotes, other medical supplies, and equipment necessary to counter the effects of nerve agents, biological pathogens, and chemical agents. The NPS Program stands ready for immediate deployment to any U.S. location in the event of a terrorist attack using a biological toxin or chemical agent directed against a civilian population.

Notifiable Conditions

Conditions of public health interest as determined by each state. Each state lists notifiable diseases in accord with the contagiousness, severity, or frequency of the conditions. Most states adhere to the list of nationally notifiable diseases recognized by the Council of State and Territorial Epidemiologists (CSTE). States, however, are at liberty to compile their own lists, which typically include communicable diseases, traumatic injuries, and cancers. Occasionally a state might include conditions such as animal bites, reflecting the severity of the problem in the state.

Packaging and Shipping Regulations

Summary of federal regulations for shipping infectious/dangerous agents. (See also Select Agent Rule)

http://www.bt.cdc.gov/LabIssues/PackagingInfo.pdf

PATRIOT Act

An act of the 107th congress passed October 2001 to deter and punish terrorist acts in the United States and around the world, to enhance law enforcement investigatory tools, and for other purposes described in the act. The short title is Uniting and Strengthening America by Providing Tools Required to Intercept and Obstruct Terrorism (US PATRIOT Act).

http://www.fas.org/irp/crs/RS21203.pdf
http://www.cdt.org/security/usapatriot/011026usa-patriot.pdf

Personal Protective Equipment

Protection for employees from the risk of injury by creating a barrier against workplace hazards.

http://www.cdc.gov/od/ohs/manual/pprotect.htm
http://www.cdc.gov/niosh/npptl/default.html

Public Health Information Technology Functions and Specifications (IT Functions and Specifications)

A document for information technology that describes the capacities necessary to have a secure, coordinated public health system capable of acquiring, managing, analyzing, and disseminating public health information. The document includes a delineation of functions performed by CDC and its partners, IT industry standards, and detailed specifications.

http://www.cdc.gov/cic/functions-specs/

Public Health Leadership Institute

http://www.phli.org/

Receiving, Distributing, and Dispensing the National Pharmaceutical Stockpile: A Guide for Planners, Version 9 – Draft, April, 2002

A guide for state and local officials tasked with planning the management of National Pharmaceutical Stockpile (NPS) assets. Local planners should be able to obtain a copy of the NPS Guide from their State Emergency Management Agency or from their State Public Health Department, Emergency Management Office. The NPS Guide can also be obtained by calling and requesting a copy from the NPS Program at CDC in Atlanta, Georgia: (404) 639-0459.

"Reverse 911" Messaging

A communications product of Sigma Micro Corporation that establishes a virtual calling network. This innovative system enables public safety agencies to telephone community residents with recorded messages informing them of emergencies, hazards, major road closures, or other important matters relevant to public health and public safety. The system is built on a database of local resident and business phone numbers.

Risk Communication

Effective risk communication attends to both message content and message delivery. With respect to message content risk communication is an interactive process among individuals, groups, and institutions. The reason acceptable message content involves a process is well expressed in a treatise on Risk Communication by Mike Campbell, professor of medical statistics, Institute of General Practice and Primary Care, Sheffield University:

"When risks are unavoidable but controllable, then a consensus has to be developed as to what is acceptable".

Risk communication protocols ought to be established given the importance of tracking message delivery in an emergency. Well-developed protocols address such elements as: 1) who is authorized to speak and issue written messages on behalf of the

agency, 2) who is authorized to receive messages from various levels of leadership of other agencies, 3) what is the chain of approvals for written messages, 4) what format will text messages use (e.g., date/time, who the message is to, who the message is from, nature of the problem, etc.), 5) how will calls, faxes, e-mail, etc. be sorted and logged, and 6) will confirmation of message read be required and how will confirmation be recorded.

http://www.shef.ac.uk/uni/projects/wrp/riskcom.html
http://www.dtra.mil/about/organization/finalreport.doc
http://www.inspection.gc.ca/english/corpaffr/publications/riscomm/riscomm_ch2e.shtml

Select Agent Rule

Department of Health and Human Services, 42 CFR Part 72. Additional requirements for facilities transferring or receiving Select Agents.

http://www.cdc.gov/od/ohs/lrsat/42cfr72.htm

Sentinel Health Care Providers

A network of selected providers who monitor disease activity in the general population through regular reporting. Sentinel providers, in aggregate, see a broad mix of patients who represent the population in age, gender, regional distribution, and degree of urbanization. Typical practice types which participate as reporting sites include offices of family physicians, internists, and pediatricians, as well as, emergency rooms, urgent care centers, student health centers, and health maintenance organizations. Generally, states have been asked to recruit one reporting site for every 250,000 people. Sentinel sites report on specific diseases using the Centers for Disease Control and Prevention (CDC) case definitions. For example, states participating in the sentinel surveillance system are asked to report cases of "influenza-like illness" or ILI. The CDC case definition for ILI is fever $>$ 100° F AND cough and/or sore throat (in the absence of a known cause). Sentinel providers report the total number of patient visits each week for the months October through May and the number of patient visits for ILI in each of the following age groups, each week, also for the months October through May: 0-4 years (preschool), 5-24 years (school age through college), 25-64 years (adult), $>$ 65 years (older adults). Sentinel providers then transmit their data to a central data repository at CDC on a weekly basis between October and mid-May. In cases of ILI, sentinel providers are also asked to collect throat or nasopharyngeal swab specimens for virologic testing, usually sent to the state public health laboratory for testing. Sentinels are asked to collect a minimum of 2-3 swabs during each of the following times and types of cases:

- ILI cases at 1) the beginning of the season (i.e., when ILI cases first begin presenting in increased numbers), 2) peak of the season, and 3) toward the season's end
- Unusual clinical cases or unusually severe cases
- Outbreak-related cases

In exchange for agreeing to act as sentinels, providers have Internet access, via assigned identification number and password, to view their own and regional sentinel provider data. The benefit to the community, of course, is having providers knowledgeable that influenza has entered the community.

Influenza Sentinel Physician Surveillance, Missouri Department of Health

Sentinel Veterinarians

A network of selected veterinarians who monitor disease activity in the animal population through regular reporting.

Special Populations

Special populations include persons who by reason of language barriers, living conditions, confinement, lack of transportation, or other unique situations might require additional assistance to understand publicly issued instructions or obtain needed care, especially in times of emergency. Homeless persons, nursing home patients, mentally ill or mentally retarded individuals living in group residential homes, students in university dorms, juveniles in detention centers, prisoners and migrant laborers are examples of special populations.

Standard Data Vocabularies

Sets of data, the attributes of which have consistent structure and semantic meaning within a particular industry or community of practice. Since their meaning is consistently understood within the industry, the data can be easily exchanged among multiple sources, aggregated, and analyzed with a high degree of reliability that information derived from these composite data is valid. SNOMED and LONIC are examples of standard vocabularies.

Surveillance System

MMWR, July 27, 2001 / 50(RR13);1-35

Updated Guidelines for Evaluating Public Health Surveillance Systems

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5013A1.htm

Suspicious Epidemiologic Features

- A rapidly increasing disease incidence (e.g., within hours or days) in a normally healthy human or animal population
- An epidemic curve that rises and falls during a short period or time
- An unusual increase in the number of people seeking care, especially with fever, respiratory, or gastrointestinal complaints
- An endemic disease rapidly emerging at an uncharacteristic time or in an unusual pattern
- Lower attack rates among people who had been in doors, especially in areas with filtered air or closed ventilation systems, compared with people who had been outdoors
- Clusters of patients arriving from a single locale
- Large numbers of rapidly fatal cases
- Any patient presenting with a disease that is relatively uncommon and has bioterrorism potential
- Clusters of patients with similar injuries

Training Needs Assessment

Information collected and analyzed to determine if performance problems can be solved through training. A well-designed training needs assessment identifies the following:

- What training is relevant to employees' jobs
- What training will improve performance
- If training will make a difference
- Distinguish training needs from organizational problems
- Link improved job performance with the organization's goals

http://www.amxi.com/amx_mi30.htm

Triage of Victims

The process of sorting patients based on priority of medical need.

http://www.acep.org/1,4716,0.html

Veterinary Medical Assistance Team (VMAT)

The Federal Response Plan tasks the National Disaster Medical System (NDMS) under the Emergency Support Function # 8 to provide assistance in assessing the extent of disruption and need for veterinary services following major disasters and emergencies. Veterinary Medical Assistance Teams (VMATs) are composed of private citizens who agree to be available for activation to federal service in fulfillment of this mission. Professionals from related disciplines comprise the VMATs including clinical veterinarians, veterinary pathologists, animal health technicians (veterinary technicians), microbiologists/virologists, epidemiologists, toxicologists, and various scientific and support personnel. VMATs come prepared to:

- Assess the medical needs of animals
- Treat and stabilize animal patients
- Provide animal disease surveillance and public health assessment
- Provide assistance to maintain or re-establish food and water quality
- Hazard mitigation
- Decontaminate animals
- Provide veterinary services for Secret Service dogs and search-and-rescue dogs