



Department of Health and Social Services

Healthcare Preparedness

Funding Guidance

Alaska Healthcare Preparedness Funding Guidance
January 1, 2009 through August 8, 2009

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Introduction

The Alaska Hospital Preparedness Program's (AKHPP) funding application process has been revised and reflects the latest U.S. Department of Health and Human Services (DHHS) Assistant Secretary for Preparedness and Response (ASPR) grant requirements and program updates.

Funding for AKHPP is provided by the DHHS ASPR Office of Preparedness and Emergency Operations (OPEO), Division of National Healthcare Preparedness Programs (DNHPP). Grant funding is awarded to the State of Alaska, Department of Health and Social Services (DHSS).

Activities intended to assist award recipients in meeting both the National Preparedness Goal (The Goal) established by the U.S. Department of Homeland Security (DHS) in 2005, and goals outlined in section 319C-2 of the Public Health Service Act, as amended by the Pandemic and All-Hazards Preparedness Act (PAHPA) which are:

- A. Integration
- B. Medical
- C. At-Risk Individuals
- D. Coordination
- E. Continuity of Operations

Current federal grant program guidelines states awardees must comply with specific sub capabilities before spending grant funds in other areas. This grant application is divided into three sections:

- I. Award Information
- II. Federal Grant Priorities
- III. Grant Application (Excel document)

I. Award Information

1. Eligibility

All non-state operated acute care hospitals, licensed nursing home and long term care facilities in Alaska are eligible to apply for these funds. In order to receive funds, the following must be completed:

- Completed application on or before the deadline
- Provide all requested information in each section of application

2. Submission Information

Applications are due no later than **5:00 pm, December 23, 2008**. **DHSS will provide technical assistance in preparing your application. Please contact Sally Abbott (sally.abbott@alaska.gov, phone 907-334-2274) or James Johnson (james.johnson1@alaska.gov, phone 907-334-2593) with the DHSS Preparedness Program for assistance. Applications will only be accepted via email.**

DHSS apologizes for the lateness of this year’s application, DHSS plans on awarding early January 2009. This will provide the DHSS Preparedness Program staff with sufficient time to receive, review, confirm eligibility, and clarify any portion of or project concerns with healthcare organization.

Applicants should attach their grant application (Excel document) to an e-mail message and the subject line should read **“Your Facility Name” SFY 2009 Healthcare Organization Preparedness Application.** All e-mailed submissions should be sent to james.johnson1@alaska.gov. The signature of your facility’s signatory official and date it is signed must appear on page one of the application or your submission will be considered incomplete and will be returned for signature.

3. Funding Distribution

The total grant funding to be disbursed to eligible organizations during this grant period is \$845,545. Grant funds will be distributed based on the applicant’s number of licensed beds according to the chart below. The amount of individual grant awards will depend on the number and total requests of grant applications received in each category.

Please do not submit grant applications for more than 30% of the total amount in your category. These requests will be utilized for awarding funds which may become available for this grant cycle.

Categories	Number of Licensed Beds	Eligible Funding	Number of Eligible Facilities	Funding Per Facility
<i>1</i>	<i>>150</i>	<i>\$ 370,360</i>	<i>4</i>	<i>\$ 92,590</i>
<i>2</i>	<i><150</i>	<i>\$ 371,880</i>	<i>20</i>	<i>\$ 18,594</i>
<i>3</i>	<i>Unaffiliated Nursing Homes</i>	<i>\$ 82,305</i>	<i>5</i>	<i>\$ 16,461</i>
<i>4</i>	<i>Travel Supplement</i>	<i>\$ 21,000</i>	<i>14</i>	<i>\$ 1,500</i>

Categories:

(1) Alaska Native Medical Center, Alaska Regional Hospital, Fairbanks Memorial Hospital, Providence Alaska Medical Center

(2) Bartlett Regional Hospital, Central Peninsula General Hospital, Cordova Community Medical Center, Kakanak Hospital, Ketchikan General Hospital, Maniilaq Health Center, Mat-Su Regional Medical Center, Mt. Edgecombe (SEARHC), North Star Behavioral Health System, Norton Sound Health Corporation, Petersburg Medical Center, Providence Kodiak Island Medical Center, Providence Seward Medical Center, Providence Valdez Medical Center, Samuel Simmonds Memorial, Sitka Community Hospital, South Peninsula Hospital, St. Elias Specialty Hospital, Wrangell Medical Center, Yukon-Kuskokwim Delta Regional Hospital.

(3) Denali Center, Heritage Place, Mary Conrad Center, Providence Extended Care Center, Wildflower Court.

(4) Bartlett Regional Hospital , Cordova Community Medical Center , Kanakanak Hospital , Ketchikan General Hospital , Maniilaq Health Center, Mt. Edgecombe (SEARHC), Norton Sound Health , Petersburg Medical Center, Providence Kodiak Island Medical Center, Providence Valdez Medical Center, Samuel Simmonds Memorial ,Sitka Community, Wildflower Court, Wrangell Medical Center.

4. Application Review Criteria

Each application received no later than **5:00 pm, December 12, 2008** will be reviewed based on the following criteria:

- Completeness of the Grant Application Package
- Grant Application Form
- Appropriateness of funding requests
- Consistent with the federal grant requirements
- Meets the spirit of the federal and state programs
- Demonstrates that all Level 1 Sub-Capabilities will be prioritized as to ensure compliance by **August 8, 2009**.

5. Allowable Costs

The following are allowable costs for Program Activities identified by the Federal Hospital Preparedness Program for SFY 2009 grants funding:

Planning Related

- Develop and enhance plans and protocols
- Develop or conduct assessments
- Hiring of contract/consultants to assist with planning activities for Level 1 & II
- Conferences to facilitate planning activities
- Materials required to conduct planning activities
- Travel/per diem related to planning activities

Equipment Categories

- Personal Protective Equipment
- Information Technology
- Interoperable Communications equipment
- Decontamination Equipment
- Medical Supplies and Limited Pharmaceuticals
- CBRNE Reference Materials

Training

- Training workshops and conferences
- Contractors/consultants
- Travel
- Supplies

Exercise Related

- Design, develop, conduct and evaluate an exercise

Grant Application

- Contractors/consultants
- Exercise planning workshop
- Implementation of HSEEP
- Travel
- Supplies

6. Grant Usage Dates

This year's grant funds will be awarded differently than in years past. Funds will be awarded through DHSS's Financial Management Services (FMS), Section of Grants and Contracts. This process will allow more flexibility which includes an extended period for the project budget cycle from previous years. This allows the budget period to coincide with the end of the federal grant period of **August 8, 2009**, which helps alleviate some hardships caused by the lateness of the application and availability of this year's funding.

Funds can be moved within funding scopes of work if a project is unattainable or if additional funding is needed to complete a higher priority project. Simply provide James Johnson with a detail message or spreadsheet indicating proposed changes. Please ensure your redirection of funds do not exceed your total award amount. This information is not intended in any way to place an additional approval process on your grant funds, but is intended to help DHSS to keep up to date records indicating how funding is being utilized to meet the program's goals and for our Mid Year and End of year reports.

ASPR requires states to provide a through fiscal and narrative Mid and End-of-Year report. Unfortunately requirements for these reports are not available until released by ASPR, usually 45 days before the federal due dates. DHSS will forward templates for Mid- and End-of-Year reports to your organization or solicit data required for completing these reports when received from ASPR.

7. Questions or Additional Information

Any questions regarding this grant application should be directed to Sally Abbott, DHSS, Hospital Preparedness Program Coordinator (sally.abbott@alaska.gov or 907-334-2274) or James Johnson (james.johnson1@alaska.gov, phone 907-334-2593).

II. Federal Grant Priorities

The HPP prioritized capabilities into two categories: Level 1 Required Sub-Capabilities and Level 2 Sub-Capabilities. An additional category called Overarching Requirements lists three (3) elements, which must be incorporated into all Level 1 and Level 2 activities. Funding from this grant must first be applied to Level 1 Sub-Capabilities before being applied towards Level 2. Summaries of each sub-capability and the Overarching Requirements are below.

For the purpose of this application excerpts from the federal grant guidance have been summarized and inserted to provide context and clarification to Alaska's applicants.

1. Overarching Requirements

The following three sub-capabilities must be incorporated into the development and

maintenance of **all** the sub-capabilities: (a) NIMS; (b) Education and Preparedness Training; and (c) Exercises, Evaluation and Corrective Actions.

a) National Incident Management System (NIMS)

In accordance with Homeland Security Presidential Directive (HSPD)-5, NIMS provides a consistent approach for Federal, State, and local governments to work effectively and efficiently together to prepare for, prevent, respond to, and recover from domestic incidents, regardless of cause, size, or complexity. As a condition of receiving HPP funds, recipients shall continue adopting and implementing NIMS compliance activities. NIMS activities for SFY 2009 have been streamlined and adjusted. **See Appendix A**

Facilities that are still in the process of adopting NIMS elements as outlined in **Appendix A** must prioritize funding to ensure full compliance by August 8, 2009.

Further information can be found in the appendices of this guidance and at: http://www.fema.gov/pdf/emergency/nims/imp_hos.pdf.

b) Education and Preparedness Training

Awardees shall ensure that education and training opportunities or programs exist for adult and pediatric pre-hospital, hospital, and outpatient healthcare personnel who respond to terrorist incidents or other public health emergencies. Those opportunities or programs must encompass the sub-capabilities described herein. SFY 2009 funds may be used to offset the cost of hospital personnel participation in training centered on sub-capability development; to prepare staff with the necessary knowledge, skills and abilities to perform/enhance the capability; and to participate in drills and exercises. System capabilities may be enhanced as well.

As in previous years, release time for staff to attend trainings, drills and exercises is an allowable cost under the cooperative agreement. Salaries for back filling of personnel are **not** allowed.

Awardees shall develop a system for tracking all AKHPP funded training, drills and exercises. This system shall detail the subject matter, the date of the training, the objectives of the training, and the number trained by healthcare specialty.

c) Exercises, Evaluations and Corrective Actions

The enhancement and upgrade of emergency operations plans based on the exercise Evaluation and Improvement Plan.

Submit an exercise plan with your application which describes the role of your organization in exercise development, participation, evaluation, development of after action reports, and participation in evaluation and improvement plans;

Exercise plans must describe how you will ensure lessons learned from after action reports are shared with the healthcare facilities and how the emergency operations plans of those facilities are then modified; and describe how plans for training are integrated with the exercise program. Each exercise should be structured to test the operational capability of the following medical surge components:

- Interoperable communications
- A tabletop component to test the MOUs your facility may have in place
- Fatality Management, Medical Evacuation, Tracking of Bed Availability (at least 2 of these other Level-One capabilities)

Whenever possible exercises should be combined with exercises scheduled by public health, emergency management or other responders to minimize burden on exercise planners and participants.

Additional activities for funding consideration under this capability include the enhancement and upgrade of emergency operations plans based on the exercise evaluation and improvement plan; release time for staff to attend drills and exercises (Note: Salaries for back filling are **not** allowable costs under the cooperative agreement), and costs associated with planning, developing, executing and evaluating exercises and drills.

DHSS would prefer exercises comply with the Homeland Security Exercise and Evaluation Program (HSEEP), when possible, for Orientation, Drill and Tabletop Exercises and is strongly suggested for Functional and Full scale exercise conducted with these funds. HSEEP is a capabilities and performance-based exercise program. The intent of HSEEP is to provide common exercise policy and program guidance capable of constituting a national standard for all exercises. HSEEP includes consistent terminology that can be used by all exercise planners, regardless of the nature and composition of their sponsoring agency or organization.

A DHSS HSEEP compliant After Action Review/Improvement Plan (AAR/IP) is provided in **Appendix B**. Facilities that use grant funds to conduct functional and full scale exercises need to complete and return, electronically, an AAR/IP (provided in **Appendix B**) within 60 DAYS of exercise completion to Sally Abbott at sally.abbott@alaska.gov.

Exercise Evaluation Guides (EEG's) are foundational to exercise evaluation, improvement plans, and corrective actions. They are documents which assist with the exercise evaluation process by providing evaluators with consistent standards and guidelines for observation, data collection, analysis, and report writing for exercises.

The EEGs will act as the primary reference to ensure all jurisdictions/organizations evaluate exercises against the same measurable baseline. This method of evaluation will not only help to identify significant gaps in preparedness capabilities across the nation, but will also serve as a tool to develop stronger and more consistent After Action Report/Improvement Plans (AAR/IPs). EEGs provide exercise evaluators with a manageable tool with which they can collect data during an exercise, in a format allowing the easy transfer of information to the AAR/IP.

This web site, https://hseep.dhs.gov/pages/1002_EEGLi.aspx, will provide you with helpful tools which will assist you in evaluating exercises.

d) Target Capabilities and Critical Tasks (relevant to Health and Medical)

Target Capabilities Lists (TCLs) provide a guide for development of a national network of capabilities that will be available when and where they are needed to prevent, protect against, respond to, and recover from major events. These capabilities define all-hazards preparedness and provide the basis for assessing preparedness and improving decisions related to preparedness investments and strategies.

TCL capabilities, which are listed in **Appendix C**, address response capabilities, immediate recovery, selected prevention and protection mission capabilities, as well as common capabilities, such as planning and communications, which are relevant to public health.

2. Level 1 Required Sub-Capabilities Detailed Descriptions

a) Interoperable Communications

Since FY 2003, the Hospital Preparedness Program (HPP) has required that hospitals and health departments establish communications redundancy, ensuring that if one communications system fails other technologies can be implemented in order to maintain communications. HHS strongly encourages all participating hospitals, healthcare partnerships, and State Departments of Health to develop communications redundancy composed of the following:

- Landline and Cellular Telephones
- Two-Way VHF/UHF Radio
- Satellite Telephone
- Amateur (HAM) Radio (if available)

This system should have the ability to exchange voice and/or data with all partners on demand, in real time, when needed, and as authorized in the operational plans developed by the State and local jurisdictions. Use of the term “real time” is described as an application in which information or data are immediately collected and received without any or virtually no time delay.

All systems shall meet SAFECOM requirements for communications interoperability. To support multi-jurisdictional and multidisciplinary interoperability when developing or expanding a communications system, all new voice systems should be compatible with the ANSI/TIA/EIAA-102 Phase 1 (Project 25 or P25) SAFECOM suite of standards. Further information about SAFECOM requirements can be found at: <http://www.safecomprogram.gov>.

Funding requests by facilities to replace or add radio equipment to an existing non- P25 system will be considered if there is an explanation as to how their radio selection will allow for improving interoperability or eventual migration to interoperable systems. This guidance does not preclude funding of non-Project 25 equipment when there are compelling reasons for using other solutions.

Each organization will also need to consider the operational and financial impact of these various recommendations as they develop their plans; but this activity must be viewed as a priority for this funding cycle and be addressed accordingly.

b) Medical Evacuation/Shelter in Place

Facilities are required to address horizontal and vertical evacuation in their Emergency Operations Plans to ensure the safety of patients, visiting family members and staff in the hospital during an emergency. Plans should be based on the personnel, equipment and systems, planning, and training needed to ensure the safe and respectful movement of patients and the safety of personnel and family members in the hospital. Plans for evacuating hospitals should be included in exercises as appropriate.

Proactive planning and preparation will ensure successful operational plans. Awardees should develop plans based on a Hazard and Vulnerability Analysis (HVA) done at the community and state level to identify the imminent threat to life in the area. The nature of the vulnerability and the hazards posed by the vulnerability should help the awardees and healthcare entities plan for the event. Awardees should develop their plans based on the personnel, equipment and systems, planning, and training needs to ensure the safe and respectful movement of patients, and the safety of personnel and family members in the hospital.

Awardees should take the following into account when working on the integration of local/regional plans:

- the personnel of other hospitals in their region and within other regions of the state;
- equipment and systems of other hospitals as well as those offered by State's office of emergency management or designated agency;
- planning and training needed among all participating hospitals to ensure the safe evacuation of patients; and
- the safety of personnel and family members in the hospital.

While it is not practical to exercise evacuation plans on a large scale, the awardee may want to consider conducting tabletop or feasibly scaled exercises around this issue to highlight vulnerabilities and solutions.

3. Level 2 Sub-Capabilities Detailed Descriptions

a) Alternate Care Sites (ACS)

Facilities are encouraged to work closely with the State and their communities in deciding where an alternative care site could be established, staffed and supplied. Planning should include thresholds for altering triage algorithms and otherwise optimizing the allocation of scarce resources. Once completed, ACS plans should be included in your facility's Emergency Operations Plans. Funding can be allocated towards meeting this capability.

Planning for the use of an ACS as part of the medical response system is a complicated undertaking. The Agency for Healthcare Research and Quality (AHRQ) has developed a

tool that serves to identify a facility in a region that could be utilized for the purpose of an ACS. This document can be found at: <http://www.ahrq.gov/research/altsites/alttool1.htm>.

Awardees will submit the following information with the end-of-year progress report if an ACS has been identified for your facility:

- location of ACS ;
- number of beds;
- level of care to be provided or types of patients that can be taken care of; and
- summary of plans for staffing, supply and re-supply of sites.

b) Pharmaceutical Caches

Applicants must develop an operational plan that assures storage, rotation and distribution of critical medications through the supply chain during an emergency for healthcare providers and their families in a timely manner. Although many awardees should already have caches in place due to the multiple years of funding for this activity, awardees may continue to establish or enhance caches of specific categories of pharmaceuticals available on-site in hospitals that would be accessible during an event. During SFY 2009, awardees may undertake analysis of, and propose funding for, the purchase of caches to care for **patients in medical facilities** if this has not already occurred. SFY 2009 funding can be used to purchase, replace and rotate pharmaceuticals only if the purchases are linked to a Hazard and Vulnerability Analysis (HVA) and gaps identified show where and why sufficient quantities do not currently exist.

Allowable purchases

The following are allowable purchases and both pediatric doses and adult doses shall be considered. Awardees may consider a phased approach for pharmaceutical purchases in the following order of precedence:

- a) Antibiotic drugs for prophylaxis and post-exposure prophylaxis to biological agents for at least three days.
- b) Antiviral drugs - in general the purchase of antivirals is allowed; however, purchases are limited to treatment purposes only for patients, medical and ancillary staff and their family members. Purchases for prophylaxis are not allowed. Plans should consider the following: cost, dispensing prioritization, storage location, and rotation of stock and dispensing mechanisms. Purchases must be coordinated with the CDC and their efforts through the Pandemic Influenza Supplemental Funding and the HHS Subsidy Program.
- c) Medications and vaccines needed for exposure to other threats (e.g., radiological events).

c) Personal Protective Equipment (PPE)

Facilities must ensure they have adequate types and amounts of personal protective equipment (PPE) to protect current and additional trained healthcare personnel expected in support of the events of highest risk. The type/level of PPE should be determined by the HVA and the level of decontamination planned in the region.

Equipment purchased under this sub-capability should be interoperable with equipment purchased with funds from the DHS State Homeland Security Grant Program (SHSGP) Standardized Equipment List (SEL) for first responders. This list can be found by logging in as a guest at <https://www.rkb.us/index.cfm>.

d) Decontamination

Applicants can use FY2007 funding towards portable or fixed decontamination systems in the areas of planning, exercising, purchasing and training. The level of capability should be in accordance with the number of required surge beds expected to support the events of the highest risk identified through HVA or assessment work.

The Occupational Safety and Health Agency (OSHA) recommends in their *Best Practices for Hospital-Based First Receivers of Victims from Mass Casualty Incidents Involving the Release of Hazardous Substances*:

“All participating hospitals shall be capable of providing decontamination to individual(s) with potential or actual hazardous agents in or on their body. It is essential that these facilities have the capability to decontaminate more than one patient at a time and be able to decontaminate both ambulatory and stretcher bound patients. The decontamination process must be integrated with local, regional and State planning.”

The OSHA best practices guide can be found at:

http://www.osha.gov/dts/osta/bestpractices/firstreceivers_hospitals.pdf.

In addition, the American Society for Testing and Materials (ASTM) International Subcommittee Decontamination (E54.03) has established tasks groups around decontamination standards development:

- E54.03.01 – Biological Agent Decontamination;
- E54.03.02 – Chemical Agent Decontamination;
- E54.03.03 – Radionuclide and Nuclear Decontamination; and
- E54.03.04 – Mass Decontamination Operations.

Please visit the ASTM website at: <http://www.astm.org>.

Equipment purchased under this sub-capability should be interoperable with equipment purchased with funds from the DHS State Homeland Security Grant Program (SHSGP) Standardized Equipment List (SEL) for first responders. This list can be found by logging in as a guest at: <https://www.rkb.mipt.org>. **Funding from this grant can be used to train and exercise decontamination systems by those hospitals that have previously purchased decontamination equipment.**

III Grant Application

The grant application is in a supplemental Excel spreadsheet. The document has the following tabs that should be completed: Overview, Status, Personnel Services, Travel, Supplies, Equipment, Contractual/Other.

Please only submit the Overview sheet and those sheets which coincide with your funding request. If you are not requesting funding for supplies, equipment and contractual/other, please omit them from your application before submitting.

Appendix A

NIMS Implementation for Healthcare Organizations

NIMS implementation will continue to align healthcare organizations with their State, territory, tribal and local partners through the use of compliance metrics. In FFY 07 the concept of metrics was introduced to State, territory, tribal and local entities as a method to assess NIMS implementation.

In August 2007, a healthcare working group assembled to review and clarify the existing NIMS implementation activities and compliance metrics for healthcare organizations first established in September 2006.

During the FY 2008 funding cycle HPP awardees will be required to insure that participating healthcare organizations are in a position to report full compliance with the following implementation activities:

Adoption

1. Adopt NIMS throughout the healthcare organization including all appropriate departments and business units.
2. Ensure Federal Preparedness awards support NIMS Implementation (in accordance with the eligibility and allowable uses of the awards).

Preparedness: Planning

3. Revise and update emergency operations plans (EOPs), standard operating procedures (SOPs), and standard operating guidelines (SOGs) to incorporate NIMS and National Response Framework (NRF) components, principles and policies, to include planning, training, response, exercises, equipment, evaluation, and corrective actions.
4. Participate in interagency mutual aid and/or assistance agreements, to include agreements with public and private sector and nongovernmental organizations.

Preparedness: Training

5. Identify the appropriate personnel to complete ICS-100, ICS-200, and IS-700, or equivalent courses.
6. Identify the appropriate personnel to complete IS-800 or an equivalent course.
7. Promote NIMS concepts and principles into all organization-related training and exercises. Demonstrate the use of NIMS principles and ICS Management structure in training and exercises.

Communication and Information Management

8. Promote and ensure that equipment, communication, and data interoperability are incorporated into the healthcare organization's acquisition programs.
9. Apply common and consistent terminology as promoted in NIMS, including the establishment of plain language communications standards.
10. Utilize systems, tools, and processes that facilitate the collection and distribution of consistent and accurate information during an incident or event.

Appendix A

Resource Management

No implementation objective

Command and Management

11. Manage all emergency incidents, exercises, and preplanned (recurring/special) events in accordance with ICS organizational structures, doctrine, and procedures, as defined in NIMS.
12. ICS implementation must include the consistent application of Incident Action Planning (IAP) and common communications plans, as appropriate.
13. Adopt the principle of Public Information, facilitated by the use of the Joint Information System (JIS) and Joint Information Center (JIC) during an incident or event.
14. Ensure that Public Information procedures and processes gather, verify, coordinate, and disseminate information during an incident or event.

Appendix B

DHSS Preparedness Exercise After Action Report / Improvement Plan Form

Exercise Name		Jurisdiction / Agency Exercised		Exercise Date
Primary Exercise Location		Other Exercise Location(s), if applicable		
Exercise Duration (incl. debriefing):		Primary Sponsor(s) (funding/coordination)		
Exercise Director Name		Exercise Director Title and Agency		
Exercise Director Email	Exercise Director Phone	Exercise Director Address		
Other Exercise Contact Information (if applicable)				
Mission Area (choose as many as applicable)		Exercise Type (choose one)		
<input type="checkbox"/> Prevent <input type="checkbox"/> Protect <input type="checkbox"/> Respond <input type="checkbox"/> Recover		<input type="checkbox"/> Drill <input type="checkbox"/> Tabletop <input type="checkbox"/> Functional <input type="checkbox"/> Full-scale <input type="checkbox"/> Response to Actual Event		
Agencies Represented on Exercise Planning Team		Planning Team Members Contact Information (name, role on team, title, agency, address, phone, email)		
<ul style="list-style-type: none"> • • • 		<ul style="list-style-type: none"> • • • 		
Short Overview of Exercise Planning Process (include major issues encountered, length of planning process, reasoning behind choice of objectives, etc.)				
Top 3 Exercise Objectives (specific elements - measurable, achievable, realistic, time bound)				
<ul style="list-style-type: none"> • • • 				

Top 3 Exercise Target Capabilities and Associated Activities (from DHS TCL List) choose up to 3 activities for each capability

- Capability 1:
 - Activity 1:
 - Activity 2:
 - Activity 3:
- Capability 2:
 - Activity 1:
 - Activity 2:
 - Activity 3:
- Capability 3:
 - Activity 1:
 - Activity 2:
 - Activity 3:

Top 3 Major Strengths (use complete sentences to describe major strengths)

-
-
-

Top 3 Areas for Improvement (use complete sentences to describe areas for improvement)

-
-
-

Brief Statement on whether exercise was a success or not; and areas in which future exercises should focus

Total Number of Participants

- Players
- Controllers
- Evaluators
- Facilitators
- Observers
- Victim Roles Players

Participating Organizations (list all):

-
-
-
-
-

Exercise Purpose (describe why exercise was conducted, how it was organized / designed / funded, and what participants hoped to learn)

Scenario Summary (one or two paragraphs describing the exercise scenario)

Analysis of Capabilities

Summary of [Capability 1]: provide description of how the capability was performed or addressed.

- **Observation relevant to [Activity 1]:** begin each observation with whether observation is a strength or weakness. You may enter more than one observation for each activity, if needed.
 - **References relevant to observation:** list relevant plans, policies, procedures, laws, or regulations; if none apply to this observation, enter N/A
 - **Analysis relevant to observation:** describe the actions at the core of the observation and the consequences of the action; include any innovative approaches or shortcomings associated
 - **Recommendations relevant to observation:** describe areas for improvement; if observation was a strength without associated recommendations, enter N/A
- **Observation relevant to [Activity 2]:**
 - **References relevant to observation:**
 -
 - **Analysis relevant to observation:**
 -
 - **Recommendations relevant to observation:**
 -
- **Observation relevant to [Activity 3]:**
 - **References relevant to observation:**
 -
 - **Analysis relevant to observation:**
 -
 - **Recommendations relevant to observation:**
 -

*** Add Capability Summary, Observations, References, Analyses, and Recommendations for all selected activities within each selected Capability – using the format above.**

Conclusion (include lessons learned, major recommendations, and summary of what steps should be taken to ensure results will help to refine plans, policies, procedures and training for this type of event)

Acronyms (alphabetically list any acronyms used in the report and spell out their meaning)

Additional Appendices: (Optional – you may include as Optional Appendices and Exercise Performance Rating, Exercise Events Summary Table, Participant Feedback Summary, Lessons Learned, or other Graphics, Charts, Tables used during the exercise.

Capability	Observation Title	Recommendation	Corrective Action Description	Primary Responsible Agency	Agency POC	Start Date	Completion Date
[Capability 1: Capability Name]	1. Observation 1	1.1 Insert Recommendation 1	1.1.1 Insert Corrective Action 1				
			1.1.2 Insert Corrective Action 2				
		1.2 Insert Recommendation 2	1.2.1 Insert Corrective Action 1				
			1.2.2 Insert Corrective Action 2				
	2. Observation 2	2.1 Insert Recommendation 1	2.1.1 Insert Corrective Action 1				
			2.1.2 Insert Corrective Action 2				

Improvement Plan Template: (Add as many rows as necessary to list all relevant recommendations and corrective actions)

Call or email any questions or concerns to the address below.

Submit this form (or an After Action Report that addresses each of these areas) and a copy of the Exercise Evaluation Guides if used during this exercise to:
sally.abbott@alaska.gov

Alaska Department of Health and Social Services, Preparedness Program
3601 C Street, Suite 756
Anchorage, AK 99503

sally.abbott@alaska.gov
Phone: (907) 334-2274
Fax: (907) 269-2048

Appendix C

US Department of Homeland Security Target Capabilities and Critical Tasks (relevant to Public Health)

Citizen Preparedness and Participation

Protect, Mitigate Risk to Public, Prepare the Public

To ensure that everyone in America is fully aware, trained and practiced on how to prevent, mitigate, prepare for and respond to all threats and hazards. It requires a role for citizens in exercises, ongoing volunteer programs and surge capacity response.

Critical Tasks

Pro.C.3	1.1	Maintain and expand training and exercise programs to prepare volunteers for terrorism incident support
Pro.C.3	3	Develop and conduct training courses for citizen participation in incident management
Pro.C.3	3.1	Plan, conduct and evaluate public education programs for prevention, preparedness, response and recovery
Res.B.5	3.7	Coordinate and integrate the resources and operations of external affairs organizations to provide accurate, consistent and timely information to the public
Res.B.5	3.8	Develop and implement community relations plan and operations
Res.C.1	3.3.2.1.2	Support medical surge capability using volunteer resources
Res.C.3	3	Coordinate mass care, housing, shelter, and human services support for response to incidents of national, regional and State significance for Providing Mass Care
Rec.A.3	2.3	Provide community services
Rec.A.3	2.4	Provide volunteer services
Com.A.1	2.3.4.5	Establish plans, procedures and protocols for special needs populations

Emergency Operations Center Management

Respond, Minimize Impact, Manage Incident

To provide multi-agency coordination (MAC) for incident management through the activation and operation of the emergency operations center (EOC).

Critical Tasks

Res.B.1	3.2.1	Activate, alert, and notify MACS personnel
Res.B.1	3.2.2	Issue direction to all support organizations to participate in MACS
Res.B.1	4.2.1	Support identification and determination of potential hazards and threats, including mapping, modeling, and forecasting
Res.B.1	4.3.1	Coordinate with organizations outside the MACS
Res.B.1	4.6	Coordinate jurisdictional emergency management operations
Res.B.1	7.1.1	Activate mutual aid to obtain resources
Res.B.2	7	Transition from response to recovery
Com.A.1	3.1.7.1	Establish and implement an order of command succession or continuity
Com.A.1	3.6	Coordinate legal and regulatory issues

Emergency Public Information and Warning

Respond, Minimize Impact, Distribute Public Information

To develop and coordinate the release of accurate alerts, warnings, and other emergency information to the public immediately prior to an impending emergency, during, and after the emergency event.

Critical Tasks

Pro.C.1	4.5	Provide relevant laboratory support for identification of biological, chemical, radiological and nuclear agents in clinical (human and animal), environmental and food specimens and samples
Res.B.5	1	Develop plans, procedures and policies for coordinating, managing and disseminating public information
Res.B.5	3.6	Plan and coordinate public warnings, instructions, and information updates
Res.B.5	3.7	Coordinate and integrate the resources and operations of external affairs organizations to provide accurate,

		consistent and timely information to the public
Res.B.5	3.8	Develop and implement community relations plan and operations
Res.B.5	4	Direct and control emergency public information activities
Res.B.5	4.1.1.1	Determine critical health-related information required to inform the public
Res.B.5	4.1.4	Determine domestic and international travel advisories
Res.B.5	4.2	Provide emergency information to the public
Res.B.5	4.2.1	Activate critical information and warning systems
Res.B.5	4.2.2	Disseminate health and safety information to the public
Res.B.5	4.2.5.1	Advise public to be alert for clinical symptoms consistent with attack agent
Res.B.5	4.2.7	Provide emergency public information to special needs populations
Res.B.5	4.3	Provide emergency information to media
Res.B.5	4.5	Develop and update public information sources
Res.C.1	4.3.7	Provide accurate and relevant public health and medical information to clinicians, other responders and the public in a timely manner

Fatality Management

Respond, Care for Public, Manage Fatalities

To effectively perform recovery, identification, isolation, decontamination in accordance with standard protocols, transport, storage, determination of cause and manner of death, process/return human remains/personal belongings and interact with families.

Critical Tasks

Pro.C.1	2.2.1.2	Coordinate forensic epidemiology-work with other partner agencies such as police and medical examiner
Res.C.4	3.1.1	Coordinate mortuary/morgue services
Res.C.4	4.1	Collect and isolate human remains
Res.C.4	4.1.3	Dispose of diseased human remains

Information Collection and Threat Recognition

Prevent, Detect Threats, Manage Data Collection

Information Collection is the gathering, consolidation and retention of raw data. Threat Recognition is the ability to see in this data potential indications/warnings of terrorist activities or planning against U.S. citizens, land, infrastructure, allies.

Critical Tasks

Pre.A.1	1.4	Develop policies and processes to enhance sharing of intelligence and surveillance information within and between regions and States and with Federal and local agencies
Pre.A.2	3	Collect strategic information
Pre.A.2	3.4	Support Federal intelligence and surveillance information collection
Pre.A.4	1	Conduct surveillance and information collection and produce intelligence
Pre.A.5	2	Disseminate timely and accurate national strategic and threat intelligence consistent with security clearances as appropriate
Com.C.1	3.2.3	Develop and maintain surveillance and detection systems

Information Sharing and Collaboration

Prevent, Detect Threats, Disseminate Threat Information

Information Sharing is the exchange and dissemination of information/intelligence among all layers of government, the private sector, and citizens. Collaboration encompasses a wide range of activities aimed at coordinating capabilities and resources.

Critical Tasks

Pre.A.4	1	Conduct surveillance and information collection and produce intelligence
Pre.A.5	3	Disseminate indications and warnings
Com.C.1	3.2.3	Develop and maintain surveillance and detection systems within your facility

Interoperable Communications

Common Tasks, Communications and Information Management, Communications and Information Management Tasks

To provide uninterrupted flow of critical information among responding multi-disciplinary and multi-jurisdictional agencies at all levels of government.

Critical Tasks

Res.A.3	2	Coordinate incident site communications
Res.A.3	3	Communicate internal incident response information
Res.B.1	1	Provide direction, information, and/or support as appropriate to incident command (IC) or unified command (UC) and/or joint field office(s)
Com.C.1	5	Establish and maintain response communications systems
Com.C.1	5.1	Implement response communications interoperability plans and protocols
Com.C.1	5.2	Communicate policy and procedures across response entities

Isolation and Quarantine

Respond, Minimize Impact, Implement Protective Actions

To protect the population's health through the use of isolation and/or quarantine measures in order to contain the spread of disease. Successful implementation requires sufficient legal, logistical and informational support to maintain the measures.

Critical Tasks

Pro.C.1	5.10	Assure disease control, quarantine, containment and eradication in your facility
Res.B.5	4.2.5.2	Decrease time needed to disseminate health and safety information to the public regarding risk and protective actions
Res.C.1	5.0	Coordinate with public health to provide medical services among those who have been isolated or quarantined
Rec.A.1	3.3.3	Monitor adverse treatment reactions

Mass Care (Sheltering, Feeding, and Related Services)

Respond, Care for Public, Provide Mass Care

To provide mass care services, to include shelter, feeding, basic first aid, bulk distribution of needed items and other related services to persons affected by the incident, including special needs populations.

Critical Tasks

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|---------|-------|---|
| Res.C.3 | 4.1.1 | Assess need for emergency feeding and sheltering activities |
| Rec.A.3 | 2.1.2 | Consider special needs populations |

Mass Prophylaxis

Respond, Care for Public, Distribute Prophylaxis

To protect the health of the population through a mass prophylaxis campaign following an event. This capability includes the provision of appropriate follow-up medical care, as well as risk communication messages to address the concerns of the public.

Critical Tasks

- | | | |
|---------|---------|--|
| Res.B.5 | 4.2.2 | Disseminate health and safety information to the public |
| Res.C.1 | 1.1.2.6 | Create plans and systems for mass movement of patients |
| Res.C.2 | 3.2 | Coordinate dispensing of mass therapeutics and/or vaccines |

Medical Supplies Management and Distribution

Respond, Care for Public, Provide Medical Care

To securely transport, manage, and distribute medical supplies during an incident.

Critical Tasks

- Res.C.1 3.1.3.1 Coordinate with State, local, and tribal medical, mental health, substance abuse, public health officials and private-sector to determine current assistance requirements
- Res.C.1 3.3.8 Provide medical equipment and supplies in support of immediate medical response operations and for restocking health care as requested

Medical Surge

Respond, Care for Public, Provide Medical Care

To provide triage and then to provide medical care. This capability applies to an event resulting in a number or type of patients that outstrip the day-to-day acute-care medical capacity in a given area.

Critical Tasks

- Res.B.2 1.2.2.1 Establish criteria for patient decontamination that fully considers the safety of EMS personnel and hospital-based first responders, knowing up to 80% of all victims will self refer to the nearest hospital
- Res.C.1 1.1.2.6 Collaborate with Public Health on plans and systems for mass movement of patients
- Res.C.1 1.2.2.1 Execute emergency contracting support for life-saving and life-sustaining services
- Res.C.1 1.3.2 Identify facilities to deal with burns and other specialized medical injuries
- Res.C.1 3.3.1.2 Activate procedures for essential nursing and medical care
- Res.C.1 3.3.2 Coordinate provision of emergency medical and dental
- Res.C.1 4.2.4 Mobilize burn/trauma/pediatric health care specialists
- Res.C.1 4.3.1.4 Triage and treat patients at the medical facilities
- Res.C.1 4.3.2 Track patient status and location
- Rec.A.1 1.4.4 Execute medical mutual aid agreements
- Rec.A.1 3.1.1.2 Provide counseling support
- Rec.A.1 3.1.1.3 Provide family support services
- Rec.A.1 3.1.1.4 Provide for worker crisis counseling and mental health and substance abuse behavioral health support

On-site Incident Management

Respond, Minimize Impact, Manage Incident

To effectively direct and control the incident site through the use of the Incident Command System (ICS) consistent with the National Incident Management System (NIMS).

Critical Tasks

Pro.C.1	2.6.1	Provide an incident health and safety plan
Res.A.2	1	Establish procedures for the immediate incident scene
Res.B.1	2	Activate the Hospital Incident Command System
Res.B.1	2.2	Execute mutual aid agreements
Rec.C.2	7	Support incident response operations
Com.A.1	10.4	Develop personnel qualifications and certifications for NIMS specified roles

Planning

Common Tasks, Preparedness, Preparedness Tasks

To conduct all hazards planning to identify hazards and evaluate their impacts; prioritize emergency preparedness efforts; identify/describe functions performed; describe emergency mgt; describe a resource allocation/prioritization system; integrate plans.

Critical Tasks

Res.B.1	5	Develop plans, procedures, and protocols for resource management in accordance with NIMS
Res.B.2	1	Develop Plans, Procedures, and Equipment Guidelines to Support Response Operations
Res.B.3	4.1.1.1	Identify evacuation site(s)
Res.B.3	4.1.3.3	Identify emergency evacuation routes to avoid contaminated area and downwind plume
Res.C.1	1	Develop plans describing how personnel, equipment, and other governmental and nongovernmental resources will support incident management requirements
Rec.C.2	7	Support incident response operations
Com.A.1	3.1.7	Develop plans for continuity of hospital services

Com.A.1	9	Develop and conduct training to improve all-hazard incident management capability
Com.B.1	2.2	Develop plans, policies, and protocols for managing donated supplies, services, money and equipment
Com.B.1	2.3	Develop plans, policies, and protocols for managing volunteers

Public Health Epidemiological Investigation and Laboratory Testing

Protect, Mitigate Risk to Public, Safeguard Public Health

The capability to conduct epidemiological investigations and public health lab testing. It includes exposure and disease (both deliberate release and naturally occurring) detection, reporting, laboratory confirmation, and epidemiological investigation.

Critical Tasks

Pro.C.1	2.2.3.2	Disseminate laboratory testing results
Res.C.1	3.1.2.3	Provide relevant laboratory support for identification of biological, chemical, radiological and nuclear agents in clinical (human and animal), environmental and food specimens, including maintaining a chain of evidence

Triage and Pre-hospital Treatment

Respond, Care for Public, Provide Medical Care

To provide care to casualties prior to arrival at a treatment hospital or facility through triage, stabilization, and rapid/safe transportation from the incident scene to treatment facilities.

Critical Tasks

Res.B.1	15.14	Coordinate the handling and transporting of affected persons
Res.C.1	1.3.2	Identify facilities to deal with burns and other specialized medical injuries

Volunteer Management and Donations

Respond, Minimize Impact, Manage Incident

To effectively manage volunteers and donations in support of domestic incident management, including identifying, determining uses for, effectively managing, and deploying volunteer support and donations before, during, and after an incident.

Critical Tasks

Rec.A.3	2.4	Provide volunteer services
Com.B.1	2.3	Develop plans, policies, and protocols for managing volunteers
Com.B.1	2.3.1	Coordinate use of assigned Volunteer Organizations Active in Disasters (VOAD)

WMD/Hazardous Materials Response and Decontamination

Respond, Minimize Impact, Respond to Hazard

To assess the incident; provide protective clothing/equipment; conduct rescue operations; establish exclusion zones; conduct containment/decontamination operations; manage site restoration operations; and implement standard evidence collection procedures.

Critical Tasks

Res.B.2	3.2.3	Coordinate and support containment activities
Res.B.2	3.2.7	Coordinate and support decontamination activities
Res.B.2	5.1	Assess Hazmat Situation and Plan Response
Res.B.2	5.1.1	Identify hazardous materials and extent/scope of the incident
Res.B.2	5.1.4.3	Develop a contamination site safety plan
Res.B.2	5.2	Establish and implement on-scene management for hazmat response (utilizing ICS)
Res.B.2	5.3	Conduct Hazmat Response (Implement Plans, Programs, Agreements, and Requirements)
Res.B.2	5.3.2	Identify and establish perimeter and hazardous materials zones (hot, warm, cold)

Res.B.2	5.3.3	Extricate and rescue victims from within hot zone
Res.B.2	5.3.4	Conduct containment activities
Res.B.2	5.3.4.1	Secure contamination source and affected areas
Res.B.2	5.3.5.1	Monitor clean areas within the contamination control line
Res.B.2	5.4.1	Provide required personal protective equipment (PPE)
Res.B.2	5.4.2	Monitor all responders for exposure to hazardous materials
Res.B.2	5.4.4	Coordinate rescue efforts with law enforcement to ensure safety of rescuers while law enforcement secures incident site
Res.B.2	5.4.5	Monitor and control operating time of rescuers assigned to hot zone to minimize rescuer exposure
Res.B.2	5.5	Conduct decontamination
Res.B.2	5.5.1	Identify assets required for decontamination activities
Res.B.2	5.5.2.1	Establish decontamination sites
Res.B.2	5.5.3	Decontaminate affected facilities and equipment
Res.B.2	5.5.4.1	Conduct screening of affected persons
Res.B.2	5.5.4.2	Decontaminate affected persons, including injured victims, exposed to CBRNE materials
Res.B.2	5.6.1	Perform clean-up operations
Res.B.2	5.6.2	Implement hazardous material disposal plan
Res.B.2	7	Transition from response to recovery
Res.B.3	3.1.1	Manage resources to support special needs populations to include non-English speaking persons, migrant workers, as well as those with medical conditions requiring attention
Res.B.3	4.1	Identify course of action to resolve the incident/make decisions
Res.B.3	4.1.1.1	Identify evacuation site(s)
Rec.C.1	3.2	Declare incident site hazard free

Worker Health and Safety

Respond, Minimize Impact, Manage Incident

To protect the safety and health of on-scene first responders and hospital personnel (first receivers, skilled support personnel and, if necessary, their families) through an effective safety and health program.

Critical Tasks

Pro.C.1	1.1.6	Develop plans and procedures for worker health and safety
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Pro.C.1	2.6.1	Provide an incident health and safety plan
Res.A.3	2	Coordinate incident site communications
Res.B.1	16	Provide for worker health and safety
Res.B.2	5.4.1	Provide required personal protective equipment (PPE)
Res.B.2	5.5.1	Identify assets required for decontamination activities
Res.C.1	3.3.1.2	Activate procedures for essential nursing and medical care
Res.C.1	4.3.1.2	Triage and treat patients at the decontamination site
Rec.A.1	3.1.1.4	Provide for worker crisis counseling and mental health and substance abuse behavioral health support
Rec.A.1	3.2	Provide comprehensive stress management strategies, programs and crisis response teams
Rec.C.2	3.1	Participate in post-incident assessments of structures, public works and infrastructure to help determine critical needs and workloads
Com.C.1	5	Establish and maintain response communications systems