# State
# Emergency Preparedness and
# Response Inventory

A Tool for Rapid Assessment of State Capacity to Respond to Bioterrorism, Other Outbreaks of Infectious Disease and Other Public Health Threats and Emergencies

**Public Health Practice Program Office**
Centers for Disease Control and Prevention
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# EMERGENCY PREPAREDNESS AND RESPONSE INVENTORY

## Background

Publichealthagenciesarethenaturalleadersinthedevelopmentofcohesivepublichealth systems.Ournationmustensuretha    tallstateandlocalpublichealthorganizationshavea stronginfrastructureandarepreparedtorespondtobioterrorism,outbreaksofinfectious diseases,andotherpublichealththreatsandemergenciesthroughcomprehensiveplanning, training,andeval  uation.

TheEmergencyPreparednessandResponseInventory(EPRI)providesarapidassessmentofa publichealthagency'sabilitytorespondtopublichealththreatsandemergencies.The Inventoryincludesmeasurestoassessprogress    towardsmeetingthebenchmarksandcriticaland enhancedcapacitiesdescribedinthegrantguidanceforFiscalYear2002SupplementalFunds forPublicHealthPreparednessandResponsetoBioterrorism(AnnouncementNumber99051). TheEPRIisorganizedinto    sixchaptersthatcorresponddirectlywiththesixfundedfocusareas ofthegrantguidance  -PreparednessPlanningandReadiness    Assessment,Surveillanceand EpidemiologyCapacity,LaboratoryCapacity    -BiologicAgents,HealthAlert Network/CommunicationsandInformationTechnology,RiskCommunicationsandHealth InformationDissemination,andEducationandTraining.QuestionsintheEPRIwerederivedin partfromtheDepartmentofJusticePublicHealthPerformanceAssessmentforEmergency Preparedness (akaDOJsurvey),NationalPublicHealthPerformanceStandardsassessment instruments,CDCBioterrorismCoreCapacityProject,CouncilofStateandTerritorial Epidemiologists(CSTE)capacityassessmenttool,andselectedstatespecificassessment instruments.TheEPRIassessmenttoolisavailableforbothstateandlocallevelsandcanbe foundat  www.phppo.cdc.gov.

## Purpose

TheInventoryisdesignedforrapidevaluationofthesixfocusareasinthesupplementalfunding announcement.TheInventorywill    :

- Guidestate,local,andregionaljurisdictionsinperforminganevaluationtodeterminethe extenttowhichtheyarepreparedtorespondtoapublichealththreatoremergencyandto assessprogresstowardsachievingcriticalandenhancedcapacities,an      dcritical benchmarks.

- Identifygapsinpreparednessandresponsecapacitiesthatwillbethefocusoffuture proposedworkplans,aswellastheState      -LocalPublicHealthInfrastructure ImprovementPlan.

- Provideaframeworkforeachstatetocharacteriz ethestatusofitspublichealth infrastructure.

# Instructions

Inordertocomprehensivelyevaluateastate'sabilitytorespondtobioterrorism,outbreaksof infectiousdiseases,andpublichealththreatsandemergencies,theInventoryshouldbe completedbybothstateandlocalhealthpublichealthagenciesonanannualbasis.

Stateand/orlocalpublichealthagencydirectorsshouldassignresponsibilityforcoordinating completionoftheInventorytoatleastonestaff,ortoateamofstaff,whocan ensurethat appropriateagency,emergencyresponse,andotherexpertsconvenetoanswerthequestionsin theInventory.StatepublichealthagenciesshouldcompletetheStateEPRIandlocalpublic healthagenciesshouldcompletetheLocalEPRI.

Staff mostknowledgeableaboutagencyoperationsineachoftherespectivesixfocusareas shouldcoordinatethecompletionoftheInventoryfortheirarea.Forexample,theagency's informationtechnologymanager(s)shouldanswerthequestionsinFocusAreaE: HealthAlert Network/CommunicationsandInformationTechnology.Likewise,theagency'shuman resourcestrainingmanager(s)shouldcoordinatewithCentersforPublicHealthPreparedness, schoolsofpublichealth,andothersinansweringthequestionsin FocusAreaG:Educationand Training.Inaddition,statepublichealthlaboratoriesandstateregionalpublichealth laboratoriesshouldcompletethestateFocusAreaCassessment.Largemetropolitanorcity publichealthlaboratoriesmayalsofinditmo reusefultocompletethestateFocusAreaC assessmentratherthanthelocalFocusAreaCassessment.

Pre-planningtoidentifysubjectmatterexpertisewillaffordthehighestlikelihoodofaccurate answersandthegreatestdegreeofrespectforeachpar ticipant'stime.Weanticipatethatmany oftheagreementsandprotocolsidentifiedinthefocusareashaveyettobewrittenorarenotyet writtentothesatisfactionofallparticipatingpartners.Therefore,havingallrelevantpartners convenedwill begintheprocessofestablishingsaidagreementsandprotocolsordetectinggaps inexistingones.

TherearetwotypesofquestionswithintheInventory:thosethatrequirea"yes"or"no"answer andthosethatcontainabasequestionwithmultiplesub -questions.Questionsofthelattertype shouldbeapproachedasthougheachbulletedstatementwerea"yes"or"no"question,wherea "no"responseisdesignatedbyleavingtheboxblank.Therespondentshouldcheckallthat applyforeachofthemultip le-partquestions.Inafewcases,therearequestionsthataskthe respondenttochooseafrequencyforaresponse(e.g.,daily,monthly).Forthesequestions, choosetheanswerchoicethatmostcloselymatchesthefrequencywithwhichtheagency performstheactivity.

Itisanticipatedthataweb -basedsystemwillbeavailablesoonfordataentry.ThePublicHealth PracticeProgramOfficewillprovideassistanceandsupportforanalysisandgenerationof standardizedreports.

## Relationtootherasse   ssmentefforts

CDChasbeeninvolvedinseveralassessmenteffortsincludingtheDepartmentofJustice(DOJ) PublicHealthPerformanceAssessmentforEmergencyPreparednessandtheNationalPublic HealthPerformanceStandardsProgram.Bothoftheseasses        smenteffortsusethetenessential publichealthservicesasanorganizingframework.TheDOJpublichealthperformance assessmentispartofamulti    -assessmentprocessdesignedtoassessajurisdiction'sabilityto respondtoincidentsinvolvingweapons    ofmassdestructionthroughacombinationofquestions focusedonboththelocalpublichealthsystemandthelocalpublichealthagency.In comparison,thestate,local,andgovernanceperformanceassessmenttoolsoftheNationalPublic HealthPerforman ceStandardsprogramaredesignedtoassessoptimalinfrastructureatthestate orlocalpublichealthsystemlevelfortheroutinedeliveryofessentialpublichealthservices.

Incontrast,theInventoryprovidesarapidassessmentofapublichealtha         gency'spreparedness torespondintimesofemergencyanditscapacitytoparticipateinresponsewithitspartners duringanactualemergency.AlthoughtheInventoryaddressesmanyaspectsofthepublichealth systemwhichmustbeinplacetoaccomplish       routinefunctions,theemphasisoftheInventoryis onthosepriorityagencycapacitieswhichensurerapidresponsecapabilityincludingdetectionof biologicthreats,communicationofinformationregardingthreats,andcontrolofhuman consequencesarisin gfromthreats.

## ForAdditionalInformation:

ForadditionalinformationorquestionsontheEmergencyPreparednessandResponseInventory, pleasecontact:

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# FocusAreaA:PreparednessPlanningandReadinessAssessment

## PartA:StrategicDirection,Assessment,andCoordination

1.  Doesthepublichealthagencyhavewrittenagreements(e.g.,memorandaofu       nderstanding,
    contracts)withthefollowingorganizationstomanageroutinepublichealthproblemsand
    emergencies?Writtenagreementsmustdescribethepurposeoftherelationship,roles,and
    responsibilitiestomanageroutinepublichealthproblemsand       emergencies.

| | EmergencyResponse | RoutineResponse |
|---|:---:|:---:|
| Governororrepresentative | ❑ | ❑ |
| Stateelectedofficials | ❑ | ❑ |
| Statelawenforcement(e.g.,statebureauof investigation,highwaypatrol) | ❑ | ❑ |
| Federallawenforcement(e.g.,FBI) | ❑ | ❑ |
| Localpublichealthagencies | ❑ | ❑ |
| DepartmentofAgriculture | ❑ | ❑ |
| EnvironmentalProtectionAgency | ❑ | ❑ |
| PublicWorks/Sanitation | ❑ | ❑ |
| Mentalhealthauthority | ❑ | ❑ |
| Statepublicutilitycommission | ❑ | ❑ |
| Statehospitalassociation | ❑ | ❑ |
| Statehealthcareprofessionalorganizations(e.g., statemedicalassoc iation,statenursing association,stateveterinarianassociation) | ❑ | ❑ |
| Statepharmacyassociation | ❑ | ❑ |
| Pharmacies | ❑ | ❑ |
| Statebureauofemergencymedicalservices | ❑ | ❑ |
| Medicalexaminers | ❑ | ❑ |
| Coroners | ❑ | ❑ |
| DepartmentofEducation | ❑ | ❑ |
| DepartmentofTransportation | ❑ | ❑ |
| EmergencyManagementAgency | ❑ | ❑ |
| FederalEmergencyManagementAgency | ❑ | ❑ |
| DepartmentofPublicSafety | ❑ | ❑ |
| Socialservices | ❑ | ❑ |
| Statefuneraldirectorsassociation | ❑ | ❑ |
| Firedepartment,includingstatefiremarshal | ❑ | ❑ |
| Statepublicinformationofficer | ❑ | ❑ |
| Countycommissio nersassociation | ❑ | ❑ |
| Statepublicinformationofficer | ❑ | ❑ |
| Poisoncontrolcenters | ❑ | ❑ |
| VeteransAdministration | ❑ | ❑ |
| Military | ❑ | ❑ |
| NationalGuard | ❑ | ❑ |
| AmericanRedCross | ❑ | ❑ |
| SalvationArmy | ❑ | ❑ |

2.  Doesthepublichealthagencyparticipateinastatehealthimprovementp       rocess?
    - ❑ Y
    - ❑ N

If yes, does the process involve:
- ❏ Identifying stakeholders?
- ❏ Engaging stakeholders?
- ❏ Conducting a state assessment?
- ❏ Using data to identify health problems (e.g., service utilization data, surveillance data)?
- ❏ Prioritizing health problems?
- ❏ Identifying interventions to minimize health problems?
- ❏ Formulating action plans to implement interventions?
- ❏ Establishing evaluation criteria?
- ❏ Evaluating interventions using established criteria?
- ❏ Recommending changes in interventions, which prove ineffective?

3. Does the public health agency organize surveillance data and other health information (e.g., state assessment data, service utilization data) into a state health profile?
- ❏ Y
- ❏ N

4. Does the public health agency have a state health improvement plan?
- ❏ Y
- ❏ N

5. Does the public health agency evaluate public health programs?
- ❏ Y
- ❏ N

   If yes, does the evaluation framework include:
- ❏ Engagement of stakeholders?
- ❏ Description of the program being evaluated?
- ❏ Description of the evaluation design?
- ❏ Analysis of reliable data?
- ❏ Justification of conclusions?
- ❏ Dissemination of lessons learned?

6. Do health officials collaborate with the state board of health (or its equivalent) and stakeholders to analyze public health problems that require new legal solutions?
- ❏ Y
- ❏ N

   If yes, do health officials collaborate with the state board of health (or its equivalent) and community stakeholders to:
- ❏ Develop new legal remedies (e.g., drafting regulations or legislation)?
- ❏ Determine if enforcement action is required?
- ❏ Allocate resources and funding to address public health problems?
- ❏ Improve management of public health problems?
- ❏ Explore alternative approaches to enforcement?

❑ Developneweducationalorconsultativesolutions?

7. Withinthepast3years,whattype(s)ofleadership/managementtraininghave     thepublic
   healthagencydirectoranddeputydirectorattended?

| | Director | Deputy Director |
|---|---|---|
| None | ❑ | ❑ |
| Formaleducationprogramleadingtoanadvanceddegree | ❑ | ❑ |
| NationalPublicHealthLeadershipManagementInstitute (PHLI) | ❑ | ❑ |
| RegionalorStatesponsoredPubl   icHeathLeadership ManagementInstitute | ❑ | ❑ |
| HarvardExecutiveEducationCourse | ❑ | ❑ |
| Otherleadership/managementtrainingcourses(oneweek orlongerinduration) | ❑ | ❑ |
| Leadershipand/ormanagementseminarsorlectures | ❑ | ❑ |

8. Withinthepast3years,whatpercen     tofthe  seniormanagementstaff  haveparticipatedinthe
   followingleadership/managementtraining?

| | 0-24% | 25-49% | 50-74% | 75-100% |
|---|---|---|---|---|
| None | ❑ | ❑ | ❑ | ❑ |
| Formaleducationprogramleadingtoan advanceddegree | ❑ | ❑ | ❑ | ❑ |
| NationalPublicHealthLeadership ManagementInstitute  (PHLI) | ❑ | ❑ | ❑ | ❑ |
| RegionalorStatesponsoredPublicHeath LeadershipManagementInstitute | ❑ | ❑ | ❑ | ❑ |
| HarvardExecutiveEducationCourse | ❑ | ❑ | ❑ | ❑ |
| Otherleadership/managementtraining courses(oneweekorlongerinduration) | ❑ | ❑ | ❑ | ❑ |
| Leadershipand/ormanagementseminarsor lectures | ❑ | ❑ | ❑ | ❑ |

9. Dothejobdescriptionsof    agencyhealthofficials  address  CoreLegalCompetenciesfor
   PublicHealthProfessionals  ?
   ❑ Y
   ❑ N

10. Hasthepublichealthagencydevelopedorparticipatedinanemergencypreparednessand responseadvisorycommitt eethatincludes,ataminimum,representationfrom:
- ❑ Localhealthdepartments
- ❑ Stategovernment
- ❑ EmergencyManagementAgency
- ❑ EmergencyMedicalServices
- ❑ OfficeofRuralHealth
- ❑ Police
- ❑ FireDepartment
- ❑ Emergencyrescueworkers
- ❑ Occupationalhealthworkers
- ❑ Otherh ealthcareprovidersincludinguniversity,academicmedicalandpublichealth
- ❑ Communityhealthcenters
- ❑ RedCrossandothervoluntaryorganizations
- ❑ Hospitalcommunity,includingVeteransAffairsandmilitaryhospitals

11. Howoftendoesthepublichealtha gencydirectorbriefpolicymakerson:

|  | Never | AtLeastSemi - Annually | AtLeast Annually |
|---|---|---|---|
| Emergencyoperationsplans | ❑ | ❑ | ❑ |
| Securityissues | ❑ | ❑ | ❑ |
| Protocolsforreleasingpublic information | ❑ | ❑ | ❑ |
| Patientconfidentialityissues | ❑ | ❑ | ❑ |

## PartB:TerrorismPreparednessan dResponsePlanning

1. Doesthepublichealthagencyhaveapublichealthemergencyresponseplan?
- ❑ Y
- ❑ N

**Ifyes:**

Indicatewhichworkersafetyprotocols areincludedinthepublichealthemergency responseplan:
- ❑ Useofpersonalprotectiveequipmentandpro tectivemeasuresforbiologicalagents.
- ❑ Useofpersonalprotectiveequipmentandprotectivemeasuresforchemicalagents.
- ❑ Useofpersonalprotectiveequipmentandprotectivemeasuresforradiologicalagents.
- ❑ Prioritydistributionofvaccinesandmedication stofirstrespondersand medical/healthcareproviders.
- ❑ Protectinghealthcareproviders,emergencyresponseworkers,andvictimsfrom secondaryexposures.

Whichofthefollowingenvironmentalprotectionguidelinesandprotocolsareincludedin thepublic healthemergencyresponseplan?
- ❑ Protocolsforpropermanagementofhazardousmaterials.

- ❑ Guidelines to conduct environmentalsurveys .
- ❑ Guidelines for environmentalhazard containment,decontamination,andmitigation identifiedinthe agency'sstate hazard assessment.
- ❑ Protocoltoisolateanddecontaminatepatientsatpublichealthfacilities.
- ❑ Protocolsforpropermanagementofhazardousmaterials.

Whichofthefollowingsurgecapacityprotocols areincludedinthepublichealth emergencyresponseplan?
- ❑ Institutingmassisolationwithinahealthfacility.
- ❑ Decontaminatingmasscasualties(pre -hospital).
- ❑ Respondingtomassmortuaryneeds.
- ❑ Organizingandcoordinatingvolunteers.
- ❑ Providingfoodandlodgingforvolunteers,individualhealthcareproviders,and emergencyresponseworkersduringapublichealthemergency.
- ❑ DistributingandmanagingtheNationalPharmaceuticalStockpileincludingtrained personneltoreceiveanddistributecriticalstockpileitemsandmanagemass distributionofvaccineand/orantibio tics.
- ❑ Implementingevacuation.
- ❑ Masscasualtytransportation.

Whichofthefollowingprotocolsandproceduresareincludedinthepublichealth emergencyresponseplan?
- ❑ Activatingtheemergencyresponseplan.
- ❑ Identifyingfacilitieswithinthejurisdiction thataresuitablefor Emergency OperationsCenters .
- ❑ CommunicatingwiththeEmergencyOperationsCenter.
- ❑ Identifyingsuitablealternatefacilitiesforpublichealthagencyoperationsinthe eventthattheregularfacilityisuninhabitable.
- ❑ Activatingandmaintainingemergencycommunicationswithpublichealthpartners (e.g.,firstresponders,hospitals,andhealthcareproviders).
- ❑ PublichealthparticipationinaJointInformationCenter(JIC).
- ❑ Implementing anemergencyepidemiologicresponseincludin genhancedsurveillance and epidemiologicinvestigation forhumanandanimalexposures.
- ❑ Initiating the publichealthresponse whenadeviceisfoundthatmaycontaina biological,chemical,radiological,orexplosiveagent.
- ❑ Obtaining pharmaceuticalsandan tidotes.
- ❑ Obtainingprotectiveequipment.
- ❑ Managingdonations.
- ❑ Coordinatingpublichealthresponsibilitieswithlawenforcementresponsibilities.
- ❑ Developingmutualaidagreementswithstate,regional,andfederaljurisdictions includingthemilitary.
- ❑ Identifyingsheltersandevacuatingcitizens.
- ❑ Assisting specialpopulations whomayencounterbarrierstohealthservicesduring anemergency.
- ❑ Referringvictimsorresponsepersonneltomentalhealthprofessionalsfor critical incidentstresscounseling .

Does the public health agency have protocols for incorporating the following state and local assets into response efforts?
- ❑ [NationalDisasterMedicalSystem](#) (NDMS)
- ❑ [DisasterMedicalAssistanceTeams](#) (DMATS)
- ❑ [NationalPharmaceuticalStockpile](#) (NPS)
- ❑ [MetropolitanMedical calResponseSystem](#) (MMRS)
- ❑ [DisasterMortuaryOperationalResponseTeams](#) (DMORTS)

2. Does the public health agency update the public health emergency response plan at least annually by meeting with organizations that have a role in responding to a public health emergency?
   - ❑ Y
   - ❑ N

3. Does the public health agency have written agreements that describe public health roles with organization(s) that have command and control responsibility for emergency response and recovery efforts in their jurisdiction?
   - ❑ Y
   - ❑ N

4. Is the public health agency emergency response plan integrated with the:
   - ❑ Jurisdiction emergency response plan?
   - ❑ State public health agency emergency response plan?
   - ❑ Statewide emergency response plan?
   - ❑ Regional emergency response plan (multi-city, multi-county)?

5. Has the public health agency dedicated staff time to review local public health agency emergency response plans to verify that critical components and surge capacity are adequately addressed? (see question 3 for critical components)
   - ❑ Y
   - ❑ N

6. Does the public health agency have an Emergency Response Coordinator?
   - ❑ Y
   - ❑ N

7. Does the public health agency maintain a roster that includes 24 hours per day/7 days per week (24/7) contact information for:
   - ❑ Local public health directors?
   - ❑ State law enforcement?
   - ❑ Federal law enforcement?
   - ❑ Governor or representative?
   - ❑ Hospital association president?
   - ❑ Fire marshal?
   - ❑ Director of emergency medical services?
   - ❑ Director of environmental protection agency?

- ❑ Emergencymanagementagencydirector?
- ❑ Military?
- ❑ Nationalguard?
- ❑ Departmento ftransportationdirector?
- ❑ Directorofpublicsafety?
- ❑ Presidentofstatehealthcareprofessionalorganizations?
- ❑ Stategovernmentelectedofficials?
- ❑ Medicalexaminers?
- ❑ Coroners?
- ❑ Statepublicinformationofficer?
- ❑ DirectorofDepartmentofEducation?
- ❑ Mentalh ealthauthoritydirector?
- ❑ DirectorofAmericanRedCross?
- ❑ DirectorofSalvationArmy?

8. Hasthepublichealthagencyidentifiedlegalcounselforpublichealthemergencies?
   - ❑ Y
   - ❑ N

9. Doesthepublichealthagencyhavethelegalauthorityto:
   - ❑ Collecti nformationonsuspectedandconfirmedcases?
   - ❑ Closebusinesses,transportationcenters,highways,schools,andotherplacesofpublic assembly?
   - ❑ Massdistributepersonalprotectiveequipment(e.g.,respiratorymasks)andinstructions onproperuse?
   - ❑ Isolatea ndmedicallyevaluatesymptomaticorexposedpersons?
   - ❑ Massdistributemedicalsuppliesandmedicationsandmassvaccination?
   - ❑ Toinstitutementalhealthevaluationandservices?
   - ❑ Institutemeasurestoprotectthehealthofothersifaffectedpersonsrefuset        reatment(e.g., detainment,isolation,compulsoryvaccination)?
   - ❑ Quarantinegeographicareasorbuildings?
   - ❑ Restricttravel?
   - ❑ Seizepersonalbelongings(e.g.,contaminateditems,pets)?
   - ❑ Seizeproperty(e.g.,facilities,supplies,equipment,crops,livestock)?
   - ❑ Examineanddisposehumanremainsand/oranimalcarcasses?

10. Inthepast12months,hasthepublichealthagency:
    - ❑ Conductedtabletopexerciseswithindividualsandorganizationsthathavearesponse role?
    - ❑ Conductedfunctionalexerciseswithindividuals    andorganizationsthathavearesponse role?
    - ❑ Respondedtoahoaxevent(e.g.,suspiciousletterorpackagethatmaycontaina potentiallyharmfulbiologicalagentorabombthreatatanuclearpowerplant)?
    - ❑ Respondedtoarealevent?
    - ❑ Correcteddeficiencie sintheemergencyresponseplanbasedonknowledgegainedfrom theseevaluations?

# FocusAreaB:SurveillanceandEpidemiologyCapacity

## PartA:PublicHealthSurveillanceandDetectionCapacities

1. Doesthepublichealthagencymaintainsurveillances ystemsfor:
   - ❑ Communicable/infectiousdiseases?
   - ❑ Criticalagents?
   - ❑ Chronicdiseases?
   - ❑ Environmentalexposuresordiseases?
   - ❑ Injuries?
   - ❑ Behavioralriskfactors?
   - ❑ Environmentalhazards?

2. Doesthepublichealthagencymandatereportingofdiseasesandconditionso fpublichealth importance(e.g.,listofnationalnotifiablediseasesorsentineloccupationaldisease)by communityhealthcareproviders?
   - ❑ Y
   - ❑ N

   Ifyes,doesthestatepublichealthagencyhaveasysteminplaceto:
   - ❑ Evaluatethelevelofreportingbyheal thcareprovidersinthestate?
   - ❑ Enforcereportinginaccordancewithitsmandate?

3. Whatistheaveragelagtimebetweenahealthcareprovidergeneratingacasereportanda statelevelreview:

| | Lessthan 24hours | 1-7 days | 8-14 days | 15-30 Days | Greatert han 30days |
|---|---|---|---|---|---|
| Communicable/infectiousdiseases? | ❑ | ❑ | ❑ | ❑ | ❑ |
| Chronicdiseases? | ❑ | ❑ | ❑ | ❑ | ❑ |
| Environmentalexposuresordisease? | ❑ | ❑ | ❑ | ❑ | ❑ |
| Injuries? | ❑ | ❑ | ❑ | ❑ | ❑ |
| Environmentalhazards? | ❑ | ❑ | ❑ | ❑ | ❑ |

4. Isagencystafftimededicatedtodevelopingrelationshipswithhealthcareprovidersto increasereportingofnotifiablediseasesandunusualinfections/syndromes?
   - ❑ Y
   - ❑ N

5. Doesthepublichealthagencyarrangetraining/educationforhealthcareproviderson:
   - ❑ Infections/syndromesrelatedtothe criticalagentslist thatrequireimmediate notificationofthepublichealthagency?
   - ❑ Epidemiology?
   - ❑ Surveillance?
   - ❑ Interpretationofclinicalandlaboratoryinformation?
   - ❑ Diseasereportingrequirements?

6. Doesthepublichealthagencyhaveadesignatedcontactpersonavailable24/7forhealthcare providerstoreportorunusualinfections/syndromes?
   ❑ Y
   ❑ N

   Ifyes,doesthepublichealthagencydisseminatethecontactinformationtohealthcare providers?
   ❑ Y
   ❑ N

7. Doesthepublichealthagencyhaveavalidatedandtestedprotocoltoconduct enhanced surveillanceuponidentificationofunusualfindings?
   ❑ Y
   ❑ N

## PartB:PublicHealthEpidemiologicInvestigationandResponseCapacities

1. Indicatehowmanyofthefollowingthepublichealthagencyemploys:

   |  | #Employedbytheagency |
   |---|---|
   | Epidemiologists |  |
   | Biostatisticians |  |
   | Dataanalysts |  |
   | Programmers |  |
   | Dataentrypersonnel |  |

2. Doesthepublichealthagencyhaveavalidatedandtestedprotocolforconducting epidemiologicinvestigations?
   ❑ Y
   ❑ N

3. Hasthepublichealthagencydesignatedanepidemiologyresponsecoordinator to:
   ❑ Donothaveanepidemiologyresponsecoordinator

   ❑ Manageenhancedsurveillanceandepidemiologicinvestigationsduringapublichealth emergency?
   ❑ Coordinateallepidemiologyresponse -specificplanningwithinthejurisdictionsoverall planning?

4. Doesthepublichealthagencyhaveaplantoacquireadditionalepidemiologistsand equipmenttoaccommodateafive -foldincreaseinsuspectedandconfirmedcases?
   ❑ Y
   ❑ N

5. Canthepublichealthagencydisseminate medicalmanagementinformation foragentsonth e criticalagentslistwithin1(one)hourtothefollowingfacilities/personnelinitsjurisdiction?
   ❑ Ambulatorycarefacilities

- ❑ Police department
- ❑ Fire department
- ❑ Emergency medical service
- ❑ Healthcare providers
- ❑ Hospitals

6. In the past 12 months, has the public health agency:
   - ❑ Evaluated its surveillance systems?
   - ❑ Evaluated its epidemiologic investigations for routine public health problems?
   - ❑ Conducted a tabletop or functional exercise of the [epidemiologic systems](#) for public health emergencies?
   - ❑ Tested its epid emiologic systems during a real or hoax event?
   - ❑ Evaluated its epidemiologic surge capacity plan?
   - ❑ Corrected deficiencies in the epidemiologic and surveillance systems based on these evaluations?

# FocusAreasCandD:LaboratoryCapacity    –BiologicAgents

1. Doesthepublichealthlaboratoryhaveafocusoncommunicatingwithprivateandother
   publiclaboratoriesinthestatethatincludes:
   - ❑ Allfulltimepositionthatcoordinatesserviceswiththeprivatesector?
   - ❑ Comprehensivetestmenuandsubmissiongui    delinesontheweb?
   - ❑ UseofInternetforemergencyorroutineupdatestoallprivateandpubliclaboratoriesin
     thestate(withacknowledgementofreceipt)?
   - ❑ Broadcastfaxcapabilities?

2. Hasthepublichealthlaboratoryestablishedwrittenregionalagreem    entswithotherstatesor
   privatelaboratoriestoprovidereference    -testingservicesthatmaynotbecosteffectiveor
   practicalwithinthestatelaboratory?
   - ❑ Y
   - ❑ N

3. Doesthepublichealthlaboratoryassessthecapabilitiesandcapacitiesfortestingofpu        blic
   healthimportance(e.g.TB,STD,foodborneillnesses)inprivateandotherpublichealth
   laboratories?
   - ❑ Y
   - ❑ N

   Doesthepublichealthlaboratorymaintainadatabaseofthesecapabilities?
   - ❑ Y
   - ❑ N

4. Hasthepublichealthlaboratoryestablishedwrittenreg        ionalagreementswithotherstatesto
   providecontingencytestingservices(otherthanneonatalscreening)intheeventofapublic
   healthcrisissuchasinterruptedservicefromthestatepublichealthlaboratory?
   - ❑ Y
   - ❑ N

   Ifyes,arethefollowingcapabiliti    esavailable?
   - ❑ Moleculartypingoforganismsforepidemiology(e.g.,DNAfingerprinting)
   - ❑ BiosafetyLevel3(BSL3)testing(otherthanTB)forunusualpathogens?
   - ❑ Molecularmethods(e.g.,PCR)fordirectdetectionoforganisms?
   - ❑ Clinicalandenvironmenttoxico    logytesting?

5. Doesthepublichealthlaboratoryactasareferencelaboratoryorhaveformalagreements
   withanotherreferencelaboratory(otherthanCDC)forlocalpublichealth,hospital,and
   independentlaboratoriestoaccess:
   - ❑ Moleculartypingofor    ganismsforepidemiology(e.g.fingerprinting)?
   - ❑ BiosafetyLevel3(BSL3)testing(otherthanTB)forunusualpathogens?
   - ❑ Molecularmethods(e.g.PCR)fordirectdetectionoforganisms?
   - ❑ Clinicalandenvironmentaltoxicologytesting?

6. Doesthepublichealt hlaboratoryassessandmonitortheuseofvoluntarystandardsand laboratorypracticeguidelinesfortestingofpublichealthimportance(e.g.,antimicrobial resistance,TB,STD,foodborneillnesses)inprivateandotherpublichealthlaboratories?
   - ❑ Y
   - ❑ N

7. Doesthepublichealthlaboratoryhaveatrainingprogramforprivateandotherpublichealth laboratoriesinthestatethat:
   - ❑ CollaborateswiththeNationalLaboratoryTrainingNetwork(NLTN)?
   - ❑ Hasatleast1fulltimeemployeeforatrainingcoordinator .

8. Doesthepublichealthlaboratoryhaveanadvisorycommitteeorothermechanismtodirectly meetwithprivateandlocalpublichealthlaboratoriesandprogramstodeterminewhatpublic healthservicesshouldbeavailable?
   - ❑ Y
   - ❑ N

9. Doesthepublicheal thlaboratoryhaveaLaboratoryInformationManagementSystem (LIMS)that:
   - ❑ Functionsinthemajorityoflaboratorytestingareaswithinthestatepublichealth laboratory?
   - ❑ EnablespublichealthprogramstoaccesstheLIMSdataandperformadhocqueries?
   - ❑ EnableselectronicreportingtopublichealthprogramsandotherClients?
   - ❑ Haseoperatingcharacteristicsofmanualandonlineinstrumentdataentry,searchable databases,andmonitoringresultsforqualitystandards?
   - ❑ AdherestoNEDDSstandards?

10.Doesth epublichealthlaboratorycollaboratewithprivateandpubliclaboratoriesto:
   - ❑ Auditcompliancewithdiseasereportingrequirements?
   - ❑ Assesscapabilitiesforimplementationofelectronicdiseasereporting?

11. Doesthepublichealthlaboratory:
   - ❑ MaintainC LIAmulti -sitelimitedpublichealthtestingcertificatesfortestinginlocal publichealthclinics
   - ❑ Directlyprovidesupportandroutineconsultationfortestinginlocalpublichealthclinics otherthantheformalmechanismofCLIA?

12. Doesthepublic healthlaboratoryhaveaspecifiedfull -timeliaison/coordinatorforlaboratory emergencyresponse?
   - ❑ Y
   - ❑ N

   Ifyes,isthelaboratoryliaisonincontactwith:
   - ❑ PublichealthagencyemergencyresponsecoordinatorforBT,chemical,and radiologicalincidents?
   - ❑ FederalBureauofInvestigation?

13. Doesthepublichealthlaboratoryhaveaprotocoltospecifylaboratory        -testingcapabilitiesin theeventofpublichealthemergencies,biological,chemicalandradiologicalincidents?
   - ❑ Y
   - ❑ N

   Ifyes,doestheprotocolide      ntify:
   - ❑ Laboratorycontacts,responsibilities,andlinesofauthority?
   - ❑ TestingcapabilitiesforsuspectedBT,chemicalagents,radiological,orother analyses?
   - ❑ Additionalstafforalternatelocallaboratoriesforsurgecapacityforinterrupted testingservi ce?
   - ❑ Clinicalandpublichealthlaboratories,includingLevel"A"laboratories
   - ❑ Contingentmethodsofcommunicatinglaboratoryresults(e.g.electronic,phone,fax, courier)?
   - ❑ Contingencyplanstosendpublichealthandreferencetestingtootherstates?

14. Doesthepublichealthlaboratoryhaveguidelinesorprotocolsinplacetoaddressthe handlingandtransportoflaboratoryandenvironmentalspecimensintheeventofa biological,chemical,radiologicalandotherdisasterincident?
   - ❑ Y
   - ❑ N

   Ifyes,doesea    choftheseprotocolsinclude:
   - ❑ Collection?
   - ❑ Labeling?
   - ❑ Transportation/storage?
   - ❑ Chainofcustody?
   - ❑ ReferraltoStatePublicHealthLaboratory?
   - ❑ Safedisposalofbiologicalwaste?
   - ❑ Safedisposalofchemicalwaste?
   - ❑ Safedisposalofradiologicalwaste?

15. Doest hepublichealthlaboratoryhaveasecuritysystemensuringthatnounauthorized personnelhaveaccesstotestingequipment,reagentsorspecimens?
   - ❑ Y
   - ❑ N

16. Underemergencycircumstances,f   orthepotentialagentsofbioterrorism,including        *Bacillus anthracis*,Brucella *sp* ., *Francicellatularensi* a**,***Yersiniapestis* , *Variolamajor* (smallpox), doesthepublichealthlaboratoryhaveaccesswithin4hourstolaboratoriesthatcanfulfill therolesof
   - ❑ **LevelA** testing,whichcanrule    **OUT**potentialagentswithin24   -48hoursofspecimen collection
   - ❑ **LevelB** testing,whichcanrule   **IN** potentialagentswithin4   -24hoursforcultureisolates and24 -72hoursforspecimens

- ❑ **LevelC** testing,whichcanrule **IN**and **speciate**potentialagents

17. Underemergencycircumstances,d oesthepublichealthlaboratoryhaveaccesswithin4 hourstoalaboratorythatcantestenvironmentalsamplesforradiologicalelements?
    - ❑ Y
    - ❑ N

18. Doesthepublichealthlaboratoryhaveaccesswithin4hourstoalaboratorythatcantest environmentalsam plesandspecimensfortoxicchemicalsthatcouldbereleasedaccidentally orintentionalchemicalwarfareagents?(e.g.,Sarin,Tabun,Soman,VX,sulfurmustard, nitrogenmustard,Lewisite1,phosgene,chlorine,HCN,CK)?
    - ❑ Y
    - ❑ N

19. Dothelaboratoriesthat providetestingservicesforbiological,chemical,andradiological incidentsparticipateinprogramsthatspecificallymeasuretheirproficiencyfordetecting theseanalysesatleast3timesayear?
    - ❑ Y
    - ❑ N

# FocusAreaE:HealthAlertNetwork/Communication    sand InformationTechnology

1. Doesyourpublichealthagencyhaveaccesstoinformationtechnology(IT)personnelwith competenciesinthefollowingareas:
   - ❑ [GeographicInformationSystems(GIS)](#) ?
   - ❑ ITProjectmanagement?
   - ❑ Programmingincludingdatabasep rogramming?
   - ❑ Networkmanagement?
   - ❑ Serverapplicationmanagement?
   - ❑ Webdevelopment?
   - ❑ ITsecurity
   - ❑ ITcustomersupport?

2. Dotheinternalnetworks,Internetconnections,andbroadcastfaxcapabilitiesofthepublic healthagencycomplywithHealthAlertNetwo rkarchitecturalstandardsandperformance characteristics?

   **Internalnetworks**
   - ❑ Thepublichealthagencydoesnothaveinternalnetworks
   - ❑ Y
   - ❑ N

   **Internetconnections**
   - ❑ ThepublichealthagencydoesnothaveInternetconnections
   - ❑ Y
   - ❑ N

   **Broadcastfaxcapabilities**
   - ❑ Thepublichealthagencydoesnothavebroadcastfaxcapabilities
   - ❑ Y
   - ❑ N

3. Doesthepublichealthagency **havesecuritymeasuresandwrittenpoliciesfor** :
   - ❑ Thepublichealthagencydoesnothaveanywritteninformationsecuritypolicies.

   - ❑ [Internetfirewalls](#) ?
   - ❑ [Intruderdetection](#) ,including [portscan](#) protection?
   - ❑ Virusscanning?
   - ❑ [PublicKeyInfrastructure](#) (PKI)authenticationandencryptiontechnologies?
   - ❑ Passwords?
   - ❑ [Digitalcertificates](#) ?
   - ❑ [SecureSocketsLayer](#) (SSL)?
   - ❑ E-mailsystems:(e.g., [S/MIME](#))?
   - ❑ Otheremergingtech nologiesforauthentication(e.g.,keyfobs,smartcards,magnetic cards,retinascan,fingerprintscan)?

4. Doesthepublichealthagencyhave **lossprotectionmeasuresandwrittenpoliciesfor** :
   - ❑ Thepublichealthagencydoesnothaveanylossprotection policies.

   - ❑ Uninterruptiblepowersupply(UPS)?
   - ❑ Proceduresforon -sitedatabackup(e.g.,Zipdisk,CD,other)?
   - ❑ Proceduresforremote -sitedatabackup?
   - ❑ Databaseuseraudittrail?
   - ❑ Redundantsystems ?
   - ❑ Alarmsagainstenvironmentalhazards(e.g.,smokealarms,s prinklersystem)?

5. Doesthepublichealthagencycomplywiththepublichealthinformationexchange standards,vocabularies,andspecificationsincludingdatatransmissionandsecuritystandards developedundertheNEDDSinitiativeasreferencedin PublicHealthInformation TechnologyFunctionsandSpecifications ?
   - ❑ Y
   - ❑ N

6. Doesthepublichealthagencyassessitsnetworksandserverstorunappropriatedata messagingtechnologiestosupportdataexchange(e.g.dataexchangeondiseaseandinjury cases, possiblediseasecontacts,specimeninformation,environmentalsampleinformation, labresults,facilities,andpossiblethreatinformation)?
   - ❑ Y
   - ❑ N

7. Doesthepublichealthagencyensureindependentvalidationandverificationof:{E.A.3.b}
   - ❑ Internetsecuri ty?
   - ❑ Vulnerabilityassessments?
   - ❑ Securitypractices?
   - ❑ Continuityofoperations?

8. Doesthepublichealthagencyhavethecapacitytoelectronicallyexchangeinformationfor thefollowingroutinepublichealthfunctions:
   - ❑ Surveillance?
   - ❑ Registries?
   - ❑ Clinicalpa tientdatabases?
   - ❑ Vitalstatistics?
   - ❑ Laboratoryreports?

9. Doesthepublichealthagencyhaveasecureelectroniclinkwiththefollowing publichealth systempartners?
   - ❑ Emergencydepartments
   - ❑ Hospitals
   - ❑ Publiclaboratories(e.g.,publichospitallaboratorie s,federallyfundedpublichealth laboratories,clinics)
   - ❑ Sentinelhealthcareproviders
   - ❑ Sentinelveterinarians

- ❑ Policedepartment
- ❑ Firedepartment
- ❑ Emergencymedicalservice
- ❑ Managedcare

10. Doesthepublichealthagencyhaveapublichealthinformationweb       sitethatisavailable 24/7?
- ❑ Y
- ❑ N

11. Doesthepublichealthagencyequipits       EmergencyResponseCoordinator   andother **key responsepersonnel** withacomputerconfiguredto       PublicHealthInformationTechnology   FunctionsandSpecifications   ?
- ❑ Y
- ❑ N

12. Whatp ercentofthepopulationinyourstateisservedbyapublichealthjurisdictionthat participatesintheHealthAlertNetwork?
- ❑ Lessthan30%
- ❑ 30%to59%
- ❑ 60%to89%
- ❑ 90%orgreater

13. Doesyourpublichealthagencyassignresponsibilitytoatleastoneper       sonto:
- ❑ MaintainadistributionlistfortheHealthAlertNetwork?
- ❑ Updatethedistributionlistatleastquarterlytoensurecompleteandaccuratecontact information?
- ❑ ProvideadjacentjurisdictionsupdatedcopiesoftheHealthAlertNetworkdistribution       list atleastquarterly?

14. Doesyourpublichealthagencyhaveasystemforsendinghealthalertswithin1(one)hourof theirfinalapproval:
- ❑ Duringtheday(Monday    –Friday,8AMto5PM)?
- ❑ Afterbusinesshours(Monday    –Friday,5PMto8AM)?
- ❑ During theweekend(SaturdayandSunday,24hoursperday)?

15. Doesyourpublichealthagency'ssystemforsendinghealthalertsinclude:
- ❑ Amechanismtoconfirmreceiptofhealthalerts?
- ❑ Amechanismtoconfirmhealthalertshavebeenreadbytherecipient?

16. Doesthepublichealthagencytestitssystemforsendinghealthalertsatleastonceevery three(3)months?
- ❑ Y
- ❑ N

17. Dothepublichealthagency'sinformationtechnologysystemssupportemergency

responsemanagementforthefollowingactivities?
- ❑ Disastersimulationandtraining?
- ❑ Logisticsmanagement?
- ❑ <u>Threattrackingandmanagement</u>?
- ❑ Geographicvisualizationofevents(modeling,eg.plumeanalysis)?
- ❑ Geographicvisualizationofemergencyresourceallocationandmanagement?

18. Doesthepublichealthagencyhaveaccesstothefollowingequipmentandsupport mechanismstoensurereliablecommunications?
- ❑ Facsimile
- ❑ Dedicatedradiofrequencies(e.g.,two -wayradios)
- ❑ Satelliteorcellphones
- ❑ Back-uppowersources(e.g.,sparebatteries,generators)
- ❑ Periodictrainingforequipmentorientationandupdates
- ❑ Pagers
- ❑ Palmpilots

    **Ifyes:**

    Doesthepublichealthagencyevaluatesurgecapacityforthisequipmentandsupport mechanisms?
    - ❑ Y
    - ❑ N

    Doesthepublichealthagencyestablishredundantsystemstomaintaincommunications duringanemergency?
    - ❑ Y
    - ❑ N

19. Howoftenarecommunicationssystemstested?
- ❑ Never
- ❑ Every6 -12months
- ❑ Every3 -5months
- ❑ Every1 -2months
- ❑ Every1 -4weeks

# FocusAreaF:RiskCommunicationandHealthInformation Dissemination

1. Doesthepublicheal   thagencyhaveadesignatedpublicinformationofficerwith competenciesin:
   - ❑ Thepublichealthagencydoesnothaveapublicinformationofficer.

   - ❑ [Riskcommunication](#) ?
   - ❑ [Mediaadvocacy](#) ?
   - ❑ Preparingverbalandwrittencommunicationtailoredtoeachtypeofmed         ia(e.g., newspaper,radio,television)?
   - ❑ Preparingverbalandwrittencommunicationtailoredtothedominantculturesofthe community?
   - ❑ Preparinganddistributinganewsrelease?
   - ❑ Developingcommunicationsobjectivesforeachmediaappearance/publication?

2. Isthepublicinformationofficeravailable24/7?
   - ❑ Y
   - ❑ N

3. Doesthepublichealthagencyhaveadesignatedbackupforthepublicinformationofficer?
   - ❑ Y
   - ❑ N

4. Doesthepublichealthagencystaffhaveapolicytoroutinelyroutemediacallstothepublic informationofficer?
   - ❑ Y
   - ❑ N

5. Howoftendoesthepublicinformationofficerprovideroutinereportstothemediaon communityhealthissues?
   - ❑ NeverorRarely
   - ❑ Quarterly
   - ❑ Monthly
   - ❑ Weekly
   - ❑ Daily

6. Doesthepublichealthagencyhavefactsheetsforuseduringa           nemergencyfortheagentson thecriticalagentlist?
   - ❑ Y
   - ❑ N

7. Doesthepublichealthagencyhave      [emergencycommunicationsprotocols](#) for:
   - ❑ Thepublichealthagencydoesnothaveemergencycommunicationsprotocols.

   - ❑ Releasingpublicinformationonpotenti    al,suspected,orconfirmedhazards

- ❏ Releasingpublicinformationonassociatedrisks
- ❏ Releasingpublicinformationonpreventionmeasures
- ❏ Institutingrumorcontrolmeasures
- ❏ Releasinginformationinthedominantlanguagesofthecommunity
- ❏ LinkingwiththeEm    ergencyBroadcastSystem

8. Duringanemergency,doesthepublicinformationofficer:
   - ❏ Arrangenewsconferencesasrequiredorrequested?
   - ❏ Respondtomisinformationorrumorsgeneratedbythemediaorthegeneralpublic?
   - ❏ Meetwithpolicymakersatleaston     cedaily?

# FocusAreaG:EducationandTraining

1.  Doesthepublichealthagencystaffingplan:
    - ❑  Thepublichealthagencydoesnothaveastaffingplan.

    - ❑  Identifythenumberofpersonnelrequiredtomeetroutinepublichealthandemergency responsene eds?
    - ❑  Identifythequalificationsofpersonnelrequiredtomeetroutinepublichealthand emergencyresponseneeds?
    - ❑  Identifythegeographicdistributionofpersonnelrequiredtomeetroutinepublichealth andemergencyresponseneeds?
    - ❑  Includeacontactlist   tosupportstaffingrequirements?
    - ❑  Includeamechanismtomaintainstaffingrequirements24/7duringanemergency?
    - ❑  Useaworkforceassessmentthatisconductedatleastonceevery3yearstoannually updatethestaffingplan?

2.  Doesthepublichealthpub    lichealthagencyhavepoliciesandprocedurestoassureits regulatedprofessionals(e.g.,physicians,nurses,registeredsanitarian)maintaincurrent certificationsandlicensesrequiredbylaworrecommendedbyState,orfederalpolicy guidelines?
    - ❑  Y
    - ❑  N

3.  Hasthepublichealthagencyconducteda       trainingneedsassessment atleastonceinthepast3 yearsforroutinepublichealthfunctionsandemergencyresponse?
    - ❑  Y
    - ❑  N

    **Ifyes:**

    Doesthepublichealthagencyhaveawrittentrainingplanbasedonthemostr            ecent trainingneedsassessment?
    - ❑  Y
    - ❑  N

    Doesthepublichealthagencyconductanannualreviewtoassessprogresstowards meetingtrainingneeds?
    - ❑  Y
    - ❑  N

    Doesthetrainingneedsassessmentincludebtpreparednessandresponseneedsforthe:
    - ❑  Publichealthagen  cydirector?
    - ❑  Publichealthagencydeputydirector?
    - ❑  Publicinformationofficer?
    - ❑  Emergencyresponsecoordinator?
    - ❑  Epidemiologyresponsecoordinator?

- ❑ Informationtechnologystaff?
- ❑ Otherpublichealthagencypersonnel?

Doesthetrainingneedsassessmentinclud    eBTpreparednessandresponseneedsfor:
- ❑ Infectiousdiseasespecialists?
- ❑ Infectioncontrolnurses?
- ❑ Emergencydepartmentphysicians?
- ❑ Emergencydepartmentnurses?
- ❑ Otherhealthcareproviders?

4. Doesthepublichealthagencyhavewrittentrainingpolicies       for:

|  | EmergencyResponse | RoutineResponse |
|---|---|---|
| Newemployeeorientation? | ❑ | ❑ |
| Division/unitspecificorientation? | ❑ | ❑ |
| Jobspecificorientation? | ❑ | ❑ |
| Continuingeducation? | ❑ | ❑ |

5. Doesthepublichealthagency    cross-trainagencystaffforroutineandemergencyrespon     se roles?
- ❑ Y
- ❑ N

6. Doesthepublichealthagencycross     -trainstaffwithpartnerorganizationsforemergency response?
- ❑ Y
- ❑ N

7. Doesthepublichealthagencyprovidethefollowingforworkforcedevelopment?
- ❑ Workforce/Staffdevelopmentcoordinator
- ❑ Distancelea rningcoordinator
- ❑ Accesstodistancelearningforallemployees
- ❑ Onlinelearningresourcesforallemployees(e.g.,hardware,software,coursefees)

8. Doesthepublichealthagencyhavewrittenagreementswithacademicinstitutions         **and**other organizationstoprovideeducationandtraining?
- ❑ Y
- ❑ N

9. Whichofthefollowingdistancelearningtechnologiesdoesyourpublichealthagencyhave?
- ❑ Thepublichealthagencydoesnothavedistancelearningtechnologies

- ❑ Videoconferencingover IP
- ❑ Videostreaming
- ❑ SatelliteVideo/Audio/Databroadcastuplinkcapability
- ❑ SatelliteVide/Audio/Databroadcastdownlinkcapability
- ❑ Internet-deliveredcourses

- ❑ Cd-rom
- ❑ Audioconferencing

10. Does the public health agency:
    - ❑ Evaluate the effectiveness of training?
    - ❑ Revise training based on the results of the evaluation?
    - ❑ Evaluate organizational emergency response competence through drills, simulations, and events?
    - ❑ Evaluate individual emergency response competence through drills, simulations, and events?
    - ❑ Incorporate lessons learned from emergency response drills, simulations, and events?

11. Has the public health agency developed plans to provide provisional credentials and professional liability coverage for out-of-state clinicians to support surge capacity policies during an emergency?
    - ❑ Y
    - ❑ N

# ResourceDictionaryforInventory

## ConditionsofPublicHealthImportance

Conditionsofpublichealthinterestasdeterminedbyeachstate.Eachstatelists notifiablediseasesinaccordwiththecontagiousness,severity,orfrequencyof theconditio ns.Moststatesadheretothelistofnationallynotifiablediseases recognizedbytheCouncilofStateandTerritorialEpidemiologists(CSTE). States,however,areatlibertytocompiletheirownlists,whichtypicallyinclude communicablediseases,tra umaticinjuries,andcancers.Occasionallyastate mightincludeconditionssuchasanimalbites,reflectingtheseverityofthe probleminthestate.

## CoreLegalCompetenciesforPublicHealthProfessionals

Courseworkinpublichealthlawwhichconsists of10print -basedmodulesthat explainthepublichealthlegalsystem,demystifylegallanguage,andencourage theeffectiveuseoflegaltoolsinforwardingpublichealthgoals.Sincepublic healthlawsaredifferentineverystate,thecourseisdesigned sothatitcanbe customizedbyastate(orregion),withsomeofthecontentbeingprovidedby locallegalexperts.

**http://www.trainingfinder.org/search.cgi?action=view_course&course_id=1 0137**

**http://www.publichealthlaw.net/MSEHPA/MSEHPA2.pdf**

## CriticalAgentsList

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

## CriticalIncidentStress

Theemotional,physical,cognitive,andbehavioralreactions,signs,and symptomsexperiencedbyapersonorgroupinresponsetoatraumaticevent outsideoftheordinaryrangeofhumanexperiences.Sucheventsareusually suddenandpowerful,havingsufficientemotionalimpacttooverwhelmusually effectivecopingskills.

## Cross-train

Toundergoorprovidetrainingindifferenttasksorskills.Typically,anemployee selectedforcrosstrainingistakenoutofthedepartmenttowhichheisprimarily assignedandtemporarilyplacedina"receiving"departmenttolearnasecond ary skill.Alternatively,crosstrainingcanbeaccomplishedthroughjobrotation.In jobrotation,cross -trainingemployeesrotatethroughthejobs,whichprovidethe experienceandskillstheemployeerequires.

## DigitalCertificates

Attachmentstoan electronicmessageusedforsecuritypurposes.Themost commonuseofadigitalcertificateistoverifythatausersendingamessagetois whoheclaimstobe,andtoprovidethereceiverwiththemeanstoencodea reply.

Anindividualwishingtosend anencryptedmessageappliesforadigital certificatefromaCertificateAuthority(CA).TheCAissuesanencrypteddigital certificatecontainingtheapplicant'spublickeyandavarietyofother identificationinformation.TheCAmakesitsownpublic keyavailablethrough printpublicityorperhapstheInternet.

TherecipientofanencryptedmessageusestheCA'spublickeytodecodethe digitalcertificateattachedtothemessage,verifiesitasissuedbytheCAand thenobtainsthesender'spublic keyandidentificationinformationheldwithinthe certificate.Withthisinformation,therecipientcansendanencryptedreply.

**Webopedia.com**

## DisasterMedicalAssistanceTeams(DMAT)

ADisasterMedicalAssistanceTeam(DMAT)isavolunteergroupofm edical andparamedicalprofessionalswhohavepreparedthemselvestoassemble rapidlyasaself -sufficientmedicalunit.Thisgroupofindividualsistrained, skilled,equippedandcapableofmobilizationanddeploymenttoanydestination within24hourso fnotification.

ThebasicunitofaDMATisthepatientcarenucleus.Composedofphysicians, nurses,rescueandsupportstaff,thisgroupingprovidesbothacuteemergency andprimarycaretoanaffectedpopulation.Teammembersaretrainedtodeliver medicalandsurgicalcare,andtostabilizevictimsatadisastersiteuntiltheycan beevacuatedtoareceivinghospital.ADMATisalsoequippedtoprovide primarycareservicesincaseswherecommunitiesmayhavelosttheirhealth carefacilities.Allind ividualDMATmembersserveonavolunteerbasis,bringing withthemskillstheypracticeintheirdailywork.

ADMATmaybedeployedtomeetregionaldisasters,nationwidedisasters requiringseveralteamspresentatthedisastersites,andinternational disasters innationsrequestingassistancefromtheUnitedStates.

## DisasterMortuaryOperationalResponseTeam(DMORT)

TheFederalResponsePlantaskstheNationalDisasterMedicalSystem(NDMS) underEmergencySupportFunction#8(ESF#8)toprovidevic timidentification andmortuaryservices.

Theseresponsibilitiesinclude:

- Temporarymorguefacilities
- Victimidentification

- Forensicdentalpathology
- Forensicanthropologymethods
- Processing
- Preparation
- Dispositionofremains

Inordertoaccomplis hthismission,NDMSenteredintoaMemorandumof AgreementwiththeNationalAssociationforSearchandRescue(NASAR),a nonprofitorganization,todevelopDisasterMortuaryOperationalResponse Teams(DMORTs).DMORTsarecomposedofprivatecitizens,ea chwitha particularfieldofexpertise,whoareactivatedintheeventofadisaster.

DMORTmembersarerequiredtomaintainappropriatecertificationsand licensurewithintheirdiscipline.Whenmembersareactivated,licensureand certificationisrec ognizedbyallStates,andtheteammembersarecompensated fortheirdutytimebytheFederalgovernmentasatemporaryFederalemployee. Duringanemergencyresponse,DMORTsworkundertheguidanceoflocal authoritiesbyprovidingtechnicalassistancea ndpersonneltorecover,identify, andprocessdeceasedvictims.

TheDMORTsaredirectedbytheNationalDisasterMedicalSystemin conjunctionwithaRegionalCoordinatorineachofthetenFederalregions. TeamsarecomposedofFuneralDirectors,Medic alExaminers,Coroners, Pathologists,ForensicAnthropologists,MedicalRecordsTechniciansand Transcribers,FingerPrintSpecialists,ForensicOdontologists,DentalAssistants, X-rayTechnicians,MentalHealthSpecialists,ComputerProfessionals, Administrativesupportstaff,andSecurityandInvestigativepersonnel.

TheDepartmentofHealthandHumanServices(HHS)/UnitedStatesPublic HealthService(USPHS)OfficeofEmergencyPreparedness(OEP)/National DisasterMedicalSystem(NDMS),insupportoft heDMORTprogram,maintains aDisasterPortableMorgueUnit(DPMU)attheOEPwarehouselocatedin Gaithersburg,Maryland.TheDPMUisadepositoryofequipmentandsupplies fordeploymenttoadisastersite.Itcontainsacompletemorguewithdesignated workstationsforeachprocessingelementandprepackagedequipmentand supplies.

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

## EpidemiologicSystem

Thecoordinationofactiviti esthatresultinpreventionandcontrolofdisease, disability,anddeath.Anepidemiologicsystembeginswithcharacterizinghealth events—infectiousandchronicdiseases,injuries,environmentalandbehavioral problems--intermsofwhere,when,andt owhomtheseeventsoccurwithin populationgroups.Nextbeginsthesearchforcausesorfactorsassociatedwith increasedriskorprobabilityofexperiencingthehealthevent.Finally,data gatheredthroughepidemiologicstudyisusedtodevelop,choose ,andevaluate

interventionsintendedtominimizethehumanconsequencesofadversehealth events.

## EmergencyOperationsCenter

Theprotectedsitefromwhichstateandlocalcivilgovernmentofficials coordinate,monitor,anddirectemergencyresponseact   ivitiesduringan emergency.

> FederalEmergencyManagementAgency <u>GuidetoAll -Hazard EmergencyOperationsPlanning</u> ,StateandLocalGuide(SLG)101, September1996

## EnhancedSurveillance

Astanceof"hyper -vigilance"inmonitoring.Withrespecttopublic    health, enhancedsurveillancepertainsespeciallytoalertnessforclinicaland epidemiologicclues,whichmightsuggestanoutbreakofdiseaseorarashof injuries.Increasedreportingisanessentialaspectofenhancedsurveillance. Cluesofadisease  outbreakinclude:1)anyunusualincreaseorclusteringof patientspresentingwithsymptomssuggestiveofinfectiousdisease(e.g.many patientswithrespiratoryconditions),2)anysinglecaseofasuspectedor confirmedcommunicablediseasethatisnot   endemictothearea(e.g.viral hemorrhagicfever),3)anyunusualagedistributionsforcommondiseases(e.g. severechickenpox -likeillnessinadultswhoreportprevioushistoryof chickenpox),4)anyunusualclusteringintimeorgeographyofpatients    with similarillness(e.g.personswhoattendedthesameevent).
**ChicagoDepartmentofHealth,HealthAlert,October12,2001**

## EmergencyCommunicationsProtocols

Standardproceduresforexchanginganddisseminatinginformationintimesof emergency.Proto  colsshouldaddresssuchelementsas:1)whoisauthorizedto speakandissuewrittenmessagesonbehalfoftheagency,2)whoisauthorized toreceivemessagesfromvariouslevelsofleadershipofotheragencies3)what isthechainofapprovalsforwritt    enmessages,4)whatformatwilltextmessages use(e.g.date/time,whothemessageisto,whothemessageisfrom,natureof theproblem,etc.),5)howwillcalls,faxes,e   -mailbesortedandlogged,6)will confirmationofmessagereadberequiredandho    wwillconfirmationberecorded, 6)etc.

## EmergencyResponseCoordinator

Apersonwhoisauthorizedtoandchargedwiththeresponsibilityof orchestratingtheactivities,whicharedefinedintheagency'semergency responseplan.Consequently,theemerge   ncyresponsecoordinator(ERC)must beknowledgeableregardingallaspectsoftheresponseplan.TheERCmust,by trainingandexperience,beabletoassessthedegreeoftheemergencyandto determineappropriateinitialaction.Duringanemergency,the    ERCwouldbe expectedtocoordinatepersonnelandresources,reportontheevolvingsituation, andmonitortheadequacyoftheresponse.Inaddition,theERCshould representtheagencyatmeetings,conferences,andworkgroupsconvenedto

developandupda teemergencyresponseplan.ERCwouldalsoattend
debriefingsafteremergenciestoidentifydeficienciesinthecurrentplanand
makerecommendationstoimprovetheplanbasedonthoseobservations.Ajob
descriptiondefiningtheduties,responsibili ties,knowledge,skills,andabilities
requiredshouldbecomposedfortheEmergencyResponseCoordinator
position,regardlessofwhethertheERCisaprimaryorsecondaryrolefor the
personassignedtoit.

## GeographicInformationSystems(GIS)

Combinesm oderncomputerandsupercomputingtechnologywithdata
managementsystemstoprovidetoolsforthecapture,storage,manipulation,
analysis,andvisualization,ofspatialdata.Spatialdatacontaininformation,
usuallyintheformofageographiccoordina tesystemthatgivesthedatalocation
relativetotheearth'ssurface.Thesespatialattributesenablepreviously
disparatedatasetstobeintegratedintoadigitalmappingenvironment.

HealthyPeople2010 ,Chapter23,Infrastructure,Terminology

## HazardAssessment

Aninventoryandappraisalofthehazards,risks,andvulnerabilitiesinthepublic
healthagency'sjurisdictionwhich,ifimproperlymanagedortargetedina
terroristattack,wouldposeaseriousandcrediblethreattopublic'shealth.
Examplesinclude:chemicalsstoredinpesticide,pharmaceutical,munitions,or
chemicalmanufacturingplants,thepresenceoffireworksvendors,schooland
universitychemistrylabs,nuclearpowerplants,watertreatmentanddistribution
centers,foodmanufa cturingplants,ventilationsystemsoflargeoccupancy
facilities,dams,andlevies,etc.Theresultsoftheassessmentprocessshould
betodeterminethepersonnel,resources,training,andequipmentnecessaryto
planforandrespondtoemergencysituati onsinvolvingidentifiedhazards.

FiscalYear1999StateDomesticPreparednessEquipmentProgram
(akaDOJSurvey,1.2.1)

## HazardousSubstancesEmergencyEventsSurveillance(HSEES)

State-basedsurveillancesystemmaintainedbytheAgencyforToxicSubs tances
DiseaseRegistry(ATSDR)todescribethepublichealthconsequences
associatedwiththereleaseofhazardoussubstances.Datacollectedforthe
systemincludegeneralinformationontheevent,substance(s)released,victims,
injuries,andevacuatio ns.

ATSDRHSEESAnnualReport,1996

## HazardousWaste

Asolidwaste,orcombinationofsolidwastes,whichbecauseofitsquantity,
concentration,orphysical,chemical,orinfectiouscharacteristicsmay:(a)cause,
orsignificantlycontributetoanincre aseinmortalityoranincreaseinserious,
irreversible,orincapacitatingreversible,illness;or(b)poseasubstantialpresent
orpotentialhazardtohumanhealthortheenvironmentwhenimproperlytreated,
stored,transported,disposedof,orotherwis emanaged.

ResourceConservationandRecoveryAct,SubtitleC,Section 1004(7)

## InternalNetworks

Agroupoftwoormorecomputersystemslinkedtogether.Therearemanytypes ofcomputernetworks.Themostcommonarelocal      -areanetworks(LANs)and wide-areanetworks(WANs).Local      -areanetworksarecomputernetworksthat spanrelativelysmallareas.MostLANsareconfinedtoasinglebuildingorgroup ofbuildings.However,oneLANcanbeconnectedtootherLANsoverany distanceviatelephonelinesand      radiowaves.AsystemofLANsconnectedin thiswayiscalledawide      areanetwork(WAN).MostLANsconnectworkstations andpersonalcomputers.Eachnode(individualcomputer)inaLANhasitsown centralprocessingunitwithwhichitexecutesprograms,      butitalsoisableto accessdataanddevicesanywhereontheLAN.Thismeansthatmanyusers canshareexpensivedevices,suchaslaserprinters,aswellasdata.Userscan alsousetheLANtocommunicatewitheachother,bysendinge      -mailor engaging inchatsessions.

## InternetFirewall

Asystemdesignedtopreventunauthorizedaccesstoorfromaprivatenetwork. Firewallscanbeimplementedinbothhardwareandsoftware,oracombination ofboth.Firewallsarefrequentlyusedtopreventunauthoriz      edInternetusers fromaccessingprivatenetworksconnectedtotheInternet,especiallyintranets. Allmessagesenteringorleavingtheintranetpassthroughthefirewall,which examineseachmessageandblocksthosethatdonotmeetthespecified securitycriteria.Thetermderivesfromtheconstructionindustryinwhichwalls arebuilttopreventthespreadoffire.

Webopedia.com

## IntruderDetection

Hardware,software,oracombinationofhardwareandsoftwaredesignedto discoverthepresenceofu      nauthorizedentryintoacomputernetwork.

## IP

Abbreviationof *InternetProtocol,* pronouncedastwoseparateletters.IP specifiestheformatofpackets,alsocalled      *datagrams,*andtheaddressing scheme.MostnetworkscombineIPwithahigher      -levelprotoco lcalledTransport ControlProtocol(TCP),whichestablishesavirtualconnectionbetweena destinationandasource.

IPbyitselfissomethinglikethepostalsystem.Itallowsyoutoaddressa packageanddropitinthesystem,butthere'snodirectli      nkbetweenyouandthe recipient.TCP/IP,ontheotherhand,establishesaconnectionbetweentwo hostssothattheycansendmessagesbackandforthforaperiodoftime.

**JointInformationCenter(JIC)**

Acenterestablishedtocoordinatethepublicinf        ormationactivitieson   -scene.Itis thecentralpointofcontactforallnewsmediaatthesceneoftheincident.Public informationofficialsfromallparticipatingfederal,state,andlocalagenciesand organizationsshouldcollocateattheJIC.

Federal EmergencyManagementAgency

## LaboratoryLevels

### LevelALaboratory

LevelAlaboratoriesarepublichealthandhospitallaboratorieswithacertified biologicalsafetycabinetasaminimum.Theselaboratorieshavetheabilityto ruleoutspecificagentsand    toforwardorganismsorspecimenstohigher      -level laboratoriesforfurthertesting.

### LevelBLaboratory(CoreCapacity)

LevelBlaboratoriesarestateandlocalpublichealthlaboratorieswithBiosafety Level(BSL)2facilitiesthatincorporateBSL     -3prac ticesandmaintainthe proficiencytoadequatelyprocessenvironmentalsamples,ruleinspecificagents, andperformconfirmatoryandantibioticsusceptibilitytesting.Theselaboratories canidentifyappropriatehigher   -levellaboratoriesandcanforwards      amplesto themforfurthertesting.

### LevelCLaboratory(AdvancedCapacity)

LevelCLaboratoriesareBSL    -3facilitieswiththecapabilitytoperformnucleic acidamplification,moleculartyping,andtoxicitytesting.LevelClaboratoriescan conductallte stsperformedinLevelBlaboratoriesandcanprovidesurge capacity,whenneeded.Additionally,theselaboratorieswillevaluatereagents andteststofacilitatetheirtransferforuseinLevelBlaboratories.

### LevelDLaboratory

LevelDLaboratoriescan    conductalltestsperformedinLevelsA,B,andC laboratories.Theycanvalidatenewassays,detectgeneticrecombinants, providespecializedreagents,securelybankisolates,andpossessBSL      -3and BSL-4biocontainmentfacilities.Forbioterrorismevents       affectingcivilian populations,CDCistheLevelDlaboratory.

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

## MediaAdvocacy

Deliberateandstrategicuseofmassmediatomotivateanaudiencetoaction, advocateforpolicyorlaw,orbringattentiontoissues.

http://www.apha.org/news/Media_Advocacy_Manual.pdf

## MedicalManagementInformationforCriticalAgents

Writtenmaterials,whichdescribehowto1)recognizethesignsandsymptoms producedbycriticalagents,2)evaluatep        atientshavingsuchsignsand symptoms,and3)providemedicalcareforsuchpatients.

http://www.nbc-med.org/SiteContent/medRef/OnlineRef/FieldManuals/medman/Handbook.htm

**http://ndms.dhhs.gov/CT_Program/Response_Planning/response_planning .html**

## MetropolitanMedicalResponseSystem(MMRS)

TheMetropolitanMedicalResp    onseSystemprogramwasoriginatedin1996and ismanagedbytheOfficeofEmergencyPreparedness(OEP).Theprimaryfocus oftheMMRSprogramistodeveloporenhanceexistingemergency preparednesssystemstoeffectivelymanageweaponsofmassdestructio     n (WMD)incident.Thisincludesbothbiologicalandchemicalthreats.Thegoalis tocoordinatetheeffortsoflocallawenforcement,fire,hazmat,EMS,hospital, publichealthandotherpersonneltoimproveresponsecapabilitiesintheevent ofaterroris  tattack.

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

## NationalDisasterMedicalSystem(NDMS)

TheNationalDisasterMedicalSystem(NDMS)isacooperativeasset        -sharing programamongFederalgovernmentagencies,stateandlocalgove      rnments,and theprivatebusinessesandcivilianvolunteerstoensureresourcesareavailable toprovidemedicalservicesfollowingadisasterthatoverwhelmsthelocalhealth careresources.TheNationalDisasterMedicalSystem(NDMS)isaFederally coordinatedsystemthataugmentstheNation'semergencymedicalresponse capability.TheoverallpurposeoftheNDMSistoestablishasingle,integrated nationalmedicalresponsecapabilityforassistingstateandlocalauthoritiesin dealingwiththemedical   andhealtheffectsofmajorpeacetimedisastersand providingsupporttothemilitaryandVeteransHealthAdministrationmedical systemsincaringforcasualtiesevacuatedbacktotheU.S.fromoverseas armedconflicts.

## NationalPharmaceuticalStockpile   (NPS)

ThemissionofCDC'sNationalPharmaceuticalStockpile(NPS)Programisto ensuretheavailabilityandrapiddeploymentoflife       -savingpharmaceuticals, antidotes,othermedicalsupplies,andequipmentnecessarytocounterthe effectsofnerveagents,    biologicalpathogens,andchemicalagents.TheNPS ProgramstandsreadyforimmediatedeploymenttoanyU.S.locationinthe eventofaterroristattackusingabiologicaltoxinorchemicalagentdirected againstacivilianpopulation.

**PortScan**

Systematic examination of a computer's ports. Since a port is a place where information goes into and out of a computer, a port scan identifies open doors to a computer. A port scan has legitimate uses in managing networks, but a port scan can also be malicious in nature if someone is searching for a weakened access point to break into a computer.

Webopedia.com

**PublicHealthInformationTechnologyFunctionsandSpecifications**

A document for information technology (IT), which 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/

**PublicHealthSystem**

The public health agency working in partnership with other government agencies, private enterprises, and voluntary organizations to provide services essential to the health of the public.

National Public Health Performance Standards State and Local Instruments

**PublicHealthResponse**

The public health response to finding a suspicious device begins by assuming the device has mass destruction potential. Initial steps include notifying the local Hazardous Materials Unit (HAZMAT) and law enforcement authorities. Be aware that the scene could be booby-trapped to impede response and cause more casualties if terrorism is involved. Until HAZMAT and law enforcement officials arrive, and without entering the immediate hazard area, isolate the scene as well as possible to keep people away from the scene.

US Fire Administration, Federal Emergency Management Agency Hazardous Materials Guide for First Responders General Approach to a Hazmat Incident

http://www.usfa.fema.gov/hazmat/

**PublicKeyInfrastructure**

A cryptographic system that uses two keys (data fields) – a public key known to everyone and a private or secret key known only to the recipient of the message. When John wants to send a message to Jane, he uses Jane's public key to encrypt the message. Jane then uses her private key to decrypt it.

Webopedia.com

**RedundantSystems**
**Communication**

Alternate means of transmitting and exchanging information in case the primary system fails. Alternatives to computer e-mail, for example, include fax, pager,

cellphone,personaldigitaldeviceorvoice      -mailbox.Two  -wayradios ,satellite
phones,wirelessphones,andamateurradiooperatorsprovidefurtherexamples
ofalternativecommunicationmeans.

## Computer

Computersystemsinwhicheveryoperationisperformedontwoormore
duplicatesystems,soifonesystemfailstheoth      ercantakeover.Systemswhich
respondseamlesslytounexpectedhardwareorsoftwarefailuresaresaidtobe
faulttolerant.

## RiskCommunication

AccordingtotheNationalResearchCounciloftheNationalAcademyofScience
(NAS1989)"riskcommunication     isaninteractiveprocessofexchangeof
informationandopinionamongindividuals,groupsandinstitutions.Itinvolves
multiplemessagesaboutthenatureofrisk...thatexpressesconcerns,opinions,
orreactionstoriskmessagesortolegalandinstitu          tionalarrangementsforrisk
management".ExcellentinsightastowhytheAcademydefinedrisk
communicationasaninteractiveprocessisfoundinatreatiseonRisk
CommunicationbyMikeCampbell,professorofmedicalstatistics,Instituteof
GeneralPra cticeandPrimaryCare,SheffieldUniversity:

"Whenrisksareunavoidablebutcontrollable,thenaconsensushastobe
developedastowhatisacceptable".

**http://www.shef.ac.uk/uni/projects/wrp/riskcom.html**

**http://www.ci.sf.ca.us/puc/wqfs/risk.htm**

**http://www.inspection.gc.ca/english/corpaffr/publications/risco
mm/riscomm_ch2e.shtml**

## SecureSocketsLayer

AprotocoldevelopedbyNetscapefortransmittingprivatedocumentsviathe
Internet.SSLworksbyusingapublickeytoencryptdatathatistransferredover
theSSLconnection  .BothNetscapeNavigatorandInternetExplorersupport
SSL,andmanyWebsitesusetheprotocoltoobtainconfidentialuser
information,suchascreditcardnumbers.
                    Webopedia.com

## S/MIME

**M**ultipurpose **I**nternet **M**ail **E**xtensions,aspecificationforformat    tingnon -ASCII
messagessotheycanbesentovertheInternet.Manye           -mailclientsnow
supportMIME,whichenablesthemtosendandreceivegraphics,audio,and
videofilesviatheInternetmailsystem.MIMEwasdefinedin1992bythe
InternetEngineerin gTaskForce(IETF).Anewversion,calledS/MIME,
supportsencryptedmessages.
                    Webopedia.com

**SeniorManagementStaff**

Agencyleadershipresponsibleformultipleprograms.Generallyconsistsofthe
managementstaffinthelayerbelowandthesecondlayer belowthedeputy
directorintheorganizationchart.Titlesvary,buttypicallyincludeassistantor
associatedirectors,bureauchiefs,anddepartmentheads.

**SentinelHealthCareProviders**

Anetworkofselectedproviderswhomonitordiseaseactivityin thegeneral
populationthroughregularreporting.Sentinelproviders,inaggregate,seea
broadmixofpatientswhorepresentthepopulationinage,gender,regional
distribution,anddegreeofurbanization.Typicalpracticetypeswhichparticipate
asre portingsitesincludeofficesoffamilyphysicians,internists,and
pediatricians,aswellas,emergencyrooms,urgentcarecenters,studenthealth
centers,andhealthmaintenanceorganizations.Generally,stateshavebeen
askedtorecruitonereportings iteforevery250,000people.Sentinelsitesreport
onspecificdiseasesusingtheCentersforDiseaseControlandPrevention
(CDC)casedefinitions.Forexample,statesparticipatinginthesentinel
surveillancesystemareaskedtoreportcasesof"infl uenza-likeillness"orILI.
TheCDCcasedefinitionforILIisfever>100 °FANDcoughand/orsorethroat
(intheabsenceofaknowncause).Sentinelprovidersreportthetotalnumberof
patientvisitseachweekforthemonthsOctoberthroughMayandth enumberof
patientvisitsforILIineachofthefollowingagegroups,eachweek,alsoforthe
monthsOctoberthroughMay:0 -4years(preschool),5 -24years(schoolage
throughcollege),25 -64years(adult),>65years(olderadults).Sentinel
providersthentransmittheirdatatoacentraldatarepositoryatCDConaweekly
basisbetweenOctoberandmid -May.IncasesofILI,sentinelprovidersarealso
askedtocollectthroatornasopharyngealswabspecimensforvirologictesting,
usuallysendtothest atepublichealthlaboratoryfortesting.Sentinelsare
askedtocollectaminimumof2 -3swabsduringeachofthefollowingtimesand
typesofcases:

- ILIcasesat1)thebeginningoftheseason(i.e.whenILIcasesfirstbegin
  presentinginincreasedn umbers),2)peakoftheseason,and3)towardthe
  season'send
- Unusualclinicalcasesorunusuallyseverecases
- Outbreak-relatedcases

Inexchangeforagreeingtoactassentinels,providershaveInternetaccess,via
assignedidentificationnumberandpa ssword,toviewtheirownandregional
sentinelproviderdata.Thebenefittothecommunity,ofcourse,ishaving
providersknowledgeablethatinfluenzahasenteredthecommunity.

InfluenzaSentinelPhysicianSurveillance,MissouriDepartmentof
Health

**SentinelVeterinarians**

Anetworkofselectedveterinarianswhomonitordiseaseactivityintheanimal
populationthroughregularreporting.

## SpecialPopulations

Specialpopulationsincludepersonswhobyreasonoflanguagebarriers,living conditions, confinement,lackoftransportationorotheruniquesituationsmight requireadditionalassistancetounderstandpubliclyissuedinstructionsorobtain neededcare,especiallyintimesofemergency.Homelesspersons,nursing homepatients,mentallyillor    mentallyretardedindividualslivingingroup residentialhomes,studentsinuniversitydorms,juvenilesindetentioncenters, prisonersandmigrantlaborersareexamplesofspecialpopulations.

## ThreatTrackingandManagement

Asystem,whichsupportsd    ecision-makingbyenablingtimelypresentationof informationthroughongoingmonitoring,analysis,andreportingofthreatdata. ThefollowingisanexampleoftrackingtheWestNilevirusthreatusinga GraphicInformationSystem(GIS):

http://www.esri.com/news/arcuser/0701/wnvirus.html

## TrainingNeedsAssessment

Informationcollectedandanalyzedtodetermineifperformanceproblemscanbe solvedthroughtraining.Awell    -designedtrai ningneedsassessmentidentifies thefollowing:

- Whattrainingisrelevanttoemployees'jobs
- Whattrainingwillimproveperformance
- Iftrainingwillmakeadifference
- Distinguishtrainingneedsfromorganizationalproblems
- Linkimprovedjobperformancewit    htheorganization'sgoals

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