

**CDC Critical Tasks for Local Health Emergency Preparedness and Response**  
**Regional Coalitions: Budget Year 7 (August 31, 2006 - August 30, 2007)**

This document outlines the requirements for the Regional Public Health Emergency Preparedness and Response Coalitions for the funding year ending August 30, 2007<sup>1</sup>. This year, the Center for Disease Control and Prevention (CDC) primarily emphasizes the continuation of preparedness work included in the Cooperative Agreement Guidance from previous years and Pandemic Supplemental Guidance Phase I and II. New this year, in order to quantify progress for emergency preparedness, CDC has identified performance standards/measurements for both the state and local levels. Grantees must use these measurements to collect and report baseline data and subsequent progress to CDC, who will use the data to determine compliance with cooperative agreement funding requirements this year and for future funding years. Data will be collected from drills, exercises, and/or real events. This year will be about establishing baseline data; the target mean may not currently be obtainable in a given health department, but should be used as a goal as we continue planning.

**Regional Coalitions must provide collected data to MDPH for each Performance Measurement on no less than a semi-annual basis (unless otherwise noted.) MDPH will include the data in its progress reports to CDC. Please use the following reporting deadlines.**

**For activities between:**  
**August 31, 2006 - February 28, 2007**  
**March 1, 2007 - August 30, 2007**

**Report due:**  
**March 15, 2007**  
**September 15, 2007**

**Goal 1: Prevention**

- Continue development of all-hazards public health emergency preparedness and response plans, including the following:
  - CBRNE (Chemical, Biological, Radiological, Nuclear, Explosive), Natural Disasters, and Pandemic Influenza<sup>2</sup>
  - Special populations
  - Behavioral Health
  - Risk Communication
  - 24/7 Emergency coverage
  - Mass Dispensing
  - Mutual Aid Agreements
  - Continuity of Operations
  - Coordination with local Comprehensive Emergency Management Plans

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<sup>1</sup> Source: Center for Disease Control and Prevention (CDC) Cooperative Agreement Guidance and the Health Resource Services Administration (HRSA) Guidance for budget year ending August 30, 2007.

<sup>2 2</sup> See CDC Pandemic Influenza Guidance Supplement to the CDC Cooperative Agreement, Phase II, pp. 26-27 for details list of requirements for pandemic plans.

<http://www.bt.cdc.gov/planning/coopagreement/pdf/phase2-panflu-guidance.pdf>

- Coordination with Hospital/Community planning
- Integrate the Incident Command System (ICS) and the National Incident Management System (NIMS) into all-hazard public health plans to support response operations.<sup>3</sup>
- People who will respond to a public health emergency must take Incident Command Training<sup>4</sup>. Please see the attached Training Matrix for required levels of training. Failure to complete required ICS/NIMS training may result in the loss of federal funds, in accordance with Homeland Security Presidential Directive-5 (HSPD-5.)<sup>5</sup>
- Forward copies of all ICS training completion certificates to the local emergency management director. They will report compliance for all City/Town staff to MEMA (using the National Incident Management System Compliance Assessment Support Tool [NIMCAST].)
- MDPH will work with local health to develop ICS/NIMS training recommendations.

### **Performance Measurement for Goal 1**

Identify a primary and secondary (back-up) person (job title and contact information) for each of the core functional roles outlined in the Incident Command System for public health emergencies.

- The local public health agency is not required to set up and staff its own ICS structure for all public health emergencies. There may already be an ICS structure outlined in the local Comprehensive Emergency Management Plan (CEMP) which can be used and/or modified for public health emergencies. Local health should work with local emergency management and other officials to determine the best staffing for and to fill the required functional roles, listed below:
  - Incident Commander
  - Public Information Officer
  - Safety Officer
  - Operations Section Chief
  - Planning Section Chief
  - Logistics Section Chief
  - Finance/Administration Section Chief

### **Goal 2: Detect and Report**

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<sup>3</sup> <http://www.fema.gov/emergency/nims/index/shtm>

<http://www.fema.gov/emergency/nims/faq/compliance.shtm#5>

<sup>4</sup> <https://training.mema.state.ma.us/Mema/mmFrontPage.do>

<sup>5</sup> <http://www.whitehouse.gov/news/releases/2003/02/20030228-9.html>

- Emergency Contacts for each public health department must be identified and maintained to receive and respond to reports of urgent public health consequences.
  - Contact must be either a knowledgeable public health professional or be able to contact a knowledgeable public health professional for urgent events.<sup>6</sup>
  - Provide contacts with training to improve ability to initiate and/or conduct an epidemiologic investigation of reported communicable diseases and other events that may be of urgent public health consequences. Training is available from MDPH and through the Local Public Health Institute<sup>7</sup>. Contact your Regional Health Educator for more information.
- If applicable to your municipality, continue to develop and maintain protocols for the utilization of early event detection devices located in the jurisdiction, e.g., Bio Watch and USPS-based Biological Detection Systems (BDS).
- Increase participation, training, and use of the Massachusetts Health and Homeland Alert Network (HHAN). Maintain profiles, alert levels, and alert and document subscriptions.
- Participate in local emergency planning efforts to prioritize and address potential health hazards within the jurisdiction.
  - Local hazards may have already been identified and may be included in the local CEMP.
  - Work with local emergency management and other planners to ensure that the list of hazards is complete.
  - Work with local emergency management and other planners to prioritize, mitigate, and plan for identified health hazards.

## **Performance Measurement for Goal 2**

Decrease the time it takes to have a knowledgeable local public health professional receive and return a telephone call (or other notification, i.e., HHAN alert) about an event that may be of urgent public health consequence.

- The target goal for this measurement is 15 minutes (mean).
  - Start time: Time that the phone starts to ring (or HHAN alert is sent) at the local public health contact number.

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<sup>6</sup> Definition of Knowledgeable Public Health Professional: Employee, volunteer, or contractor of the public health agency with an appropriate combination of education and experience to make basic inquiries of a caller to determine what level of call escalation should occur.

<sup>7</sup> <http://www.masslocalinstitute.org>

- Stop time: Time that the phone is answered or the call is returned (by knowledgeable public health professional - not dispatcher.)

### **Performance Measurement for Goal 2**

Decrease the time to initiate an epidemiologic investigation of an event that may be of urgent public health consequence.

- Target goal for this measurement is 1 hour (mean) from notification.
  - Start time: Time that the public health agency receives notification of an event that may be of urgent public health consequence.
  - Stop time: Time that the public health epidemiologist (or person performing this function) initiates an investigation of the event.
- DPH will assist local boards of health in determining the best way to complete this, given the relationship between local and state cooperation on epidemiological investigations.

### **Goal 5: Investigation**

- Increase the use of the HHAN and other surveillance/information systems to facilitate early detection and mitigation of disease.
- Conduct investigations, e.g., epidemiologic or environmental, to identify causes, risk factors, and appropriate interventions for public health threats.
- Improve ability to coordinate and direct surveillance and reporting, immunizations, prophylaxis, and isolation and quarantine.
  - Plans should reflect roles and responsibilities. Training should be provided as necessary to ensure knowledgeable public health staff is on hand as necessary<sup>8</sup>.

### **Performance Measurement for Goal 5**

Decrease the time for the local public health agency to notify MDPH following receipt of a call about an event that may be of urgent public health consequence.

- Target goal for this measurement is 1 hour (mean) from receipt of notification.
  - Start time: Time that the local health agency receives a call about an event that may be of urgent public health consequence and warrants involvement from the MDPH.

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<sup>8</sup> <http://www.masslocalinstitute.org>

- Stop time: Time when the local health agency notifies MDPH.
- Keep either a paper or an electronic log and include:
  - Name of agency (MDPH) notified.
  - Date and time of notification
  - Local agency will report on all calls made to the MDPH

**Goal 6: Control - Goal 6A: Communications**

- Identify redundant and interoperable internal and external communications plans and systems. Provide training as necessary.
  - HHAN access, high-speed internet access, radios, cell phones, satellite phones, etc. are alternatives to be provided, maintained, and used by trained public health responders; provide training as necessary
  - Secure ‘essential service’ and ‘priority restoration’ designations from telephone service providers, e.g., GETS cards.
  - Establish public information line capable of handling calls from at least 1% of the jurisdiction’s households.

**Performance Measurement for Goal 6A**

Decrease time needed to distribute emergency messages to key public health response partners<sup>9</sup> in public health emergency.

- Target time to distribute messages is 6 hours (mean.)
  - Start time: Date and time that a decision is made to issue a health alert.
  - Stop time: Date and time that public health agency sends a health alert to key public health response partners.

**Performance Measurement for Goal 6A**

Identify percentage of clinicians and public health response partners who receive public health emergency communication messages.

- Delivery times and time for acknowledgement are set by the sender. Available delivery times are 1) within 15 minutes; 2) within 60 minutes; 3) within 24 hours; and 4) within 72 hours. Delivery/receipt time specified will vary dependent on the urgency of the message.

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<sup>9</sup> Definition of Key Public Health Response Partners: To be defined by the jurisdiction but should include, at minimum, emergency management, hospitals, fire, police, and the jurisdiction’s EOC.

- Target percentage of clinicians and public health response partners who receive a public health emergency communication message within the specified time is 70%.
  - Numerator: # of clinicians and response plan partners that acknowledge message within the specified delivery time.
  - Denominator: Total # of health alert messages sent that required acknowledgement.

**Performance Measurement for Goal 6A**

Identify percent of key public health response partners who are notified via radio or satellite phones when electricity, telephone, cellular service, and Internet services are not available.

- Any system that allows communication when power, phones, etc. are unavailable, satellite phones, radios, communication equipment powered by generator, etc. can be used for this measure.
- The target percentage of response partners that acknowledge the message within 5 minutes of communication being sent is 75%.
  - This assumes that each partner will be contacted sequentially and respond within 5 minutes of the communication being sent.
  - Numerator: # of response partners who acknowledge receipt within 5 minutes of communication being sent.
  - Denominator: # of response partners to whom the communication was sent.

**Performance Measurement for Goal 6A**

Identify the time it takes to notify all primary (and needed back-up) staff with public health agency ICS functional responsibilities that the agency/local Emergency Operations Center (EOC) is being activated.

- The target time to notify all staff with ICS functional responsibilities is 1 hour (mean.)
  - Start time: Time that public health director or designated official sends notification that the agency/local EOC will be activated.
  - Stop time: Time that final pre-determined primary (or back-up) staff with ICS functional responsibilities acknowledges the notification.
- Keep a paper or electronic log and include:
  - Date/time of notification to activate the EOC

- Date/time acknowledgement of notification is received from each person in core EOC staffing group.

### **Performance Measurement for Goal 6A**

Identify the time it takes for primary (and needed back-up) staff with public health agency ICS functional responsibilities to report for duty at agency/local EOC.

- The local health agency may either use its own agency EOC (if there is enough staff for one) or may use its local municipality EOC, as appropriate.
- The target time for all primary EOC members to sign in at the EOC after receiving notification that the EOC is being activated is 2.5 hours (mean.)
  - Start time: Time that the public health director or designated official sends notification that the local/agency's EOC will be activated.
  - Stop time: Time when the last primary staff EOC member with ICS responsibilities is signed in at the local/agency's EOC.
- Keep a paper or electronic log and include:
  - Date/time of notification to activate the EOC
  - Date/time each person with core staffing reports to the local/agency EOC.

### **Goal 6B: Emergency Public Information and Warning**

- Identify and train a Public Information Officer (PIO) from the public health agency that will either communicate directly to public and/or will provide information to municipal PIO for public distribution.
- Continue to develop capacity to provide specific incident information to the affected public, including special populations, e.g., non-English speaking, those with disabilities, medical conditions or other special health care needs.
- Improve coordination, management, and dissemination of public information.

### **Performance Measurement for Goal 6B**

Time to issue critical health messages to the public about an event that may be of urgent public health consequence.

- The target time for delivery of message from the determination that a public health message is needed is 6 hours (mean.)
  - Start time: Time that a decision is made to issue a critical health message to the public.

- Stop time: Time that the public health director or designated official issues the first critical health message.
- Keep a paper or electronic log and include:
  - Event type and brief description
  - Date/time public health agency identifies event and decides to issue a public message
  - Date/time decision is made to issue message to the public
  - Date/time and mechanism through which the message is issued to public

### **Goal 6C: Responder Safety and Health**

- Identify and increase resources for worker crisis counseling, mental health and substance abuse, behavioral health support for public health responders.
- Increase compliance with public health personnel health and safety requirements.
  - Use information about local potential public health hazards to determine appropriate safety messages and protection for public health responders.
  - Make sure that public health responders have adequate Personal Protective Equipment (PPE) for needed response, e.g., masks, gloves, etc.
  - Make sure that public health responders have guidelines and health and safety plans for needed response.
  - Provide technical advice on worker health and safety for public health emergencies for Incident Command and Unified Command.
- Increase the number of public health responders that receive hazardous material awareness level training.

### **Goal 6D: Isolation and Quarantine**

- Coordinate isolation and quarantine activities and enforcement with public safety and law enforcement.
- Monitor adverse treatment reactions among those who receive medical countermeasures and have been isolated or quarantined.
- Provide information and coordination for medical and behavioral health needs for those under isolation or quarantine orders.

### **Performance Measurement for Goal 6D**

Identify time to issue an isolation or quarantine order.

- The target time for issuing an isolation or quarantine order is 3 hours (mean.)
  - This measurement should identify the time that it takes for the Local Board of Health to determine that an order should be issued and then to sign the order. It should not incorporate time to go to court and have a court-signed order.
  - Start time: Time that the LBOH decides that an isolation or quarantine order is needed.
  - Stop time: Time that the Local Board of Health signs the isolation or quarantine order.
  - Data should be reported annually (by September 15, 2007)

**Goal 6E: Mass Prophylaxis**

- Review, exercise, and improve Emergency Dispensing Site plans to incorporate appropriate protocols, any modifications made to Strategic National Stockpile guide, etc.
- Ensure that smallpox vaccination can be administered to all known or suspect contacts of cases within 3 days and to entire jurisdiction within 10 days.
- Ensure quick treatment/protection for all responders, including non-governmental personnel supporting response efforts, e.g., volunteers.

**Performance Measurement for Goal 6E**

The information will be collected as part of routine Strategic National Stockpile (SNS)/Cities Readiness Initiative (CRI) assessments.

**Goal 6F: Medical Surge**

- Continue to work with other regional municipalities to sign public health mutual aid agreements.
- Participate in hospital surge capacity planning and hospital coverage area (cluster-based) planning, including triage center and Influenza Specialty Care Unit (ISCU) planning for pandemic influenza.
- Identify and train volunteer and staff to perform appropriate public health response/support tasks. Work with Medical Reserve Corps (MRC), Massachusetts System for Advanced Registration (MSAR) Connect and Serve, community groups, and/or other volunteer agencies to recruit and train volunteers.

### **Goal 6G: Mass Care**

- Work with others in municipality, e.g., emergency management, to improve plans, policies and procedures to for the provision of mass care services, i.e., shelters.

### **Goal 6H: Citizen Evacuation and Shelter-in-Place**

- Work with others in the municipality, e.g., emergency management, to develop plans and procedures to identify populations requiring assistance during evacuation/shelter-in-place.
- Work with others in the municipality to develop plans and procedures to get resources to those who have sheltered in place long term (3 days or more.)

### **Goal 7: Recover**

- Conduct post-event planning and operations to restore general public health services.
- Issue interim guidance on risk and protective actions by monitoring environmental health indicators, e.g., food, water, and air quality, vector control, etc., in conjunction with response partners. Example, issue boil water orders as appropriate.

### **Performance Measurement for Goal 7**

Identify and decrease the time needed to restore health services and environmental safety to pre-event levels.

- Target time to issue guidance to the public after an event is 6 hours (mean.)
  - Start time: Time that a decision is made to provide recovery-related information to the public
  - End time: Time that the public health director or designated official first provides recovery-related information to the public after an even has occurred.
  - Keep an electronic or paper log and include:
    - Event type and description
    - Date/time that decision was made to provide recovery-related information to the public
    - Date/time that the public health director or designated official issued information to the public.
  - Data can be collected through drills or real events, such as boil water orders or aerial mosquito spray alerts.

### **Goal 8: Recovery**

- Develop and coordinate plans for long-term tracking of those affected by the event.
- Increase information resources to foster community's recovery.

### **Goal 9: Improvement**

- Conduct and/or participate in exercises provided for local and regional public health planning partners, including MDPH Exercise and Drill programs.
- Identify need for corrective action; document information in an After Action Report (AAR) and include corrective action plan(s).
- Make improvements in accordance with corrective action plans and determine success in subsequent drills/exercises.
- Participate in training and education programs, such as those offered by MDPH, the Local Public Health Institute, MEMA or other organizations that provide core public health and/or emergency preparedness and response training.

### **Performance Measurement for Goal 9**

Decrease the time needed to implement recommendations from after-action reports following threats to the public health (exercise, drill, or real event.)

- The target time to complete an after action report with a corrective action plan is 60 days (mean.)
  - Start time: Date of the day following the public health agency's EOC deactivation after the drill, exercise, or real event.
  - Stop time: Date After Action Report (AAR) is sent to the public health director or designated official.
- The AAR should include a prioritized list identifying the top five (5) items that are exclusively public health related for corrective action. These items should be prioritized by the potential for loss of life, injury, or property damage.
- List items that may be exclusively related to the public health agency's planning and/or operations.

## **Performance Measurement for Goal 9**

Decrease the time to re-evaluate area(s) requiring corrective action. Conduct follow up exercise or drill to re-evaluate areas requiring corrective action.

- The target time for re-evaluating areas requiring corrective action is 180 days (mean.)
  - Start time: Date/time AAR is sent to the public health director or designated official.
  - Stop time: Date/time drill or exercise is held to re-evaluate at least one of the top five items identified in the corrective action plan reported in previous performance measure.
- Re-evaluate area(s) that may be exclusively related to the local health agency's planning and/or operations.

## **Pandemic Supplemental Critical Tasks/ Performance Measures**

Many of the performance measures developed by CDC for pandemic influenza are already being collected as part of the work for the CDC Cooperative Agreement. Rather than asking local health to collect this data twice - for all-hazards and again for pandemic specific measurements - MDPH will use the locally reported data to complete the CDC reporting requirements.

Due to the emphasis in Massachusetts on all-hazards public health emergency planning, much of the work for pandemic influenza is already being done. Additionally, through a collaborative effort at the state, regional, and local levels, many of the requirements for the Pandemic Supplemental Phase II funding have already been completed, including Statewide COOP exercises, Mass Prophylaxis exercises using Seasonal Flu Clinics, and School Closure exercises. There is only one additional local performance measure that is not already being collected through the Cooperative Agreement. It is listed here.

## **Pandemic Influenza Preparedness Goal 6B: Control - Isolation and Quarantine Performance Measurement for Goal 6B**

Decrease the time that an individual is detained for medical evaluation while determining the need for isolation.

- The target time for detaining<sup>10</sup> an individual while determining the need for evaluation is less than 12 hours (<12 hours).
  - Start time: Date/time public health authority first detains the individual
  - Stop time (any of the following) :
    - Date/time there is a petition for a court order

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<sup>10</sup> Detain: Restrict movement by preventing individual from leaving the designated area while he/she is medically evaluated.

- Date/time the patient is placed under voluntary isolation
  - Date/time the patient is released after deemed not in need of isolation.
- This measure includes time to obtain presumptive lab results.
- This measure does not include time to get a signed court order.
- This measure does not include evaluations for quarantine.
- It may be that the local health department does not normally conduct this type of activity. However, legal authority does rest with the Local Board of Health. Prior planning and coordination with local public safety and medical providers may make this process easier.

If you have any questions about these performance measures and deliverables, please contact your Regional Emergency Preparedness Coordinator.