

EXHIBIT A

PUBLIC HEALTH EMERGENCY PREPAREDNESS WORKPLAN

FOR

**CITIES READINESS INITIATIVE
(PPCPS/CRI)**

Project Period 2011 to 2016

Budget Period 11

August 1, 2011 – July 31, 2012

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.

CRITICAL INFRASTRUCTURE PERSONNEL / FIRST RESPONDER –Personnel who would be critical in the first phase of response efforts as defined in the National Infrastructure Protection Plan 2009.

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 preparedness and response capacity.

CDC Capability 8: Medical Countermeasure Dispensing

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

Demonstrated capability to receive, stage, store, distribute, and dispense materiel during a public health emergency
Evidence-based Benchmark 3 (page 31 of the Funding Opportunity Announcement 6-10-11)

Public health departments must be able to provide countermeasures to 100% of their identified population within 48 hrs. after the decision to do so.

MEASURE:

Medical Countermeasure Dispensing (MCMD) Composite Score

The composite score serves as a collective indicator of preparedness and capability within local/planning jurisdictions, Cities Readiness Initiative Areas, states, directly funded cities, territories, and freely associated states.

1. CRI Measurement in
 - a. Completion of the Local Technical Assistance Review score with a 75 or higher.
 - b. Coordination with DSHS to receive, track, and dispense medical countermeasures via HSEEP exercises and training.
 - c. Submission of accurate, verified metrics through After Action Reviews and Improvement Plans of the 3 SNS drills.
 - d. Participation in 1 full-scale dispensing exercise within the 5 year project period that includes all pertinent personnel from all of the MSA jurisdictions.
 - e. In all of the above, demonstrate compliance with current medical countermeasures and point of dispensing (POD) standards

Functions	Tasks (assess the ability to) / Activities
<p>1) Identify and initiate medical countermeasure dispensing strategies</p> <p>Ensure that medical countermeasures (including vaccines, antiviral drugs, antibiotics, antitoxins, etc.) can be dispensed to 100% of the identified population within 48 hrs. after the decision to do so</p>	<p>Tasks:</p> <p>1) Engage subject matter experts (e.g. epidemiology, laboratory, radiological, chemical, and biological) including federal partners to determine what medical countermeasures are best suited and available for the incidents most likely to occur based on a jurisdictional risk assessment prior to incident occurrence, and if applicable during an incident</p> <p>2) Engage private sector, local, state, regional, and federal partners as appropriate to the incident, to identify and fill required roles prior to an incident, and if applicable during an incident</p> <p>Activities:</p> <p>Continue to develop and augment scalable plans with supporting infrastructure to provide medical countermeasures (including vaccines, antiviral drugs, antibiotics, antitoxins, etc.) during a public health emergency to the jurisdiction's identified population within 48 hours after the decision to do so.</p> <p>Develop and/or revise an SNS plan for the MSA 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.</p> <p>Develop and/or revise plans to provide prophylaxis through alternate methods to increase population throughput to decrease the burden on PODs.</p> <p>Determine threshold criteria for shifting from a medical dispensing</p>

<p>2) Receive medical countermeasures</p> <p>Develop and or maintain site-specific Point of Dispensing (POD) plans for all identified POD sites</p> <p>3) Activate dispensing modalities</p>	<p>model to a non-medical model of dispensing.</p> <p>Take actions to achieve the POD standards provided in the Texas SNS Program Manual per the current Division of Strategic National Stockpile POD standards.</p> <p>Continue to coordinate with local law enforcement to assess each site and develop a comprehensive security plan.</p> <p>Develop and/or revise communications plan for the MSA.</p> <p>Tasks:</p> <ol style="list-style-type: none"> 1) Assess the extent to which current jurisdictional medical countermeasure inventories can meet incident needs 2) Request additional medical countermeasures from private, jurisdictional, and/ or federal partners using established procedures, according to incident need 3) Identify and notify any intermediary distribution sites based on the needs of the incident, if applicable <p>Activities:</p> <p>Continue to identify, assess and secure Point of Dispensing (POD) sites.</p> <p>Tasks:</p> <ol style="list-style-type: none"> 1) Activate dispensing strategies, dispensing sites, dispensing modalities and other approaches, as necessary, to achieve dispensing goals commensurate with the targeted population
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<p>4) Dispense medical countermeasures to identified population</p> <p>This function is associated with the CDC-defined performance measure: Composite performance indicator from the Division of Strategic National Stockpile (DSNS) in CDC’s Office of Public Health Preparedness and Response.</p> <p><u>Note: State jurisdictions are expected to ensure attainment</u></p>	<p>2) Activate staff that will support the dispensing modality in numbers necessary to achieve dispensing goals commensurate with the targeted population</p> <p>3) Implement mechanisms for providing medical countermeasures for providing medical countermeasures for public health responders, critical infrastructure personnel, and their families, if applicable and indicated by the incident</p> <p>4) Initiate site-specific security measures for dispensing locations</p> <p>5) Inform public of dispensing locations, if applicable</p> <p>Activities:</p> <p>Continue to recruit staff/volunteers to carry out all local SNS functions including POD operations.</p> <p>Continue to orient and train volunteer staff (medical and non-medical) for POD operations.</p> <p>Ensure that jurisdictions within a metropolitan statistical area (MSA) have coordinated health communication messaging across the MSA.</p> <p>Tasks:</p> <p>1) Maintain dispensing site inventory management system to track quantity and type of medical countermeasures present at the dispensing site</p> <p>2) Screen and triage individuals to determine which medical countermeasure is appropriate to dispense to individuals if more than one type or subset of medical countermeasure is being provided at the site</p>
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of Tasks 1 through 7 by their local communities. (page 77, *Public Health Preparedness Capabilities: National Standards for State and Local Planning*)

5) Report adverse events

- 3) Distribute pre-printed drug/vaccine information sheets that include instructions on how to report adverse events
- 4) Monitor dispensing site throughput and adjust staffing supplies as needed in order to achieve dispensing goals commensurate with the targeted population
- 5) Document doses of medical countermeasures dispensed, including but not limited to: product name and lot number, date of dispensing, and location of dispensing (e.g.) address and zip code).
- 6) Report aggregate inventory and dispensing information to jurisdictional authorities at least weekly during an incident, but potentially more frequently based on incident needs.
- 7) Determine the disposition of unused medical countermeasures within the jurisdictional health system according to jurisdictional policies.

Tasks:

- 1) Activate mechanism(s) for individuals and healthcare providers to notify health departments about adverse events
- 2) Report adverse event data to jurisdictional and federal entities according to jurisdictional protocols.

Activities:

Develop written plans that include processes and protocols to govern reporting of adverse events per Priority Resource Element 1 for this task.

6) Drills and Exercises

Submit drill supporting documentation by June 8th, 2012

Conduct a minimum of three different POD drills (not the same drill performed three times) during each budget period using the CDC and Texas guidance within each planning/local jurisdiction within each CRI metropolitan statistical area (MSA).

The three required drills may be chosen from any of the eight available drills as indicated on the DSNS Extranet website.

These drills may include any three of the following: staff call down, site activation, facility set-up, pick-list generation, dispensing, resource allocation game, decision-making tool, and/or modeling of throughput. Pick-list generation should not be used in jurisdictions that do not perform the distribution function.

Complete and submit drill reporting requirement data and / or metrics required by the Centers for Disease Control and Prevention (CDC) for these drills to the DSHS Central Office through the Exercise Team of the Preparedness and Coordination Branch of the Community Preparedness Section.

Participate in at least one full scale exercise within the five-year PHEP project period that tests, validates, and demonstrates medical countermeasures dispensing plans. Each CRI MSA dispensing exercise must include pertinent jurisdictional leadership and emergency support function leads, planning and operational staff, and all applicable personnel. Engage other emergency response agencies and/or hospital preparedness programs to develop or leverage existing activities to meet the medical countermeasure dispensing exercise objectives.

<p>7) Technical Assistance Review (TAR)</p>	<p>Submit the resulting exercise data, after action report(s) and improvement plan(s) to DSHS Exercise Team.</p> <p>Participate in an annual CDC/DSHS technical assistance review and submit required documentation according to a coordinated schedule and the guidance outlined in the Texas SNS Program Manual.</p>
<p>8) Meeting Participation</p>	<p>Participate in the Texas Statewide SNS Conference (date and location to be determined)</p>