



Public Health
& Healthcare
Preparedness

TRAINING and EXERCISE PLAN

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Prepared by the Division of Public Health Section of Emergency Programs

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Preface

The Alaska Department of Health and Social Services (DHSS) is the state agency responsible for administering the Centers for Disease Control (CDC) and Assistant Secretary for Preparedness and Response (ASPR) Cooperative Agreement funds related to public health and healthcare facility preparedness. To address funding requirements, and in coordination with the Alaska Division of Homeland Security & Emergency Management and other local, state, federal and private partners, the comprehensive joint *Public Health and Healthcare Preparedness Training and Exercise Program* serves as an annex to the *State of Alaska Multiyear Training and Exercise Plan*.

This Training and Exercise Plan (TEP) identifies, develops, and implements key training and exercise activities in public health and healthcare preparedness to better prepare Alaska's local, state, private sector, and non-governmental healthcare workforce, as well as all Alaskans and their communities, for disasters and public health threats and emergencies.

The TEP is a living document, updated annually following Training and Exercise Plan Workshop(s). The schedule of trainings and exercises are updated with additions, changes, and cancellations on the Section of Emergency Programs website (below). The plan provides a roadmap to follow in accomplishing training and exercise priorities in the State of Alaska Strategic Plan as well as those specific to Public Health and Healthcare Preparedness. Activities funded CDC and ASPR use Public Health Emergency Program (PHEP) and Hospital Preparedness Program (HPP) Target Capabilities that are also crosswalked with National Preparedness Core Capabilities (See Appendix A.) Exercises follow U.S. Homeland Security Exercise and Evaluation Program (HSEEP) guidelines to the extent required by the CDC PHEP, ASPR HPP Cooperative Agreement.

Additional Information

Public Health Preparedness information, including this Training and Exercise Plan, is at: <http://www.hss.state.ak.us/prepared/>

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Introduction

Public health emergencies represent a significant threat requiring rapid response at the local, State, and Federal levels. Developing both independent and integrated response and recovery capabilities requires collaboration across the healthcare delivery system, the public health system, other agency partners, and local communities in planning, training, exercising and equipping to enhance preparedness. State and local health policymakers, program administrators, and health system decision-makers play an essential role within their own jurisdictions, regions or delivery systems in developing capacity and coordinating efforts across their public health, health care, law enforcement, and related systems.

This Training and Exercise Plan (TEP) outlines how Alaska will address the health-specific emergency preparedness and response training and exercise objectives for 2012-2015. The plan and its guidelines are intended for use by the Alaska Department of Health and Social Services, Division of Public Health, along with key health partners in public health emergency preparedness and response: Hospitals and acute care centers represented by the Alaska State Hospital and Nursing Home Association (ASHNHA), primary and urgent care represented by Alaska Native Tribal Health Consortium for Tribal organizations, primary care clinics and providers, Municipality of Anchorage, Department of Health and Human Services, and the Emergency Medical Services responders across the state.

Guiding Principles:

- The role of public health in an emergency is an extension and application of its general mission: *To promote physical and mental health and prevent disease, injury and disability.*¹
- Public health recognizes that response to an All Hazards event begins with the community. Training and exercise models support community planning and response wherever possible.
- Each entity potentially involved in an All Hazards response should have Emergency Operations and/or Continuity of Operations Plans in place that provides direction to employees regarding their roles in an emergency; uses the Incident Command System; identifies critical response actions; and ensures continued essential services during an event.

Purpose

The *Public Health and Healthcare Training and Exercise Plan* integrates, supports and enhances public health preparedness and response activities with federal, state, local, and tribal governments, the private sector, and non-governmental organizations (NGOs). The plan identifies core emergency preparedness training and exercise requirements and personal and organizational strategies to prepare Alaska, and every Alaskan, in the event of a public health or all hazards threat or emergency.

¹ Columbia University School of Nursing Center for Health Policy, 2001

Developing and Updating the Training and Exercise Plan

The planning cycle for public health, healthcare, and medical training and exercise activities incorporates planning, training, exercising, equipping, and outreach. Beginning in 2012, the Training and Exercise Plan extends beyond the Department of Health and Social Service (DHSS) staff to encompass health and medical training and exercises statewide related to Preparedness.

Training and exercise goals and objectives are identified annually in conjunction with the State of Alaska Division of Homeland Security and Emergency Management, the State Strategy, and other state priorities, including its biannual statewide full-scale Alaska Shield exercise. Exercise After Action Reports (AAR) and Improvement Plans (IP), learner feedback, needs assessment data, and other recommendations made by internal and external partners are primary means of identifying critical shared priorities. The TEP also incorporates CDC and HPP federal grant guidance, where required.

Following the publication of this report, the Division of Public Health Section of Emergency Programs (DPH EP) will:

- Post the electronic version of this TEP, or updated version;
- Create an *Emergency Preparedness Course Catalog* linked to (1) the DPH EP website for all Alaskans interested in public health and healthcare preparedness and (2) *Moodle*, the internal state system that for public health employees to search for, register, and track their learning;
- Publish a *Public Health and Healthcare Preparedness Training Matrix*;
- Evaluate the effectiveness of current training by conducting tabletops, drills, and other exercises; and
- Analyze performance gaps identified in after action reports (AAR) and exercise evaluations to assist in developing future training and exercises, as well as planning and equipping needs.

Training and Exercise Methodology

Alaska Division of Public Health (DPH) Preparedness Program incorporates the Homeland Security Exercise and Evaluation Program (HSEEP) in its training and exercise program. State priorities for training and exercising will strive to follow the HSEEP building block approach that includes ensuring appropriate training and having solid plans in place before conducting complex operations-based exercises.

However, the whole community approach may mean that some players are at a different level of preparedness than others. Entities are encouraged to use any exercise opportunities to enhance their preparedness. For example, first responders in community may conduct a full-scale exercise while NGOs hold a concurrent TTX. At the statewide level, Alaska Shield 2014 is a full-scale exercise; however, small communities may choose to hold a discussion or tabletop exercise (TTX) on their new State Community Emergency Response Plan (SCERP).

Informal or formal workshops will be convened and utilized to formulate and update responses plans utilizing input from all the stakeholders as necessary. Once the plans are complete, necessary training will be conducted and/or seminars will be held to disseminate and inform major stakeholders on plan components. Seminars may also be used to help initiate and frame

planning workshops. These activities will be followed by a more complex discussion based exercise, such as a tabletop, then move to functional and full-scale exercises as appropriate.

All real-world events and pre-planned events will be followed by debriefing of the event and the creation of an AAR/IP. The program will track implementation of all corrective actions by the use of the Corrective Action Program (CAP) System within the HSEEP toolkit that provides an electronic tool to assist with this activity. We will also investigate use of Lessons Learned Information Sharing (LLIS) website to post relative lessons learned and best practices from full scale, statewide exercises.

HSEEP Exercise Methodology

For reference, the elements of the HSEEP exercise methodology are identified below.

- A cycle of exercise activity that includes exercises of increasing levels of complexity (Building-Block approach, Figure 1);
- Threat-based, realistic, and accurate exercise scenarios;
- Exercises that involve players from multiple disciplines to test interagency relationships and agreements;
- A means of evaluation and improvement planning for each exercise;
- A method to share best practices and lessons learned with the Homeland Security community;
- Each jurisdiction's level of preparedness to assess a proper starting point in the cycle of exercises.

Exercises should begin with planning and exercise design meetings that are coordinated between the planners, exercise specific expertise within the agency, and any outside exercise contractor (if applicable), to lay out the exercise goals, objectives, and timelines. These meetings will be in the form of a seminars, and workshops, and will be documented as exercises. Once these planning activities have taken place, the exercise planners may organize tabletop exercises to begin orienting the participants towards the subsequent functional and full-scale exercises.

Figure 1 depicts a pattern or building block approach that moves from the planning/training stages to a full-scale exercise through a series of activities of increasing complexity and depicts the seven types of exercise defined within the HSEEP program. The first four of these (shown in yellow) are considered discussion-based exercises, which include planning and training, while the last three (shown in orange) are operations based exercises.

These steps must be documented as exercises through submittal of the Exercise Notification Form, After-Action Reports, and Improvement and Corrective Action Plans. By using this type of methodology, it ensures that the levels of exercise scope, scale, and complexity are tailored to needs while maintaining a consistent delivery method.

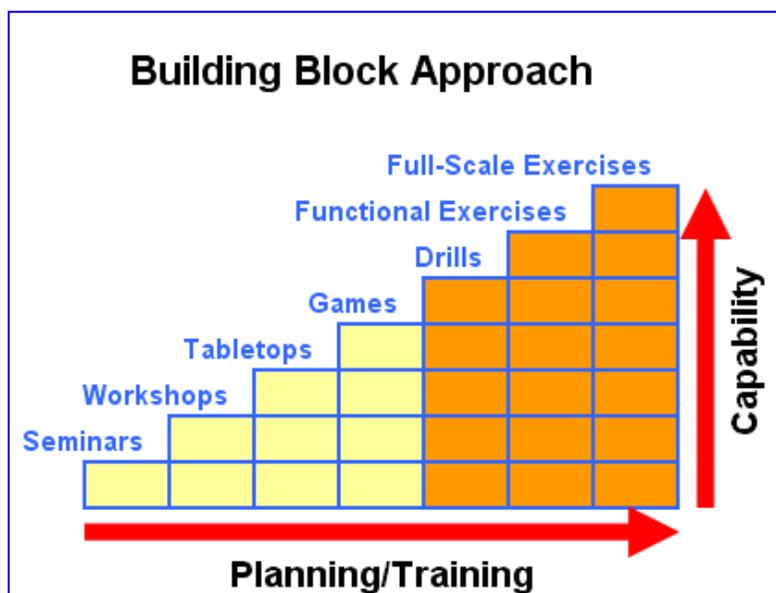


Figure 1. HSEEP Building Block Approach

The building-block approach ensures successful progression in exercise complexity and allows for the appropriate training and preparation to occur prior to staff participation in emergency exercises. This model remains flexible enough to allow for the addition, or inclusion, of other desired exercise types that various state or local agencies may require. For example, public health conducts and or participates in various emergency preparedness and response exercises in coordination with other local, regional, state, and/or federal agencies. Using this methodology we can ensure that exercises are tailored to meet the specific needs of the public health workforce.

Discussion-Based Exercises

- **Seminar:** A seminar is an informal discussion, designed to orient participants to new or updated plans, policies, or procedures (e.g., a seminar to review a new evacuation standard operating procedure).
- **Workshop:** A workshop resembles a seminar but is employed to build specific products such as a draft policy or plan (e.g., a Training and Exercise Plan Workshop is used to develop a Multi-year Training and Exercise Plan).
- **Tabletop Exercise (TTX):** A tabletop exercise involves key personnel discussing simulated scenarios in an informal setting. TTXs can be used to assess plans, policies, and procedures.
- **Game:** A game is a simulation of operations that often involves two or more teams, usually in a competitive environment, using rules, data and procedure designed to depict an actual or assumed real-life situation.

Operations-Based Exercises

- **Drill:** A drill is a coordinated, supervised activity usually employed to test a single, specific operation or function within a single entity (e.g., decontamination drill).

- **Functional Exercise (FE):** A functional exercise examines and/or validates the coordination command and control between various multi-agency coordination centers (e.g., EOC, joint field office etc). A functional exercise does not involve any “boots on the ground” (i.e., response to an incident in real time).
- **Full-Scale Exercise (FSE):** A full-scale exercise is a multi-agency, multi-jurisdictional, multi-discipline exercise involving functional (e.g., EOC, joint field office etc) and “boots on the ground” response.
 - A full-scale exercise tests many components of one or more capabilities within emergency response and recovery, and is typically used to test plans and procedures, and to coordinated response.
 - Characteristics of a full scale exercise include mobilized units, personnel, and equipment and scripted exercise scenarios.
 - The Department of Health and Social Services participates in the State of Alaska, Division of Homeland Security and Emergency Management state wide, full scale exercise Alaska Shield. This exercise is held every two years.
 - Alaska Shield is a multi-agency, multi-jurisdictional operations-based exercise involving actual deployment of resources in a coordinated response.

Exercise Planning Cycle

Figure 2 illustrates the cycle of activities from exercise concept through the delivery or performance of a full-scale exercise. Seminars and workshops may be used to facilitate planning development while tabletops and drills may assist in the training of personnel at strategic and tactical levels. The exercise phase may be achieved using tabletops, games, drills, functional exercises, and/or full-scale exercises. DPH will use the planning cycle for its planning, training, and exercise program.



Figure 2. HSEEP Cycle of Program and Project Management.

Exercise After Action Report Improvement Plans

Training and exercise needs are also determined by observed areas for improvement identified during drills and exercises at the state, regional, and local level. After Action Reports and Improvement Plans, following the HSEEP guidelines, are developed to capture and evaluate exercises and training needs. Information from individual After Action Reports are aggregated and at the state level to identify priority areas of improvement to be incorporated in future training and exercises.

DHSS/DPH shares AARs and IPs with exercise participants and works with various agencies and organizations to improve and enhance emergency operations plans, policies and procedures addressed during exercise(s). The Preparedness Unit utilizes the HSEEP Corrective Action Program (CAP) to manage and track corrective actions following exercises and real-world incidents.

Training

Education and training within the TEP enhance the knowledge, skills and abilities of individuals to mitigate, plan for, respond to, and recovery from planned or actual public health and medical events. Education and training are competency-based and designed based on an identified need, including but not limited to AARs, IPs or CAPs. Training objectives should be integrated into exercise evaluation tools to assess the performance of individual(s) and collectively evaluate effectiveness of training of the agency and/or partners to plan for, respond to, and recover from planned or actual public health and medical events.

Training complexity varies with audience and topic. Some individuals and organizations will require only awareness level training; some will progress from basic awareness to operational capabilities; while others will advance to expertise in specific subject matter. Some individuals will focus on one area relative to their assigned functions, while those with coordination and control responsibilities will have both a broader focus and a need for in-depth, specific training within certain areas. Training topics listed in the DHSS/DPH Preparedness Training Matrix may be scaled to the appropriate level for the requesting audience.

Training can be delivered in many formats. Some activities are independent study web classes while others may be delivered in person or through a combination webinars, independent study, and instructor- or facilitator-led sessions. Certain courses are only available in the classroom setting.

NIMS Training Guidelines

Alaska Public Health and Healthcare Preparedness NIMS Training Guidelines

State and national requirements across agencies, as well as the CDC PHEP cooperative agreement, ensure compliance with National Incident Management System (NIMS). Staff involved in incident response should demonstrate competency in the incident command and emergency management responsibilities they may be called upon to fulfill in an emergency. A precursor to that staff competency is to attain the applicable National Incident Management System (NIMS) Certification based on discipline, level and/or jurisdictional requirements.

The Department of Health and Social Services NIMS Training Plan aligns with the *Alaska National Incident Management System (NIMS) Compliance* guidance. The Division of Homeland Security and Emergency Management, the lead agency responsible for State of Alaska NIMS Compliance, developed the Fact Sheet to define training expectations for Alaska's small communities (less than 2,00 residents), large communities, and EMPG-funded communities (*see Appendix B*). These standards which broadly align with CDC and ASPR NIMS training protocols in *Public Health Preparedness Capabilities: National Standards for State and Local Planning*; however, there are some variations. Where there are differences, this plan aligns with federal NIMS guidelines as cited in that guidance (<http://www.fema.gov/national-incident-management-system>).

Core Personnel and Volunteers

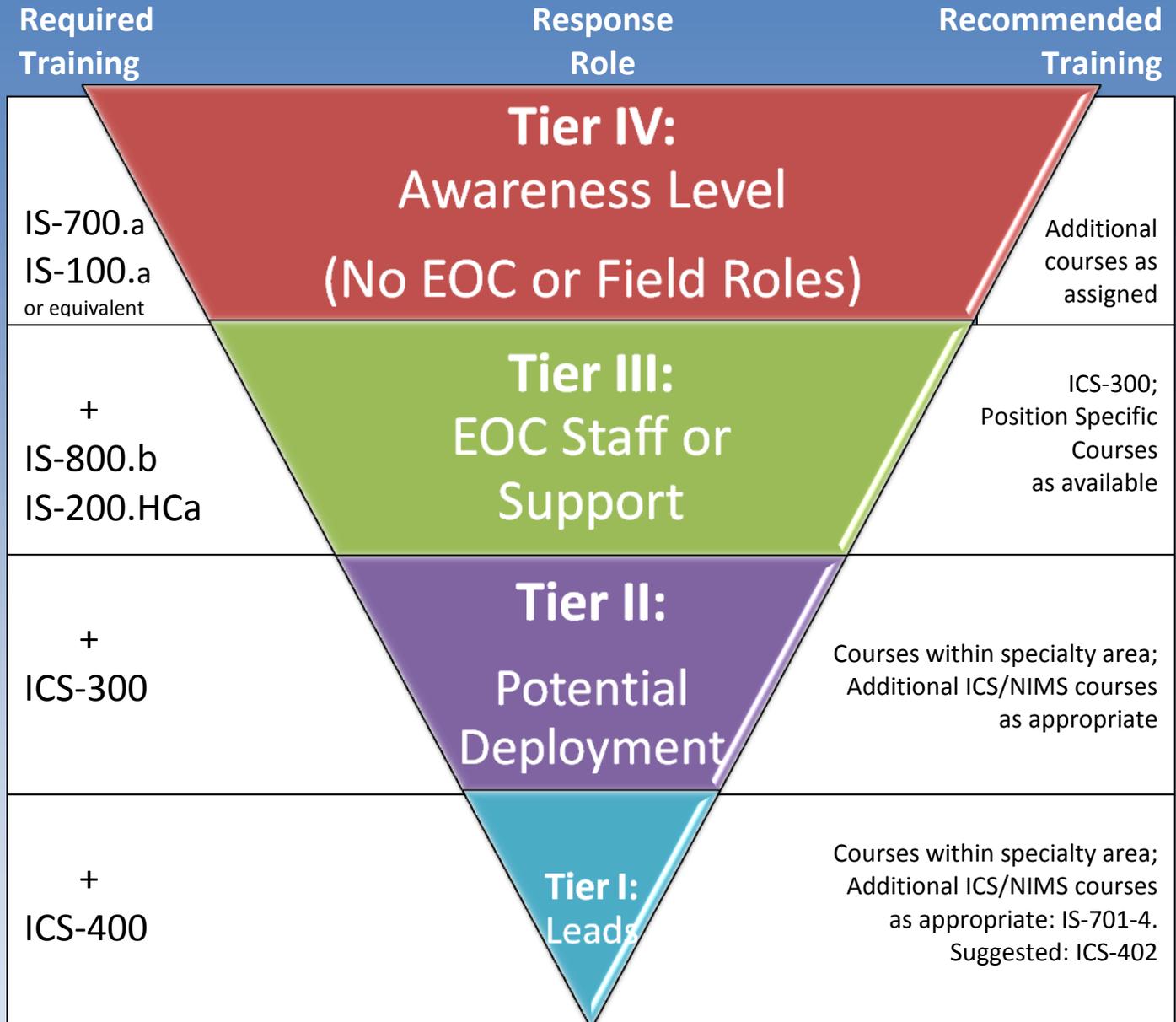
NIMS Training guidelines may be used for personnel at state and local government, across the healthcare private sector, as well as for volunteers who may be called upon in preparedness, response, and recovery. The most basic training involves the most individuals – those who should have a general knowledge of the National Incident Management System – but who do not have a formal assigned role. The training criteria increase as functional roles and responsibility increase, as shown below in both chart and visual formats.

NIMS Training Guideline Chart

Tier	Role in a Public Health Emergency	Required Training	Recommended Training
IV	Neither assigned to DOC/EOC/JFO nor sent to the field as responder	IS-700.a + IS-100.a <i>or</i> IS-100.HCa <i>or</i> HICS	ICS for Public Health (UNCCPHP)
III	Assigned to DOC/EOC/JFO	IS-700.a + IS-100.a <i>or</i> IS-100.HCa <i>or</i> HICS + IS-800.a + IS-200.HCa <i>or</i> IS-200.b	Position-Specific Training Assigned to Response JFO (Catastrophic Incident): IS-701 IS-702 IS-703 IS-704
II	Potential to be deployed to the field or are normally in a field location	IS-700.a + IS-100.a <i>or</i> IS-100.HCa <i>or</i> HICS + IS-800.a + IS-200.HCa <i>or</i> IS-200.b + ICS-300	Courses within specialty Additional ICS/NIMS courses as appropriate
I	Leadership or Liaison role	IS-700.a + IS-100.a <i>or</i> IS-100.HCa <i>or</i> HICS + IS-800.a + IS-200.HCa <i>or</i> IS-200.b + ICS-300 + ICS-400	ICS-402 Courses within specialty Additional ICS/NIMS courses as appropriate Catastrophic Incident: IS-701 IS-702 IS-703 IS-704

NIMS TRAINING GUIDELINES

Public Health and Healthcare



ORGANIZATIONS SHOULD HAVE A DISASTER PLAN FOR ESSENTIAL FUNCTIONS

AS ALASKANS, WE ARE RESPONSIBLE FOR OUR INDIVIDUAL & FAMILY PREPAREDNESS

Learn. Prepare. Prevail.

Visit <http://www.hss.state.ak.us/prepared/> and <http://www.ready.alaska.gov>

Figure 3. Core Public Health and Healthcare Preparedness.

Employee and Personal Preparedness

The Department of Health and Social Services Commissioner has charged the DHSS/DPH Preparedness staff with promoting preparedness and providing departmental employees and their families with preparedness tools to help sustain departmental essential functions and personal preparedness during disasters. The Preparedness unit will continually strength efforts by working with all divisions and staff to maintain the message: *Be Ready, Alaska*.

All public health and healthcare entities are strongly encouraged to take the same actions. The *DHSS Training Matrix* incorporates training and outreach materials to support individuals and family preparedness. State Preparedness staff is available for preparedness outreach to communities and organizations.

Materials are readily accessible through a variety of online and other sources, including:

Department of Health and Social Services, Division of Public Health, Section of Emergency Programs	http://www.hss.state.ak.us/prepared/
Division of Homeland Security and Emergency Management	http://ready.alaska.gov/outreach/
University of Alaska	http://www.uaa.alaska.edu/upd/ep.cfm
American Red Cross of Alaska	http://alaska.redcross.org/Be_Prepared.php
CDC Emergency Preparedness & Response	http://www.bt.cdc.gov/preparedness/
FEMA	http://www.ready.gov/

Continuity of Operations Planning (COOP)

Continuity of Operations Planning (COOP) helps ensure the stability of critical government, private sector, and non-governmental organization functions during a wide range of potential emergencies and events. The interruption of one or more critical functions that are vital to the health, safety or welfare of the public has the potential to dramatically and negatively affect health and medical outcomes for the residents of Alaska.

DHSS Employee Training System

Moodle

The preparedness program has developed five Public Health Emergency Preparedness courses incorporating NIMS, Emergency and Personal Preparedness trainings. These courses are available within the internal Moodle System.

How to Access Moodle

Course will be assigned by section preparedness training coordinators. Once assigned, the employee will receive an email notification instructions on how to log into Moodle and complete their course at <https://hsstraining.alaska.gov/login/index.php>.

All sections within DPH are asked to identify a preparedness training coordinator who will coordinate preparedness training, including identifying courses appropriate to each position and potential disaster assignment.

Training, Exercise, and Outreach Schedule

The following charts provide four key elements related to training and exercise:

- The **Joint Healthcare Multiyear Rotational Exercise Cycle**: Five-year rotational cycle of healthcare coalition capabilities targeted in exercises. The (CY) designation indicates that the years indicated are calendar, rather than state or federal fiscal years. The cycle is indicated as joint to indicate that, where possible, coalitions will exercise with the whole community. Each of eight target capabilities is color-coded to indicate the year in which the capability will be emphasized. Each exercise includes EOC Management and Information Sharing target capabilities.
- The **State of Alaska Joint Healthcare Multiyear Exercise Schedule**: Upcoming healthcare coalition, hospital, statewide, local/regional, DHSS/DPH staff.

Region	Joint Healthcare Multiyear Rotational Exercise Cycle (CY)				2012-2016					
	2012	2013	2014 ²	2015	2016					
Healthcare Coalitions										
JMEPG (Anchorage)										
SE Alaska										
South Central										
Interior										
Providence										
ANTHC										

Preparedness	Recovery	EOC Coordination	Fatality Management	Information Sharing	Medical Surge	Responder Safety & Health	Volunteer Management
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² Alaska Shield 2014: Statewide Full Scale Exercise, 50th Anniversary of 1964 Earthquake

Region	State of Alaska Joint Healthcare Multiyear Exercise Schedule: Year One												2012	
	Qtr 1			Qtr 2			Qtr 3			Qtr 4				
	J	F	M	A	M	J	J	A	S	O	N	D		
Healthcare Coalitions														
JMEPG								JMEPG FSE						
SE Alaska						SE MMRS Yakutat				HM Mass Cas. Sitka				
										Comms Ketchikan				
										Haz-Mat Sitka				
										Pt. Tracking Petersburg				
										Comms Wrangell				
										Code Silver Sitka				
South Central														
Interior											Mass Vacc Fairbanks			
Providence														
ANTHC										FSE Maniilaq				
										FSE Kotzebue				
TTX			Drill			Functional			Full Scale			Incident/Event		

Local, State, and Other Exercises												
Statewide			Alaska Shield 2012							Forward Patient Movement		
Local/Regional									Fall Storm 2012	FSE Kotzebue	Drill Fairbanks	
								Drill (2) Sitka		FE Sitka	Drill Petersburg	
								TTX Ketchikan		Drill Wrangell		
DHSS/DPH								Fall Storm 2012		Air Liquide	Fed Ex	
							WCFH Call Down		CBRNE EOC	Highway HazMat EOC-Nat.		
AK Respond								Autumn Charge III				
TTX		Drill		Functional			Full Scale		Incident/Event			

State of Alaska Joint Healthcare Multiyear Exercise Schedule: Year Two													2013	
Region	Qtr 1			Qtr 2			Qtr 3			Qtr 4				
	J	F	M	A	M	J	J	A	S	O	N	D		
Healthcare Coalitions														
JMEPG	Concept Planning Coalition	Comms Drill Coalition	Patient Evacuation Coalition	Pt. Evac. Coalition					Comm-Wide Pt. Evac "to curb" Coalition		Pt. Evac "curb to ACS" Coalition			
			FPM Coalition	Comms Coalition										
SE Alaska	Shelter in Place Petersburg	MCI Craig	Airport Wrangell	Pt. Tracking Petersburg	Annual KMC FSE Ketchikan	Forward Patient Movement	SE MMRS FSE Haines	Drill Sitka	Pt. Evac "curb to ACS" Coalition	FE Sitka				
		FSE Wrangell		TTX Wrangell									Drill Sitka	
	Pt. Tracking Wrangell	Interop Comms Petersburg	Forward Pt Movement	Pt. Influx Bartlett				Airport Drill Petersburg					Airport Wheels Up Juneau	FSE Ketchikan
		CBRNE FSE Valdez	FSE Craig	FSE Juneau										
South Central		Incident Command Activation South Pen	Med Surge South Pen		Evacuation South Pen									
Interior		Pediatric Abduction Fairbanks			O ₂ Conc Failure Fairbanks	HazMat Fairbanks	Mass Casualty Fairbanks	Pediatric Abduction		HazMat MCI Fairbanks				
		Forward Pt Movement Fairbanks						H ₂ O Failure						
Providence		Triage Ethics Anchorage	Patient Transfer Regional	Sharing Resources Comms Med Logs	FE Regional	Patient Decompression Regional	Mass Fatality Regional	Surge Providence Extended Care	Surge Seward					
ANTHC		Workshop Kakananak	Airline Crash Barrow	Drill Kakananak		Citywide FSE ANMC		Oil Spill Response Barrow			FSE Kakananak			
			Workshop Dillingham											
TTX		Drill		Functional		Full Scale		Planning/Workshop		Incident/Event				

Region	State of Alaska Joint Healthcare Multiyear Exercise Schedule: Year Two (Continued)												2013
	Qtr 1			Qtr 2			Qtr 3			Qtr 4			
	J	F	M	A	M	J	J	A	S	O	N	D	
Local, State, and Other Exercises (2013, Continued)													
Statewide	Alaska Shield 2014 IPC							AS 2014 MPC/MSEL					
Local/Regional		Basic PIO Skills ANC Workshop Dillingham	Drill Dillingham	FSE Spring Craig	Drill Homer	Drill Fairbanks	FSE Fairbanks	FSE Barrow	FSE Fairbanks	FSE Fairbanks	FSE Dillingham	FSE Dillingham	
		Drill Fairbanks	TTX Homer		Drill 1 Petersburg			FE Anchorage					
		Drill Petersburg	Drill Petersburg		Drill 2 Petersburg			FE Fairbanks					
		FE Wrangell			FE Fairbanks								
		FE Homer											
DHSS/DPH	AS 2014 Fed Partner IPC	Wildland Fire EOC-Nat.	Flood Focus	Rail HazMat EOC-Nat.	Fall Storm EOC-Nat.	Mass Casualty EOC-Nat.	Fixed HazMat EOC-Nat.	AS 2014 MPC/MSEL	CBRNE Bio Focus EOC-Nat.	FPM SE MMRS	Comms AWARN ALMR		
	Closed POD Juneau		DHSS EOC Notification Exercise	FPM Juneau	DHSS EOC Activation				JMEPG Comm-Wide				
	SEOC Liaison Power Gen								DHSS EOC Continuity of Operations				
	MOA Struct. Fire Petersburg MC Evac												
	Wrangell Comms Failure												
	2013 Seasonal Flu												
AK Respond													
TTX		Drill		Functional		Full Scale		Planning/Workshop		Incident/Event			

Region	State of Alaska Joint Healthcare Multiyear Exercise Schedule: Year Three											2014
	Qtr 1			Qtr 2			Qtr 3			Qtr 4		
	J	F	M	A	M	J	J	A	S	O	N	D
Healthcare Coalitions												
JMEPG			Alaska Shield 2014									
SE Alaska			Alaska Shield 2014		Pt. Influx Bartlett							
					FSE Juneau							
South Central												
Interior		Pediatric Abduction Fairbanks	Alaska Shield 2014									
Providence			Alaska Shield 2014									
ANTHC		Cold Weather Barrow	Alaska Shield 2014 FE Kanakanak		TTX Kanakanak				Fire Evacuation Barrow			
Local, State, and Other Exercises												
Statewide	AS 2014 FPC/MSEL		Alaska Shield 2014		TTX Dillingham							
Local/Regional		Drill Barrow	Alaska Shield 2014 FE Dillingham					FE Barrow				
DHSS/DPH	AS 2014 FPC/MSEL		Alaska Shield 2014									
AK Respond			Alaska Shield 2014									
TTX		Drill			Functional			Full Scale			Incident/Event	

Region	State of Alaska Joint Healthcare Multiyear Training Schedule: Year One											2012		
	Qtr 1			Qtr 2			Qtr 3			Qtr 4				
	J	F	M	A	M	J	J	A	S	O	N	D		
Healthcare Coalitions														
JMEPG						DMEP Anchorage				ATR Web Based ATR Practice Data Entry	ATR Web Based	ATR Web Based ATR Ecoding Principles ATR ICD-9-CM Coding Guidelines		
SE Alaska									ATR Practice Data Entry					
South Central									ATR Ecoding Principles					
Interior									ATR Scoring Principles					
Providence									ATR ICD-9-CM Coding Guidelines					
ANTHC														
Local, State, and Other Training														
Statewide						TCCC Anchorage			ACEMS Training Comm		Statewide EMS Symposium			
Local/Regional					Rural Trauma (RTTDC) Kodiak		ICS 300 Anchorage	ICS 300 Fairbanks	JIC USCG Anchorage	Basic PIO Homer	ICS 300 Juneau	Basic PIO Petersburg		
								ICS 300 MSB	ICS 300 MSB	ICS 300 Homer		L550 COOP Anchorage		
DHSS/DPH Staff														
AK Respond														
SMEs/Licensed HC Providers				Advanced Trauma Operative Management (ATOM) \$ San Diego	Advanced Trauma Operative Management (ATOM) \$ San Diego	DMEP Anchorage					Prehospital Trauma Life Support (PHTLS) Anchorage	Advanced Trauma Operative Management (ATOM) \$ San Diego		
						ATLS Fairbanks								
						ATLS Anchorage								
						PHTLS Anchorage								
						ATOM \$ San Diego								
State-Delivery			Local Delivery			Online/Webinar			Training Partner: Classroom			Workshop ■ Seminar ■ Conference		

Region	State of Alaska Joint Healthcare Multiyear Training Schedule: Year Two												2013
	Qtr 1			Qtr 2			Qtr 3			Qtr 4			
	J	F	M	A	M	J	J	A	S	O	N	D	
Healthcare Coalitions													
JMEPG		ATCN FPM Comms TTT		ATLS ATCN	Comms			Comms	ATCN Anch Ped Burn/ Dis.Mgt.ANC			Comms	
SE Alaska	HAM Radio HIPAA Ketchikan	ICS Juneau	InterOpComms Petersburg	ICS Juneau	Volunteer Mgt Petersburg	TCCC Juneau			Ped Burn/ Dis. Mgt. Haines, Valdez, POW				
	ICS Juneau		ICS Juneau	RTTDC Haines, Skagway ATLS Juneau SEREMS	ICS Juneau	TNCC Juneau							
South Central		PHTLS Seward											
Interior			CISM Fairbanks						Ped Burn/ DisMgt.Fbk				
Providence													
ANTHC			Rural Trauma Barrow										
Local, State, and Other Training													
Statewide	L449: ICS TTT Anchorage	MAD/POD	ICS Position Specific Tx	Statewide PrepCon	ACEMS Training Comm.	DSNS Webinar	DSNS Webinar	DSNS Webinar	DSNS Webinar	Statewide PrepCon	Statewide EMS Symposium	DSNS Webinar	
	ACEMS TC	Public Info & Communication	SNS Overview	DisabilitySummit	DSNS Webinar					MAD/POD	Dis. Triage Sim		
	DSNS Webinar	DSNS Webinar		IMATS						PIC	DSNS Webinar		
				SNS Overview DSNS Webinar						DSNS Webinar			
Local/Regional	ICS 400 Anchorage	ICS 300 MSB	ICS 300 Anchorage		Rural Trauma Haines, Skagway ReadyNOW! FNSS Anch								
	ICS 300 Dillingham	ICS 400 MSB	Rural Trauma Barrow										
	ICS 300a USCG JBER	ICS 300 Valdez	ReadyNOW! FNSS Anch										
	Ready NOW!	ReadyNOW!											
DHSS/DPH	ICS 300	Comms TTT	ICS Position Specific Courses	ICS 300	Comms	COP	COP	HAM/AWA RV/ALMR	Mass Care/ Cas. Conf	Med Logs/ ARFs/Pre- Script MAS	DHSS Resource Cap/Support	COP	
	Antibiotic Stewardship MDROs	Switching Chairs	Health Care Providers & Flu Vacc Practices	ICS 400 Flu Vacc AK		RSS Warehouse Staff TX		Menin- gitis	Infection Prevention Conf AK				
AK Respond	PEARS	CDLS	PEARS										
	Hear Me Now?	Ethics	Deployment										
SMEs/License d HC Providers			ASSET \$	Advanced Trauma Operative Management (ATOM) \$	Advanced Trauma Operative Management (ATOM) \$	ASSET \$			Pediatric Burn/ Disaster Mgt.				
			ATOM \$ San Diego			ATOM \$							
						DMEP							
						TCCC							
						TNCC							
State-Delivery		Local Delivery			Online/Webinar			Training Partner: Classroom		Workshop ▪ Seminar ▪ Conference			

State of Alaska Joint Healthcare Multiyear Training Schedule: Year Three													2014	
Region	Qtr 1			Qtr 2			Qtr 3			Qtr 4				
	J	F	M	A	M	J	J	A	S	O	N	D		
Healthcare Coalitions														
JMEPG														
SE Alaska														
South Central														
Interior														
Providence														
ANTHC														
Local, State, and Other Training														
Statewide	ACEMS Train. Comm	DSNS Webinar	MAD/POD	IMATS	DSNS Webinar	DSNS Webinar	DSNS Webinar	DSNS Webinar	DSNS Webinar	DSNS Webinar	MAD/POD	DSNS Webinar	DSNS Webinar	
	DSNS Webinar		PIC	SNS Overview							SNS Overview			DSNS Webinar
			DSNS Webinar	DSNS Webinar							DSNS Webinar			
Local/Regional														
DHSS/DPH														
AK Respond														
SMEs/Licensed HC Providers														
State-Delivery		Local Delivery			Online/Webinar			Training Partner: Classroom			Workshop ▪ Seminar ▪ Conference			

State of Alaska Joint Healthcare Multiyear Outreach Schedule: Year One													2012
Region	Qtr 1			Qtr 2			Qtr 3			Qtr 4			
	J	F	M	A	M	J	J	A	S	O	N	D	
Healthcare Coalitions													
JMEPG										Hospital Preparedness Track at Statewide Preparedness Conference			
SE Alaska													
South Central													
Interior													
Providence													
ANTHC													
Local, State, and Other Outreach													
Statewide									Alaska Fire Conference	FNSS Partners in Disasters			
									NASEMSO	Sheltering Vulnerable Populations Local FNSS Preparedness			
Local/Regional							Vulnerable Populations Barrow	Dis. Prep: Med. Fragile Clients Anc	Dis. Prep: FRA Fairbanks SCERP Unalaska		CCMS Waiver Nurse FNSS Outreach		
DHSS/DPH										Statewide Preparedness Conference			
AK Respond										Statewide Preparedness Conference			
General Public Outreach		Specific Topic Focus			Presentation to SMEs			Workshop ▪ Seminar ▪ Conference			Other		

State of Alaska Joint Healthcare Multiyear Outreach Schedule: Year Two													2013
Region	Qtr 1			Qtr 2			Qtr 3			Qtr 4			
	J	F	M	A	M	J	J	A	S	O	N	D	
Healthcare Coalitions													
JMEPG				WCFH Met. Screen Fam. Outreach Prov Anch									
SE Alaska				SEREMS Symposium									
South Central													
Interior	Trauma Designation Visit	FNSS Workgroup		IREMS Symposium									
Providence													
ANTHC													
Local, State, and Other Outreach													
Statewide	APHA Health Summit	AK Fire Chiefs Assoc. Leadership Summit		Statewide Preparedness Conference	ACEMS Training Comm Fairbanks					Statewide Preparedness Conference	Statewide EMS Symposium		
	ACEMS		EMS Week										
	ACEMS TC		NASEMSO MY										
Local/Regional				IREMS Symposium									
				SEREMS Symposium									
AK Respond													
General Public Outreach		Specific Topic Focus		Presentation to SMEs			Workshop ▪ Seminar ▪ Conference			Other			

Appendix A

Target Capabilities and Capability Functions Public Health Emergency Preparedness

Target Capabilities	Capability Functions
<p>Community Preparedness Core Public Health</p> <p><i>Core public health activities related to community resilience, where local leaders, citizens and families are empowered to mitigate, practiced in responding to events, have social networks to fall back upon, and knowledge of health and medical systems.</i></p>	<p>Determine risks to health of the jurisdiction</p> <p>Build community partnerships</p> <p>Use community organizations to foster health networks</p> <p>Coordinate training/guidance to ensure community engages in preparedness</p>
<p>Community Recovery Response</p> <p><i>Activities related to recovery of PH, medical and mental/behavioral health systems and services, including planning, advocacy, collaboration, and monitoring by health departments and community partners – enabling PH to prepare for alternate delivery and continuity of services and plan for restoration of services.</i></p>	<p>Identify and monitor public health, medical, and mental/behavioral health system recovery needs</p> <p>Coordinate community public health, medical, and mental/behavioral health system recovery operations</p> <p>Implement corrective actions to mitigate damages from future incidents</p>
<p>Emergency Operations Coordination Response</p> <p><i>Direct and coordinate implementation of other public health preparedness capabilities, to make informed, timely, and effective decisions that direct resources and personnel to adaptively address ongoing and evolving health needs arising from emergencies.</i></p>	<p>Conduct preliminary assessment to determine need for public activation</p> <p>Activate public health emergency operations</p> <p>Develop incident response strategy</p> <p>Manage and sustain the PH response</p> <p>Demobilize and evaluate PH emergency operations</p>
<p>Emergency Public Information & Warning Response</p> <p><i>Communications with the public during an emergency with messages that must be developed and disseminated under tight time constraints to facilitate evacuation, sheltering in place, social distancing, and queuing at points of dispensing.</i></p>	<p>Activate the emergency public information system</p> <p>Determine the need for a joint public information system</p> <p>Establish and participate in information system operations</p> <p>Establish avenues for public interaction/info exchange</p> <p>Issue public information, alerts, warnings, and notifications</p>
<p>Fatality Management Pre-incident</p> <p><i>Recovery, handling, identification, transportation, storage and disposal of human remains, certifying cause of death, and facilitating access to mental/behavioral health services. Determining role is critical to capability.</i></p>	<p>Determine role for PH in fatality management</p> <p>Activate PH fatality management operations</p> <p>Assist in collection and dissemination of antemortem data</p> <p>Participate in survivor mental/behavioral health services</p> <p>Participate in fatality processing and storage operations</p>
<p>Information Sharing Pre-incident</p> <p><i>Exchange of information among agencies and key partners to maintain situational awareness for routine activities as well as incidents, so leaders can make timely, informed decisions.</i></p>	<p>Identify stakeholders to be incorporated into info flow</p> <p>Identify and develop rules and data elements for sharing</p> <p>Exchange info to determine common operating picture</p>
<p>Mass Care Pre-incident</p> <p><i>Planning for, responding to, and recovering from a public health incident requiring care for displaced or impacted individuals. Public health involvement in coordinated mass care services in congregate locations ensure health and environmental assessments are conducted; needed public health, medical, and mental/behavioral health services are provided or referred out; and appropriate surveillance is conducted. Reduces risk of communicable disease transmission and ensures functional and access needs of individuals at a congregate location are addressed, including those of children, older adults, and people with disabilities.</i></p>	<p>Determine public health role in mass care operations</p> <p>Determine mass care needs of the impacted population</p> <p>Coordinate PH, medical, and mental/beh. health services</p> <p>Monitor mass care population health</p>

Target Capabilities	Capability Functions
<p>Medical Countermeasure Dispensing and Medical Material Management and Distribution (MCMDD Composite Measure) Pre-incident <i>Ability to receive, stage, store, distribute, and dispense medical countermeasures.</i></p>	<ul style="list-style-type: none"> Identify and initiate MCM dispensing strategies Receive medical countermeasures Activate dispensing modalities Dispense MCM to identified population Report adverse events Direct, activate medical material management/distribution Acquire medical material Maintain updated inventory management/reporting system Establish and maintain security Distribute medical material
<p>Medical Surge Pre-incident <i>Exchange of information among agencies and key partners to maintain situational awareness for routine activities as well as incidents, so leaders can make timely, informed decisions.</i></p>	<ul style="list-style-type: none"> Assess the nature and scope of the incident Support activation of medical surge Support jurisdictional medical surge operations Support demobilization of medical surge operations
<p>Non-Pharmaceutical Interventions (NPI) <i>Ability of health departments, in coordination with their partners, to recommend or implement non-drug and non-vaccine-based containment, mitigation or decontamination strategies to prevent or control disease, injuries, and exposures. NPIs save lives and alleviate the surge of individuals placing demands on the healthcare system during an emergency.</i></p>	<ul style="list-style-type: none"> Engage partners and identify factors that impact NPI Determine non-pharmaceutical interventions Implement non-pharmaceutical interventions Monitor non-pharmaceutical interventions
<p>Public Health Laboratory Testing <i>Public health laboratories rapidly detect and respond to a variety of public health incidents. Laboratory testing performance measures assess routine and other frequent public health laboratory activities.</i></p>	<ul style="list-style-type: none"> Manage laboratory activities Perform sample management Conduct testing and analysis for routine and surge capacity Support public health investigations Report results
<p>Public Health Surveillance and Epidemiological Investigation <i>Surveillance and detection of public health threats; conducting and documenting epidemiological investigations; and the recommendation or implementation of public health control measures. Timely case reporting initiates investigations and recommends interventions, protecting community health. Conducting and documenting investigations with complete reports ensures the incident is appropriately characterized, with results and recommendations that are shared with decision makers.</i></p>	<ul style="list-style-type: none"> Conduct Public Health Surveillance and Detection Conduct Public Health and Epidemiological Investigation Recommend, Monitor, and Analyze Mitigation Actions Improve PH and Epidemiological Investigation Systems
<p>Responder Safety and Health <i>Ability to protect public health agency staff responding to an incident by identifying safety and health risks, providing medical countermeasures and/or personal protective equipment, facilitating risk-specific training, and monitoring responder health. Assures responders are medically fit, appropriately trained, and monitored for potential adverse health effects, if needed.</i></p>	<ul style="list-style-type: none"> Identify responder safety and health risks Identify safety and personal protective needs Coordinate with partners to facilitate risk-specific training Monitor responder safety and health actions
<p>Volunteer Management <i>Volunteer management includes coordinating, notifying, dispatching, and demobilizing volunteers to support a public health agency's response to an incident of public health significance. Public health and medical volunteers enable the public health and healthcare systems to surge and meet the elevated needs of an event or incident and therefore coordinated management is crucial.</i></p>	<ul style="list-style-type: none"> Coordinate volunteers Notify volunteers Organize, assemble, and dispatch volunteers Demobilize volunteers

Target Capabilities and Capability Functions
Hospital Preparedness Program (HPP):
Healthcare Coalition and Healthcare Organization Preparedness

Target Capabilities	Capability Functions
<p>Healthcare Preparedness HPP/PHEP Capability 1</p> <p><i>Healthcare system preparedness is the ability of a community's healthcare system to prepare, respond, and recover from incidents that have a public health and medical impact. Involves coordination with emergency management, public health, mental/behavioral health providers, community and faithbased partners, state, local, and territorial governments to:</i></p> <ul style="list-style-type: none"> ▪ Provide and sustain a tiered, scalable, and flexible approach to response and recovery while not jeopardizing services to individuals in the community ▪ Provide timely monitoring and management of resources ▪ Coordinate allocation of emergency medical care resources ▪ Provide timely and relevant information on the status of the incident and healthcare system to key stakeholders 	Develop, refine, or sustain Healthcare Coalitions
	Coordinate healthcare planning to prepare system for a disaster
	Identify and prioritize essential healthcare assets and services
	Determine gaps in healthcare preparedness and identify resources for mitigation of those gaps
	Coordinate training to assist healthcare responders to develop the necessary skills to respond
	Improve healthcare response capabilities through coordinated exercise and evaluation
	Coordinate with planning for at-risk individuals and those with special medical needs
<p>Healthcare System Recovery HPP/PHEP Capability 2</p> <p><i>Healthcare system recovery involves the collaboration with Emergency Management and other community partners, (e.g., public health, business, and education) to develop efficient processes 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. The focus is an effective and efficient return to normalcy or a new standard of normalcy for the provision of healthcare delivery to the community.</i></p>	Develop recovery processes for the healthcare delivery system
	Assess and notify stakeholders of healthcare delivery status
	Support healthcare response efforts through coordination of resources
	Demobilize and evaluate healthcare operations
<p>Emergency Operations Coordination HPP/PHEP Capability 3</p> <p><i>Ability for healthcare organizations to engage with incident management at the Emergency Operations Center or with on-scene incident management to coordinate information and resource allocation for affected healthcare organizations. Multi-agency coordination representing healthcare organizations or integrating this coordination into plans and protocols guide incident management to make the appropriate decisions. Coordination ensures healthcare organizations, incident management, and the public have relevant and timely information about the status and needs of the healthcare delivery system in the community. This enables healthcare organizations to coordinate their response with that of the community response and according to NIMS.</i></p>	Healthcare organization multi-agency representation and coordination with emergency operations
	Assess and notify stakeholders of healthcare delivery status
	Support healthcare response efforts through coordination of resources
	Demobilize and evaluate healthcare operations
<p>Fatality Management HPP/PHEP Capability 5</p> <p><i>Fatality management is the ability to coordinate with 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 for family members, responders, and survivors of an incident. Coordination also includes the proper and culturally sensitive storage of human remains during periods of increased deaths at healthcare organizations during an incident.</i></p>	Coordinate surges of deaths and human remains at healthcare organizations with community fatality management operations
	Coordinate surges of concerned citizens with community agencies responsible for family assistance
	Mental/behavioral support at the healthcare organization level

Target Capabilities	Capability Functions
<p>Information Sharing HPP/PHEP Capability 6</p> <p><i>Information sharing is the ability to conduct multijurisdictional, multidisciplinary exchange of public health and medical related information and situational awareness between the healthcare system and local, state, Federal, tribal, and territorial levels of government and the private sector. This includes the sharing of healthcare information through routine coordination with the Joint Information System for dissemination to the local, state, and Federal levels of government and the community in preparation for and response to events or incidents of public health and medical significance.</i></p>	<p>Provide healthcare situational awareness that contributes to the incident common operating picture</p> <p>Develop, refine, and sustain redundant, interoperable communication systems</p>
<p>Medical Surge HPP/PHEP Capability 10</p> <p><i>The Medical surge capability is the ability to provide adequate medical evaluation and care during incidents that exceed the limits of the normal medical infrastructure within the community. This encompasses the ability of healthcare organizations to survive an all-hazards incident, and maintain or rapidly recover operations that were compromised.</i></p>	<p>The Healthcare Coalition assists with the coordination of the healthcare organization response during incidents that require medical surge</p> <p>Coordinate integrated healthcare surge operations with pre-hospital Emergency Medical Services (EMS) operations</p> <p>Assist healthcare organizations with surge capacity and capability</p> <p>Develop Crisis Standards of Care guidance</p> <p>Provide assistance to healthcare organizations regarding evacuation and shelter in place operations</p>
<p>Responder Safety and Health HPP/PHEP Capability 14</p> <p><i>Ability of healthcare organizations to protect the safety and health of healthcare workers from a variety of hazards during emergencies and disasters. This includes processes to equip, train, and provide other resources needed to ensure healthcare workers at the highest risk for adverse exposure, illness, and injury are adequately protected from all hazards during response and recovery operations.</i></p>	<p>Assist healthcare organizations with additional pharmaceutical protection for healthcare workers</p> <p>Provide assistance to healthcare organizations with access to additional Personal Protective Equipment (PPE) for healthcare workers during response</p>
<p>Volunteer Management HPP/PHEP Capability 15</p> <p><i>Volunteer management is the ability to coordinate the identification, recruitment, registration, credential verification, training, engagement, and retention of volunteers to support healthcare organizations with the medical preparedness and response to incidents and events.</i></p>	<p>Participate with volunteer planning processes to determine the need for volunteers in healthcare organizations</p> <p>Volunteer notification for healthcare response needs</p> <p>Organization and assignment of volunteers</p> <p>Coordinate the demobilization of volunteers</p>

For more information, go to:

<http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/capabilities.pdf>

Shared PHEP and HPP Target Capabilities and Functions Crosswalk

Target Capabilities		PHEP Functions	HPP Functions
Community Preparedness	Healthcare Preparedness	Determine risks to health of the jurisdiction	Coordinate with planning for at-risk individuals and those with special medical needs
<i>Core public health activities related to community resilience. Local leaders, citizens and families are empowered to mitigate, practiced in responding to events, have available social networks, knowledge of health/medical systems.</i>	<i>Ability of a community's healthcare system to prepare, respond, and recover from incidents that have a public health and medical impact.</i>	Build community partnerships	Develop, refine, or sustain Healthcare Coalitions
		Use community organizations to foster health networks	Coordinate healthcare planning to prepare for disasters
		Coordinate training/guidance re community engages in preparedness	Identify & prioritize essential healthcare assets/services
			Determine healthcare preparedness gaps and resources
National Preparedness Goal Core Capability: Community Resilience			
Community Recovery	Healthcare System Recovery	Identify and monitor public health, medical, and mental/behavioral health system recovery needs	Develop recovery processes for healthcare delivery system
<i>Recovery of PH, medical, mental/behavioral health systems/services (planning, advocacy, collaboration, and monitoring by health departments/community partners), enabling PH to prepare for alternate delivery/continuity of services and service restoration planning.</i>	<i>Collaboration with Emergency Management and other community partners, (e.g., PH, business, education) to develop efficient processes; advocacy for rebuilding of public health, medical, & mental/behavioral health systems to at least pre-incident levels.</i>	Coordinate community public health, medical, and mental/behavioral health system recovery operations	Assess and notify stakeholders of healthcare delivery status
			Support healthcare response efforts through coordination of resources
		Implement corrective actions to mitigate damages from future incidents	Demobilize and evaluate healthcare operations
National Preparedness Goal Core Capabilities: Health and Social Services ■ Public and Private Services/Resources ■ Long-term Vulnerability Reduction			
Emergency Operations Center Coordination		Preliminary assessment to determine activation need	Assess; notify stakeholders of healthcare delivery status
<i>Direct & coordinate implementation of other public health preparedness capabilities, to make informed, timely, and effective decisions that direct resources and personnel to adaptively address ongoing, evolving health needs from emergencies.</i>	<i>Ability for healthcare organizations to engage with incident management at the EOC or on-scene to coordinate information and resource allocation for affected healthcare organizations. Coordinate response with that of the community and across agencies.</i>	Activate public health emergency operations	Healthcare organization multi-agency representation and coordination with emergency operations
		Develop incident response strategy	Support healthcare response efforts through coordination of resources
		Manage and sustain the PH response	
		Demobilize and evaluate PH emergency operations	Demobilize and evaluate healthcare operations
National Preparedness Goal Core Capabilities: Health and Social Services ■ Public and Private Services/Resources ■ Long-term Vulnerability Reduction			
Information Sharing		Identify stakeholders to be incorporated into info flow	Provide healthcare situational awareness that contributes to the incident common operating picture
<i>Exchange of information among agencies and key partners to maintain situational awareness for routine activities as well as incidents, so leaders can make timely, informed decisions.</i>	<i>Multijurisdictional, multidisciplinary exchange of PH/medical information, situational awareness across the HC system, government, & private sector. Coordination with Joint Information System for information dissemination to entities and the community.</i>	Identify and develop rules and data elements for sharing	
		Exchange info to determine common operating picture	
			Develop, refine, and sustain redundant, interoperable communication systems
National Preparedness Goal Core Capability: Information Sharing			

Target Capabilities		PHEP Functions	HPP Functions
Medical Surge		Assess the nature and scope of the incident	Develop Crisis Standards of Care guidance
<i>Exchange of information among agencies and key partners to maintain situational awareness for routine activities as well as incidents, so leaders can make timely, informed decisions.</i>	<i>Provide adequate medical evaluation and care during incidents that exceed limits of normal community medical infrastructure. Maintain or rapidly recover compromised operations.</i>	Support activation of medical surge	Assist HCOs with surge capacity and capability HCC assists with HCO coordination during medical surge
		Support jurisdictional medical surge operations	Assist HCOs with evacuation/shelter in place operations
		Support demobilization of medical surge operations	Coordinate integrated healthcare surge operations with pre-hospital (EMS) operations
		National Preparedness Goal Core Capability: Medical Surge	
Fatality Management		Determine role for PH in fatality management	
<i>Recovery, handling, identification, transportation, storage and disposal of human remains, certifying cause of death, and facilitating access to mental/behavioral health services. Determining role is critical to capability.</i>	<i>Ensure 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 for family members, responders, survivors.</i>	Activate PH fatality management operations	Coordinate surges of deaths and human remains at healthcare organizations with community fatality management operations
		Assist in collection, dissemination of antemortem data	
		Participate in fatality processing and storage operations	Coordinate surges of concerned citizens with community agencies responsible for family assistance
		Participate in survivor mental/behavioral health services	Mental/behavioral support at healthcare organization level
National Preparedness Goal Core Capability: Fatality Management			
Responder Safety and Health		Identify responder safety and health risks	Assist healthcare organizations with additional pharmaceutical protection for healthcare workers
<i>Ability to protect public health agency responders by identifying safety and health risks, providing medical countermeasures and/or personal protective equipment, facilitating risk-specific training, and monitoring responder health. Assures responders are medically fit, appropriately trained, and monitored for potential adverse health effects, if needed.</i>	<i>Protect the safety and health of healthcare workers from a variety of hazards during emergencies and disasters. Includes processes to equip, train, and provide other resources to ensure healthcare workers at highest risk for adverse exposure, illness, and injury are adequately protected from all hazards during response and recovery operations.</i>	Identify safety and personal protective needs	
		Coordinate with partners to facilitate risk-specific training	
		Monitor responder safety and health actions	Provide assistance to healthcare organizations with access to additional Personal Protective Equipment (PPE) for healthcare workers during response
		National Preparedness Goal Core Capability: Fatality Management	
Volunteer Management		Coordinate volunteers	Participate with volunteer planning processes to determine need for volunteers in HCOs
<i>Volunteer management includes coordinating, notifying, dispatching, and demobilizing volunteers to support a public health agency's response to an incident of public health significance.</i>	<i>Coordinate identification, recruitment, registration, credential verification, training, engagement, and retention of volunteers to support HCOs with the medical preparedness and response to incidents and events.</i>	Notify volunteers	Volunteer notification for healthcare response needs
		Organize, assemble, and dispatch volunteers	Organization and assignment of volunteers
		Demobilize volunteers	Coordinate the demobilization of volunteers
		National Preparedness Goal Core Capability: Fatality Management	

Appendix B

Alaska National Incident Management System (NIMS) Compliance

F A C T S H E E T

National Incident Management System (NIMS) Implementation: In accordance with Homeland Security Presidential Directive (HSPD)-5, *Management of Domestic Incidents*, the adoption of NIMS is a requirement to receive Federal preparedness assistance, through grants, contracts, and other activities. All State, Tribal nation, and local government grantees should update their respective NIMSCAST assessments and, if necessary, submit a Corrective Action Plan via NIMSCAST. State technical assistance is available. Please contact the Division of Homeland Security and Emergency Management (DHS&EM) Training Officer, DJ DesJardin, at 1-907-428-7021 or 1-800-478-2337.

Training Requirements: Both small and large communities should complete Independent Study (IS) courses, shown below. These IS courses are available at <http://www.training.fema.gov/IS/crslst.asp>.

Emergency Management Performance Grant (EMPG) funded communities: Defined as complex communities with significant emergency management functions where funding requires specific compliance. EMPG-funded personnel are required to complete the training listed below, along with the *FEMA Professional Development Series*: IS 120, IS 230.a, IS 235.a, IS 240.a, IS 241.a, IS 242.a, IS 244. Personnel shall also participate in no less than three exercises annually.

Alaska-Defined Large Communities: Defined as all communities over approximately 2,000 in population. These communities will have response capabilities and own infrastructure. NIMS Compliance requirements are outlined below.

Alaska-Defined Small Communities: Defined and interpreted as remote and small communities with approximately 2,000 or fewer residents. These communities will not be required to be NIMS Compliant for Disaster Response and Recovery funding. Specific compliance standards are summarized below and addressed in detail on the reverse of this document.

Requirements and Recommendations	Large Communities NIMS Compliance	Small Communities DHS&EM Compliance	EMPG Grant Communities Compliance
Requirements:			
NIMSCAST Compliance	✓		✓
IS 100 – Independent Study	✓	✓	✓
IS 200 – Independent Study			✓
IS 700 – Independent Study	✓	✓	✓
IS 800 – Independent Study			✓
IS 701 – Independent Study	✓		
IS 702 – Independent Study	✓		
IS 703 – Independent Study	✓		
IS 704 – Independent Study	✓		
ICS 300 – Classroom	Per Local ICS Training Strategy		Per Local ICS Training Strategy
Update LCA (Local Capability Assessment)	✓		✓
Develop Training & Exercise Plan	✓		✓
Participate in TEPW	✓		✓
Professional Development Series			✓
Local POC (or EM)		✓	✓
Provide <i>Small Community Emergency Response Plan</i> Contact Information		✓	
<i>Small Community Emergency Response Plan</i> Annual Review		✓	
Utilize ICS Training Strategy	✓	✓	✓
Use Plain English Communication	✓	✓	✓
Recommendations:			
Develop and update Local EOP	✓		✓
Position-Specific EOC Training	✓		✓

State of Alaska
SMALL COMMUNITY NIMS COMPLIANCE STANDARDS
June 2012

What is NIMS?

NIMS stands for the *National Incident Management System (NIMS)*. It was developed so responders can work together using common concepts and language. NIMS makes it simpler for jurisdictions, the State, FEMA, and others to coordinate resources and actions before, during, and after emergencies and disasters.

What NIMS is NOT:

NIMS is NOT a response plan, a communications plan, or useful only for large scale incidents.

NIMS uses a management structure called the *Incident Command System (ICS)*. Every incident has an Incident Commander, who may call for other key positions. Each has a distinct and separate role during an emergency or disaster, but not every event needs every position. For more information on ICS and emergency planning, refer to the *Alaska Emergency Response Guide* at www.ready.alaska.gov/small_communities/ and your community's *Small Community Emergency Response Plan* (if completed).

NIMS Requirements for Small Communities (Approximately 2,000 or fewer residents):

- Designate at least one Point of Contact (POC)** for the Division of Homeland Security and Emergency Management (DHS&EM). Contact DHS&EM at 1-800-478-2337 and ask for the NIMS Coordinator and/or the DHS&EM Planning Small Community Point of Contact for support achieving NIMS requirements.
- Develop an ICS Training Strategy** explaining how first responders, disaster workers, and leaders will work to complete required Independent Study on-line courses listed below and located at <http://www.training.fema.gov/IS/crslst.asp>. Or, have individuals complete these courses:
Paid and volunteer first responders and disaster workers (fire, police, emergency medical services, public health, and public works/utility personnel): **IS 100** and **IS 700**.
Responder team leaders and community leaders: **IS 100**, **IS 200**, **IS 700** and **IS 800**.
- Provide contact and other information** to customize the *Small Community Emergency Response Plan* for your community. For more information, go to www.ready.alaska.gov/smallcommunity/ or contact your DHS&EM POC at 1-800-478-2337.
Consider making a list or resource inventory of local resources for emergency response (fire trucks, police vehicles, ambulances, road graders, back hoes, busses, handheld radios, base stations, cots, blankets, emergency rations, etc.).
- Discuss and review your community's *Small Community Emergency Response Plan*** at least once a year. Pay special attention to evacuation routes and shelter facilities. For more information, contact the DHS&EM POC.
- Use plain English communications** for all public safety operations in your community.

State of Alaska DHS&EM Contacts

DHS&EM State Emergency Operations Center: 1-800-478-2337

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Division of Homeland Security and Emergency Management

July 2012

