EXHIBIT A

PROJECT PERIOD PUBLIC HEALTH EMERGENCY PREPAREDNESS WORKPLAN
FOR
CITIES READINESS INITIATIVE

FY2011 (August 2010 – July 2011)

DEFINITIONS

All Hazards Response Planning - This refers to the systems used to respond and recover from Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE) events, as well as natural disasters. In the case of the CDC Cooperative Agreement, this applies to plans developed to respond to those public health emergencies that use the same systems as would be tested in an event such as SARS or other BT agent.

ENVIRONMENTAL HEALTH RESPONDER - Included in the definition for Public Health Responder

FIRST RESPONDER –Personnel who would be critical in the first phase of response efforts

IMPLEMENTATION - includes all steps necessary to complete the tasks; installation, training, and technical assistance**.**

LONG TERM - The tracking of long-term health consequences to identify trends in physical or mental health resulting from the exposure to Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE) elements during an all-hazards event. The length of tracking would be dependent upon the type of event.

PUBLIC HEALTH - Public health is the effort to protect, promote, maintain and restore a population's health.

PUBLIC HEALTH EMERGENCY - An immediate threat from a naturally occurring or intentional event 1) that poses a high risk of fatalities or serious long-term disability to large numbers of people, and/or 2) where there is substantial risk of public exposure because of a high level of contagion and the particular means of transmission of the infectious agent.

PUBLIC HEALTH PREPAREDNESS - Public health preparedness is the capacity of public health jurisdictions to respond to a public health emergency. The CDC Cooperative Agreement enables public health jurisdictions to upgrade their preparedness and response capacity.

PUBLIC HEALTH FIRST RESPONDER (PHFR) - DOH personnel that are required to deploy in the wake of a public health emergency. Hospital personnel may be considered PHFRs if their activity is aligned to support public health response efforts. However, Emergency Medical Service (EMS) Responders are mostly covered through Department of Homeland Security (DHS).

CDC PREPAREDNESS GOAL 6: CONTROL

Goal: Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health

TARGET CAPABILITY 6E: Mass Prophylaxis	
MEASURE: 1) Adequacy of state and local plans to receive and dispense medical countermeasures as demonstrated through assessment by the Strategic National Stockpile(SNS)/Cities Readiness Initiative(CRI). **Jurisdictional Target: Agency has a passing rating on 100% of all elements and functions based on its most recent Strategic national Stockpile/Cities Readiness Initiative (CRI) assessment**	
CRITICAL TASKS DEFINED IN CDC GUIDANCE	**PERFORMING AGENCY REQUIRED ACTIVITIES**
Ensure that antibiotics can be dispensed to the entire jurisdiction over a 48-hour period.	Continue to develop and augment scalable plans with supporting infrastructure to provide oral medications during an event to the entire population in the Contractor's service area of a MSA within 48 hours. Continue to identify, assess and secure the Point of Dispensing (POD) sites, including sites to employ a Closed or Push POD model. Continue to recruit staff/volunteers to carry out all local SNS functions including POD operations. Continue to orient and train volunteer staff (clinical and non-clinical) for POD operations.

	Continue to coordinate with local law enforcement to assess each site and develop a comprehensive security plan. Develop and/or revise plans to provide prophylaxis through alternate methods to increase population throughput to decrease the burden on PODs. Determine threshold criteria for shifting from a clinical dispensing model to a non-clinical model of dispensing. Conduct a minimum of three POD drills per budget period using the CDC POD Drill Manual. These drills may include any three of the following: staff call-down, site activation, facility set-up, pick-list generation, dispensing, and/or modeling of throughput. Complete reporting requirement metrics required by the Centers for Disease Control and Prevention (CDC) for these drills. For those contractors with service areas identified as comprising (in part or total) the 25% most populous counties within the CRI MSA, conduct at least one of the three drills prior to December 31, 2010. Take actions to achieve the POD standards provided in the Texas SNS Program Manual. Participate in at least one functional or full scale mass prophylaxis dispensing exercise in the CRI metropolitan statistical area each federal performance period. All CRI MSA jurisdictions must participate in this exercise. Submit the resulting exercise data, after action report(s) and improvement plan(s) to DSHS and post all scheduled exercises and documents to the NEXS.

Ensure that jurisdictions within a metropolitan statistical area (MSA) will have coordinated mass prophylaxis activities and health communication messaging across the MSA.	Participate in an annual CDC/DSHS technical assistance review and submit required documentation according to the schedule outlined in the Texas SNS Program Manual. Participate in the Texas Statewide SNS Meeting. Develop and/or revise an SNS plan for the Contractor's service area that outlines areas of integration and coordination between jurisdictions within the MSA to meet the requirement to provide prophylaxis to the entire population within 48-hours. Develop and/or revise tactical communications and public information plans for the Contractor's service area of the MSA.