North Carolina Preparedness Coordinators 101 Trainer Guide

UNCCPHP

Developed by the University of North Carolina Center for Public Health Preparedness

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Acknowledgements

For additional trainings on a wide variety of topics related to public health preparedness, epidemiology and surveillance, and outbreak detection and investigation, please visit the NCIPH Training Web Site at: https://nciph.sph.unc.edu/tws/.

Using this Training

Preparedness coordinators (PCs) play a critical role in improving the capacity of health departments to plan for, respond to, and recover from public health emergencies. The cornerstone for effective public health response planning is ensuring that our PCs have the needed resources and trainings.

North Carolina Preparedness Coordinators 101 is a face-to-face training designed to introduce PCs to the supporting infrastructure for public health preparedness at the federal and state level, strategic planning to achieve public health preparedness capabilities, and key partners for local public health preparedness planning.

Training Audience

This introductory training program is appropriate for new preparedness coordinators (hired within 12 months) working at local health departments in North Carolina.

Educational Objectives

On completion of this training program, you will be able to:

- Explain four types of public health threats
- Describe the Public Health Emergency Preparedness capabilities and how they are to be used
- Describe the structure of public health preparedness in North Carolina
- Describe the strategic planning process outlined in the Public Health Preparedness Capabilities Planning Model
- Identify barriers to effective planning and strategies to address those barriers
- Describe key partners for local public health preparedness planning
- Explain three strategies for engaging partners in planning

Competencies and Capabilities Addressed

This training addresses the following competencies and capabilities:

Applied Epidemiology Competencies Tier 1
- Respond to public health emergencies (VII.F.3)

Applied Epidemiology Competencies Tier 2
- Respond to public health emergencies (VII.F.3)

Public Health Preparedness Capabilities
- Capability 1, Function 1: Determine risks to the health of the jurisdiction
- Capability 1, Function 2: Build community partnerships to support health preparedness

- Capability 1, Function 4: Coordinate training or guidance to ensure community engagement in preparedness efforts

Public Health Preparedness & Response Core Competencies
- 1.3. Facilitate collaboration with internal and external emergency response partners.
- 3.2. Contribute expertise to the development of emergency plans.
- 3.3. Participate in improving the organization's capacities (including, but not limited to programs, plans, policies, laws, and workforce training).

Core Competencies for Public Health Professionals Tier 1
- 3A3. Solicits input from individuals and organizations (e.g., chambers of commerce, religious organizations, schools, social service organizations, hospitals, government, community-based organizations, various populations served) for improving the health of a community (*3: Communication Skills*)
- 5A1. Describes the programs and services provided by governmental and non-governmental organizations to improve the health of a community (*5: Community Dimensions of Practice Skills*)
- 5A2. Recognizes relationships that are affecting health in a community (e.g., relationships among health departments, hospitals, community health centers, primary care providers, schools, community-based organizations, and other types of organizations) (*5: Community Dimensions of Practice Skills*)

Core Competencies for Public Health Professionals Tier 2
- 3B3. Solicits input from individuals and organizations (e.g., chambers of commerce, religious organizations, schools, social service organizations, hospitals, government, community-based organizations, various populations served) for improving the health of a community (*3: Communication Skills*)
- 5B2. Identifies relationships that are affecting health in a community (e.g., relationships among health departments, hospitals, community health centers, primary care providers, schools, community-based organizations, and other types of organizations) (*5: Community Dimensions of Practice Skills*)
- 5B4. Establishes relationships to improve health in a community (e.g., partnerships with organizations serving the same population, academic institutions, policy makers, customers/clients, and others) (*5: Community Dimensions of Practice Skills*)

Core Competencies for Public Health Professionals Tier 3
- 5C4. Establishes relationships to improve health in a community (e.g., partnerships with organizations serving the same population, academic institutions, policy makers, customers/clients, and others) (*5: Community Dimensions of Practice Skills*)

Options for Delivery

The trainer guide is designed to provide the materials needed to deliver a face-to-face training. This training can be delivered when individuals assume PC duties, such as part of new PC orientation. When the face-to-face training is completed, participants may access an online evaluation to receive a certificate of completion. The online evaluation is available at: https://nciph.sph.unc.edu/tws/HEP_NCPC101p/certificate.php. Alternatively, individuals can also access individual self-study modules through the NC PC Toolkit: https://nciph.sph.unc.edu/pctoolkit.

We hope that you enjoy find the trainer guide useful. If you have questions or comments about these materials, or are interested in working with the North Carolina Institute for Public Health to develop training materials specifically for your staff, contact us at nciph@unc.edu.

Materials, Resources, and Equipment

The materials and resources associated with this training guide are:
- Optional pre/post-test
- Training agenda
- Acronyms and glossary handout
- Presentation PowerPoints and trainer script
- Presentation activities and answer keys
- Optional "seasoned PCs" Q and A discussion guide
- Evaluation (available online at https://nciph.sph.unc.edu/tws/HEP_NCPC101p/certificate.php.)

Facilitated face-to-face training requires the following:
- Computer, projection screen and LCD projector
- Chart paper and markers for group activities
- Activity print-outs

Instructions for Using This Training Package

Before the face-to-face training:
1. The person(s) facilitating the training program should follow the instructions included in this guide and review the materials contained within
2. Request that training participants bring a copy of their jurisdiction's "All Hazards Plan" for the planning group activity
3. Facilitators should provide print-outs for participants including: PowerPoint presentations, activities, and pre/post-test (optional)
4. Optional: Arrange 2-3 experienced PCs for "seasoned PCs" Q and A

During the training:
1. Review the agenda
2. Optional: Complete the pre-test
3. Deliver "Find Someone Who" icebreaker activity
4. Deliver module "Public Health Preparedness for PCs, Part 1". This module includes two activities: 1) Public Health Threats and 2) Reviewing PHEP Capabilities
5. Deliver module "Public Health Preparedness for PCs, Part 2". This module includes one activity 1) Preparedness Plan Scavenger Hunt
6. Deliver module "Public Health Preparedness Planning". There are no group activities for this module
7. Deliver module "Working with Community Partners". This module includes one activity 1) Stepping Out of the Box
8. Optional: Facilitate Q and A session with "seasoned PCs" with discussion guide.
9. Optional: Complete the post-test

After the training:
1. Each participant can complete the online evaluation in order to receive a certificate of completion. All components of the training must be completed before the evaluation is accessed. Participants of the face-to-face training can access the evaluation online at https://nciph.sph.unc.edu/tws/HEP_NCPC101p/certificate.php on the NCIPH Training Web Site
2. Optional: Additional web-based training and resources: https://nciph.sph.unc.edu/pctoolkit

Understanding the Training Activities

Activities are an essential feature of the *North Carolina Preparedness Coordinator 101 training* and support the overall educational objectives, enabling interaction and the ability for participants to explore the concepts presented in the training. This guide includes instructions for each activity.

Activities Summary

Module	Time	Activity and Materials
Icebreaker	8 mins.	**"Find Someone Who" (Individual)** Materials: Handout
Public Health Preparedness for PCs, Part 1	10 mins.	**Public Health Threats (Group)** Materials: Chart paper and markers
Public Health Preparedness for PCs, Part 1	20 mins.	**Reviewing PHEP Capabilities (Group)** Materials: Handout, PHEP at a Glance document (6 pages)
Preparedness Planning	20 mins.	**Preparedness Plan Scavenger Hunt (Individual/Pairs)** Materials: PCs need to bring copy of All Hazards Plan. If they do not have one, offer to pair them with someone who has their plan
Working with Community Partners	10 mins.	**Stepping Out of the Box (Group)** Materials: Chart paper and markers
OPTIONAL	30 mins.	**"Seasoned PCs" Q and A (Group)** Materials: Handout

NOTE: *Completion of all activities except the "Seasoned PCs" Q and A session is required in order to receive a certificate of completion.*

Suggested Agenda

Estimated Time	Agenda Item	Activity
15 mins.	Welcome and Introductions	"Find Someone Who"
40 mins.	Public Health Preparedness for PCs, Part 1	Public Health Threats
10 mins.	**BREAK**	
30 mins.	Public Health Preparedness for PCs, Part 1 (continued)	Reviewing PHEP Capabilities
25 mins.	Public Health Preparedness for PCs, Part 2	
60 mins.	**LUNCH BREAK**	
65 mins.	Preparedness Planning	Preparedness Plan Scavenger Hunt
10 mins.	**BREAK**	
35 mins.	Working with Community Partners	Stepping Out of the Box
10 mins.	Group questions, concerns	
30 mins.	Optional: Q and A with "Seasoned PCs"	

Training Pre-Test

1. Which is NOT one of the four major categories of public health threats?
   a. Explosions
   b. Biological threats
   c. Natural disasters
   d. Terrorism

2. Which federal entity is responsible for coordinating federal assistance to state, tribal, and local resources for public health and medical disasters?
   a. Federal Emergency Management Agency (FEMA)
   b. Department of Health and Human Services (DHHS)
   c. National Institutes of Health (NIH)
   d. Department of Homeland Security (DHS)

3. Funding for local public health preparedness comes from which CDC-funded program?
   a. Public Health and Emergency Preparedness (PHEP) cooperative agreement
   b. Personal and Public Preparedness Initiative (PPPI) program
   c. Public Health and Incident Preparedness (PHIP) grants
   d. A and B

4. How many public health preparedness capabilities are there?
   a. 6
   b. 16
   c. 9
   d. 15

5. Which entity develops the county emergency operations plan?
   a. Local Health Department
   b. Emergency Management
   c. Fire Department
   d. Mayor's Office

6. Planning is a process that begins with forming a team and ends with...
   a. Writing a summary report
   b. Exercising and revising the plan
   c. Publishing the plan
   d. Responding to disasters

7. The benefits of engaging community partners in planning and response efforts include:
   a. Improved education
   b. Preparedness
   c. Cultural awareness
   d. All of the above

Module 1: Introduction and Public Health Preparedness for Preparedness Coordinators, Part 1

Educational Objectives
- Explain four types of public health threats
- Describe the Public Health Emergency Preparedness capabilities and how they are to be used

Handouts
- Acronyms and Glossary
- "Find Someone Who"
- Part 1 Activity 1 Questions
- PHEP at a Glance

Materials
- Chart paper and markers

Outline (Total: 95 minutes)

Time	Topic	Activity Instructions
7 min.	Introductions and Housekeeping	
8 min.	"Find Someone Who"	Icebreaker activity: With handout, walk around the room to find person with characteristic and write down their name
30 min.	Public Health Preparedness for PCs Part 1 Lecture (first part)	
10 min.	Public Health Threats Activity (after slide 10)	Participants break into 4 groups based on topic: Biological, Natural Disasters, Chemical and Radiological Materials, and Explosions. Groups brainstorm different threats in county for their topic area on chart paper. Groups report back to larger group.
10 min.	Break (after slide 31)	
10 min.	Public Health Preparedness for PCs Part 1 Lecture (second part)	
20 min.	Reviewing PHEP Capabilities Activity (after slide 37)	With Part 1 Activity 1 Handout, and PHEP at a Glance document (6 pages), participants break into 6 groups based on PHEP domains: biosurveillance, community resilience, countermeasures mitigation, incident management, information management, surge management. The Part 1 Activity 1 handout walks group through a set of questions. Allow approximately 12 minutes for groups to work. Once complete, each group reports back to larger group (~ 8 mins.).

Module 1 Handouts

PC 101 Acronyms

ASPR: Assistant Secretary for Preparedness and Response

CDC: Centers for Disease Control & Prevention

COOP: Continuity of Operations Plan

CRI: Cities Readiness Initiative

DAAS: Division of Aging and Adult Services

DHHS: Department of Health and Human Services

DHS: Department of Homeland Security

DMHDDSAS: Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

DPH: Division of Public Health

DPR: Domestic Preparedness Region

DPS: Department of Public Safety

DSS: Division of Social Services

EBCI: Eastern Band of Cherokee Indians

EM: Emergency Management

EMS: Emergency Medical Services

EOC: Emergency Operations Center

EOP: Emergency Operations Plan

EPCRA: Emergency Planning and Community Right to Know Act

ESF: Emergency Support Function

FEMA: Federal Emergency Management Agency

GIS: Geographical Information System

HSEEP: Homeland Security Exercise and Evaluation Program

HSGP: Homeland Security Grant Program

IAP: Incident Action Plan

IC: Incident Command

ICS: Incident Command System

LEPC: Local Emergency Preparedness Committee

LHD: Local Health Department

NCDA&CS: NC Department of Agriculture and Consumer Services

NIMS: National Incident Management System

OCME: Office of the Chief Medical Examiner

OEE: Occupational and Environmental Epidemiology

OEMS: Office of Emergency Medical Services

PC: Preparedness Coordinator

PHEP: Public Health Emergency Preparedness

PHP&R: Public Health Preparedness and Response

PIO: Public Information Officer

RAC: Regional Advisory Committee

SERC: State Emergency Response Commission

SNS: Strategic National Stockpile

PC 101 Glossary

All-hazards approach: Integration of emergency management activities at all levels of government, with plans designed for a broad range of emergency situations

Assessment: The responsibility of every public health agency to "regularly and systematically collect, assemble, analyze, and make available information on the health of the community, including statistics on health status, community health needs, and epidemiologic and other studies of health problems." (Institute of Medicine, 1988)

Assurance: The responsibility of public health agencies to "assure their constituents that services necessary to achieve agreed upon goals are provided, either by encouraging actions by other entities (private or public sector), by requiring such action through regulation, or by providing services directly." (Institute of Medicine, 1988)

Capability: The ability of an entity (e.g., organization) to perform actions or achieve its objectives

Capacity: Faculty or potential of a group, agency, or government for responding to an event that exceeds everyday resources

Competency: Behaviorally-based, observable skills for the workforce to prepare for and respond to all-hazards scenarios

Emergency management: A governmental public safety activity that coordinates the resources and activities of government, voluntary and private organizations for effective response to incidents

Emergency operations plan: A formal document that: 1) assigns roles and responsibilities to individuals and organizations for carrying out specific tasks during an emergency; 2) clarifies lines of authority and organizational relationships, including how tasks will be coordinated; 3) describes how people and property will be protected; 4) identifies personnel, supplies, facilities and other resources available within or to a jurisdiction during response and recovery activities; and 5) identifies steps to improve mitigation during response and recovery operations

Incident command system (ICS): A model for command, control and coordination of an emergency response

Policy development: The responsibility of every public health agency "to serve the public interest in the development of comprehensive public health policies by promoting use of the scientific knowledge base in decision-making about public health and by leading in developing public health policy." (Institute of Medicine, 1988)

Public health: What we, as a society, do collectively to assure the conditions in which people can be healthy (Institute of Medicine, 1988)

Public health preparedness: The capability of the public health and health care systems, communities, and individuals, to prevent, protect against, quickly respond to, and recover from health emergencies, particularly those whose scale, timing, or unpredictability threatens to overwhelm routine capabilities (Nelson et al, 2007)

Find Someone Who...

Worked in public health for less than 6 months	Worked in public health for more than 5 years	Likes the TV show "Homeland"	Is a licensed nurse
_____	_____	_____	_____
Uses social media for their job (promote public health events/messages)	Worked on a case/contact tracing investigation for Ebola	Sleeps at least 7 hours/day	Was part of incident command in a real event
_____	_____	_____	_____
Has conducted a media interview (newspaper, radio or TV)	Has pets at home	Works in a county with a nuclear power plant	Has access to the NC Electronic Disease Surveillance System
_____	_____	_____	_____
Loves to run or walk every day	Is also responsible for agency's Community Health Assessment	Has seen the movie "Contagion"	Has received a flu vaccination this season
_____	_____	_____	_____

Part 1 Activity 1
Reviewing PHEP Capabilities Group Activity

Instructions
_____

Groups are each assigned a PHEP domain. Answer the following questions with a notetaker and report responses back to the larger group.

Questions
_____

1) What are the capabilities under your domain?

2) In your domain, what capabilities would the local health department be responsible for?

3) Out of all of your domain's capabilities, which <u>function(s)</u> do you think is easiest for public health to achieve? The hardest?

PHEP At a Glance

Capability 1: Community Preparedness

Definition: Community preparedness is the ability of communities to prepare for, withstand, and recover-in both the short and long terms-from public health incidents. By engaging and coordinating with emergency management, healthcare organizations (private and community-based), mental/behavioral health providers, community and faith-based partners, state, local, and territorial, public health's role in community preparedness is to do the following:

- Support the development of public health, medical, and mental/behavioral health systems that support recovery
- Participate in awareness training with community and faith-based partners on how to prevent, respond to, and recover from public health incidents
- Promote awareness of and access to medical and mental/behavioral health resources that help protect the community's health and address the functional needs (i.e., communication, medical care, independence, supervision, transportation) of at-risk individuals
- Engage public and private organizations in preparedness activities that represent the functional needs of at-risk individuals as well as the cultural and socio-economic, demographic components of the community
- Identify those populations that may be at higher risk for adverse health outcomes
- Receive and/or integrate the health needs of populations who have been displaced due to incidents that have occurred in their own or distant communities (e.g., improvised nuclear device or hurricane)

Functions and Associated Performance Measures: This capability consists of the ability to perform the functions listed below. At present there are no CDC-defined performance measures for these functions.

Function 1: Determine risks to the health of the jurisdiction
Function 2: Build community partnerships to support health preparedness
Function 3: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks
Function 4: Coordinate training or guidance to ensure community engagement in preparedness efforts

Capability 2: Community Recovery

Definition: Community recovery is the ability to collaborate with community partners, (e.g., healthcare organizations, business, education, and emergency management) to plan and advocate for the rebuilding of public health, medical, and mental/behavioral health systems to at least a level of functioning comparable to pre-incident levels, and improved levels where possible.

This capability supports National Health Security Strategy Objective 8: Incorporate Post-Incident Health Recovery into Planning and Response. Post-incident recovery of the public health, medical, and mental/behavioral health services and systems within a jurisdiction is critical for health security and requires collaboration and advocacy by the public health agency for the restoration of services, providers, facilities, and infrastructure within the public health, medical, and human services sectors. Monitoring the public health, medical and mental/behavioral health infrastructure is an essential public health service.

Functions and Associated Performance Measures: This capability consists of the ability to perform the functions listed below. At present there are no CDC-defined performance measures for these functions.

Function 1: Identify and monitor public health, medical, and mental/behavioral health system recovery needs
Function 2: Coordinate community public health, medical, and mental/behavioral health system recovery
operations Function 3: Implement corrective actions to mitigate damages from future incidents

Capability 3: Emergency Operations Coordination

Definition: Emergency operations coordination is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System.

Functions and Associated Performance Measures: This capability consists of the ability to perform the functions listed below. Associated CDC-defined performance measures are also listed below.

Function 1: Conduct preliminary assessment to determine need for public activation
Function 2: Activate public health emergency operations
> Measure 1: Time for pre-identified staff covering activated public health agency incident management lead roles (or equivalent lead roles) to report for immediate duty. Performance Target: 60 minutes or less

Function 3: Develop incident response strategy
> Measure 1: Production of the approved Incident Action Plan before the start of the second operational period

Function 4: Manage and sustain the public health response
Function 5: Demobilize and evaluate public health emergency operations
> Measure 1: Time to complete a draft of an After Action Report and Improvement Plan

Capability 4: Emergency Public Information and Warning

Definition: Emergency public information and warning is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders.

Functions and Associated Performance Measures: This capability consists of the ability to perform the functions listed below. Associated CDC-defined performance measures are also listed below.

Function 1: Activate the emergency public information system
Function 2: Determine the need for a joint public information system
Function 3: Establish and participate in information system operations
Function 4: Establish avenues for public interaction and information exchange
Function 5: Issue public information, alerts, warnings, and notifications
> Measure 1: Time to issue a risk communication message for dissemination to the public

Capability 5: Fatality Management

Definition: Fatality management is the ability to coordinate with other organizations (e.g., law enforcement, healthcare, emergency management, and medical examiner/coroner) to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental/ behavioral health services to the family members, responders, and survivors of an incident.

Functions and Associated Performance Measures: This capability consists of the ability to perform the functions listed below. At present there are no CDC-defined performance measures for these functions.

Function 1: Determine role for public health in fatality management
Function 2: Activate public health fatality management operations
Function 3: Assist in the collection and dissemination of ante mortem data
Function 4: Participate in survivor mental/behavioral health services
Function 5: Participate in fatality processing and storage operations

Capability 6: Information Sharing

Definition: Information sharing is the ability to conduct multijurisdictional, multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, territorial, and tribal levels of government, and the private sector. This capability includes the routine sharing of information as well as issuing of public health alerts to federal, state, local, territorial, and tribal levels of government and the private sector in preparation for, and in response to, events or incidents of public health significance.

Functions and Associated Performance Measures: This capability consists of the ability to perform the functions listed below. At present there are no CDC-defined performance measures for these functions.

Function 1: Identify stakeholders to be incorporated into information flow
Function 2: Identify and develop rules and data elements for sharing
Function 3: Exchange information to determine a common operating picture

Capability 7: Mass Care

Definition: Mass care is the ability to coordinate with partner agencies to address the public health, medical, and mental/behavioral health needs of those impacted by an incident at a congregate location. This capability includes the coordination of ongoing surveillance and assessment to ensure that health needs continue to be met as the incident evolves.

Functions and Associated Performance Measures: This capability consists of the ability to perform the functions listed below. At present there are no CDC-defined performance measures for these functions.

Function 1: Determine public health role in mass care operations
Function 2: Determine mass care needs of the impacted population
Function 3: Coordinate public health, medical, and mental/behavioral health services
Function 4: Monitor mass care population health

Capability 8: Medical Countermeasure Dispensing

Definition: Medical countermeasure dispensing is the ability to provide medical countermeasures (including vaccines, antiviral drugs, antibiotics, antitoxin, etc.) in support of treatment or prophylaxis (oral or vaccination) to the identified population in accordance with public health guidelines and/or recommendations.

Functions and Associated Performance Measures: This capability consists of the ability to perform the functions listed below. Associated CDC-defined performance measures are also listed below.

Function 1: Identify and initiate medical countermeasure dispensing strategies
Function 2: Receive medical countermeasures
Function 3: Activate dispensing modalities
      Measure 1: Composite performance indicator from the Division of Strategic National Stockpile in CDC's Office of Public Health Preparedness and Response
Function 4: Dispense medical countermeasures to identified population
      Measure 1: Composite performance indicator from the Division of Strategic National Stockpile in CDC's Office of Public Health Preparedness and Response
Function 5: Report adverse events

Capability 9: Medical Materiel Management and Distribution

Definition: Medical materiel management and distribution is the ability to acquire, maintain (e.g., cold chain storage or other storage protocol), transport, distribute, and track medical materiel (e.g., pharmaceuticals, gloves, masks, and ventilators) during an incident and to recover and account for unused medical materiel, as necessary, after an incident.

Associated CDC-defined performance measures are also listed below.

Function 1: Direct and activate medical materiel management and distribution
  Measure 1: Composite performance indicator from the Division of Strategic National Stockpile in CDC's Office of Public Health Preparedness and Response

Function 2: Acquire medical materiel
  Measure 1: Composite performance indicator from the Division of Strategic National Stockpile in CDC's Office of Public Health Preparedness and Response

Function 3: Maintain updated inventory management and reporting system
  Measure 1: Composite performance indicator from the Division of Strategic National Stockpile in CDC's Office of Public Health Preparedness and Response

Function 4: Establish and maintain security
  Measure 1: Composite performance indicator from the Division of Strategic National Stockpile in CDC's Office of Public Health Preparedness and Response

Function S: Distribute medical materiel
  Measure 1: Composite performance indicator from the Division of Strategic National Stockpile in CDC's Office of Public Health Preparedness and Response

Function 6: Recover medical materiel and demobilize distribution operations
  Measure 1: Composite performance indicator from the Division of Strategic National Stockpile in CDC's Office of Public Health Preparedness and Response

Capability 10: Medical Surge

Definition: Medical surge is the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community. It encompasses the ability of the healthcare system to survive a hazard impact and maintain or rapidly recover operations that were compromised.

Functions and Associated Performance Measures: This capability consists of the ability to perform the functions listed below. At present there are no CDC-defined performance measures for these functions.

Function 1: Assess the nature and scope of the incident
Function 2: Support activation of medical surge
Function 3: Support jurisdictional medical surge operations
Function 4: Support demobilization of medical surge operations

Capability 11: Non-Pharmaceutical Interventions

Definition: Non-pharmaceutical interventions are the ability to recommend to the applicable lead agency (if not public health) and implement, if applicable, strategies for disease, injury, and exposure control. Strategies include the following:

- Isolation and quarantine
- Restrictions on movement and travel advisory/warnings
- Social distancing
- External decontamination
- Hygiene
- Precautionary protective behaviors

Functions and Associated Performance Measures: This capability consists of the ability to perform the functions listed below. At present there are no CDC-defined performance measures for these functions.
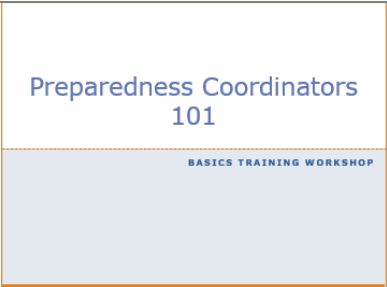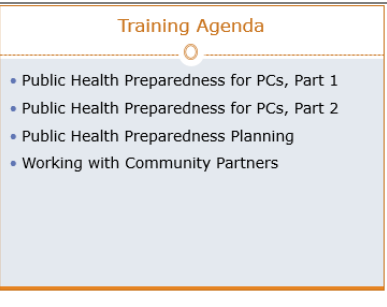
Function 1: Engage partners and identify factors that impact non-pharmaceutical interventions
Function 2: Determine non-pharmaceutical interventions
Function 3: Implement non-pharmaceutical interventions
Function 4: Monitor non-pharmaceutical interventions

Capability 12: Public Health Laboratory Testing

Definition: Public health laboratory testing is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data reporting, investigative support, and laboratory networking to address actual or potential exposure to all-hazards. Hazards include chemical, radiological, and biological agents in multiple matrices that may include clinical samples, food, and environmental samples (e.g., water, air, and soil). This capability supports routine surveillance, including pre-event or pre-incident and post-exposure activities.

Functions and Associated Performance Measures: This capability consists of the ability to perform the functions listed below. Associated CDC-defined performance measures are also listed below.

Function 1: Manage laboratory activities
  Measure 1: Time for sentinel clinical laboratories to acknowledge receipt of an urgent message from the CDC Public Health Emergency Preparedness (PHEP)-funded Laboratory Response Network biological (LRN-B) laboratory
  Measure 2: Time for initial laboratorian to report for duty at the CDC PHEP-funded laboratory

Function 2: Perform sample management
  Measure 1: Percentage of Laboratory Response Network (LRN) clinical specimens without any adverse quality assurance events received at the CDC PHEP-funded LRN-B laboratory for confirmation or rule-out testing from sentinel clinical laboratories
  Measure 2: Percentage of LRN non-clinical samples without any adverse quality assurance events received at the CDC PHEP-funded LRN-B laboratory for confirmation or rule-out testing from first responders
  Measure 3: Ability of the CDC PHEP-funded Laboratory Response Network chemical (LRN-C) laboratories to collect relevant samples for clinical chemical analysis, package, and ship those samples

Function 3: Conduct testing and analysis for routine and surge capacity
  Measure 1: Proportion of LRN-C proficiency tests (core methods) successfully passed by CDC PHEP-funded laboratories
  Measure 2: Proportion of LRN-C proficiency tests (additional methods) successfully passed by CDC PHEP-funded laboratories
  Measure 3: Proportion of LRN-B proficiency tests successfully passed by CDC PHEP-funded laboratories

Function 4: Support public health investigations
  Measure 1: Time to complete notification between CDC, on-call laboratorian, and on-call epidemiologist
  Measure 2: Time to complete notification between CDC, on-call epidemiologist, and on-call laboratorian

Function 5: Report results
  Measure 1: Percentage of pulsed field gel electrophoresis (PFGE) subtyping data results for *E. coli* 0157:H7 submitted to the PulseNet national database within four working days of receiving isolate at the PFGE laboratory
  Measure 2: Percentage of PFGE subtyping data results for *Listeria monocytogenes* submitted to the PulseNet national database within four working days of receiving isolate at the PFGE laboratory
  Measure 3: Time to submit PFGE subtyping data results for *Salmonella* to the PulseNet national database upon receipt of isolate at the PFGE laboratory
  Measure 4: Time for CDC PHEP-funded laboratory to notify public health partners of significant laboratory results

Capability 13: Public Health Surveillance and Epidemiological Investigation

Definition: Public health surveillance and epidemiological investigation is the ability to create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological investigation processes, as well as to expand these systems and processes in response to incidents of public health significance.

Functions and Associated Performance Measures: This capability consists of the ability to perform the functions listed below. Associated CDC-defined performance measures are also listed below.

Function 1: Conduct public health surveillance and detection
> Measure 1: Proportion of reports of selected reportable diseases received by a public health agency within the jurisdiction-required time frame

Function 2: Conduct public health and epidemiological investigations
> Measure 1: Percentage of infectious disease outbreak investigations that generate reports
> Measure 2: Percentage of infectious disease outbreak investigation reports that contain all minimal elements
> Measure 3: Percentage of acute environmental exposure investigations that generate reports
> Measure 4: Percentage of acute environmental exposure reports that contain all minimal elements

Function 3: Recommend, monitor, and analyze mitigation actions
> Measure 1: Proportion of reports of selected reportable diseases for which initial public health control measure(s) were initiated within the appropriate time frame

Function 4: Improve public health surveillance and epidemiological investigation systems

Capability 14: Responder Safety and Health

Definition: The responder safety and health capability describes the ability to protect public health agency staff responding to an incident and the ability to support the health and safety needs of hospital and medical facility personnel, if requested.

Functions and Associated Performance Measures: This capability consists of the ability to perform the functions listed below. At present there are no CDC-defined performance measures for these functions.

Function 1: Identify responder safety and health risks
Function 2: Identify safety and personal protective needs
Function 3: Coordinate with partners to facilitate risk-specific safety and health training
Function 4: Monitor responder safety and health actions

Capability 15: Volunteer Management

Definition: Volunteer management is the ability to coordinate the identification, recruitment, registration, credential verification, training, and engagement of volunteers to support the jurisdictional public health agency's response to incidents of public health significance.

Functions and Associated Performance Measures: This capability consists of the ability to perform the functions listed below. At present there are no CDC-defined performance measures for these functions.

Function 1: Coordinate volunteers
Function 2: Notify volunteers
Function 3: Organize, assemble, and dispatch volunteers
Function 4: Demobilize volunteers
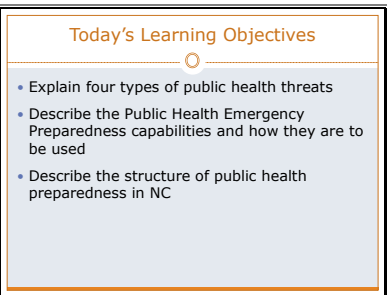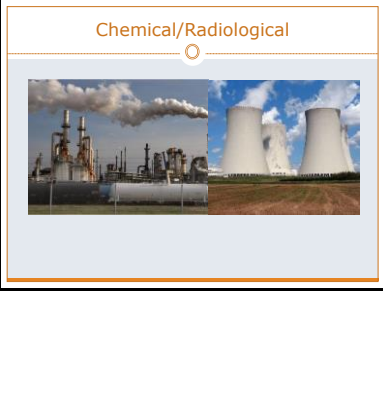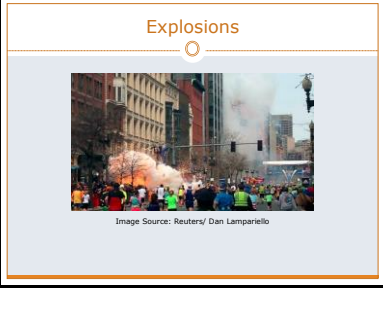
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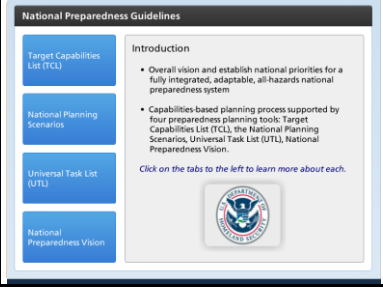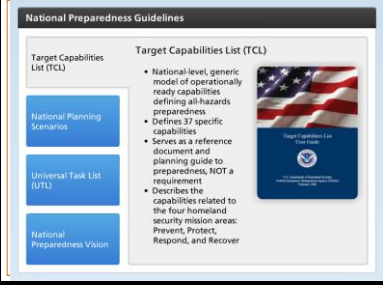
Module 1 Trainer Script

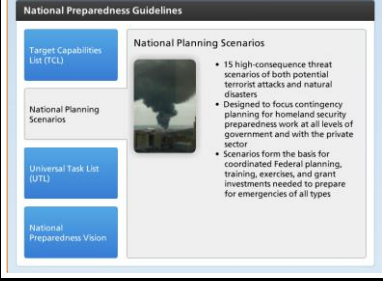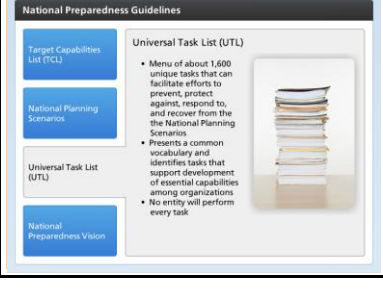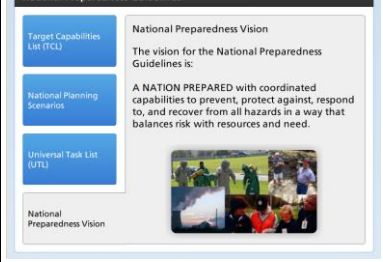|		
Slide 1	**Preparedness Coordinators 101** BASICS TRAINING WORKSHOP	North Carolina Preparedness Coordinators 101 Training. Preparedness coordinators (PCs) play a critical role in improving the capacity of health departments to plan for, respond to and recover from public health emergencies. The cornerstone for effective public health response planning is ensuring that our PCs have the needed resources and trainings. *North Carolina Preparedness Coordinator 101* is a face-to-face training designed to introduce to PCs the supporting infrastructure for public health preparedness at the federal and North Carolina state level, strategic planning to achieve public health preparedness capabilities, and key partners for local public health preparedness planning. Content for this training was developed by the UNC Center for Public Health Preparedness at the NC Institute of Public Health, part of the UNC Gillings School of Global Public Health through the Centers for Disease Control and Prevention-funded UNC Preparedness and Emergency Response Learning Center (UNC PERLC).
Slide 2	**Icebreaker Activity** • Find Someone Who…	**ACTIVITY: 8 mins.** **MATERIALS: "Find Someone Who" handout** Walk around the room to find person with characteristic – e.g., someone who has worked in public health for more than 5 years.
Slide 3	**Training Agenda** • Public Health Preparedness for PCs, Part 1 • Public Health Preparedness for PCs, Part 2 • Public Health Preparedness Planning • Working with Community Partners	Time at the end for questions
Slide 4	**Today's Learning Objectives** • Explain four types of public health threats • Describe the Public Health Emergency Preparedness capabilities and how they are to be used • Describe the structure of public health preparedness in NC	Each module addresses key public health emergency preparedness capabilities – which we will talk about more later.

Slide 5	**Today's Learning Objectives, cont.** • Describe the strategic planning process outlined in the Public Health Preparedness Capabilities Planning Model • Identify barriers to effective planning and strategies to address those barriers • Describe key partners for local public health preparedness planning • Explain three strategies for engaging partners in planning	
Slide 6	**Housekeeping** • Sign-in • Packet • Evaluation	A few housekeeping items. First, be sure to sign-in. There is also a packet of your handouts. Also share at the conclusion of this training a link where you can fill out an online evaluation and receive a certificate of completion. Encourage participation throughout training. Ask questions as go along and there will be a chance to do informal knowledge checks along the way. As mentioned, this is an introductory training – many are fairly new to role. For PCs who know a little more about their role, encourage to make comments and add to the discussion with your experiences.
Slide 7	**Public Health Preparedness for Preparedness Coordinators: Part I** **PUBLIC HEALTH PREPAREDNESS TRAINING FOR NC PREPAREDNESS COORDINATORS**	Our introductory training module is divided into two parts. Part 1 covers some of the main concepts of public health preparedness and provides an overview of some of the supporting infrastructure at the federal and state level.
Slide 8	**Overview of Preparedness** "… the existence of plans, procedures, policies, training/exercises and equipment necessary to maximize our ability to prevent, respond to, and recover from major events." Exercises Equipment Source: Homeland Security Presidential Directive 21. http://chs.ca.gov/pdf/HSPD-21.pdf	Has anyone ever asked you, "What is preparedness?" It can be difficult to explain because it can mean different things to different people. According to Homeland Security Presidential Directive 21, Preparedness is the "existence of plans, procedures, policies, training/exercises and equipment necessary to maximize our ability to prevent, respond to, and recover from major events." As applied to public health, this includes efforts that result in the capability to render a public health response that mitigates effects of illness and injury, limits morbidity and mortality, and sustains economic and political infrastructure.

Slide 9		The Centers for Disease Control and Prevention or CDC has established nine goals for achieving the overarching preparedness goal, "People prepared for emerging health threats – people in all communities will be protected from infectious, occupational, environmental, and terrorist threats."
Slide 10		**ACTIVITY: 10 mins.** **MATERIALS: Chart paper and markers** Now that we've discussed the general definition and goals of preparedness, let's talk about potential public health threats. There are four main categories of public health threats: biological, natural disasters, chemical and radiological materials, and explosions.
Slide 11		Biological threats can include viruses, bacteria (for example anthrax), parasites, and fungi (or their toxin) that can cause illness or death in people, animals, or plants, and are spread through air, water, or food. Example: In 2004, the Division of Public Health investigated an *E. coli* outbreak that linked cases to a petting zoo at the State Fair. The investigation led to the passage of Aedin's Law in North Carolina, which creates regulations that require permitting, education, signage of safety concerns, enhanced maintenance of animal facilities, and easily accessible hand washing stations for petting zoos.
Slide 12		Natural disasters include extended heat waves, severe snow or ice storms, earthquakes, tornadoes, catastrophic hurricanes, and extensive floods. Example: In 2011, Hurricane Irene caused a storm surge of 2 to 4 feet along the Outer Banks and 8 to 10 feet along parts of the Pamlico Sound. Hurricane Irene caused more than half a million power outages and closed over 250 roads and 20 bridges. Seven people were killed as a result of this hurricane.

Slide 13	**Chemical/Radiological**	Chemical and radiological materials released accidentally or intentionally could create large-scale public health emergencies, especially in densely populated areas. Example: In 2006, a large fire occurred at the Environmental Quality hazardous waste treatment, storage, and disposal facility in Apex, NC. As plumes of potentially harmful chemicals were released into the air, approximately 17,000 community members were evacuated. Fortunately, chemical analysis, air monitoring, and toxicological data taken in the surrounding area during and immediately after the fire detected no contaminants at levels high enough to pose immediate health problems.
Slide 14	**Explosions** Image Source: Reuters/ Dan Lampariello	Explosions are by far the most common cause of casualties associated with terrorism. They can result in large numbers of people with complex injuries not commonly seen after other public health threats.
Slide 15	**North Carolina: Incidents in Other States**	An issue that may not be a threat but should be considered for public health preparedness is the potential consequences of incidents in other states. Example: North Carolina borders Virginia, South Carolina, Tennessee, and Georgia and encompasses the Eastern Band of the Cherokee Indians. North Carolina is also home to the largest U.S. Marine Corp base and the 4th largest active duty military population. North Carolina also has the 6th highest tourist rate in the U.S. Potential bioterrorism or natural disasters in neighboring states could result in large numbers of displaced persons entering North Carolina needing public health services. You may recall that in 2005, North Carolina was one of many states receiving plane loads of Hurricane Katrina survivors, placing an additional burden on the public health system.
Slide 16	**Preparedness at the Federal Level**	In the next few slides, we will discuss preparedness at the federal level and how that impacts what you do at the local level. Diagram demonstrates the lead federal public health and emergency preparedness agencies. The Department of Homeland Security, also known as DHS, is the lead federal agency responsible for emergency response in the U.S. The Federal Emergency Management Agency, or FEMA is part of DHS. The Department of Health and Human Services, known as DHHS, is responsible for coordinating federal assistance to state, tribal, and local resources for public health and medical disasters. The Centers for Disease Control and Prevention, or CDC, is part of DHHS.

Slide 17		**There are two lead federal agencies –** In order to make sure our nation is prepared, the President and Congress directed DHS to create a fully integrated, adaptable, all-hazards national preparedness system. The **National Preparedness Guidelines** provide an overall vision and establish national priorities. The guidelines adopt a capabilities-based planning process supported by four preparedness planning tools…
Slide 18		The **Target Capabilities List** is a national-level, generic model of operationally ready capabilities defining all-hazards preparedness. The TCL defines 37 specific capabilities that communities, the private sector, and all levels of government should collectively possess in order to respond effectively to disasters. The TCL describes the capabilities related to the four homeland security mission areas: Prevent, Protect, Respond, and Recover.
Slide 19		The **National Planning Scenarios** depict a diverse set of high-consequence threat scenarios of both potential terrorist attacks and natural disasters. Collectively, the 15 scenarios are designed to focus contingency planning for homeland security preparedness work at all levels of government and with the private sector. The scenarios form the basis for coordinated Federal planning, training, exercises, and grant investments needed to prepare for emergencies of all types. *Note: 15 scenarios include Explosive attack, nuclear attack, bio/chem attack, natural disasters and cyberattack.*
Slide 20		The **Universal Task List** (UTL) is a menu of some 1,600 unique tasks that can facilitate efforts to prevent, protect against, respond to, and recover from the major events that are represented by the National Planning Scenarios. It presents a common vocabulary and identifies key tasks that support development of essential capabilities among organizations at all levels. Of course, no entity will perform every task.
Slide 21		Lastly, the federal preparedness vision if you are not already familiar…

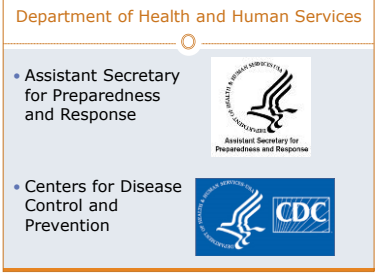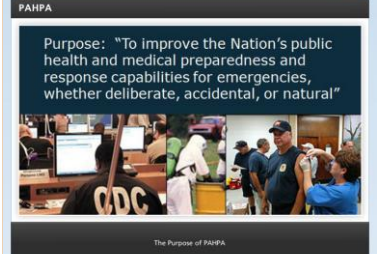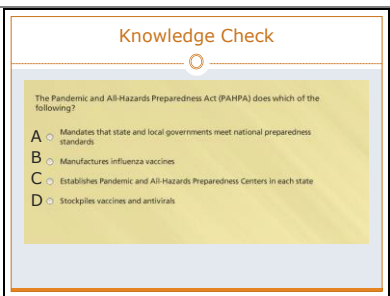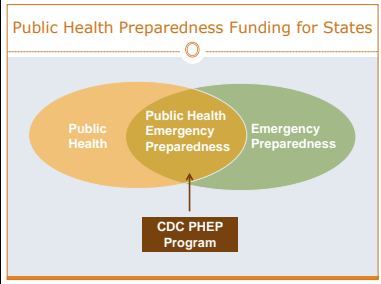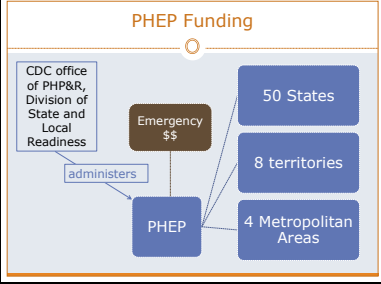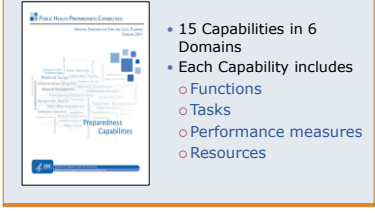| Slide 22 | National Response Framework

• Delineates the U.S. response doctrine, responsibilities, and structures
• Describes authorities and best practices
• Builds upon the National Incident Management System (NIMS)
• Emergency Support Function – Public Health and Medical Services | The National Response Framework is a tool created by DHS to effectively coordinate a federal response to local events.

The National Response Framework (NRF) presents the guiding principles that enable all response partners to prepare for and provide a unified national response to disasters and emergencies. It establishes a comprehensive, national, all-hazards approach to domestic incident response.

The NRF defines the principles, roles, and structures that organize how we respond as a nation. It:
• delineates how communities, tribes, states, the federal government, private-sectors, and nongovernmental partners work together to coordinate national response;
• describes specific authorities and best practices for managing incidents; and
• builds upon the National Incident Management System (NIMS), which provides a consistent template for managing incidents according to the Incident Command System.

As part of the NRF, there are 15 Emergency Support Functions (ESFs). ESFs are the primary mechanisms at the operational level used to organize and provide assistance. ESF #8, Public Health and Medical Services, is the most important ESF for public health preparedness staff.

Now let's discuss some of the specific federal agencies involved in preparedness. |
| Slide 23 | Federal Emergency Management Agency
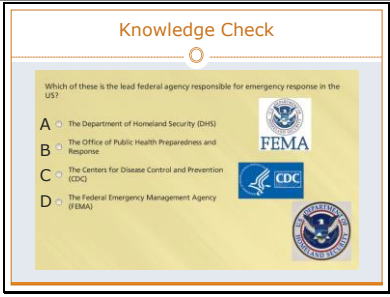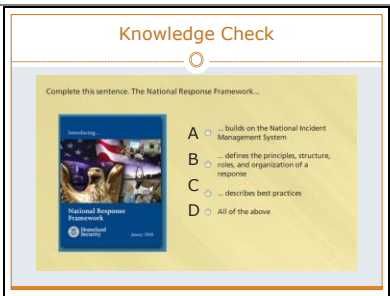
FEMA

Mission: To support our citizens and first responders to ensure that as a nation we work together to build, sustain, and improve our capability to prepare for, protect against, respond to, recover from, and mitigate all hazards. | The Federal Emergency Management Agency or FEMA, is part of DHS. The FEMA mission is to support citizens and first responders to ensure that as a nation we work together to build, sustain, and improve our capability to prepare for, protect against, respond to, recover from, and mitigate all hazards. |

Slide 24		The Department of Health and Human Services or DHHS is charged with coordinating federal assistance to state, tribal, and local resources for public health and medical disasters. DHHS is the lead agency for the National Response Framework (NRF) for Emergency Support Function (ESF) #8—Public Health and Medical Services. There are 2 important groups within DHHS that everyone working in public health preparedness should be aware of: The Office of the Assistant Secretary for Preparedness and Response or ASPR was created in the wake of Katrina to lead the nation in preventing, preparing for, and responding to the adverse health effects of public health emergencies and disasters. ASPR has the leadership role for all health and medical services support function in a health emergency or public health event. The CDC is part of DHHS and works closely with ASPR. The CDC plays a critical role in public health preparedness and provides funding through the Public Health Emergency Preparedness, or PHEP, cooperative agreement to strengthen state and local public health functions for preventing, responding to, and recovering from health threats. Now let's take a look at some key federal legislation for public health preparedness.
Slide 25		PAHPA stands for the Pandemic and All-Hazards Preparedness Act. This legislation was passed in 2006 and is the law that mandates public health involvement in preparedness and response emergencies.
Slide 26		The purpose of PAHPA is "to improve the Nation's public health and medical preparedness and response capabilities for emergencies, whether deliberate, accidental, or natural."

Slide 27		PAHPA requires public health to work to integrate public and private sector efforts, meet surge capacity, protect at-risk individuals, and ensure continuity of operations
Slide 28		Law that requires public health to...
Slide 39		**Quick knowledge check – as group** Which of these is the lead federal agency responsible for emergency response in the US? **ANSWER: A - DHS**
Slide 30		Complete this sentence. The National Response Framework... **ANSWER**: **D** - The National response framework does all of the things listed.
Slide 31		The Pandemic and All-Hazards Preparedness Act (PAHPA) does which of the following? **ANSWER: A** - PAHPA mandates that each state and local government meet national preparedness standards.
	<BREAK for 10 MINS>	

Slide 32	Public Health Preparedness Funding for States Public Health — Public Health Emergency Preparedness — Emergency Preparedness CDC PHEP Program	Going back to review prep structures on a national level, where does the money to support public health preparedness at the state and local level come from? Much of it comes from the CDC Public Health Emergency Preparedness or PHEP program. Congress authorized funding for the PHEP cooperative agreement to support preparedness in state, local, tribal, and territorial public health departments in 2002, shortly after the events of September 11, 2001, and subsequent anthrax attacks. The PHEP cooperative agreement provides funding for public health departments to build capacity and capability to effectively respond to the public health consequences of all hazards events.
Slide 33	PHEP Funding CDC office of PHP&R, Division of State and Local Readiness — Emergency $$ — 50 States administers — 8 territories PHEP — 4 Metropolitan Areas	CDC provides PHEP cooperative agreement funding to 62 grantees, which include 50 states, eight territories, and four metropolitan areas (Washington, D.C., Chicago, Los Angeles County and New York City). CDC's Office of Public Health Preparedness and Response, Division of State and Local Readiness, administers the PHEP cooperative agreement and works closely with subject matter experts across CDC to provide annual guidance and technical assistance to state, territorial, and major metropolitan public health departments. In addition to its preparedness purpose, CDC can also use the PHEP grant structure as a mechanism for transfer of emergency response funds to states, should an event requiring public health federal fiscal support occur. For example, in response to the 2009 H1N1 influenza pandemic, CDC administered $1.4 billion through grants to upgrade state and local preparedness and response capacity.
Slide 34	Hospital Preparedness Program • Managed by ASPR • Supports hospital preparedness and the integration of public health and medical efforts in preparedness	In addition to PHEP funds, states also receive funding through the DHHS Hospital Preparedness Program, or the HPP. Under PAHPA, the program takes an all-hazards preparedness approach emphasizing capabilities such as use hospital staff, resources, and training to provide care in the event of a real or simulated event. This program is managed by ASPR and in 2011 awarded more than $352 million to continue improving disaster preparedness of hospitals and health care systems within every state, and three large metropolitan areas. Under these two efforts, the HPP and PHEP, local health departments and the NC Division of Public Health engage and work to advance and integrate public health and medical efforts.

Slide 35	**CDC PHEP Program: Capabilities Approach**
	
	• Initiated for the PHEP cooperative agreement cycle 2011-2016
	
	• Capabilities are considered national standards to assist state and local planners in:
	  ○ identifying gaps in preparedness
	  ○ determining specific jurisdictional priorities
	  ○ developing plans for building and sustaining capabilities
		A big question for state and local planners in public health preparedness is how to prioritize their public health planning and activities and ensure that federal dollars are directed to priority areas within their jurisdictions.
		
		In response to these challenges and in preparation for the five-year PHEP cooperative agreement during the years of 2011 through 2016, CDC implemented a systematic process for defining a set of public health preparedness capabilities.
		
		The public health preparedness capabilities can assist state and local planners in identifying gaps in preparedness, determining the specific jurisdictional priorities, and developing plans for building and sustaining capabilities. These standards are designed to accelerate state and local preparedness planning, provide guidance and recommendations for preparedness planning, and ultimately assure safer, more resilient, and better prepared communities.

Slide 36	**Creation of Capabilities** • Aligned with DHS National Preparedness Guidelines • Aligned with DHHS National Health Security Strategy • Aligned with CDC Strategic Preparedness Goals • Aligned with PAHPA requirements • Informed by Homeland Security Presidential Directives	Where did the CDC go to identify public health capabilities? To identify the public health aspects for each capability, CDC used the names and definitions from the US Department of Homeland Security Target Capabilities List and content from PAHPA, and the capabilities from the National Health Security Strategy. CDC also reviewed key legislative and executive directives to identify state and local public health preparedness priorities including PAHPA, DHS Presidential Directives 5, 8, and 21, and the National Health Security Strategy.

Slide 37	**National Standards for State and Local Planning**
	
	• 15 Capabilities in 6 Domains
	• Each Capability includes
	  ○ Functions
	  ○ Tasks
	  ○ Performance measures
	  ○ Resources
		In March 2011, CDC released the Public Health Preparedness Capabilities document. There are a total of 15 capabilities clustered into 6 domains. For each capability, there is a definition of the capability and a list of the associated functions, tasks, performance measures, and resource considerations.
		
		Question to group: Has anyone read through this document?

Slide 38	**Activity: Reviewing PHEP Capabilities**
	
	• Group 1: Biosurveillance
	  ○ Capabilities 12 & 13
	• Group 2: Community resilience
	  ○ Capabilities 1 & 2
	• Group 3: Countermeasures mitigation
	  ○ Capabilities 8, 9, 11 & 14
	• Group 4: Incident management
	  ○ Capability 3
	• Group 5: Information Management
	  ○ Capabilities 4 & 6
	• Group 6: Surge Management
	  ○ Capabilities 5, 7, 10 & 15
		ACTIVITY: 20 mins
		MATERIALS: PHEP Handout and Questions
		
		This is an activity to learn more about capabilities. Break up into groups of 6. Will get a domain and corresponding capabilities. There are 3 questions looking at your domain, write on chart paper and report back to group.

Slide 39	**Additional Capabilities Resources** **Additional information about the capabilities is available at:** http://www.cdc.gov/phpr/capabilities/ **Hospital preparedness capabilities:** http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/capabilities.pdf	Additional information about the capabilities can be found at the CDC website listed here. In addition, the office of the Assistant Secretary for Preparedness and Response (ASPR) implemented hospital preparedness capabilities, 6 of which overlap with the public health capabilities and are designated as areas for collaboration.
Slide 40	**Summary** • There are specific public health threats in North Carolina that affect disaster preparedness and response • The Department of Homeland Security (DHS) is the lead federal agency responsible for emergency response in the U.S. • The Department of Health and Human Services (DHHS) is responsible for coordinating federal assistance to state, tribal, and local resources for public health and medical disasters	In Summary, • There are specific public health threats in North Carolina that affect disaster preparedness and response • The Department of Homeland Security (DHS) is the lead federal agency responsible for emergency response in the U.S. • The Department of Health and Human Services (DHHS) is responsible for coordinating federal assistance to state, tribal, and local resources for public health and medical disasters
Slide 41	**Summary** • Funding for local public health preparedness comes from the CDC's Public Health and Emergency Preparedness cooperative agreement • The Pandemic and All-Hazards Preparedness Act (PAHPA) mandates state and local governments to meet national standards of preparedness • There are 15 preparedness capabilities (standards) that are designed to guide state and local preparedness planning	• Funding for local public health preparedness comes from the CDC's Public Health and Emergency Preparedness cooperative agreement • The Pandemic and All-Hazards Preparedness Act (PAHPA) mandates state and local governments to meet national standards of preparedness, and • There are 15 preparedness capabilities (standards) that are designed to guide state and local preparedness planning

Module 2: Introduction and Public Health Preparedness for Preparedness Coordinators, Part 2

Educational Objectives
- Describe the structure of public health preparedness in NC

Handouts
- None
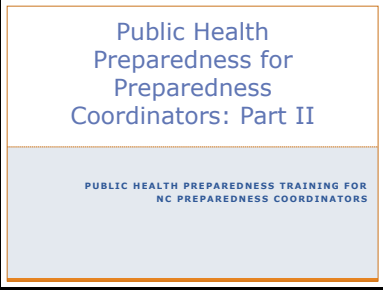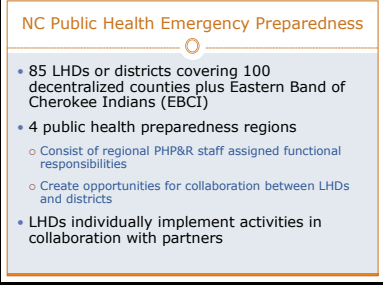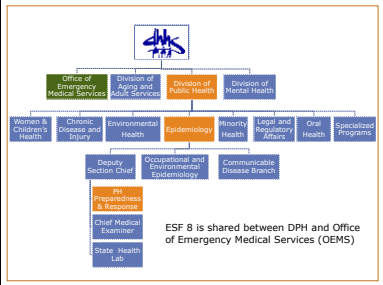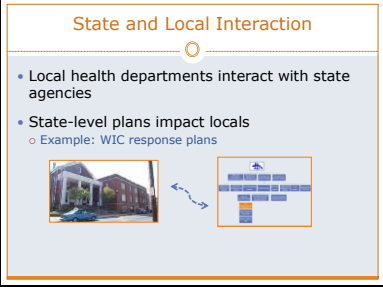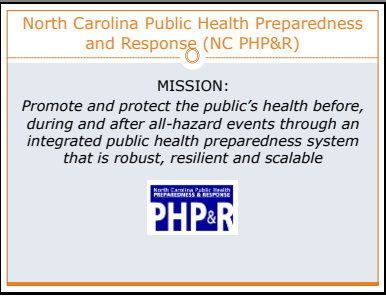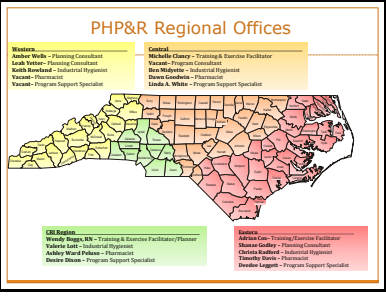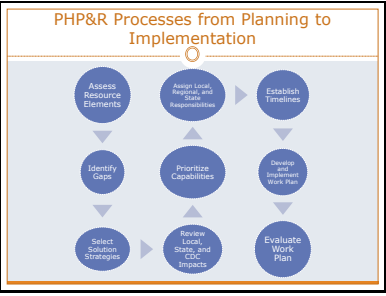
Materials
- None

Outline (Total: 25 minutes)
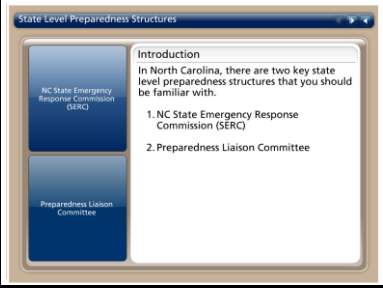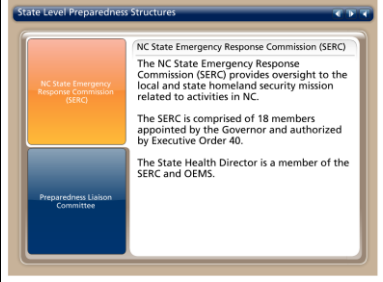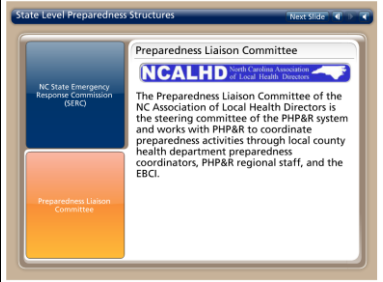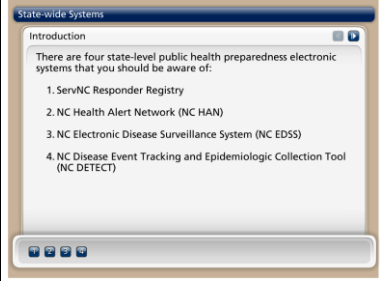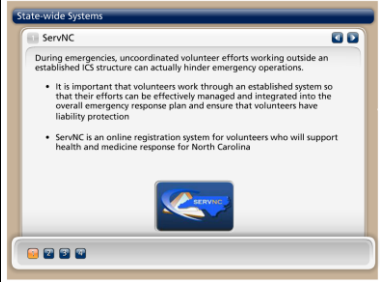
Time	Topic	Activity Instructions
25 min.	Public Health Preparedness for PCs Part 2 Lecture	
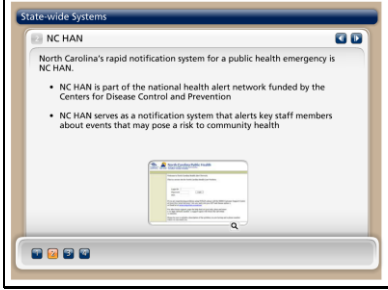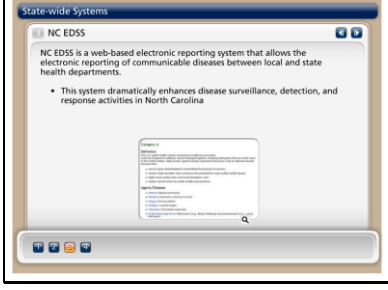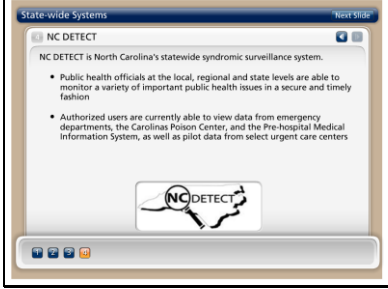
Module 2 Trainer Script

Module 2 Trainer Script
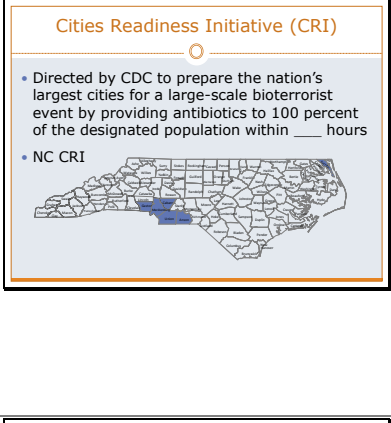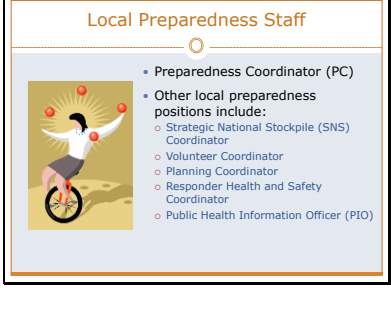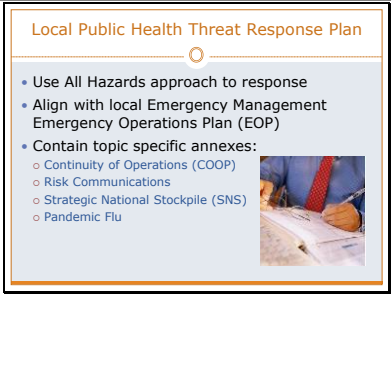
Slide 1	**Public Health Preparedness for Preparedness Coordinators: Part II** PUBLIC HEALTH PREPAREDNESS TRAINING FOR NC PREPAREDNESS COORDINATORS	In Part I, we discussed the national structure. In Part II of this introductory module, we will discuss preparedness specifically as it relates to North Carolina.
Slide 2	**NC Public Health Emergency Preparedness** • 85 LHDs or districts covering 100 decentralized counties plus Eastern Band of Cherokee Indians (EBCI) • 4 public health preparedness regions ○ Consist of regional PHP&R staff assigned functional responsibilities ○ Create opportunities for collaboration between LHDs and districts • LHDs individually implement activities in collaboration with partners	First, let's talk about the Public Health Emergency Preparedness Efforts in North Carolina. For the 85 LHDs or districts and the Eastern Band of Cherokee Indians (EBCI), there are 4 public health preparedness regions (based on EM Disaster Preparedness Regions). Each region works with state PHP&R staff.
Slide 3		Here's a basic org chart of DHHS. The Epidemiology Section of DPH houses the Communicable Disease Branch, Occupational and Environmental Epidemiology, the State Laboratory of Public Health, the Office of the Chief Medical Examiner, and Public Health Preparedness and Response. PHP&R is responsible for coordinating the statewide system and project management PHEP. The Emergency Support Function, (ESF) 8, is shared between the DPH and the Office of Emergency Medical Services (OEMS). OEMS is in the Division of Health Services Regulation and coordinates not only EMS services but also trauma, burn, and most hospital preparedness activities including the State Medical Response System.
Slide 4	**State and Local Interaction** • Local health departments interact with state agencies • State-level plans impact locals ○ Example: WIC response plans	Important to note how LHDs interact with state agencies in routine and emergency services. Plans made at the state level can impact locals. For example, WIC continues to refine response plans for how they would continue to provide services during a disaster and it will be important for LHD staff to be aware of these plans.

Slide 5	North Carolina Public Health Preparedness and Response (NC PHP&R) MISSION: *Promote and protect the public's health before, during and after all-hazard events through an integrated public health preparedness system that is robust, resilient and scalable* North Carolina Public Health PREPAREDNESS & RESPONSE PHP&R	Let's talk about the NC PHP&R branch. **Group question: when was the branch established? 2002.** The mission of PHP&R is...
Slide 6	PHP&R Regional Offices **Western** Amber Wells – Planning Consultant Leah Yetter – Planning Consultant Keith Rowland – Industrial Hygienist Vacant – Pharmacist Vacant – Program Support Specialist **Central** Michelle Clancy – Training & Exercise Facilitator Vacant – Program Consultant Ben Midyette – Industrial Hygienist Dawn Goodwin – Pharmacist Linda A. White – Program Support Specialist **CRI Region** Wendy Beggs, RN – Training & Exercise Facilitator/Planner Valerie Lott – Industrial Hygienist Ashley Ward Peluso – Pharmacist Desire Dixon – Program Support Specialist **Eastern** Adrian Cox – Training/Exercise Facilitator Shanae Godley – Planning Consultant Christa Radford – Industrial Hygienist Timothy Davis – Pharmacist Deedee Leggett – Program Support Specialist	Here's a map of the PHP&R regional offices, which include a Western Region, Central Region, and Eastern Region. There is also a Communities Readiness Initiative Region.
Slide 7	NC PHP&R Strategic Plan Integrate Preparedness in the Public Health System to Increase Impact in a Dynamic Environment [strategic plan diagram] Maximize Internal and External Partnerships	Here is the strategic plan for PHP&R. Ultimate strategic goal is to "integrate preparedness in the public health system to increase impact in a dynamic environment". The primary strategic areas for achieving this are: •Define and optimize the scope of preparedness within public health •Expand awareness and understanding of public health preparedness •Sustain and diversify resources; and •Strengthen organizational effectiveness and collaboration. Together these strategies will maximize internal and external partnerships.
Slide 8	PHP&R Processes from Planning to Implementation Assess Resource Elements → Assign Local, Regional, and State Responsibilities → Establish Timelines Identify Gaps → Prioritize Capabilities → Develop and Implement Work Plan Select Solution Strategies → Review Local, State, and CDC Impacts → Evaluate Work Plan	Here are the various processes PHP&R uses to enhance the capability and readiness of public health and health care systems, from planning to implementation: •Access resource elements, •Identify gaps •Select solution strategies •Review local, state, and CDC impacts •Prioritize capabilities •Assign local, regional, and state responsibilities •Establish timelines •Develop and implement a work plan; and •Evaluate the work plan
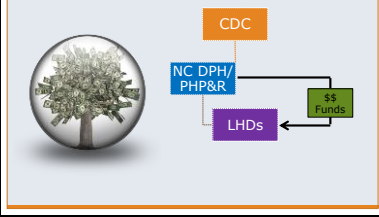
Slide 9		Let's dig a little further in state-level preparedness structures. In North Carolina, there are 2 key state level preparedness structures that you should be familiar with. 1. NC State Emergency Response Commission 2. Preparedness Liaison Committee
Slide 10		The NC State Emergency Response Commission (SERC) provides oversight to the local and state homeland security mission related to activities in NC. SERC has 18 members appointed by the Governor and authorized by an Executive Order. The State Health Director is a member of the SERC and OEMS.
Slide 11		The Preparedness Liaison Committee of the NC Association of Local Health Directors is the steering committee of the PHP&R system and works with PHP&R to coordinate preparedness activities.
Slide 12		Talking about structures, need to briefly mention systems. There are 4 state-level public health preparedness electronic systems that you should be aware of: 1. ServNC Responder Registry 2. NC HAN-the Health Alert Network 3. NC Electronic Disease Surveillance System (NC EDSS) 4. NC Disease Event Tracking and Epidemiologic Collection Tool, which is called NC DETECT
Slide 13		ServNC is an online registration system for volunteers who will support health and medicine response for North Carolina. ServNC provides a way to check credentials, keep track of training, and communicate with volunteers.

Slide 14		NC HAN is part of the national health alert network funded by the CDC. In NC, once an alert is issued, NC HAN's registered users from the state, regional, and local levels are contacted via email, pager, phone, and/or fax. Two types of notification are sent out on NC HAN: those that require user acknowledgement (for events that require an immediate response) and those that do not (for events that are less urgent). Receiving NC HAN alerts involve two steps: 1) a general alert is sent to users indicating the alert priority level: high, medium, or low; 2) then the user must log in to the system for the details of the alert, including the nature of the event and affected areas.
Slide 15		NC EDSS is a web-based electronic reporting system that allows the electronic reporting of communicable diseases between local and state health departments. The state health departments uses this system to report to CDC. Another function of the system is that it can receive electronic laboratory reports from hospitals. This system dramatically enhances disease surveillance, detection, and response activities in North Carolina. For public health preparedness, it is important to be aware of the category A diseases, which are required to be reported through NC EDSS. These diseases are important because they include organisms that pose a risk to national security. Criteria for a category A disease is that they can be easily disseminated or transmitted from person to person; result in high mortality rates and have the potential for major public health impact; might cause public panic and social disruption; and require special action for public health preparedness. The category A diseases include: Anthrax, Botulism, Plague, Smallpox, Tularemia, and Viral hemorrhagic fevers.
Slide 16		NC DETECT is North Carolina's statewide syndromic surveillance system. NC DETECT was created by NC DPH in 2004 in collaboration with the UNC Department of Emergency Medicine to address the need for early event detection and timely public health surveillance in North Carolina using a variety of secondary data sources. With NC DETECT, public health officials at the local, regional and state levels are able to monitor a variety of important public health issues in a secure and timely fashion, including influenza, post-hurricane health issues, injury and violence, and vaccine-preventable disease surveillance. Authorized users are currently able to view data from emergency departments, the Carolinas Poison Center, and the Pre-hospital Medical Information System, as well as pilot data from select urgent care centers.

Slide 17	**Knowledge Check** How many regional preparedness offices are there in North Carolina? A ○ 4 B ○ 1 C ○ 85 D ○ 8	**Quick knowledge check – as group.** How many regional preparedness offices are there in North Carolina? **ANSWER=A**
Slide 18	**National Overarching Systems** • National Incident Management System (NIMS) • Homeland Security Exercise and Evaluation Program (HSEEP)	Take a minute to talk about national overarching systems that affect the local level. The National Incident Management System (NIMS) and the Homeland Security Exercise and Evaluation Program (HSEEP) are two overarching systems applicable to all agencies receiving federal preparedness funds. All LHD employees should be aware of NIMS and HSEEP and ensure they are properly trained on.
Slide 19	**NIMS** • Standardized approach to incident management • Enhanced cooperation and interoperability among responders • Comprehensive all-hazards preparedness • Efficient resource coordination among jurisdictions and organizations • Integration of best practices and lessons learned for continuous improvement	NIMS was developed to help responders from different jurisdictions and disciplines to work together in response to natural disasters and emergencies, including acts of terrorism. The benefits from NIMS include: a standardized approach to incident management that is scalable and flexible, enhances cooperation, uses resources efficiently, and integrates best practices and lessons learned.
Slide 20	**NIMS Training Matrix**	At the local level there are NIMS training requirements. PHP&R maintains the most up to date NIMS Training Matrix, and all LHD staff should make sure they are compliant with the NIMS training requirements.

Slide 21	**HSEEP** Provides national standardized methodology and terminology for exercise: • Design • Development • Conduct • Evaluation, and • Improvement	HSEEP is a capabilities and performance-based exercise program that provides a standardized methodology and terminology for exercise design, development, conduct, evaluation, and improvement. HSEEP sets a national standard for all preparedness exercises. It's important for public health employees involved in preparedness exercises to have an understanding of the HSEEP methods. *The North Carolina Institute for Public Health's Training Website has an online training for an introduction to HSEEP.*
Slide 22	**Cities Readiness Initiative (CRI)** • Directed by CDC to prepare the nation's largest cities for a large-scale bioterrorist event by providing antibiotics to 100 percent of the designated population within ____ hours • NC CRI	As part of the PHEP, there is a Cities Readiness Initiative (CRI) program designed to enhance preparedness in the nation's largest cities. Through CRI, metro health departments have developed plans to respond to a large-scale bioterrorist event by dispensing antibiotics to the entire population of an identified MSA within **HOW MANY hours? Answer is 48 hours.** NC has one CRI region - the Charlotte/Mecklenburg Metropolitan Statistical Area. ALSO Currituck county is part of the Hampton Roads, Virginia CRI.

Slide 23	**Local Preparedness Staff**
	
	• Preparedness Coordinator (PC)
	• Other local preparedness positions include:
	  o Strategic National Stockpile (SNS) Coordinator
	  o Volunteer Coordinator
	  o Planning Coordinator
	  o Responder Health and Safety Coordinator
	  o Public Health Information Officer (PIO)
		Question to group: How many of you are full time or part time? How many are jointly funded by Emergency Management?
		
		All LHDs should have a Preparedness Coordinator. Know many PCs cover multiple jobs (e.g., Nursing Director). Preparedness roles that may be assigned to the PC or other individuals in an LHD include…

Slide 24	**Local Public Health Threat Response Plan**
	
	• Use All Hazards approach to response
	• Align with local Emergency Management Emergency Operations Plan (EOP)
	• Contain topic specific annexes:
	  o Continuity of Operations (COOP)
	  o Risk Communications
	  o Strategic National Stockpile (SNS)
	  o Pandemic Flu
		Each LHD is also responsible for developing and maintaining a local public health Threat Response Plan. Plans use an all-hazards approach and must align with the County Emergency Management Emergency Operations Plan (EOP).
		
		The plan should also contain critical annexes that address: Continuity of Operations (COOP), Risk Communication, SNS, and sometimes specific plans such as one for Pandemic Flu.
		
		Group Question: Any other annexes covered in your plan?

Slide 25	**Local Planning Groups** • Local Emergency Planning Committees (LEPCs) *You have the right to know* • Local Public Health Preparedness Committees	Another important function of local preparedness is planning groups. Two important groups in North Carolina are the Local Emergency Planning Committees (LEPCs) and the Local Public Health Preparedness Committees.
Slide 26	**LEPCs** • Implement Emergency Planning and Community Right to Know Act (EPCRA) • Mitigate effects of hazardous material spills • Support the development and maintenance of all hazard emergency operations plans • Serve as a county-level planning group for other emergency preparedness efforts	The LEPCs are an initiative through NC DHS and EM. The original mission is to implement the Emergency Planning and Community Right to Know Act and to mitigate the effects of a release of natural or man-made hazardous materials. Their role has expanded to support all-hazard emergency operations plans and to serve as a county-level planning group for other preparedness efforts. Each LHD is required to actively participate in their LEPC. In some counties, the LHD coordinates the LEPC. **Group question: does your county coordinate the LEPC?** Talk more about LEPCs during "working with partners" module.
Slide 27	**Regional Advisory Committees**	Regional Advisory Committees (RACs) developed for regional trauma planning. After 9/11, RAC expanded to disaster and terrorism related activities. RAC responsibilities are outlined in the North Carolina Administrative Code. NC OEMS oversees the RACs in NC. The map below show RAC affiliations.
Slide 28	**Local Preparedness Committee** • Support community-based planning environment for all public health hazards	Another local planning group is the Local Preparedness Committee. They are jointly coordinated between EM and public health. Many of the committees are still operating after the 2009 H1N1 outbreak. Those still functioning focus their work on revising their plans and possibly working on other emerging infectious diseases.

Slide 29	**NC LHD Preparedness PHEP Funding** CDC NC DPH/ PHP&R $$ Funds LHDs	We've mentioned structures and systems, let's now talk about money! The NC DPH PHP&R branch allocates PHEP funding to LHDs, through an *Agreement Addenda* to the consolidated agreement, which is a direct contract between the state and the LHDs. The **"514" Agreement** Addendum is a contract between PHP&R and the local health department. The agreement outlines the scope of work and reporting requirements for the local health department. Some (or all) of the PC's job responsibilities come from this document. The state also receives specific funds through the PHEP grant that are to be used by the CRIs jurisdictions.

Slide 30	**NC LHD Preparedness Funding**
	
	• Guidance of preparedness efforts
	  ○ Monitoring plans
	  ○ County site visits
	• Expenditure Monitoring Reports
	• Progress Check
	  ○ Grant related activities tracking and reporting by PCs
	  ○ Progress monitoring by PHP&R
		The programs and activities that are conducted at the local level are guided by **Monitoring Plans**, coordinated by PHP&R as well as county site visits. To track preparedness funding, counties also submit Expenditure Monitoring Reports and Progress Check Reports. Please contact your Regional Office to schedule training as needed.

Slide 31	**Summary** • Planning is done vertically and horizontally at the local, regional, state, and federal levels • Programs and activities conducted at the local level should be guided by the program areas outlined in the Sub recipient Agreement Guidance document • There are 15 public health preparedness capabilities outlined nationally ○ Each LHD, working together in regions, is accountable for accomplishing the activities and outputs listed in the agreement related to these capabilities	In summary, Planning is done vertically and horizontally at the local, regional, state, and federal levels. Programs and activities conducted at the local level should be guided by the program areas outlined in the Sub recipient Agreement Guidance document. Finally, there are 15 public health preparedness capabilities outlined nationally. Each LHD, working together in regions, is accountable for accomplishing the activities and outputs listed in the agreement related to these capabilities.
Slide 32	**Knowledge Check** The National Incident Management System (NIMS) is... A ○ A set of preparedness exercises B ○ Only used by police officers C ○ An all-hazards approach to incident management D ○ None of the above	**Quick knowledge check – as group. Can have folks stand for voting or go to 4 room corners to vote.** The National Incident Management System (NIMS) is... **ANSWER =C all-hazards approach**

Slide 33	Knowledge Check Which of the following is an example of a critical annex that could be included in a Threat Response Plan? A ○ Continuity of Operations Plan (COOP) B ○ Pandemic Influenza C ○ Risk Communication D ○ All of these E ○ None of these	Which of the following is an example of a critical annex that could be included in a Threat Response Plan? **ANSWER = D All of these**
Slide 34	If You Haven't Already… • Set up a meeting with your supervisor, Health Director, or Regional Office staff o Ask him/her about their position and the duties required. Ask about the preparedness funds that your county receives • Find out who is in charge of the LEPC in the county. Attend a LEPC meeting. • Meet with your training coordinator. Ask what courses you should be taking. Develop a training plan for the next 12 months.	If you are relatively new in your position… • Set up a meeting with your supervisor, Health Director, or Regional Office staff. Ask him/her about their position and the duties required. Ask about the Preparedness funds that your county receives. • Find out who is in charge of the LEPC in the county. Attend an LEPC meeting. • Meet with your training coordinator. Ask what courses you should be taking. Develop a training plan for the next 12 months.

Module 3: Public Health Preparedness Planning

Educational Objectives
- Describe the strategic planning process outlined in the Public Health Preparedness Capabilities Planning Model
- Identify barriers to effective planning and strategies to address those barriers

Handouts
- Part 3 Activity 1 Questions

Materials
- Participants will need to bring a copy of their All Hazards Plan. If they do not have one, offer to pair them with someone who has their plan

Outline (Total: 65 minutes)

Time	Topic	Activity Instructions
45 min.	Public Health Preparedness Planning	
20 min.	Preparedness Plan Scavenger Hunt (after slide 48)	As an individual activity, participants go through the questions listed on the Part 3 Activity 1 handout using a copy of their All Hazards Plan. If participants do not have a copy of their plan, offer to pair them with someone to complete the activity. Once complete, everyone reports back to a larger group discussion.

Module 3 Handouts

Part 3 Activity 1
Preparedness Plan Scavenger Hunt

Instructions
_____

Using your All Hazards Plan, answer the following questions.

Questions
_____

1) Does your plan list the estimated population for your county? What is your county's estimated population?

2) What natural hazard is your county most vulnerable to? What man-made hazard?

3) Are there any specific vulnerable or at-risk populations identified your county's plan?

4) Are there any support annexes included in your county's plan? For what scenarios?

5) What are some key assumptions for medical/health emergencies (in other words, what are the biggest concerns)?

6) What are some key functions the health department is responsible for?

Module 3 Trainer Script

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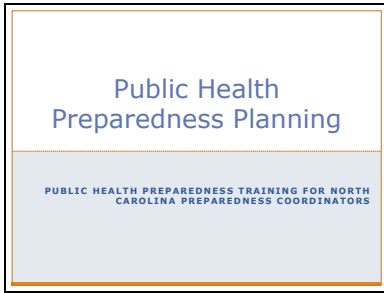
Slide 1	**Public Health Preparedness Planning** PUBLIC HEALTH PREPAREDNESS TRAINING FOR NORTH CAROLINA PREPAREDNESS COORDINATORS	We have talked about preparedness structures, now let's talk about preparedness planning – key function of your job responsibilities.
Slide 2	**Overview** • Background to planning • Types of plans • Strategic planning • Plan formats • Key elements of public health plans • Plan writing steps and strategies • Planning barriers	Here's an overview of this presentation…
Slide 3	**Background**	We'll start with some background, and discuss public health preparedness planning and characteristics of emergency planning in general.
Slide 4	**NC Public Health Planning Staff** NC DPH — • State Planner Regional Level — • 4 Regional Office Planners Local Health Departments — • Preparedness Planners/Coordinators	Here's a breakdown of the planning infrastructure in NC. NC DPH has a state planner, and there are 4 designated regional office planners. Then each LHD as the PC to manage planning and the local level. It's important to communicate with planners at all other levels to ensure that planning is well integrated. Let's talk specifically about the role of local-preparedness planners.
Slide 5	**Role of Preparedness Planner** • Developing and maintaining written operational and tactical plans • Participating in local and state strategic planning • Fostering partnerships with community planning partners • Ensure that staff understand their role in emergency response (training, exercises)	Here is the planning role for the PC…
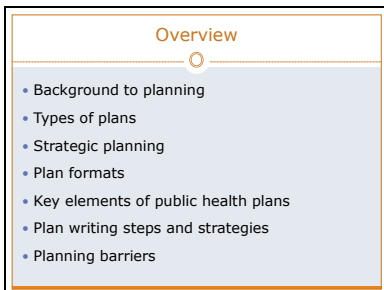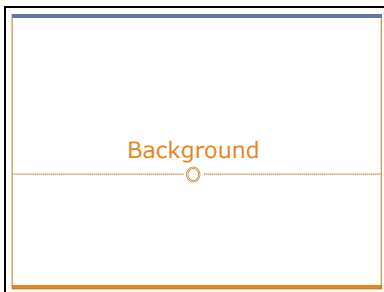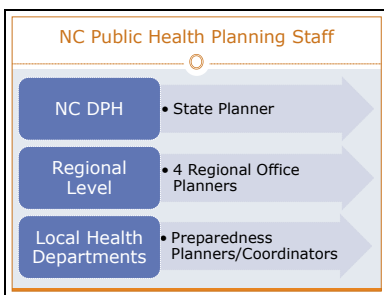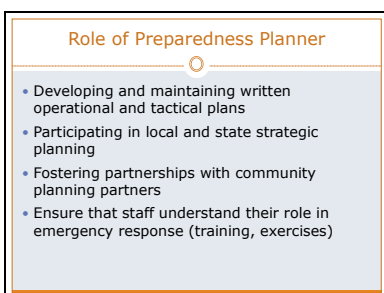
Slide 6	Planning Tiers: Strategic — Policy objectives and overall guidance; Operational — Roles and responsibilities, tasks, and actions (and how integrated); Tactical — Personnel, equipment, and resource management. Adapted from US DHS, 2010.
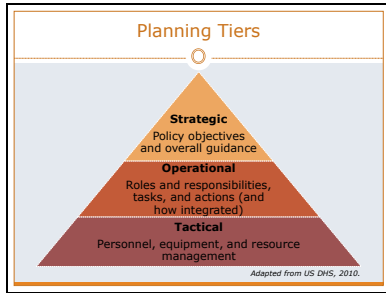
Planning occurs at several related levels. The highest level is **strategic planning**, which describes how agency plans meet its emergency response goals in the long-term (looking at organizational policies). **Operational planning** describes the roles and responsibilities, tasks, and actions for an agency and departments within the agency. It also describes how these responsibilities are integrated. The most detail-oriented plans are **tactical plans,** which focus on specific personnel, equipment, and resources needed for emergency response. Tactical plans rely on the framework described in operational plans.

Slide 7	Planning at Multiple Levels of Government: National, State, County, Municipal, Agency, Personal/Individual.
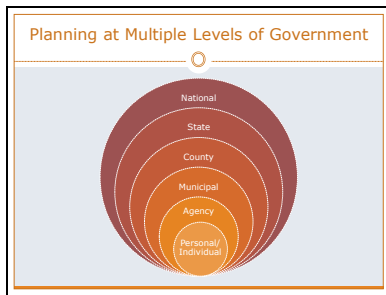
As you know, planning occurs at all levels of government. It's important to remember that all disasters start and end locally. Keeping this in mind, all disaster response planning needs to begin at the personal or individual planning level and then at the local level, that is, agency, city, and county. Local planning is the foundation for planning at the other levels.
Question to group: does anyone know how long each locality needs to be ready to fend itself after a declared emergency? 72 hours.

Slide 8	Call Upon Resources as Needed: Emergency Management Assistance Compacts (EMAC), State Division of Public Health, State Emergency Manager (EM), County Emergency Manager (EM), Health Director, Medical Reserve Corps.
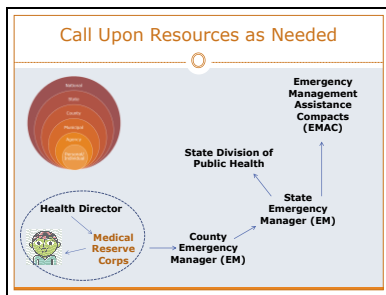
The reason planning occurs at multiple levels of government is to maximize the use of resources. Once a response agency has exhausted all its resources at one level, it can request assistance from the next level.

Question to group: Does anyone have any recent examples of this? Ebola or flu?

The example here is a pertussis outbreak – may exhaust resources at local level – seek help from local MRC or request County EM. County EM can contact state EM who can contact DPH. If outbreak spreads to other counties or to another state – request help from Emergency Management Assistance Compacts.
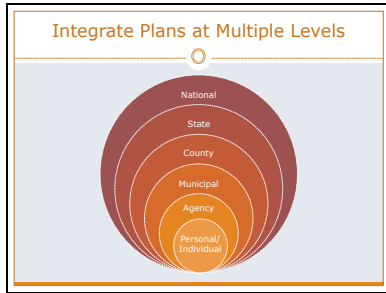
Slide 9	**Integrate Plans at Multiple Levels** National State County Municipal Agency Personal/Individual	That is why the disaster plan of the smallest organization must be consistent with the plan of the next larger organization and so forth. All disaster response planning done at the local health department is considered "agency level" planning. For ex, the LHD's SNS plan may be an annex to the county's All-Hazard Plan. Another annex to the All-Hazard plan is the Mass Sheltering Plan developed and managed by Social Services. Many larger municipalities have their own disaster plans. If they do, their plans must fit into the county plan, since during a declared "state of emergency" the municipality will have to merge its command, control and response efforts into the greater county response coordinated through the county emergency manager. County plans are part of the state's plan and the state's plan is part of the National Response Framework.
Slide 10	**Types of Plans**	Now let's spend a few moments talking about the different types of plans you will encounter as a PC.
Slide 11	**Emergency Operations Plans** • Exist at state and county levels • Developed by Emergency Management • Also known as EOPs and All-Hazards Plans • Guide response for multiple agencies	The first type of plan you should be familiar with is an emergency operations plan, or EOP. EOPs …. It's important that you read the EOP (or all-hazards plans) for your county and state. State and county-level EOPs are broader than a single agency; they guide emergency response for multiple agencies in the community, such as fire, police, emergency management, and many others. EOPs are the primary guiding documents that are used in emergency responses of all types. If your county has experienced a severe winter storm, a hazardous chemical spill, or a major flood, your local EM agency most likely activated its EOP so all response agencies had guidance and understanding of their role in the response. **Question to group: Does anyone know what agency posts the state EOP? Answer next slide…**
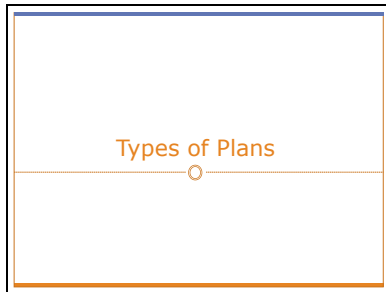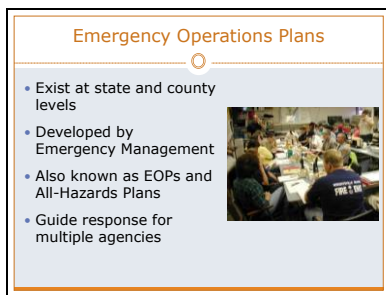
| Slide 12 | | The North Carolina EOP is located on the NC Department of Public Safety website in the Division of Emergency Management section. North Carolina's plan includes a basic plan, functions and responsibilities organized by Emergency Support Function or ESF, and event-specific plans.

In the NC EOP, the public health functions and responsibilities are featured in Annex A, Tab J.

If you are not familiar with the annex, it is a good idea to read it. Contact your state or county emergency management office to access the most current version of the state EOP. |

| Slide 13 | **All-Hazards Public Health Response Plans**

• Focus on public health response
• Exist at state and county levels
• Developed by public health departments
• Flexible enough to address a variety of events
• May include annexes for specific topics
  ○ Continuity of Operations (COOP)
  ○ Medical Countermeasures Management, including Strategic National Stockpile (SNS)
  ○ Pandemic Influenza
  ○ Risk Communication | While EOPs focus on emergency response broadly, public health agencies have specific plans addressing public health emergency response.

The bulk of these plans is focused on the role and responsibilities of the health department. Like EOPs, public health response plans are flexible enough to address a variety of events, from a large infectious disease outbreak to a winter storm or a flood. These plans **may include annexes for specific topics**, such as continuity of operations, or COOP, medical countermeasure management and dispensing, including Strategic National Stockpile, or SNS, pandemic influenza, and risk communication. One of the responsibilities of local preparedness coordinators is to ensure that their county's public health all-hazards response plan is **up-to-date and accurate**, and that staff understand their roles as described in the plan. |

| Slide 14 | **Other Agency-Specific Plans**

Many agencies can (and should) develop emergency response plans

• Hospitals
• Schools
• Correctional facilities
• Long-term care facilities
• Private businesses
• Other governmental agencies | Besides EOPs and public health response plans, other agencies in your community and state can develop emergency response plans. Some places that would likely have emergency response plans are....These plans are not the responsibility of health departments. However, as you work with these partners, it is a good idea to talk with them about their emergency plans and the **expected role of public health.** |

| Slide 15 | **Knowledge Check**

What level of planning is the foundation for planning at all other levels of government?
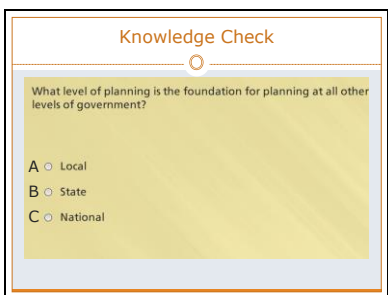
A ○ Local
B ○ State
C ○ National | **Quick knowledge check – as group.**

What level of planning is the foundation for planning at all other levels of government? **Answer = A Local** |

Slide 16		Which entity develops county emergency operations plans? **Answer = C Emergency Management**
Slide 17		Public Health threat response plans exist at...**Answer = C both local and state levels**
Slide 18		Now, let's talk about strategic planning - how your agency will meet its emergency preparedness responsibilities over the long term. Already familiar with the CDC's PHEP capabilities. For this part, we'll discuss portions of the document focused on strategic planning.
Slide 19		How does the PHEP tie in strategic planning? This document isn't about writing a single plan, but goes beyond to determine preparedness priorities and plan preparedness activities over the long term. This model has 3 phases with each having 3 steps. We'll discuss each phase briefly now.
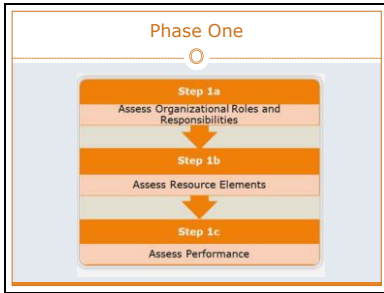
| Slide 20 | | In the first phase, your agency needs to assess current state.

Step 1a: First, assess organizational roles and responsibilities – in other words, which agency/dept. is responsible for each of the 15 capabilities and the specific functions within each capability?
Step 1b: Second, assess resource elements. The 3 resource element categories are planning, skills and training, and equipment and technology.
Step 1c: The third step in Phase 1 is to assess the agency's performance in each capability and function. The idea is to get a sense of areas where the agency is already strong and which areas need more improvement. |

| Slide 21 | | In the second phase, your agency determines its goals.
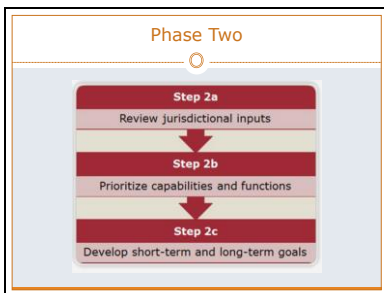
Step 2a: The first step in this process is reviewing existing plans, after action reports, hazard and vulnerability assessments, and other jurisdictional risk assessments. Get a sense of what planning has already been done, and understand major risks in your area.
Step 2b: The next step is to prioritize capabilities and functions. In other words, which of the 15 capabilities requires the most improvement? The CDC has already helped in this area, because it has prioritized certain capabilities in its guidance to grant recipients.
Step 2c: Finally, your agency develops short-term, or 1 year, and long-term, or 2-5 year goals to address the priority capabilities and functions. A short-term goal could be something like: improve ability to conduct epidemiologic investigations, including adding additional staff. A long-term goal could be to increase overall capacity in public health surveillance and epidemiology. |

| Slide 22 | | In the third phase, your agency moves on to planning how it will reach its short-term and long-term goals.
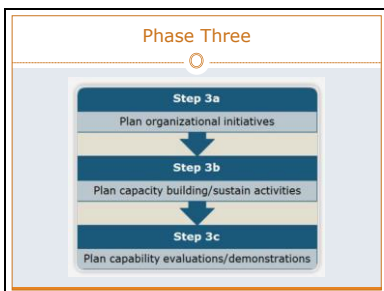
Step 3a: The first step is to plan organizational initiatives, or actual activities that will help the agency achieve its short-term goals. For ex, providing training for communicable disease staff on outbreak investigation procedures.
Step 3b: The next step is to plan activities that will build health department capacity or sustain it in areas where it is already high functioning. This might include adding additional staff, cross-training existing staff, or establishing mutual aid agreements with other agencies.
Step 3c: Finally, plan for ways to evaluate or demonstrate your organization's capability in a particular area. The most obvious way to do this is through exercises, which will be discussed in detail in a separate lesson. |
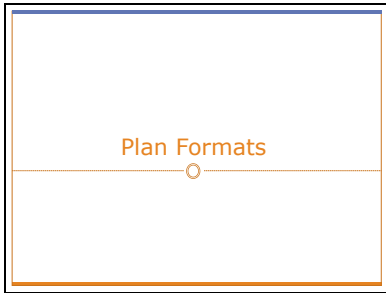
Slide 23	**Plan Formats**	Now that we have discussed high-level strategic planning, we'll get more specific and talk about how to create operational and tactical plans. Specific formats of plans in your agency may vary depending on guidance from state and local public health/EM agencies.
Slide 24	**Traditional Functional Format** **Basic Plan** • Describes expected hazards • Outlines agency/department roles and responsibilities • Explains how plan is kept current **Functional Annexes** • Focus on specific areas (e.g., communications, mass care, continuity of operations) • Describe actions, roles, and responsibilities of agencies/departments **Threat-Specific Annexes** • Address procedures unique to the hazard	The most traditional format for emergency plans is a **functional format.** Basic plan describes ….Then, there are functional annexes…. For ex, the communication annex would describe the role and responsibilities of the PIO, including actions such as holding press conferences as necessary. Finally, there are threat-specific annex. For ex, many public health emergency response plans include a separate annex for pan flu, because characteristics of a pandemic make it different than many other short-term events.
Slide 25	**Emergency Support Function Format** **Basic Plan** • Describes expected hazards, capabilities, requirements, and the jurisdiction's emergency management structure **ESF Annexes** • ESF #8: Public Health and Medical Services • Describes activities for each emergency phase • Identifies specific tasks for participating agencies/departments **Support Annexes** **Threat-Specific Annexes**	An alternative to the traditional functional format is the emergency support function, or. E-S-F, format You may see this format especially in plans from local and state EM agencies. Basic core plan similar to traditional format with expected hazards, capabilities, and the jurisdiction's emergency management structure. The **annexes are organized by the 15 emergency support functions**, which are described in the National Response Framework. Public health activities generally fall under **ESF 8**, although some states may include public health functions under **ESF 6, Mass Care**, as well. The ESF annexes describe activities for each emergency phase and identify specific tasks for individual agencies or departments. Like the traditional format, this format also includes support annexes and threat-specific annexes.
Slide 26	**Agency/Department-Focused Format** **Basic Plan** • Describes expected hazards • Outlines agency/department roles and responsibilities • Explains how plan is kept current **Lead Agencies/Departments** • Describes emergency functions performed by each department **Support Agencies/Departments** • Identifies departments playing a support role **Threat-Specific Procedures**	A final format option is a department-focused format. Basic core plan is similar to that described in other formats. However, the remainder of the plan is **structured by department or agency, rather than by function**. For ex, for each department like environmental health, the plan will list emergency support functions such as shelter inspection, environmental sampling, and verification of potable water sources. This format includes a separate section for support agencies not playing a key role, but still necessary to emergency response. Finally, like with other formats, there is a section to describe threat-specific procedures.

| Slide 27 | | **Quick knowledge check – as group.**
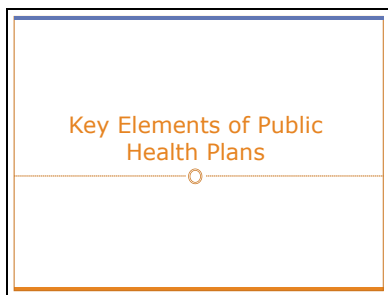
Assess current state, determine goals, and develop plans are the three main steps in what type of planning? **Answer = C Strategic.** |

| Slide 28 | | Now we'll look at some of the key elements of public health response plans. In this example we will use the traditional functional format. |

| Slide 29 | | **Question to group: Who all is familiar with the NIMS-compliant plan?**
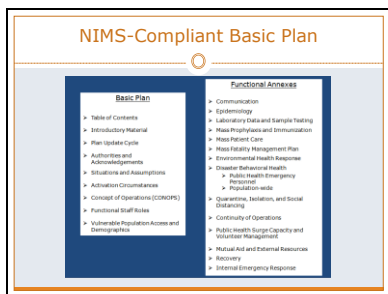
National Incident Management System (NIMS) - this is an ex of a basic NIMS-Compliant plan that can help guide the development of your local public health response plan**.** A number of functional annexes follow the basic plan.

Question to group: Any questions? |

Note to Trainer: if there are questions – below includes detail about components of a NIMS-compliant plan.
Table of Contents: The table of contents makes information easily accessible to the reader.
Introductory Material: Introductory material includes the purpose of the plan, the planning approach, including the planning team, neighboring jurisdictions, and the location of the plan.
Plan Update Cycle: The plan update cycle describes how the agency will update and revise the plan on a regular basis.
Authorities and acknowledgements: Authorities and acknowledgements detail the legal authority for a public health emergency response and provides evidence of joint planning with other agencies and jurisdictions.
Situations and Assumptions: Situations and assumptions. The situation describes which threats are most likely to occur in your jurisdiction. For example, if there is a nuclear power plant in your jurisdiction, the situation section would describe various emergency situations that could occur and the potential disruption, injuries, deaths, and damages that can result. Assumptions provide a rationale for prioritizing emergency preparedness actions for specific threats. Assumptions include the continued presence of threats, the unpredictability of certain threats, how officials will recognize and respond to the threat, and that proper implementation of plans may minimize the threat and help protect, life, property, and the environment.
Activation Circumstances: Activation circumstances include standard operating procedures and triggers for specific response activities.
Concepts of Operations: Concept of operations, sometimes known as CONOPS, describes how your agency will manage incidents through the adaptation of the NIMS and the agency's Incident Command Structure (including diagrams). This section should also describe how the emergency operations plan will be activated, staff roles and responsibilities during emergency operations, and primary and secondary support roles for partner agencies.
Functional Staff Roles: Functional staff roles should list specific emergency functions for each role. Job

Action Sheets further detailing staff roles can be used as attachments to threat-specific annexes or in the Standard Operating Guides.

Vulnerable Populations Access and Demographics: Vulnerable populations' access and demographics describes the health department role in providing services to vulnerable populations, such as non-English speakers and individuals with physical disabilities.

Communication Annex: The communication annex includes an internal plan for notification within the public health agency, as well as a crisis and emergency risk communication section that addresses how the health department will communicate with the general public during an emergency.

Epidemiology Annex: The epidemiology annex includes procedures for disease surveillance, epidemic investigation, and data management.

Laboratory Data and Sample Testing Annex: The laboratory data and sample testing annex describes procedures for collecting, shipping, and testing laboratory samples.

Mass Prophylaxis and Immunization Annex: The mass prophylaxis and immunization annex describes how the health department will dispense vaccines or other medications to the public on a large scale basis. This annex includes medical countermeasure management including the strategic national stockpile, or SNS plan, as well as plans for monitoring people for adverse reactions.

Mass Patient Care Annex: The mass patient care annex describes the health department role, if any, in caring for a large number of patients from the field to a medical facility.

Mass Fatality: The mass fatality management plan annex addresses the health department role, if any, in dealing with mass fatalities in the local area.

Environmental Health Response Annex: The environmental health response annex includes processes for management of potential environmental hazards, such as drinking water safety and hazardous waste management.

Disaster Behavioral Health Annex: The disaster behavior health annex addresses mental health aspects of emergencies, both for public health emergency personnel and for the general public.

Quarantine, Isolation and Social Distancing Annex: The quarantine, isolation, and social distancing annex include processes, legal authority, and coordination of medical services when implementing quarantine, isolation, or social distancing.

Continuity of Operations Annex: The continuity of operations plan annex addresses necessary services that must be continued in the event of an emergency, and the minimum personnel required to operate those services. For example, a health department may be able to suspend testing for some sexually transmitted diseases during an emergency, but it may decide that it is necessary to continue monitoring directly observed therapy for tuberculosis.

Public Health Surge Capacity and volunteer management Annex: The public health surge capacity and volunteer management annex describes the process for recruiting, credentialing, and using volunteers during an emergency.

Mutual Aid Annex: The annex on mutual aid and external resources describes how the health department develops mutual aid agreements, and lists all current mutual aid agreements.

Recovery Annex: Recovery describes how the health department transitions from emergency response to recovery, which means returning to routine operations.

Internal Emergency Response Annex:
The final annex, internal emergency response, should provide standard operating guidelines for a possible internal emergency that could affect your local health department, such as active shooter, bomb threat, or inclement weather.

Slide 30		Keep in mind that local planning is not conducted in a vacuum. Besides coordinating your agency's plan with the local EOP, it may also be necessary to follow guidance from the CDC or the NC DHHS. Usually annual contracts provide additional guidance. For ex, in 2011, NC DHHS issued general guidance for the Regional/Local PHEP funds. While the guidance was not specific to planning, it included many elements that were relevant to planning. Local preparedness planners should become familiar with annual guidance when it is issued.
Slide 31		Now that we've covered the format and structure of plans, let's talk about steps and strategies for plan writing. FEMA describes a six-step planning process.
Slide 32		**Step 1:** The first step in the planning process is to form a collaborative team. Having a team is essential, most importantly because the planning *process* is arguably even more important than the written plan that results. A planning team works through scenarios and decides on the best type of response. It's important to have different perspectives represented on the planning team to identify gaps and potential problems in the plan.

The planning team should include members of the health department, but it is also **critical to engage the community** in planning. You need to have some input by the people who are actually affected by the plan. For ex if a plan describes establishing shelters for emergency housing, but the shelters have no way to accommodate pets, people may be unwilling to leave their homes to go to the shelter without their pets. If the planning process had incorporated feedback from the community, planners could have arranged for a safe place for pets to be cared for. |

Slide 33
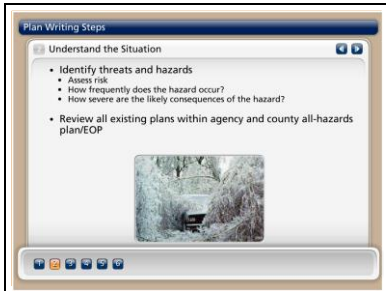
Step 2: After forming a planning team, the next step is to clearly understand the situation. Includes gathering information about the demographics of the area. With information on possible hazards along with information about the population in the area, planners can then assess risk for each hazard. This involves two primary questions: how frequently does the hazard occur, and how severe are the likely consequences of the hazard? It's likely that local/state EM agencies have already conducted a hazard and threat analysis in your area, so it is worthwhile to review the county EOP or all-hazards plan for this information. While hazards related to public health may differ somewhat from those identified by emergency management, there is likely to be a significant amount of overlap. There is no need to duplicate planning work that has already been done!

Slide 34
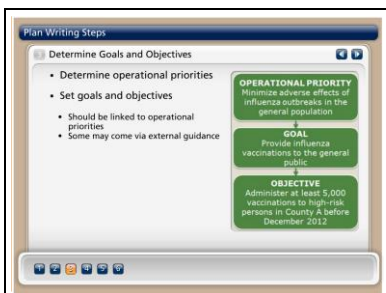
Step 3: Once you fully understand the risks in your area, determine goals and objectives. Review emergency scenarios and decide on operational priorities. **Operational priorities** are statements that express what your agency hopes to accomplish at the end of an emergency response.

From those priorities, your planning team should identify goals and objectives. A **goal** is a broad statement, while an **objective** is a specific and measurable action. Ex: operational priority "minimize adverse effects of influenza outbreaks in the general population." A goal might be to "provide influenza vaccinations to the general public", and one objective supporting that goal could be to "administer at least 5,000 vaccinations to high-risk persons in County A before December 2012."

So why are these steps necessary before writing a plan? It's critical to be explicit about what your agency hopes to accomplish in its emergency response. This ensures that everyone is working toward the same goals and prevents misunderstandings. It would be unfortunate to have people disagreeing about what the agency's priorities should be at the time an emergency is happening.

Slide 35		**Step 4**: Once you have done this important work to lay the foundation for a written plan, it is time to develop the plan. The first step is to determine what steps your agency must take to achieve the goals and objectives you listed. For example, to provide influenza vaccination on a large-scale basis, your agency would need to acquire and store the vaccine, train staff, identify an appropriate location to hold a vaccination clinic, publicize the clinic to the target population, and so forth.

After identifying the actions that need to occur, it's time to determine the resources needed. For example, you would need to determine how many doses of vaccine are needed, the number of people needed to staff the clinic, and other supplies necessary to run the clinic, like signs and forms.

Finally, you need to determine what information is needed to make key decisions. For example, to order vaccine supplies, you may need to have information on the current prevalence of flu, the severity of the circulating virus, or the number of people who have received the vaccine in previous years.
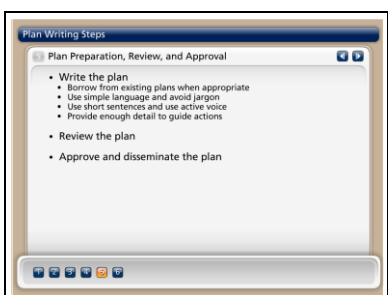
Slide 36		**Step 5**: In step five, the preparedness planner and other members of the planning team prepare a draft of the plan, borrowing language from existing plans when it's appropriate. This is the step where all of the planning work is documented! When writing a plan, remember to....Avoid the temptation to "get into the weeds" -more detailed or technical info can be captured in standard operating procedures or protocols. Once a draft has been written, it needs to be reviewed by the planning committee and key internal stakeholders, such as the health dept. director. Reviewers should ensure that the plan includes provisions for vulnerable groups, elderly or special needs. Revise the plan based on reviewer feedback, then have the plan approved by appropriate people, which may include the health director, deputy director, or members of the local board of health.

Then, finally, you can disseminate the plan to agency staff and other stakeholders.
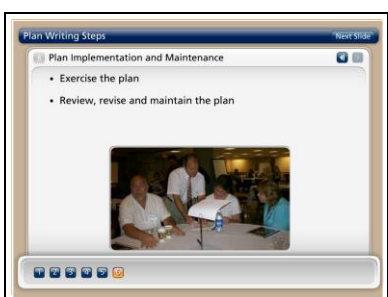
Slide 37		**Step 6:** The sixth and final step is critical, because you have to ensure that people understand their role as described in the plan. Conduct exercises and allow staff to practice roles.

Evaluation of exercises will lead you and the planning committee to review and **revise the plan**. This cycle of planning improvement should be conducted on a **regular basis** to ensure that plans remain up-to-date and that all staff understand their roles and responsibilities in emergency response.

Slide 38		**Quick knowledge check – as group.** Which of the following should NOT be addressed in a public health plan? **ANSWER= D search and rescue.** Public health plan should include information about surveillance and epidemiologic investigation, internal communication within the agency and risk communication with the public, and procedures for maintaining critical services while suspending lower-priority services (COOP).
Slide 39		Let's look at the example of the state pan flu plan. This plan was developed in 2005 in response to concern over outbreaks of avian influenza (H5N1) and was modeled after the CDC's National Planning Guide and the NC SARS Response Plan. NC DPH collaborated with multiple partners to develop the plan. Creation of the plan involved the following planning steps... For example, in 2009, NC DPH updated the pandemic plan to address H1N1.You can access the plan through the NC DPH Communicable Diseases Branch website. Remember that the state planner is available to assist with planning.
Slide 40		Lastly, let's talk about some common planning barriers and strategies for addressing them.
Slide 41		In 2012, we worked with PHP&R to identify common barriers to public health preparedness planning. **Question to group: Which ones do you hear most often in your organization? Any missing – want to talk about?**

Slide 42	**Our agency doesn't work much with other agencies…**
	
	· List all of the agencies in your jurisdiction that your agency works with
	  · Brainstorm a list of other agencies in your jurisdiction that might have shared emergency response missions tasks, or responsibilities
	  · Pick your top 3 planning priorities and identify 3 agencies each that could help you accomplish them
	  · Meet with representatives from each agency to discuss partnership opportunities
		If the barrier is "Our agency doesn't work much with other agencies," suggested strategies are to convene your internal planning team and:
		• List all of the agencies in your jurisdiction that your agency works with;
		• Brainstorm a list of other agencies in your jurisdiction that might have shared emergency response missions, tasks, or responsibilities;
		• Pick your top 3 planning priorities and identify 3 agencies each that could help you accomplish them; and
		• Meet with representatives from each agency to discuss partnership opportunities.
		
		Other strategies include:
		Convene a multi-agency planning committee; or
		Attend a meeting of an existing emergency preparedness group.

Slide 43	**I don't have enough time for planning…** · Discuss job priorities and division of time with your supervisor and communicate deadlines to your supervisor well in advance · Use existing tools and resources to save time ○ DHS Lessons Learned website · Integrate planning into routine activities	If the barrier is "I don't have enough time for planning," suggested strategies are to discuss job priorities and division of time with your supervisor and communicate deadlines to your supervisor well in advance. Use existing tools and resources to help you save time. The Lessons Learned website llis.gov is an information and collaboration resource provided by the Department of Homeland Security and FEMA. Lessons Learned provides a library of existing homeland security-related documents, after action reports, and emergency operations plans that you can adapt for your agency. Integrate planning into routine activities. For example, incorporate planning activities or updates as a mainstay agenda item for general staff or team meetings.
Slide 44	**I don't know enough about emergency preparedness to do planning…** • Talk with your local Emergency Management agency or state public health preparedness office • Contact regional and state planners for advice ○ Request to attend another local health department's local preparedness committee or preparedness exercise	If the barrier is "I don't know enough about emergency preparedness to do planning," suggested strategies are talk with your local Emergency Management agency or state public health preparedness office, contact regional and state planners for advice, request to attend another local health department's local preparedness committee or preparedness exercise to see how planning is done in another jurisdiction, or discuss training opportunities with your supervisor.
Slide 45	**Our plans just sit on the shelf and nobody reads them…** • Conduct training for staff or conduct tabletops, drills, or exercises to practice the plan • During National Preparedness Month in September, have an activity where employees have to go into the public health all-hazards plan to find the answers	If the barrier is "Our plans just sit on the shelf and nobody reads them," suggested strategies are conduct training for agency staff or conduct tabletops, drills, or exercises to practice the plan. During National Preparedness Month in September, have a scavenger hunt where employees have to go into the public health all-hazards plan to find the answers. Reward the contest winner with a first aid kit.

Slide 46		If the barrier is "Other agencies expect public health to do things we aren't responsible for doing," suggested strategies are work with Emergency Management and public health leadership and attend multi-agency planning meetings to clarify the public health role.

Slide 46 box content:

Other agencies expect public health to do things we aren't responsible for doing…

- Work with Emergency Management and public health leadership
- Attend multi-agency planning meetings to clarify the public health role

Image Source: Rowan County LEPC

Slide 47

I don't know whether our plans are consistent with plans written by other agencies…

- Convene your internal planning team
  - Assign each team member to review a local EOP, State EOP, state public health plans, and other local health department plans as a point of comparison
  - Make a list of inconsistencies
  - Create a timeline of communicating or meeting with partner agencies to resolve the inconsistencies

If the barrier is "I don't know whether our plans are consistent with plans written by other agencies," a suggested strategy is to convene your internal planning team and:

- Assign each team member to review a local EOP, State EOP, state public health plans, and other local health department plans as a point of comparison;
- Make a list of inconsistencies between your agency's plan and the plans reviewed by the internal planning team; and
- Create a timeline of communicating or meeting with partner agencies to resolve the inconsistencies, starting with the most critical.

Slide 48

Scavenger Hunt Activity

- Public Health Preparedness Plans

ACTIVITY: 20 mins
MATERIALS: Questions handout
This is an activity to help you get to know your All Hazards Plan. As an individual activity, participants go through the questions listed on the Part 3 Activity 1 handout using a copy of their All Hazards Plan. If participants do not have a copy of their plan, offer them to pair with someone to complete the activity. Once complete, everyone reports back to a larger group discussion.

Larger group discussion questions:
- First time for anyone to read through their plan?
- Were there any surprises?
- Anything you feel like you need to go back and ask about?
- Anything outdated?
- Anything unclear or incomplete?

Module 4: Working With Community Partners

Educational Objectives
- Describe key partners for local public health preparedness planning
- Explain three strategies for engaging partners in planning

Handouts
- None

Materials
- Chart paper and markers

Outline (Total: 35 minutes)

Time	Topic	Activity Instructions
25 min.	Working with Community Partners	
20 min.	Stepping Out of the Box activity (after slide 14)	Participants break into 5 groups based on topic: Community clubs/faith-based organizations, Professional groups, Non-profit/volunteer groups, Schools, and Other groups. Groups brainstorm potential partners to work with. Groups are encouraged to consider their community's hazards and vulnerable populations. Groups report back to the larger group.

Module 4 Trainer Script

Module 4 Trainer Script

Slide 1

Working with Community Partners

PUBLIC HEALTH PREPAREDNESS TRAINING FOR NORTH CAROLINA PREPAREDNESS COORDINATORS

In our last module, it's important to remember in all the work you do, you need to work alongside partners.

PHEP capabilities require us to build community partnerships and engage those partners in preparedness efforts.

Some of this may seem simple, but we are all busy and we sometimes forget to slow down and use these steps.

Slide 2

Acknowledgements

This training was adapted from a 2008 presentation by Denise Wall, former public health nurse consultant with then NC Public Health Regional Surveillance Team 7 and a former preparedness coordinator for the Cabarrus Health Alliance.
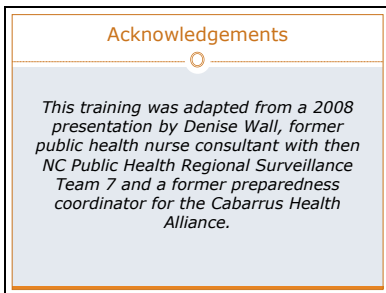
Would like to acknowledge that this training was adapted from a presentation developed by a former public health nurse consultant and PC.

Slide 3

Reasons for Partnering

- No preparedness coordinator or local health department can manage all responses alone
- It is not ideal to meet a key partner during a time of crisis
- Different community agencies bring different capabilities to emergency planning and response

No Preparedness Coordinator or local health department is equipped to manage all responses alone. Community partners are essential to meeting the needs –whether it's supplies or manpower, communities have to band together to be as self-sufficient as possible.

It is not a comfortable situation to meet a key partner for the first time at the height of a crisis. The best working relationships take time to "get to know" each other. The foundation is that other agencies understand why their assistance is needed. The ability to trust that other agencies are willing and capable of assisting in a response comes from developing an amicable working relationship with partnering agencies.

Slide 4

Partnerships in Planning

- Engage a diverse group of community partners in the planning process to:
  o Develop an understanding of roles, responsibilities and the capabilities of individual organizations
  o Provide varying insights into the needs that will present at the time of an event

With a diverse group of planning partners, Public Health has the opportunity to explain the public health roles and responsibilities to those who may need to assist in a response.

Diversity also provides insight into the needs of various groups in the community during an event. Generally, once an agency understands how and why they are important to public health, you have a great foundation for developing an amicable working relationship.

Slide 5

Partnerships in Exercising

- Invite partners to observe or participate in public health exercises
- Ask to participate or observe exercises
  - Builds trusting relationships and demonstrates various capabilities
  - Enhances familiarity of other agencies goals and objectives in response efforts

It is a natural progression from planning to exercising those plans. Don't forget to invite partners/potential partners to your exercises, and participate in their exercises.

For example, in an exercise of "how to clear a building in a gunman/hostage situation" – observe law enforcement/fire/EMS. Now, this does *not* have public health implications. However, as a preparedness coordinator, you can learn from this by observing how these agencies work together, how they use ICS and how these agencies conduct exercises in general.

The agencies recognize you as public health, being an "interested partner", and this solidifies your "first-name basis" relationship.

Slide 6

Identifying Partners

- Identify and engage with public and private community partners who can do the following:
  - Assist with the mitigation of identified risks
  - Be integrated into your county's all-hazards emergency plans with defined roles and responsibilities related to public health, medical, and mental/behavioral health services

Thinking about identifying partners…

Slide 7

Key Partners

- Identify key players from key agencies in your county
  - Emergency Manager
  - Law Enforcement (Police Chief, Sheriff)
  - Director of EMS/Medic
  - Fire/Life Safety Chief
  - Emergency Planners for other agencies (e.g. schools, hospitals)
  - Safety Officers in large businesses

The first step is knowing who are your key partners…

Question to group: are you on a first-name basis with these folks?

Slide 8

Identify Established Committees

- Intra-agency meeting such as Local Emergency Planning Committee (LEPC) or other emergency response groups
- Hospital planners
- Business Safety Officers
- School Safety Officers

If you don't know some of your key partners, be sure to be part of these established committees that have regular inter-agency meetings…

Slide 9	**Identify Gaps in Services** • Determine how to involve existing collaborative efforts • Encourage involvement from diverse organizations	It is also important to think about: What are the **gaps in your planning**? Does your planning committee include key players? Vulnerable populations? Also think about tapping into organizations or committees that may already exist in your county (like Medical Reserve Corps and Red Cross).

Slide 10	**Benefits of Engaging Community Partners**
	
	• Improvements in:
	  ○ Education
	  ○ Preparedness
	  ○ Mitigation
	  ○ Response
	  ○ Cultural Awareness
	  ○ Communications
	
	• Varying perceptions/resources/capabilities
		Let the partners know the value that is placed on their capabilities and knowledge. The benefits of engaging community partners include improved education, preparedness, mitigation, response, cultural awareness, and communication. By engaging partners you also get varying perceptions, resources, and capabilities.

Slide 11	**Don't Forget: Individuals with Access and Functional Needs**
	
	• Individuals who may have difficulty accessing public health and medical services they require following a disaster or emergency
	
	• At-risk, special needs or vulnerable groups may include:
	  – Children
	  – Senior citizens
	  – Pregnant women
	  – Persons living with disabilities
	  – Persons living in institutions
	  – Persons from diverse cultures
	  – Persons with limited English proficiency
	  – Transportation disadvantaged
	  – Persons with chronic medical disorders
	  – Persons with pharmacological dependency
		Individuals with access and functional needs: Individuals who may have greater difficulty accessing the public health and medical services they require following a disaster or emergency.
		
		At-risk individuals have needs in one or more of the following functional areas: communication, medical care, maintaining independence, supervision, and transportation. At-risk groups may include children, senior citizens, and pregnant women as well as people who have disabilities, live in institutionalized settings, are from diverse cultures, have limited English proficiency or are non-English speaking, are transportation disadvantaged, have chronic medical disorders, or have pharmacological dependency. Individuals with access and functional needs have also been referred to as "at-risk," "special needs" or "vulnerable" populations.

Slide 12	**Vulnerability is Multidimensional** Resource limitations: • **Economic** - poverty and link to hazardous environments and in adequate nutrition • **Educational** - ability to understand health information and make informed choices • **Social** - support system • **Health status** - physical, biological, psychological • **Health risk** - lifestyle, environmental	Remember, vulnerability is multidimensional. These are residents who may experience resource limitations, including: • Economic (poverty and link to hazardous environments and in adequate nutrition) • Educational (ability to understand health information and make informed choices) • Social (support system) • Health status (physical, biological, psychological) • Health risk (lifestyle, environmental)

| Slide 13 | **Engaging At-Risk Populations**
☑
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• Assess at-risk populations
• Set priorities based on findings
• Define public health's primary responsibility
• Define partners
• Collaborate and engage
• Reassess and refine | Engaging At-Risk Populations include:
• Assessing at-risk populations to determine how much of the population is vulnerable and where they live;
• Setting priorities based on assessment findings;
• Defining public health's primary responsibility to these vulnerable populations;
• Defining partners who are important to pandemic response planning and efforts for vulnerable populations;
• Collaborating and engaging at-risk populations; and then
• Reassessing and refining the plan. |

| Slide 14 | **Activity:**
Partners - Stepping Out of the Box
• Brainstorm possible partners in your group, consider your community's hazards and vulnerable populations.
  ○ Group 1: Community clubs/ faith based organizations
  ○ Group 2: Professional groups
  ○ Group 3: Non-profit/volunteer
  ○ Group 4: Schools
  ○ Group 5: Other groups | **ACTIVITY: 20 mins**
MATERIALS: Chart paper and markers

The challenge for PCs is establish working relationships with the resource agencies that exist in your county, and identify resources that are available outside of the Health Department "walls". How can other agencies assist in planning response efforts? This all begins with identifying the key partners in your county or district.

Participants break into 5 groups based on topic: Community clubs/faith-based organizations, Professional groups, Non-profit/volunteer groups, Schools, and Other groups. Groups brainstorm potential partners to work with. Groups are encouraged to consider their community's hazards and vulnerable populations. Groups report back to the larger group.

Group discussion:
Of those worked with, any you would say were strongest partner? Least unlikely partner? What were major benefits to you? |

| Slide 15 | | We'll just go quickly through these potential partners. *Note to trainer – highlight ones not mentioned by group reporting in activity.*

Community Organizations:
In addition, there are other community agencies that may become partners in a response such as: local businesses, civic organizations (such as the Lions Club or Rotary), and other organizations within your community. |

Slide 16

Faith-Based Organizations:
Faith-based organizations may be partners in disseminating information throughout the community, making efforts to care for their congregations, or being a volunteer base. You may find churches, synagogues, and mosques are an ideal conduit for the establishment of Community Response Team shelters or medication points of dispensing sites. Think about partnering with the local ministerial society or Samaritan's Purse; denominational specific organizations such as Presbytery, Catholic Diocese, NC Baptist Men's Organization, Pan Lutheran Ministries, Episcopal Relief and Development; or local organizations such as youth groups.

Slide 17

You can seek out these professional groups through mailing lists from licensing boards or from your local medical society.

Professional Groups:
Many professional organizations can provide volunteers for response efforts. Such professional groups include…

Other professional groups that can be tapped for partner or volunteer resources, including:

•Veterinarians. If the ERs are overflowing with victims in a public health emergency, what resources could the veterinary community offer? Vet offices have x-ray and ultrasound equipment, dressing supplies, and the capability to sterilize instruments. Also, vet office staff are trained in documentation, obtaining medical histories, sterile technique, and biohazard management.

•Another professional group is pharmacists. Retail pharmacists have knowledge that would be vital in a mass dispensing clinic situation, such as patient education, screening for contraindications, and medication packaging.

•Dentists can also have a role in mass medication dispensing.

•And lastly, consider partnering with funeral directors. Funeral Directors deal with distraught people daily and could help circulate among the lines of a mass dispensing event.

Slide 18

Nonprofit or Volunteer Organizations:
Volunteer organizations may already exist in your community such as Red Cross, Salvation Army, in-home meal delivery, or homeless shelters. These agencies may be able to provide volunteers to assist in public health response. You may find that, within these organizations, they may already have tools that public health agencies would need such as databases for special populations, avenues for reaching the homeless population, or plans for sheltering companion animals. You may want to find out whether your community has a Medical Reserve Corps or a Community Emergency Response Team.

| Slide 19 | | **Regional Response Groups:** There are regional response groups that may assist in response efforts. These groups include the State Medical Assistance Teams, sometimes referred to as SMAT; HazMat Regional Response Teams or RRTs; and Emergency Management Area Coordinators. |

| Slide 20 | | **Schools and Universities:** Schools and Universities may be a source of organized folks that you can partner with. For example, if you plan to use a school as a point of dispensing site for medications from the Strategic National Stockpile, parent/teacher organizations or other parental support groups may be a source of volunteers that would serve that particular community. Many other groups associated with schools and universities could provide great sources of volunteers. |

| Slide 21 | | **Other Groups:** And finally, remember to include military installations or tribal jurisdictions if it's applicable. Both of these organizations will have identified positions to coordinate with planning and response within the community. It's also important to partner with organizations representing or serving persons with special or functional needs to solicit their input on preparedness planning and recovery. |

| Slide 22 | | Let the partners know the value that is placed on their capabilities and knowledge. The benefits of engaging community partners include improved education, preparedness, mitigation, response, cultural awareness, and communication. By engaging partners you also get varying perceptions, resources, and capabilities. |

| Slide 23 | | One emerging collaboration want to mention is TLC is Trusted Leaders in the Community= designed to engage religious and civic leaders in the dissemination of Public Health Emergency Preparedness and Response information. Leaders in this network will be asked to assist in the delivery of critical messages to their congregations and communities before, during, and after an emergency. |

| Slide 24 | **Medical/Mental Health Needs of Children** | Another emerging issue in preparedness is the medical and mental health needs of children. Make sure there are agencies that can represent those needs on your LEPC or other planning committees. |

Slide 24 content:
- LEPC representation
- "Katrina Class" 10 years later – lasting impact on the storm's youngest victims
  - Disasters affect children's
    - Health and well-being
    - Family situations
    - Housing/neighborhood contexts
    - Schooling
    - Peer relationships
    - Extracurricular activities
  - *Children of Katrina* (Fothergill and Peek, 2015)

http://gardenandgun.com/article/katrina-class

Another emerging issue in preparedness is the medical and mental health needs of children. Make sure there are agencies that can represent those needs on your LEPC or other planning committees.

Just to note – there is work coming out with the 10 year anniversary of Katrina about the lasting impact of disasters on children - sociologists wrote book (Children of Katrina) interviewing several hundred children and their family members. The link here is a short (10 minute) video about ROOM 10 – a class of 3rd graders in New Orleans who met only 1 week before the storm. The documentarians try to go back and track the children, understand the trauma they went through.

Slide 25

First Steps
- Get to know your county's Emergency Manager
  - He or she can provide contacts of preparedness planners in other organizations and contacts listed in the county All-Hazards plan
- Ask to be included in any established interagency meeting

So what are your first steps? If you haven't already, the best place to start with your County EM. Ask to be included in any established interagency meetings, like the LEPC. Explain the public health implications and needs during a public health emergency. Let the Emergency Manager become your ally and avenue to reach others. He/she can provide contacts of preparedness planners in other organizations and contacts listed in the county All-Hazards plan.

Slide 26

All-Hazards Plan
- Become familiar with your county's All-Hazards or Emergency Response Plan
  - Many support services required for public health efforts are already addressed in this plan
- Identify agencies and pay them a visit

Go through your county's All-Hazards (or Emergency Response) Plan. Identify agencies that you aren't familiar with and pay them a visit to understand their role in county emergencies.

Slide 27

Approaching PHEP 1: Community Preparedness
- Direct communication is essential
- Start with personal introductions
- Include partners in planning sessions and response plans
  - Contact information
  - Memoranda of understanding
- Promote training
  - What is public health preparedness?
  - What roles could volunteers fill in emergencies?

Now let's talk about some action steps for working with community partners.

As stated earlier, PHEP 1: *Community Preparedness* includes building partnerships, engaging with community organizations, and coordinating training and guidance to ensure community engagement in preparedness efforts.

Direct communication is key.
- By direct communication with various agencies, you can solidify relationships, plan efficiently and effectively, and identify resources that are available within your community.
- Start with personal introductions.
- Include partners in planning sessions and response plans. Are you missing any MOUS with partners?
- The next action step is to promote training. Some possible starter topics to train your partners on include: What is public health preparedness? What makes your region "at risk" for various threats? Another training topic could be on what roles volunteers could fill in emergencies.

Slide 28

Other Action Steps

- Establish communications
  - PHEP Capability 4: Emergency Public Information and Warning
- Identify new-found local assets
- Identify duplicative planning efforts

Other action steps include:

Establish communications. Does your public health response plan have procedures in place to notify community partners? Check out our Risk Communication training. Do you have procedures in place to activate and staff a community-wide call center? PHEP Capability 4: *Emergency Public Information and Warning* outlines guidance for working with community partners to create a Call Center concept of operations.

Also remember to establish *routine* communications. Reach out to your partners on a regular basis, not just in emergency situations.

Overall, during this process you will: identify new-found local assets and identify duplicative planning efforts.

Slide 29

Sample Partner Recruitment Letter

Dear _____,

Public Health Preparedness is an ongoing process in _____County.

Did you know that the local Health Department in your county is actively making emergency plans to protect the citizens in our county? Those plans include how we would distribute medications or vaccinations to all citizens in our county within a 48 hour period; or how we could manage a mass casualty event.

You can imagine that we would need the assistance of all available _____ and _____ to accomplish this task!

Here's one way to get started on recruiting new partners: by sending recruitment letters to targeted populations who could help public health.

Slide 30

Tips for Working with Partners

- Solicit support of "champions" in the community or within your agency
- Ask for partner commitment (RSVPs)
- Offer food
- Offer continuing education credits (CEUs)
- Tap community partners for training/education

Listed below are some tips for working with your partners that can help improve engagement and attendance at planning and exercise events...

Slide 31

Partner Resource Inventory

- Facilities
- Equipment
- Medication

It's also important for you to establish an inventory of your partners, and the resources that they can provide in a public health emergency, including: facilities, equipment, and medication.

For facilities, have partners consider operatories or exam rooms. For equipment, sterile instruments and suture kits, biohazard containers, autoclave, ultrasound, oxygen supplies, lab supplies, and personal protective equipment (PPE). For medication, consider antibiotics like Cipro or Doxycycline.

Slide
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Managing Volunteers

- MRC/SMAT
- ServNC
  - Encourage volunteers to register with a state database via email at: www.ServNC.org

With recruiting partners, you may also be recruiting possible volunteers. Keep in mind how you will manage them - The best way to manage volunteers is through your Medical Reserve Corp (MRC) or State Medical Assistance Team (SMAT), and have them register via ServNC. Encourage volunteers in your county to register with the ServNC database.

Slide
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Additional Resources

- NC Office of Emergency Management (OEMS) www.ncems.org
- American Red Cross www.redcross.org
- Emergency Management (EM) www.ncem.org
- Medical Reserve Corp (MRC) www.medicalreservecorps.gov
- Community Emergency Response Teams (CERT) www.citizencorps.gov/cert
- State Medical Assistance Teams (SMAT) http://smrs.emspic.org/
- Trauma Regional Advisory Committee (RAC) www.ncems.org/trauma.htm
- Veterinary www.ncvmb.org
- Pharmacists www.ncbop.org
- Regional Response Team (RRT) https://www.nccrimecontrol.org/index2.cfm?a=000003,000010,000020,000543

This is a short listing of some internet resources that may be helpful for you in learning about partnering organizations and agencies.

OPTIONAL: PC Mentor Q & A

The purpose of this optional session is to allow new PCs to hear from "seasoned" PCs about their job, responsibilities, and key lessons learned. The trainer can request approximately two or three PC mentors to attend this session of the training. Potential questions are provided in the handout.

Handouts
- Optional Q & A discussion questions

Materials
- None

Outline (Total: 30 minutes)

Time	Topic	Activity Instructions
30 min.	PC Q & A discussion	The 2-3 PC mentors can sit in a panel format (table or few chairs at the front of the room). Participants can review the question handout to ask questions as a starter, or ask their own questions. This is an informal time for new PCs to hear from "seasoned" PCs about their job, responsibilities, and key lessons learned.

Optional Q & A Handout

Optional Questions

PC Mentor Q & A

Instructions
_____

Consider the following questions to ask your PC Mentors during the Q & A session.

Questions
_____

1) How long have you been a Preparedness Coordinator (PC)? What has been your biggest challenge as a PC?

2) Since most PCs balance other job responsibilities, what are ways you make time for preparedness planning?

3) For tabletop and full scale exercises, do you have any tips or suggestions for finding resources, implementing an exercise, or collaborating with other partners?

4) Have you ever been responsible for responding to a real public health event? If yes, what where your key lessons learned?

5) Is there anything you wish you had known about the Preparedness Coordinator role when you started your job?

Training Post-Test

1. Which is NOT one of the four major categories of public health threats?
    a. Explosions
    b. Biological threats
    c. Natural disasters
    d. Terrorism

2. Which federal entity is responsible for coordinating federal assistance to state, tribal, and local resources for public health and medical disasters?
    a. Federal Emergency Management Agency (FEMA)
    b. Department of Health and Human Services (DHHS)
    c. National Institutes of Health (NIH)
    d. Department of Homeland Security (DHS)

3. Funding for local public health preparedness comes from which CDC-funded program?
    a. Public Health and Emergency Preparedness (PHEP) cooperative agreement
    b. Personal and Public Preparedness Initiative (PPPI) program
    c. Public Health and Incident Preparedness (PHIP) grants
    d. A and B

4. How many public health preparedness capabilities are there?
    a. 6
    b. 16
    c. 9
    d. 15

5. Which entity develops the county emergency operations plan?
    a. Local Health Department
    b. Emergency Management
    c. Fire Department
    d. Mayor's Office

6. Planning is a process that begins with forming a team and ends with…
    a. Writing a summary report
    b. Exercising and revising the plan
    c. Publishing the plan
    d. Responding to disasters

7. The benefits of engaging community partners in planning and response efforts include:
    a. Improved education
    b. Preparedness
    c. Cultural awareness
    d. All of the above

Training Post-Test Answer Key

1. Which is NOT one of the four major categories of public health threats?
   a. Explosions
   b. Biological threats
   c. Natural disasters
   d. Terrorism

   Correct Answer: D. The four main categories of public health threats are biological, natural disasters, chemical and radiological materials, and explosions.

2. Which federal entity is responsible for coordinating federal assistance to state, tribal, and local resources for public health and medical disasters?
   a. Federal Emergency Management Agency (FEMA)
   b. Department of Health and Human Services (DHHS)
   c. National Institutes of Health (NIH)
   d. Department of Homeland Security (DHS)

   Correct Answer: B. The Department of Health and Human Services (DHHS) is responsible for coordinating federal assistance to state, tribal, and local resources for public health and medical disasters.

3. Funding for local public health preparedness comes from which CDC-funded program?
   a. Public Health and Emergency Preparedness (PHEP) cooperative agreement
   b. Personal and Public Preparedness Initiative (PPPI) program
   c. Public Health and Incident Preparedness (PHIP) grants
   d. A and B

   Correct Answer: A. Funding for local public health preparedness comes from the CDC's Public Health and Emergency Preparedness (PHEP) cooperative agreement program.

4. How many public health preparedness capabilities are there?
   a. 6
   b. 16
   c. 9
   d. 15

   Correct Answer: D. There are 15 public health preparedness capabilities outlined nationally.

5. Which entity develops the county emergency operations plan?
   a. Local Health Department
   b. Emergency Management
   c. Fire Department
   d. Mayor's Office

   Correct Answer: B. Emergency management develops county emergency operations plans.

6. Planning is a process that begins with forming a team and ends with...
   a. Writing a summary report
   b. Exercising and revising the plan
   c. Publishing the plan
   d. Responding to disasters

   Correct Answer: B. Planning is a process with no concrete "end" since plans should always be exercised and revised according to lessons learned through those exercises – or actual application of plans to disaster response.

7. The benefits of engaging community partners in planning and response efforts include:
   a. Improved education
   b. Preparedness
   c. Cultural awareness
   d. All of the above

   Correct Answer: D. The benefits of engaging community partners include improved education, preparedness, and cultural awareness. Other benefits include mitigation, response, and communication.

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