# Program Element #12: Public Health Emergency Preparedness Program (PHEP)

1. **Description.** Funds provided under this Agreement to Local Public Health Authorities (LPHA) for a Public Health Emergency Preparedness Program (PHEP) for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below to deliver Public Health Emergency Preparedness.

The PHEP shall address mitigation, preparedness, response and recovery phases for public health emergencies through plan development and revision, exercise and response activities based on the 15 Centers for Disease Control and Prevention (CDC) identified Public Health Preparedness Capabilities.

Emergency preparedness is one of the seven foundational capabilities described in the Oregon Public Health Modernization Manual. The foundational capabilities are needed for governmental public health to meet its charge to improve the health of everyone in Oregon. The vision for this foundational capability is as follows: A healthy community is a resilient community that is prepared and able to respond to and recover from public health threats and emergencies.[1](#Public_Health_Modernization_Manual_1)

All changes to this Program Element are effective upon receipt of grant award unless otherwise noted in Exhibit C of the Financial Assistance Award.

# Definitions Relevant to PHEP Programs Specific to Public Health Emergency Preparedness.

* 1. Access and Functional Needs: The term “access and functional needs” means those actions, services, accommodations, and programmatic, architectural, and communication modifications that a covered entity must undertake or provide to afford individuals with disabilities a full and equal opportunity to use and enjoy programs, services, activities, goods, facilities, privileges, advantages, and accommodations in the most integrated setting, in light of the exigent circumstances of the emergency and the legal obligation to undertake advance planning and prepare to meet the disability-related needs of individuals who have disabilities as defined by the ADA Amendments Act of 2008, P.L. 110-325, and those associated with them.[2](#Americans_With_Disabilities_Act_2)
	2. **Base Plan**: A plan that is maintained by Local Public Health Authority, describing fundamental roles, responsibilities and activities performed during preparedness, mitigation, response and recovery phases. This plan may be titled as the Emergency Support Function #8, an annex to the County Emergency Operations Plan, Public Health All-Hazards Plan or other title that fits into the standardized county emergency preparedness nomenclature.
	3. **Budget Period:** Budget period is defined as the intervals of time (usually 12 months) into which a multi-year project period is divided for budgetary/ funding use. For purposes of this Program Element, budget period is July 1 through June 30.
	4. **CDC:** U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
	5. **CDC Public Health Preparedness Capabilities:** Developed by the CDC to serve as national public health preparedness standards for state and local planning. [3](#CDC_Public_Health_Preparedness_Caps_3)
	6. **Cities Readiness Initiative (CRI):** CRI is a federally funded program designed to enhance preparedness in the nation's largest population centers where more than 50% of the U.S. population resides. Using CRI funding, state and large metropolitan public health departments develop, test, and maintain plans to quickly receive and distribute life-saving medicine and medical supplies from the nation's Strategic National Stockpile (SNS) to local communities following a large-scale public health emergency.
	7. **Deadlines:** If a due date falls on a weekend or holiday, the due date will be the next business day following.
	8. **Health Alert Network (HAN):** A web-based, secure, redundant, electronic communication and collaboration system operated by OHA, available to all Oregon public health officials, hospitals, labs and service providers. The data it contains is maintained jointly by OHA and all LPHAs. This system provides continuous, high-speed electronic access for Oregon public health officials and service providers to public health information including the capacity for broadcasting information to Oregon public health officials and service providers in an emergency, 24 hours per day, 7 days per week, 365 days per year. The secure HAN has a call down engine that can be activated by state or local Preparedness Health Alert Network administrators.
	9. **Health Security Preparedness and Response (HSPR):** A state level program to develop systems, plans and procedures to prepare for and respond to major, acute threats and emergencies that impact the health of people in Oregon. This work is done jointly between HSPR, Local Public Health Departments and Native American Tribes (Tribes).
	10. **Health Care Coalition (HCC):** A health care coalition (HCC) as a coordinating body that incentivizes diverse and often competitive health care organizations and other community partners with differing priorities and objectives and reach to community members to work together to prepare for, respond to, and recover from emergencies and other incidents that impact the public’s health.
	11. **Medical Countermeasures (MCM):** Vaccines, antiviral drugs, antibiotics, antitoxin, etc. in support of treatment or prophylaxis to the identified population in accordance with public health guidelines or recommendations. This includes the Strategic National Stockpile (SNS), a CDC program developed to provide rapid delivery of pharmaceuticals, medical supplies and equipment for an ill-defined threat in the early hours of an event, a large shipment of specific items when a specific threat is known or technical assistance to distribute SNS materiel. SNS program support includes vendor managed inventory (VMI) and Federal Medical Stations.
	12. **National Incident Management System (NIMS):** The U.S. Department of Homeland Security system for integrating effective practices in emergency preparedness and response into a comprehensive national framework for incident management. The NIMS enables emergency responders at all levels and in different disciplines to effectively manage incidents no matter what the cause, size or complexity. [5](#National_Incident_Management_System_5)
	13. **Public Information Officers (PIOs)**: The communications coordinators or spokespersons for governmental organizations.
	14. **Public Health Accreditation Board (PHAB):** A non-profit organization dedicated to improving and protecting the health of the public by advancing the quality and performance of tribal, state, local and territorial public health departments. [6](#PublicHealthAccreditationBoard_6)
	15. **Public Health Emergency Preparedness (PHEP):** local public health programs designed to better prepare Oregon to respond to, mitigate, and recover from emergencies with public health impacts.
	16. **Public Health Preparedness Capability Surveys:** A series of surveys sponsored by HSPR for capturing information from LPHAs in order for HSPR to report to CDC.
1. **Program Components.** Activities and services delivered under this Program Element align with Foundational Programs and Foundational Capabilities, as defined in [Oregon’s Public Health Modernization Manual](http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf),[1](#Public_Health_Modernization_Manual_1) (<http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf>) as well as with public health accountability outcome and process metrics (if applicable) as follows:
	1. **Foundational Programs and Capabilities** (As specified in Public Health Modernization Manual)

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

Note: Emergency preparedness crosses over all foundational programs.

* 1. **The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Accountability Metric**: Not applicable
	2. **The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Modernization Process Measure**:Not applicable
1. **Procedural and Operational Requirements**. By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, LPHA agrees to conduct activities in accordance with the following requirements:
	1. Engage in activities as described in its Local PHEP Program Work Plan, which has been approved by OHA HSPR and as set forth in Attachment 1, incorporated herein with this reference.
	2. Use funds for this Program Element in accordance with its Local PHEP Program Budget, which has been approved by OHA HSPR and as set forth in Attachment 2, incorporated herein with this reference. Modification to the Local PHEP Program Budget may only be made with OHA HSPR approval.
	3. **Statewide and Regional Coordination:** LPHA must attend HSPR meetings and participate as follows:
		1. Attendance at one of the HSPR co-sponsored preparedness conferences, which includes Oregon Epidemiologists’ Meeting (OR-Epi) and Oregon Prepared Conference.
		2. Participation in emergency preparedness subcommittees, work groups and projects for the sustainment of public health emergency preparedness as appropriate.
		3. Participation in a minimum of 75% of the regional or local HCC meetings.7
		4. Participation in the Statewide MCM Dispensing and Distribution full scale exercises and planning at the local level.[10](#Cooperative_Agreement_Dom4_10)
		5. Participation in a minimum of 75% of statewide HSPR-hosted monthly conference calls for LPHAs and Tribes.
		6. Participation in activities associated with local, regional, or statewide emerging threats or incidents as identified by HSPR or LPHA. Timely assessment and sharing of essential elements of information for identification and investigation of an incident with public health impact, [9](#Cooperative_Agreement_Dom3_9), [18](#Assessmentandepidemiology_18), [21](#Impend_PHealth_Crisis_HthInfo_21) as agreed upon by HSPR and the CLHO Emergency Preparedness and Response subcommittee.
		7. Work to develop and maintain a portfolio of community partnerships to support preparedness, mitigation, response and recovery efforts.[1](#Public_Health_Modernization_Manual_1), [14](#Community_partnership_development_14) Portfolio will include viable contact information from community sectors as defined by the CDC: business; community leadership; cultural and faith-based groups and organizations; emergency management; healthcare; human services; housing and sheltering; media; mental/behavioral health; office of aging or its equivalent; education and childcare settings.[12](#Preparedness_Capability_1_12)
	4. **Public Health Preparedness Capability Survey:** LPHA shall complete all applicable Public Health Preparedness Capability Survey sponsored by HSPR by August 15 each year or applicable due date based on CDC requirements.[1](#Public_Health_Modernization_Manual_1), [8](#Cooperative_Agreement_Dom2_8)
	5. **Work Plan:** PHEP work plans must be written with clear and measurable objectives with timelines and include:
		1. At least three broad program goals that address operationalizing plans, identifying gaps and guide PHEP activities.
		2. Local public health leadership reviews and approves work plans in support of any of the 15 CDC PHP Capabilities.
		3. Planning in support of any of the 15 CDC PHP Capabilities.
		4. Training and Education in support of any of the 15 CDC PHP Capabilities.
		5. Exercises in support of any of the 15 CDC PHP Capabilities.
		6. Planning will include Access and Functional Needs populations.
		7. Community Education and Outreach and Partner Collaboration in support of any of the 15 CDC PHP Capabilities.
		8. Administrative and Fiscal activities in support of any of the 15 CDC PHP Capabilities.
	6. **Emergency Preparedness Program Work Plan Performance**: LPHA shall complete activities in their HSPR approved PHEP work plans by June 30 each year. If LPHA completes fewer than 75% of the non-fiscal and non-administrative planned activities in its local PHEP work plan for two consecutive years, not due to unforeseen public health events, it may not be eligible to receive funding under this Program Element in the next fiscal year. Work completed in response to a novel or uncommon disease outbreak or other event of significance, may be documented to replace work plan activities interrupted or delayed.

# 24/7/365 Emergency Contact Capability.

* + 1. LPHA shall establish and maintain a single telephone number whereby, physicians, hospitals, other health care providers, OHA and the public can report public health emergencies within the LPHA service area. [9](#Cooperative_Agreement_Dom3_9), [15](#Emergencypreparednessandresponse_15), [16](#Communications_16)
		2. The contact number will be easy to find through sources in which the LPHA typically makes information available including local telephone directories, traditional websites and social media pages. It is acceptable for the publicly listed phone number to provide after-hours contact information by means of a recorded message. LPHA shall list and maintain both the switchboard number and the 24/7/365 numbers on the HAN. [1](#Public_Health_Modernization_Manual_1), [9](#Cooperative_Agreement_Dom3_9), [15](#Emergencypreparednessandresponse_15), [16](#Communications_16)
		3. The telephone number shall be operational 24 hours a day, 7 days a week, 365 days a year and be an eleven digit telephone number available to callers from outside the local emergency dispatch. LPHA may use an answering service or their 911 system in this process, but the eleven-digit telephone number of the local 911 operators shall be available for callers from outside the locality. [1](#Public_Health_Modernization_Manual_1), [9](#Cooperative_Agreement_Dom3_9), [15](#Emergencypreparednessandresponse_15), [16](#Communications_16)
		4. The LPHA telephone number described above shall be answered by a knowledgeable person with the ability to properly route the call to a local public health administrator or designee.
		5. An LPHA official must respond within 60 minutes, to calls received on 24/7/365 telephone number, during statewide communication drills and quarterly tests. [13](#Capability3_13)
		6. Quarterly test calls to the 24/7/365 telephone line will be conducted by HSPR program staff.~~.~~

# HAN

* + 1. A local HAN Administrator will be appointed for each LPHA and this person’s name and contact information will be provided to the HSPR liaison and the State HAN Coordinator. [1](#Public_Health_Modernization_Manual_1), [9](#Cooperative_Agreement_Dom3_9), [15](#Emergencypreparednessandresponse_15)
		2. The local HAN Administrator shall:
			1. Agree to the HAN Security Agreement and State of Oregon Terms and Conditions.
			2. Complete appropriate HAN training for their role.
			3. Ensure local HAN user and county role directory is maintained (add, modify and delete users; make sure users have the correct license).
			4. Act as a single point of contact for all LPHA HAN issues, user groups, and training.
			5. Serve as the LPHA authority on all HAN related access (excluding hospitals and Tribes).
			6. Coordinate with the State HAN Coordinator to ensure roles are correctly distributed within each county.
			7. Ensure participation in OHA Emergency Support Function 8 (Health and Medical) tactical communications exercises. Deliverable associated with this exercise will be the test of the LPHA’s HAN system roles via alert confirmation for: Health Officer, Communicable Disease (CD) Coordinator(s), Preparedness Coordinator, PIO and LPHA County HAN Administrator within one hour. [13](#Capability3_13)
			8. LPHA’s with more than 10,000 in population, initiate at least one local HAN call down exercise/ drill for LPHA staff annually. For LPHA’s with less than 10,000 in population, demonstrate through written procedures how public health staff and responding partners are notified during emergencies.
			9. Perform general administration for all local implementation of the HAN system in their respective organizations.
			10. Review LPHA HAN users two times annually to ensure users are updated, assigned their appropriate roles and that appropriate users are deactivated.
			11. Facilitate in the development of the HAN accounts for new LPHA users.
			12. Participate in HAN/HOSCAP Administrator conference calls as appropriate.
	1. **Multi-Year Training and Exercise Plan (MYTEP):** LPHA shall annually submit to HSPR on or before September 1, an updated MYTEP. [1](#Public_Health_Modernization_Manual_1), [7](#Cooperative_Agreement_Dom1_7), [8](#Cooperative_Agreement_Dom2_8), [10](#Cooperative_Agreement_Dom4_10), [15](#Emergencypreparednessandresponse_15) The MYTEP shall meet the following conditions:
		1. The plan shall demonstrate continuous improvement and progress toward increased capability to perform critical tasks.
		2. The plan shall include priorities that address lessons learned from previous exercises events, or incidents as described in the LPHA’s existing After Action Report (AAR)/ Improvement Plan (IP).
		3. LPHA shall work with Emergency Management, local health care partners and other community partners to integrate exercises and align MYTEPs, as appropriate.
	2. At a minimum, the plan shall identify at least two exercises per year for LPHA’s with more than 10,000 in population and one exercise per year for LPHA’s with less than 10,000 in population. LPHA’s shall identify a cycle of exercises that increase in complexity over a two-year period, progressing from discussion-based exercises (e.g. seminars, workshops, tabletop exercises, games) to operation-based exercises (e.g. drills, functional exercises and full-scale exercises); exercises of similar complexity are permissible within any given year of the plan. Disease outbreaks or other public health emergencies requiring an LPHA response may, upon HSPR approval, be used to satisfy exercise requirements. For an exercise or incident to qualify, under this requirement the exercise or incident must:
	3. **Exercise:**
		+ 1. LPHA submits to HSPR Liaison an exercise plan which includes scope, goals, objectives, activities, a list of invited participants and a list of exercise team members, for each of the exercises 30 days in advance of every exercise.
			2. Involve two or more participants in the planning process.
			3. Involve two or more public health staff and/ or related partners as active participants.
			4. Result in an After-Action Report (AAR)/Improvement Plan (IP) submitted to HSPR Liaison within 60 days for every exercise.
	4. **Incident:**
		+ 1. During an incident, Public Health submits the local response documentation or Incident Action Plan (IAP) describing LPHA role within incident response. [13](#Capability3_13)
			2. Result in an After-Action Report (AAR)/Improvement Plan (IP) within 60 days of incident close or public health response ends..
		1. LPHA shall coordinate exercise design and planning with local Emergency Management and other partners for community engagement,[1](#Public_Health_Modernization_Manual_1) as appropriate.
		2. Staff responsible for emergency planning and response roles shall be trained for their respective roles consistent with their local emergency plans and according to the Centers for Disease Control and Prevention Public Health Capabilities,[13](#Capability3_13) the Public Health Accreditation Board, and the National Incident Management System. [5](#National_Incident_Management_System_5) The training portion of the plan must:
			1. Include training on how to discharge LPHA statutory responsibility to take measures to control communicable disease in accordance with applicable law.
			2. Identifying and training appropriate LPHA staff [17](#Organizationalcompetencies_17) to prepare for public health emergency response roles and general emergency response based on the local identified hazards.
	5. **Maintaining Training Records:** LPHA shall maintain training records for all local public health staff with emergency response roles which demonstrate NIMS compliance. [11](#Whotakeswhat_11)
	6. **Plans:** LPHA shall maintain and execute emergency preparedness procedures and plans as a component of its jurisdictional Emergency Operations Plan. **At a minimum, LPHAs will establish and maintain:**
	7. Base Plan. The Base Plan reviewed and revised every two years[22](#EMPG_22), [25](#Directive21_25) in coordination with the local emergency management agency schedule.
	8. Medical Countermeasure Dispensing and Distribution (MCMDD) plan[1](#Public_Health_Modernization_Manual_1), [8](#Cooperative_Agreement_Dom2_8), [10](#Cooperative_Agreement_Dom4_10), [15](#Emergencypreparednessandresponse_15), [19](#Impend_PHealth_Crisis_Plans_19), [20](#Impend_PHealth_Crisis_DiagTx_20), [25](#Directive21_25)
	9. Continuity of operations plan (COOP).[1](#Public_Health_Modernization_Manual_1), [4](#Continuity_Guidance_Circular_1_4), [15](#Emergencypreparednessandresponse_15)
	10. Communications and Information Plan[16](#Communications_16)
	11. All plans shall address, as appropriate, the 15 CDC PHP capabilities based on the local identified hazards.
	12. Plans are functional and operational by June 30, 2022.[8](#Cooperative_Agreement_Dom2_8), [10](#Cooperative_Agreement_Dom4_10), [24](#Directive8_24)
	13. All LPHA emergency procedures shall comply with the NIMS.[5](#National_Incident_Management_System_5), [23](#Directive5_23)
	14. The governing body of the LPHA shall maintain and update the other components and shall be adopted as local jurisdiction rules apply.
1. **General Revenue and Expense Reporting.** LPHA must complete an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit C of the Agreement. These reports must be submitted to OHA by the 25th of the month following the end of the first, second and third quarters, and no later than 50 calendar days following the end of the fourth quarter (or 12-month period). All capital equipment purchases of $5,000 or more that use PHEP funds will be identified in the budget report form under the Capital Equipment tab.
2. **Reporting Requirements.**
3. **Work Plan.** LPHA shall implement its PHEP activities in accordance with its HSPR approved work plan using the example set forth in Attachment 1 to this Program Element. Dependent upon extenuating circumstances, modifications to this work plan may only be made with HSPR agreement and approval. Proposed work plan will be due on or before August 1. Final approved work plan will be due on or before September 1.
4. **Mid-year and end of year work plan reviews**. The LPHA will complete work plan updates in coordination with their HSPR liaison on at least a minimum of a semi-annual basis and by August 15 and February 15.
5. **Triennial Review.** This review will be completed in conjunction with the statewide Triennial Review schedule as determined by the Office of Community Liaison. This Agreement will be integrated into the Triennial Review Process.
6. LPHA shall annually submit a Multi-Year Training and Exercise Plan (MYTEP) to HSPR Liaison on or before September 1, an updated MYTEP.
7. LPHA shall submit to HSPR Liaison an exercise scope including goals, objectives, activities, a list of invited participants and a list of exercise team members, for each of the exercises 30 days in advance of each exercise.
8. LPHA shall submit to HSPR Liaison a local approved Incident Action Plan or local response documentation, before the start of the second operational period to OHA HSPR Liaison.
9. LPHA shall submit to HSPR Liaison an after-action report/improvement plan or documented lessons learned for every exercise hosting or participating in within 60 days after the completion of the exercise.
10. LPHA shall submit to HSPR Liaison an after-action report/improvement plan for every incident response within 60 days after completion of incident or end of public health response.
11. **Performance Measures:** LPHA will progress local emergency preparedness planning efforts in a manner designed to achieve the 15 CDC National Standards for State and Local Planning for Public Health Emergency Preparedness and is evaluated by Mid-year, End of Year and Triennial Reviews.[3](#CDC_Public_Health_Preparedness_Caps_3)

**ATTACHMENT 2**

**TO PROGRAM ELEMENT #12 BUDGET TEMPLATE**

|  |
| --- |
| **Preparedness Program Annual Budget** |
|  **County** |
| **July 1, 201\_ - June 30, 201\_** |
|  |  | **Total** |
| **PERSONNEL** |  | Subtotal | **$0** |
|  | List as an Annual Salary | % FTE based on 12 months | 0 |  |
| *(Position Title and Name)* |  |  | 0 |
| Brief description of activities, for example, This position has primary responsibility for County PHEP activities. |  |  |
|  |  |  | 0 |
|  |  |  |
|  |  |  | 0 |
|  |  |  |
|  |  |  | 0 |
|  |  |  |
| **Fringe Benefits** @ ( )% of describe rate or method |  | 0 |
|  |  |  |
| **TRAVEL** |  |  | **$0** |
| **Total In-State Travel:** (describe travel to include meals, registration, lodging and mileage) | $0 |  |  |
| **Hotel Costs:** |  |  |
| **Per Diem Costs:** |
| **Mileage or Car Rental Costs:** |
| **Registration Costs:** |
| **Misc Costs:** |
| **Out-of-State Travel:** (describe travel to include location, mode oftransportation with cost, meals, registration, lodging and incidentals along with number of travelers) | $0 |  |
| **Air Travel Costs:** |  |  |
| **Hotel Costs:** |
| **Per Diem Costs:** |
| **Mileage or Car Rental Costs:** |
| **Registration Costs:** |
| **Misc. Costs:** |
| **CAPITAL EQUIPMENT (individual items that cost $5,000 or more)** | $0 |  | **$0** |
|  |  |  |  |
| **SUPPLIES, MATERIALS and SERVICES (office, printing, phones, IT support, etc.)** | $0 |  | **$0** |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **CONTRACTUAL (list each Contract separately and provide a brief description)** | $0 |  | **$0** |
| *Contract with ( ) Company for $ , for ( ) services.* |  |  |  |
| *Contract with ( ) Company for $ , for ( ) services.* |
| *Contract with ( ) Company for $ , for ( ) services.* |
| **OTHER** | $0 |  | **$0** |
|  |  |  |  |
| **TOTAL DIRECT CHARGES** |  | **$0** |
| **TOTAL INDIRECT CHARGES @ % of Direct Expenses or describe method** |  | **$0** |
|  |  |  |
| **TOTAL BUDGET:** |  |  | **$0** |
| Date, Name and phone number of person who prepared budget |  |  |  |
| NOTES: |  |  |  |
| Salaries should be listed as a full time equivalent (FTE) of 2,080 hours per year - for example an employee working .80 with a yearly salary of $62,500 (annual salary) which would compute to the sub-total column as $50,000 |
| % of FTE should be based on a full year FTE percentage of 2080 hours per year - for example an employee listed as 50 hours per month would be 50\*12/2080 = .29 FTE |

|  |
| --- |
| **Preparedness Program Expense to Budget** |
| **County** |
| **Period of the Report (July 1, 201\_ - December 31, 201\_ )** |
|  | **Budget** | **Expense to date** | **Variance** |
| **PERSONNEL** | **$0** | **$0** | **$0** |
| Salary | **$0** |  |  |
| Fringe Benefits | **$0** |  |  |
|  |  |  |  |
| **TRAVEL** | **$0** |  | **$0** |
| In-State Travel: | **$0** |  |  |
| Out-of-State Travel: | **$0** |  |  |
|  |  |  |  |
| **CAPITAL EQUIPMENT** | **$0** |  | **$0** |
|  |  |  |  |
| **SUPPLIES** | **$0** |  | **$0** |
|  |  |  |  |
| **CONTRACTUAL** | **$0** |  | **$0** |
|  |  |  |  |
| **OTHER** | **$0** |  | **$0** |
|  |  |  |  |
| **TOTAL DIRECT** | **$0** | **$0** | **$0** |
|  |  |  |  |
| **TOTAL INDIRECT** | **$0** | **$0** | **$0** |
|  |  |  |  |
| **TOTAL:** | **$0** | **$0** | **$0** |
| **Date, Name and Phone Number of person who prepared budget.** |
|  |
| Notes:* The budget total should reflect the total amount in the most recent Notice of Grant Award.
* The budget in each category should reflect the total amount in that category for that line item in your submitted budget.
 |

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| **Preparedness Program Expense to Budget** |
| **County** |
| **Period of the Report (July 1, 201\_ - June 30, 201\_ )** |
|  | **Budget** | **Expense to date** | **Variance** |
| **PERSONNEL** | **$0** | **$0** | **$0** |
| Salary | **$0** |  |  |
| Fringe Benefits | **$0** |  |  |
|  |  |  |  |
| **TRAVEL** | **$0** |  | **$0** |
| In-State Travel: | **$0** |  |  |
| Out-of-State Travel: | **$0** |  |  |
|  |  |  |  |
| **CAPITAL EQUIPMENT** | **$0** |  | **$0** |
|  |  |  |  |
| **SUPPLIES (**communications, professional services, office supplies) | **$0** |  | **$0** |
|  |  |  |  |
| **CONTRACTUAL** | **$0** |  | **$0** |
|  |  |  |  |
| **OTHER (**facilities, continued education) | **$0** |  | **$0** |
|  |  |  |  |
| **TOTAL DIRECT** | **$0** | **$0** | **$0** |
|  |  |  |  |
| **TOTAL INDIRECT** @ XX% of Direct Expenses (or describe method): | **$0** | **$0** | **$0** |
|  |  |  |  |
| **TOTAL:** | **$0** | **$0** | **$0** |
| **Date, Name and Phone Number of person who prepared budget.** |
|  |
| Notes:* The budget total should reflect the total amount in the most recent Notice of Grant Award.
* The budget in each category should reflect the total amount in that category for that line item in your submitted budget.
 |



**ATTACHMENT 1**

**TO PROGRAM ELEMENT #12**

# Work Plan Instructions and Guidance

**Oregon HSPR Public Health Emergency Preparedness Program**

For grant cycle: July 1, 2018 – June 30, 2019

**DUE DATE**

Proposed work plan will be due on or before August 1. Final approved work plan will be due on or before September 1.

**REVIEW PROCESS**

Your approved work plan will be reviewed with your PHEP liaison by February 15 and August 15.

**GENERAL STRATEGIES TO DEVELOP YOUR WORKPLAN**

Refer to PE-12 section 4.e for more information.

**WORKPLAN CATEGORIES**

CDC Capability: Identify which CDC capability your program goals will address.

PROGRAM GOALS: Establish at least three broad program goals that address gaps and guide work plan activities. Goals are big picture outcomes you want to achieve from your workplan activities and must support a CDC Capability.

OBJECTIVES:Use clear and measurable objectives with identified time frames to describe what the LPHA will complete during the grant year. Objectives support goals. They are what you plan to accomplish.

ACTIVITES: Activities are how you plan to accomplish your goals.

*Example of Goals, Objectives, and Activities*

TRAINING AND EDUCATION: List planned preparedness trainings, workshops attended by preparedness staff.

DRILLS and EXERCISES: List all drills and exercises you plan to conduct and identify annual exercises in accordance with your two-year training and exercise plan attachment and as required in section 4.i of the PE-12 contract.

PLANNING: List all plans, procedures, updates, and revisions that need to be conducted in accordance with your planning cycle or any other planning activities that will be conducted this year. You should also review all after action reports completed during the previous grant year to identify planning activities that should be conducted this year.

PARTNER COLLABORATION: List all meetings regularly attended and/or led by public health preparedness program staff and any special collaborations you will be conducting this year.

COMMUNITY EDUCATION AND MEDIA OUTREACH: List any activities you plan conduct that that enhance community preparedness or resiliency including community events, public presentations, and social or traditional media campaigns.

INCIDENTS AND RESPONSE ACTIVITIES: List incidents and response activities that occurred during the current grant cycle. If an OERS Number was assigned, please include the number. Identify the outcomes from the incident and response activities, include date(s) of the incident and action taken.

UNPLANNED ACTIVITY: List activities or events that were not included when work plan was first approved. Please identify outcomes for the unplanned activity, include date(s) of occurrence and actions taken.

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ACTUAL OUTCOMES: To be filled in after activity is conducted. Describe what is actually achieved and/or the products created from this activity.

NOTES: For additional explanation.

#  Public Health Preparedness Program Work Plan

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| Goal 1: Current HHS staff will receive ICS training appropriate for identified response role and responsibilities Goal 2:Goal 3: |
| **Ongoing and Goal Related PHEP Program Work** |
| **Training and Education** |
| **Goal** | **Objectives** | **Planned Activities** | **Date Completed** | **Progress / Actual Outcome** | **Notes** |
| *3* | ***This is an example****By June 30, 2018, 75% of the identified HHS staff will complete the basic ICS training including NIMS 700 and IS-**100. Goal 1.* | *September Staff meeting, all preparedness related training requirements/expectations reviewed. Explain the identified trainings--NIMS 700, NRF 800, IS-100 and IS-200 and who is to take these courses by the established time frames.* | *9/15/2018* | *20 of 30 HHS staff identified**as needing 700, 800, and 100 completed the trainings by the end of December 2018.* | *Identified staff completed 700**and 800 series training online prior to December class.* |
| *December 15, 2018, first classroom training.* | *12/15/2018* |
| *July 18, 2018, second classroom training.* | *3/18/2019* | *Five management staff completed IS-200 on March 18, 2019.* |
| *July 12, 2018, third classroom training.* | *5/12/2019* | *Remaining 10 staff**completed 700, 800, and**100 trainings on May 12,**2019.* |  |
| *PHEP coordinator will update all training records by July 25, 2018.* | *6/15/2019* | *Trainings records updated on June 15, 2019* |  |
| *3, 4, 6,**7, 8, 9,**11, 12**and 13* | *This is an example**By June 30, 2018, 75% of the HHS staff will identify three individual expectations and three organizational* | *PHEP coordinator will work with management staff to determine staff training expectations by job classification.* | *9/1/2018* | *Met with management staff on September 1, 2018.* |  |
|  | *expectations required during an emergency response. Goal 1.* | *By September 1, 2017, PHEP coordinator will develop comprehensive emergency preparedness training and exercise plan (TEP) for the organization, both minimum and developmental training.* | *10/29/2018* | *Met with Emergency Management and other partners to develop TEP on 8/17/18. Sent TEP to Liaison on 9/01/18.* |  |
| *PHEP Coordinator will develop a presentation for staff for orienting them to the organization's expectations, individual expectations and emergency response plans and procedures.* | *9/15/2018* | *Presentation developed and gave to staff on 9/15/18* |  |
| *PHEP Coordinator will present organization's expectations, individual expectations, and emergency response plans and procedures overview at All Staff meeting.* | *9/15/2018* |  |
| *Give a quiz to all staff by February 17, 2017 on the presentation provided in September on expectations and response plan.* | *2/17/2019* | *82% of the staff responded to quiz. 73% did demonstrated retained knowledge on the expectations for the organization and the individual.* |  |
| Unplanned Training and Education |
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| **Drills and Exercises** |
| **Goal** | **Objectives** | **Planned Activities** | **Date Completed** | **Actual Outcomes** | **Notes** |
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| Unplanned Drills and Exercises |
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| **Planning** |
| **Goal** | **Objectives** | **Planned Activities** | **Date Completed** | **Actual Outcomes** | **Notes** |
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| Unplanned Planning Activities |
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| **Partner Collaboration** |
| **Goal** | **Objectives** | **Planned Activities** | **Date Completed** | **Actual Outcome** | **Notes** |
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| Unplanned Partner Collaboration |
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| **Community Outreach** |
| **Goal** | **Location** | **Activity /****Event Name / Notes / Outcomes** | **Date Completed** | **Activity Hours** | **Total # of Attendees** |
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| Unplanned Community Outreach |
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| **INCIDENT AND RESPONSE ACTIVITIES** |
| **CDC****Cap. #s** | **Incident Name/OERS #** | **Date(s)** | **Outcomes** | **Notes** |
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**Attachment 3**

**Bibliography**

1. Public Health Modernization Manual, Oregon Health Authority, Public Health Division, <http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf> , September 2017, pages 58-62
2. Americans With Disabilities Act of 1990, As Amended, Department of Justice, <https://www.ada.gov/pubs/adastatute08.pdf>, January 2009.
3. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), [Public Health Preparedness Capabilities](https://www.cdc.gov/phpr/readiness/capabilities.htm): National Standards for State and Local Planning, March 2011. *<http://www.cdc.gov/phpr/capabilities/>*
4. Continuity Guidance Circular 1 (CGC 1), Federal Emergency Management Agency (FEMA), <https://www.fema.gov/media-library-data/1386609058803-b084a7230663249ab1d6da4b6472e691/CGC-1-Signed-July-2013.pdf>, July 2013
5. National Incident Management System (NIMS), Federal Emergency Management Agency (FEMA), <https://www.fema.gov/national-incident-management-system>, October 2017.
6. Public Health Accreditation Board, <http://www.phaboard.org/>.
7. United States Department of Health and Human Services 2017-2000 Hospital Preparedness Program (HPP) – Public Health Emergency Preparedness (PHEP) [Cooperative Agreement](https://www.cdc.gov/phpr/readiness/00_docs/PHEP-Funding-CDC-RFA-TP17-1701.pdf), CDC-RFA, TP12-1701, Domain 1
8. United States Department of Health and Human Services 2017-2000 Hospital Preparedness Program (HPP) – Public Health Emergency Preparedness (PHEP) [Cooperative Agreement](https://www.cdc.gov/phpr/readiness/00_docs/PHEP-Funding-CDC-RFA-TP17-1701.pdf), CDC-RFA, TP12-1701, Domain 2
9. United States Department of Health and Human Services 2017-2000 Hospital Preparedness Program (HPP) – Public Health Emergency Preparedness (PHEP) [Cooperative Agreement](https://www.cdc.gov/phpr/readiness/00_docs/PHEP-Funding-CDC-RFA-TP17-1701.pdf), CDC-RFA, TP12-1701, Domain 3
10. United States Department of Health and Human Services 2017-2000 Hospital Preparedness Program (HPP) – Public Health Emergency Preparedness (PHEP) [Cooperative Agreement](https://www.cdc.gov/phpr/readiness/00_docs/PHEP-Funding-CDC-RFA-TP17-1701.pdf), CDC-RFA, TP12-1701, Domain 4
11. Oregon Office of Emergency Management (OEM) National Incident Management System (NIMS) – *Who Takes What*, September 2014. <http://www.oregon.gov/OEM/Documents/nims_who_takes_what.pdf>
12. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), Public Health Preparedness Capability #1, [Community Preparedness](https://www.cdc.gov/phpr/readiness/00_docs/capability1.pdf), March 2011.
13. United States Department of Health and Human Services Centers for Disease Control and Prevention (CDC), Public Health Preparedness Capability #3, [Emergency Operations Coordination](https://www.cdc.gov/phpr/readiness/00_docs/capability3.pdf), March 2011.
14. Community partnership development, [Oregon Revised Statute](https://www.oregonlegislature.gov/bills_laws/ors/ors431.html) §431.138, 2015.
15. Emergency preparedness and response, [Oregon Revised Statute](https://www.oregonlegislature.gov/bills_laws/ors/ors431.html) §431.133, 2015.
16. Communications, [Oregon Revised Statute](https://www.oregonlegislature.gov/bills_laws/ors/ors431.html) §431.134, 2015.
17. Leadership and organizational competencies, [Oregon Revised Statute](https://www.oregonlegislature.gov/bills_laws/ors/ors431.html) §431.136, 2015.
18. Assessment and epidemiology, [Oregon Revised Statute](https://www.oregonlegislature.gov/bills_laws/ors/ors431.html) §431.132, 2015.
19. Impending Public Health Crisis: Public Health Emergency Plans, Division 3 Public Health Preparedness, [Oregon Administrative Rule](https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1219) §333-003-0200, 2008.
20. Impending Public Health Crisis: Diagnostic and Treatment Protocols, Division 3 Public Health Preparedness, [Oregon Administrative Rule](https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1219) §333-003-0040, 2008.
21. Impending Public Health Crisis: Access to Individually Identifiable Health Information, Division 3 Public Health Preparedness, [Oregon Administrative Rule](https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1219) §333-003-0050, 2008.
22. Participation of Local and Tribal Governments in the Emergency Management Performance Grant (EMPG) Program of the Federal Emergency Management Agency (FEMA), [Oregon Administrative Rule](https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=31) §104-010-005, 2014.
23. Homeland Security Presidential Directive 5 ([HSPD-5](https://www.dhs.gov/sites/default/files/publications/Homeland%20Security%20Presidential%20Directive%205.pdf)): Management of Domestic Incidents, February 2003.
24. Presidential Policy Directive 8 ([PPD-8](https://www.dhs.gov/presidential-policy-directive-8-national-preparedness)): National Preparedness, U.S. Department of Homeland Security, March 2011.
25. Homeland Security Presidential Directive 21 ([HSPD-21](https://www.hsdl.org/?view&did=480002)): Public Health and Medical Preparedness, October 2007.

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