Appendix 3: Early Warning Infectious Disease Surveillance (EWIDS)

Regionally, the U.S. Border States EWIDS grantees have been participating in international planning and implementation of cross-border infectious disease surveillance and epidemiology activities along the U.S. northern and southern borders by promoting collaborations with Canadian provinces and Mexican states as well as with US tribes straddling the international border with these neighboring countries.

Continentally, the Security and Prosperity Partnership (SPP) of North America supports and facilitates dual bi-national and trilateral initiatives that aim to strengthen international cross-border bio-protection and economic prosperity through health security in the United States, Mexico and Canada.

The preparedness goals, target capabilities and critical tasks of the U.S. Border States EWIDS project can help achieve the following SPP key milestones related to specific epidemiology and surveillance aspects of public health emergencies:

- Plan and launch a workshop on cross-border early warning infectious disease surveillance that would include local, state/provincial and national stakeholders to share solutions to common problems and exchange best practices. (Trilateral),

- Identify and address impediments to information exchanges in the early stages of public health emergencies (Dual Bi-national).

- Explore mechanisms and protocols toward creating early warning infectious disease surveillance systems that are interoperable along and across our shared borders (Dual Bi-national), and

- Plan and test infrastructure for 24/7/365 early warning case reporting (Trilateral),

The SPP-EWIDS trilateral workshop will be useful in bringing together all relevant stakeholders to strengthen coordination and planning regarding common goals and objectives among states/provinces and tri-nationally. This conference could provide information and identify ways in which to take a more unified approach toward collaborative cross-border preparedness and response planning, in the spirit of both the SPP and EWIDS frameworks.

The Department of Health and Human Services, Office of Public Health Emergency Preparedness (DHHS-OPHEP), continues to provide supplemental funds for early detection, identification, reporting and investigation of infectious disease outbreaks.

During this budget year, in recognition of the fact that States sharing a common border with neighboring Canada or Mexico have some natural affinities and common challenges with respect to planning and implementing cross-border surveillance and epidemiological activities, the U.S. Border States Early Warning Infectious Disease Surveillance (EWIDS) project will continue to offer the opportunity for States to submit a regional proposal. This approach, which is strictly voluntary, may be most appealing to States that have already undertaken joint planning activities

either because they share a common border with Canada or Mexico or because they wish to leverage their capabilities and resources as well as U.S. Border States EWIDS funding. Although U.S. Border States EWIDS funds would still be allocated on a State-by-State basis, this approach will capitalize on the synergies created by activities that a number of U.S. Border States have initiated.

States interested in this opportunity must jointly develop a common U.S. Border States EWIDS proposal that would be broader in scope than what each State could submit on its own. Within the proposal, each of the participating States must clearly identify the specific activities for which it would be individually responsible and accountable. In this common proposal, each State would clearly identify a set of activities for which it would assume lead responsibility. There would be minimal duplication of effort among the States and, all four States would be able to benefit from each other's efforts. States that wish to take advantage of this opportunity must each submit a copy of the common proposal that was jointly developed. However, each State should submit its own budget reflecting not only the specific activities for which it would be responsible but also the amount of its U.S. Border States EWIDS funds.

In accordance with their authorizing legislation, U.S. Border States EWIDS funds are intended strictly for the support of surveillance and epidemiology-related activities to address bioterrorism and other outbreaks of infectious diseases. U.S. Border States EWIDS funds are not to be used to support non-infectious disease surveillance or broader border activities in terrorism preparedness. Consequently, these funds may not be used to finance any chemical, radiological, nuclear or other emergency preparedness activities. Moreover, U.S. Border States EWIDS funds cannot be used to supplant surveillance and/or epidemiological activities already supported by other funding sources. However, U.S. Border States EWIDS funds can be used to enhance coordination and integration, with other existing cross-border infectious disease surveillance and epidemiology activities. Furthermore, States and local jurisdictions along the borders may engage in effective collaborations regarding the improvement of early warning infectious disease surveillance capacities and related homeland security strategy and capabilities enhancements. Where appropriate, EWIDS activities should engage, or continue to engage, in detailed coordination/collaboration with homeland security initiatives [i.e. near border Urban Area Security Initiative (UASI) and Metropolitan Medical Response System (MMRS) jurisdictions].

The aim of the U.S. Border States EWIDS project is to enhance coordination among neighboring states along the U.S.- Mexico border, and the U.S.- Canada border to:

1. improve early warning epidemiological surveillance capabilities at the state/province, local and tribal level;

2. strengthen capacity for cross-border detection, reporting and prompt investigation of infectious disease outbreaks;

3. explore mechanisms to create interoperable systems to share surveillance (including laboratory) data; and

4. develop public health workforce to undertake these activities.

Proposed activities must be consistent with the laws and regulations of the United States. The DSLR MIS template provides space for responses to the U.S. Border States EWIDS guidance for eligible recipients. These activities will be updated in the MIS as part of regular progress reports. Recipients may propose to address any of the following critical tasks but are not required to address all of them.

CDC Preparedness Goal 2: PREVENT
Decrease the time needed to classify health events as terrorism or naturally occurring in partnership with other agencies.

2A Target Capability: Intelligence/Information Sharing and Dissemination

Critical Task(s):

1) If not already undertaken, collaborate with Canada or Mexico (as appropriate) to design, develop, and adopt a bi-national surveillance needs assessment tool to be used by public health officials on both sides of the border to identify gaps in the capacity of border jurisdictions to respond to bioterrorism event or infectious disease outbreak. Specific needs assessment studies should focus on availability of expertise, personnel and other resources to carry out epidemiology and surveillance activities essential to cross-border epidemiological investigations and response needs.
2) Work with states and provinces across the international border to develop and agree on a list of notifiable conditions and distinguish between select conditions that require immediate reporting to the public health agency (at a minimum, CDC Category A agents) and conditions for which a delay in reporting is acceptable. For those where a delay is acceptable, describe time frames for notification.
3) Develop or improve infectious disease surveillance in a uniform manner along and across the international border by establishing a network of hospitals, clinics, epidemiologists and laboratories to conduct active sentinel surveillance for emerging infectious diseases and syndromes such as SARS, West Nile Virus, and fever and rash syndromes
4) Continue to develop and evaluate sentinel/syndromic surveillance programs in border hospitals and clinics to rapidly detect (a) influenza-like illness (ILI) and distinguish possible bioterrorism-caused illness from other causes of ILI and (b) severe acute vesicular rash syndromes resembling smallpox and other febrile exanthemas to distinguish possible bioterrorism-caused illness from other causes and assist in case definition through specific clinical entry criteria and differential diagnosis.
5) Continue to engage federally recognized tribes along the international border in your state in cross-border infectious disease surveillance activities through mutual aid compacts, memoranda of understanding, and/or agreements. Where appropriate, include local binational health councils and/or Indian Tribes/Native American organizations in bioterrorism surveillance activities.

6) Assess the timeliness and completeness of your reportable disease surveillance system at least once a year for detecting and reporting outbreaks of infectious diseases in the border region.
7) Formulate, develop and, when feasible, test a bi-national 24/7 infectious disease reporting plan that extends its coverage area to jurisdictions on both sides of the border. State, provincial and/or priority local/tribal public health agencies develop/implement a cross-border early event detection system that:
   - receives immediately notifiable condition and emergent public health threat reports 24/7/365
   - immediately notify the agency-designated public health professional 24/7/365
   - have the agency-designated public health professional promptly respond to immediately notifiable condition or emergency public health threat reports 24/7/365
   - receive reportable disease reports 24/7/365
8) Conduct joint, cross-border assessments of information technology capabilities essential to infectious disease surveillance.
9) Collaborate with public health officials in border jurisdictions to identify how infectious disease outbreak information can be most rapidly and effectively shared across the border. Together, border jurisdictions should explore the interoperability of information technology systems, i.e., the ability of different types of computers, networks, operating systems, and applications to work together effectively. Jurisdictions on both sides of the border should work towards ensuring the connectivity and interoperability, both vertically and horizontally, of their surveillance and epidemiology relevant information technology (IT) systems.
10) Working with jurisdictions across the border, establish a secure, Web-based communications system that provides for rapid and accurate reporting and discussion of disease outbreaks and other acute health events that might suggest bioterrorism. Include provision for routine communications (e.g., Web, e-mail) and contingency plans for communication systems' failure and alert capacity for emergency notification (e.g., phone, pager) of key staff of counterpart agency across the border.
11) Work with states, tribes and provinces along the international border to help train personnel regarding notifiable diseases, conditions, syndromes and their clinical presentations, and reporting requirements and procedures, including those conditions and syndromes that could indicate a bioterrorist event.
12) Conduct joint infectious disease surveillance exercises involving a broad range of appropriate participants from both sides of the international border. This exercise should involve not only border health departments but, where feasible, local hospitals, tribal and Public Health Service health facilities, hospital laboratories, major community health care institutions, emergency response agencies, and public safety agencies in order to respond in a coordinated manner.

CDC Preparedness Goal 3: DETECT/REPORT
Decrease the time needed to detect and report chemical, biological, radiological agents in tissue, food, or environmental samples that cause threats to the public's health.

3A Target Capability: Public Health Laboratory Testing

Critical Task(s):

1) If not already undertaken, survey and assess the surveillance and laboratory capacity on each side of the international border including those of any tribes located within states that share an international border and the connectivity among these laboratories with a view towards (a) identifying and addressing needs or gaps with respect to their consistency or uniformity of testing standards, notification protocols, and laboratory-based surveillance data exchange practices and (b) developing bi-national, regional laboratory response capabilities.
2) Improve cross-border, electronic sharing of laboratory information with public health officials and other partners in neighboring jurisdictions (to facilitate the rapid formulation of an appropriate response to and control of the outbreak). Specific objectives are for jurisdictions on both sides of the international border to: (1) coordinate availability of and access to laboratories with appropriate expertise 24/7/365, and (2) test clinical specimens, food samples, and environmental samples for **biological agents** that could be used for terrorism.
3) Develop and maintain a database of all sentinel/clinical labs in grantee's border region that includes name, contact information, Bio-Safety Level, certification status, and whether they are part of an information-sharing network. The database should also include the names and contact information for reference labs used by the sentinel/clinical labs in the border region.
4) In coordination with local public health agencies on both sides of the border, apply information technology to develop or enhance electronic disease surveillance, including electronic disease reporting from clinical and public health laboratories and linkage of laboratory results to case report information.
5) Partner with Schools of Public Health and/or CDC's Centers for Public Health Preparedness to develop binational training activities to enable border health professionals in the U.S., Canada and Mexico to receive introductory or advanced training jointly with their U.S. counterparts in surveillance, epidemiology, laboratory methods and information technologies that are relevant to the detection, reporting and investigation of infectious disease outbreaks.

CDC Preparedness Goal 5: INVESTIGATE

Decrease the time to identify causes, risk factors, and appropriate interventions for those affected by threats to the public's health.

5A Target Capability: Epidemiological Surveillance and Investigation

Critical Task(s):

1) Develop the capability to undertake joint epidemiological investigations of infectious disease outbreaks along the international border. Such capability should include the ability to jointly:
   - assess the seriousness of the threat and rapidly mobilize in response to an emergency
   - investigate to identify causes, risk factors, and appropriate interventions
   - coordinate the tracking of victims, cases, contacts, exposures, prophylaxes, treatments, and patient disposition.
   - contribute information directly to the public, including special populations, that explains and informs about risk and appropriate courses of action.
2) Continue to convene binational surveillance and epidemiology planning workshops to discuss and plan cross-border surveillance and/or epidemiology related activities. Such activities should, where feasible, involve a collaborative and regional approach with neighboring US border states, appropriate tribal nations as well as Mexico or Canada (as appropriate).

3) Conduct capable field epidemiologic investigations, rapid needs assessments, exposure assessments, and response.

Appendix 4: Cities Readiness Initiative (CRI) Guidance

Introduction:

Since 1999, the Federal government has expended significant effort and resources to enhance the safety of Americans through the development of the Strategic National Stockpile (SNS). As part of this effort, the Centers for Disease Control and Prevention (CDC) has worked directly with state and local officials to develop receipt, distribution and dispensing plans and capabilities for providing stockpile items to citizens down to the local level. The initial focus and efforts have been primarily at the state level. As a natural next step and in an effort to leverage the concepts found in the Homeland Security Presidential Directive (HSPD) 5, the National Incident Management System (NIMS), and the National Response Plan (NRP), CDC is expanding its practice of working with states and other eligible jurisdictions toward ensuring a thoroughly integrated local, State, and where necessary, federal response to a bioterrorism event. The first part of this next step is to increase and enhance readiness of selected cities, in collaboration with State, federal, and private sector partners, to make full and effective use of SNS assets in the event of a public health catastrophe or act of terrorism for which the SNS can provide applicable countermeasures. A worst case scenario would be a bioterrorism attack over a large geographic area with an agent such as *Bacillus anthracis*, the organism that causes anthrax. In this case, antibiotics must reach the identified population within 24 - 48 hours to have the greatest life-saving effect. While great strides have been made in recent years, few localities are fully prepared to distribute and dispense SNS assets in this timeframe.

To this end, CDC will continue the CRI initiative that began in (FY) 2004 to provide special funding targeted to 36 selected metropolitan statistical areas (MSAs). Additional funding is also being provided to conduct the next phase of 36 CRI MSAs. This addition will induct a National Cities Readiness Initiative focus for (FY) 2007. Every state will have at least one CRI jurisdiction. This document is provided to assist grantees in developing applications for budget year seven (August 31, 2006 - August 30, 2007) of a project period that begins August 31, 2006.

The identification of MSAs was employed to assist in the funding allocation. The CRI funding does not require the establishment of a MSA plan. Instead, jurisdictions within the MSA are expected to continue with their existing mass prophylaxis planning structure and coordinate across the MSA.

To ensure that all preparedness activities are coordinated and integrated at the state, regional, and local levels, recipients should address recipient activities that relate to the CDC cooperative agreement within the existing framework of goals, outcomes, tasks and measures required for a response to bioterrorism and other public health emergencies.

The jurisdictions eligible for this targeted continued funding for the CRI are listed in Table I:

TABLE I—Existing CRI Recipients

Grantee	CRI City	MSA/CRI Jurisdiction (Only the largest cities are listed. This list does not include the entire geographical area)
Arizona	Phoenix	Phoenix-Mesa-Scottsdale, AZ
California	Riverside	Riverside-San Bernardino-Ontario, CA
California	Sacramento	Sacramento-Arden-Arcade-Roseville, CA
California	San Diego	San Diego-Carlsbad-San Marcos, CA
California	San Francisco	San Francisco-Oakland-Fremont, CA
California	San Jose	San Jose-Sunnyvale-Santa Clara,CA
Chicago	Chicago	Chicago-Naperville-Joliet, IL-IN-WI
Colorado	Denver	Denver-Aurora, CO
Delaware	Philadelphia	Philadelphia-Camden-Wilmington, PA-NJ-DE
Florida	Miami	Miami-Miami Beach-Ft Lauderdale, FL
Florida	Orlando	Orlando, FL
Florida	Tampa	Tampa-St. Petersburg-Clearwater, CA
Georgia	Atlanta	Atlanta-Sandy Springs-Marietta, GA
Illinois	Chicago	Chicago-Naperville-Joliet, IL-IN-WI
Indiana	Indianapolis	Indianapolis, IN
Los Angeles	Los Angeles	Los Angeles-Long Beach-Santa Ana, CA
Maryland	Baltimore	Baltimore-Towson, MD
Maryland	Washington D.C	Washington-Arlington-Alexandria, DC-VA-MD
Massachusetts	Boston	Boston-Quincy, MA
Michigan	Detroit	Detroit-Warren-Livonia, MI
Minnesota	Minneapolis	Minneapolis-St. Paul-Bloomington, MN
Missouri	St. Louis	St Louis, MO-IL
Missouri	Kansas City	Kansas City, MO-KS
Nevada	Las Vegas	Las Vegas-Paradise, NV
New York City	New York City	New York-Northern New Jersey-Long Island, NY-NJ-PA
Ohio	Cincinnati	Cincinnati-Middletown, OH-KY-IN
Ohio	Cleveland	Cleveland-Elyria-Mentor, OH
Ohio	Columbus	Columbus, OH
Oregon	Portland	Portland-Vancouver-Beaverton, OR-WA
Pennsylvania	Philadelphia	Philadelphia-Camden-Wilmington, PA-NJ-DE
Pennsylvania	Pittsburgh	Pittsburgh, PA
Rhode Island	Providence	Providence-New Bedford-Fall River, RI-MA
Texas	Dallas	Dallas-Fort Worth-Arlington, TX
Texas	Houston	Houston-Baytown-Sugar Land, TX
Texas	San Antonio	San Antonio, TX
Virginia	Virginia Beach	Virginia Beach-Norfolk-Newport News, VA-NC
Virginia	Washington D.C	Washington-Arlington-Alexandria, DC-VA-MD
Washington	Seattle	Seattle-Tacoma-Bellevue, WA
Washington D.C	Washington D.C	Washington-Arlington-Alexandria, DC-VA-MD
Wisconsin	Milwaukee	Milwaukee-Waukesha-West Allis, WI

The new jurisdictions eligible for funding to be included in CRI are listed in Table II:

TABLE II—New CRI Recipients

Grantee	CRI City	MSA/CRI Jurisdiction Title (Only the largest cities are listed. This list does not include the entire geographical area)
Alabama	Birmingham	Birmingham-Hoover, AL
Alaska	Anchorage	Anchorage, AK
Arkansas	Little Rock	Little Rock-North Little Rock, AR
California	Fresno	Fresno, CA
Connecticut	Hartford	Hartford-West Hartford-East Hartford, CT
Connecticut	New Haven	New Haven-Milford, CT
Delaware	Dover	Dover, DE
Hawaii	Honolulu	Honolulu, HI
Idaho	Boise	Boise City-Nampa, ID
Illinois	Peoria	Peoria, IL
Iowa	Des Moines	Des Moines, IA
Kansas	Wichita	Wichita, KS
Kentucky	Louisville	Louisville, KY-IN
Louisiana	New Orleans	New Orleans-Metairie-Kenner, LA
Louisiana	Baton Rouge	Baton Rouge, LA
Maine	Portland	Portland-South Portland-Biddeford, ME
Mississippi	Jackson	Jackson, MS
Montana	Billings	Billings, MT
Nebraska	Omaha	Omaha-Council Bluffs, NE-IA
New Hampshire	Manchester	Manchester-Nashua, NH
New Jersey	Trenton	Trenton-Ewing, NJ
New Mexico	Albuquerque	Albuquerque, NM
New York	Buffalo	Buffalo-Niagara Falls, NY
New York	Albany	Albany-Schenectady-Troy, NY
North Carolina	Charlotte	Charlotte-Gastonia-Concord, NC-SC
North Dakota	Fargo	Fargo, ND-MN
Oklahoma	Oklahoma City	Oklahoma City, OK
South Carolina	Columbia	Columbia, SC
South Dakota	Sioux Falls	Sioux Falls, SD
Tennessee	Nashville	Nashville-Davidson--Murfreesboro, TN
Tennessee	Memphis	Memphis, TN-MS-AR
Utah	Salt Lake City	Salt Lake City, UT
Vermont	Burlington	Burlington-South Burlington, VT
Virginia	Richmond	Richmond, VA
West Virginia	Charleston	Charleston, WV
Wyoming	Cheyenne	Cheyenne, WY

Expected Program Activities:
The primary goal of the Cities Readiness Initiative is to minimize the loss of lives during a catastrophic public health emergency by providing needed drugs to 100% of a city's identified population within a 48 hour time frame.

CRI Objectives:

1. Create and sustain the capacity to provide antibiotics to the MSA's entire population within 48 hours of the decision to do so.
2. Integrate command and control of state and local emergency operations systems to allow for effective communications
3. Institute a public information system to direct, mobilize and continually inform the public about mass antibiotic dispensing
4. Ensure security measures to protect people, locations and critical assets involved in the distribution and dispensing of antibiotics

Additional Activities for TABLE I - Existing CRI Recipients

- Continue to develop and augment your scalable plans with supporting infrastructure so that these selected MSAs are prepared to provide oral medications during an event to their entire population within 48 hours.
    - Identify points of dispensing (PODs) sites to accommodate the provision of antibiotics to the affected population
    - Recruit volunteer staff for POD operations and populate the appropriate volunteer registry (Medical Reserve Corps, Community Emergency Response Teams, etc.)
    - Orient and train volunteer staff (clinical and non-clinical) for POD operations. Training could included pre-event and/or just-in-time tools
    - Conduct POD site surveys to ensure suitability of facilities in supporting POD operations. Operational Manuals should be developed specific to each POD site.
    - Coordinate with state and local law enforcement to develop a comprehensive security plan
    - Coordinate with jurisdictions across the MSA to ensure consistent health communication messaging and dissemination of public information
- Develop plans to provide prophylaxis through alternate methods to increase population throughput to decrease the burden on PODs
    - Examples include: Drive-thru POD, company prophylaxis, mobile mass prophylaxis teams
    - Determine threshold criteria for shifting from a clinical dispensing model to a non-clinical model of dispensing.
- Develop a plan in conjunction with the United States Postal Service (USPS) to deploy elements of the jurisdiction's USPS to complement the POD strategy with the delivery of antibiotics to residences (Exceptions to this requirement may be granted by the Division of Strategic National Stockpile in collaboration with the Centers for Disease Control and the Department of Health and Human Services).
- Assemble state SNS and local CRI planners to convene periodic CRI meetings to enable participants to engage in the exchange of CRI information, update SNS plans, educate and train volunteers, and network to improve CRI program success.

Additional Activities for TABLE II - New CRI Recipients

- Develop plans with supporting infrastructure by following the same guidance as listed above in TABLE I – CRI cities with the exception of USPS planning.
- Participate in an initial executive briefing via satellite broadcast or webcast. (The purpose of this briefing is to provide an understanding of the CRI and its mission to the appropriate staff of all involved agencies and offices within the state, city, and county and will be offered early during the budget year.)

Program Content:

Recipients should continue to coordinate planning and program implementation activities to ensure that state and local health departments, hospitals, other health care entities, and state and local public safety and emergency management agencies are able to mount a collective response featuring seamless interaction of their event-specific capabilities in the following areas:

• Dispensing of Oral Medications at the PODs
• Providing Oral Medications to First Responders & Critical Infrastructure Personnel
• Public Information and Communications
• Distribution of Medical Materiel to Healthcare Facilities
• Tactical Communications between Command and Control Elements

Application Guidelines:

Please respond to the following recipient activities for the eligible cities using the DSLR Management Information System.

TABLE I Cities

1. Summarize progress on SNS activities over the last year. This should include updates on items 2 and 3 below.
2. Summarize the current status of plans for antibiotic distribution within the designated city – indicating the number of Points of Dispensing (PODs) that the city is able to establish, the number of personnel (paid staff and volunteers) that are likely to be available for this purpose, and the estimated number of individuals to whom the PODs can provide antibiotic prophylaxis over a 48-hour period.
3. Describe actions that will be taken over the next budget year to ensure that antibiotics can be dispensed to the entire jurisdiction over a 48-hour period. Included in these actions are non traditional PODs including the postal plan or other local option developed to meet the 48-hour deadline.
    a. Please note: HHS and USPS have made the joint policy decision to pause all CRI cities working through Postal Plan programmatic development at the Strategic Security Plan (SSP) approval milestone – the step prior to actual program implementation - until a new Memorandum of Understanding (MOU) has been devised between the agencies and a CRI Postal Plan development pilot in Seattle WA has been conducted. While HHS and USPS recognize and appreciate the hard work put forth to date by existing CRI awardees that have already engaged the Postal Service, Postal volunteer solicitation and detailed planning cannot be formally initiated until the Seattle pilot is underway, the timeline for which is still

to be determined based on the completion of the new interagency agreement establishing complementary Federal roles and responsibilities. HHS Office of Public Health Emergency Preparedness (OPHEP) has agreed to take the owner/administrator role for Postal Plan safety support and is in the process of balancing that mission with the aims of its Home MedKit Evaluation in St. Louis.

Those CRI cities exploring the Postal Plan modality who have not yet submitted an SSP for Federal review are encouraged to continue their efforts in analyzing their operational objectives for the Postal Plan and determining baseline security requirements and coverage; questions and/or requests for clarification should be made through respective CDC SNS Program Preparedness Branch and USPS HQ Program Support Team contacts. For those new to the Postal programmatic planning process, SNS PPB SME can provide greater insight and assist them in engaging the Postal Service's national program office once certain preliminary information has been forwarded. Postal modality must be planned in accordance with USPS Planning Instructional and the DHS/HHS/USPS MOA, copies of which are available through the SNS PPB SMEs.

b. Please note: The USPS, depending on the nature of its operational structure in a particular area, may have to plan on a MSA-wide basis as opposed to targeted plans with individual jurisdictions within that MSA, or may have to plan on a state to state basis for MSAs that cross state boundaries, and thus will depend in these cases on the state(s) to coordinate regional response planning between USPS and regional public health and emergency management entities.

4. Describe actions that will be taken over the next budget year to ensure that jurisdictions within an MSA will have coordinated mass prophylaxis activities and health communication messaging across the MSA.

TABLE II CRI Cities

Identify the staff that will be the points of contact for this initiative and provided information for the second activity above.

All recipients must provide a budget using the DSLR MIS indicating how the applicant proposes to use the targeted funds. CDC will work with the grantee during the course of the budget period to facilitate rebudgeting should the findings from successive applications of the SNS Assessment Tools warrant such changes.

Program Outcome:

The Cities Readiness Initiative is designed to significantly improve the operational capability of 72 large metropolitan areas to receive, distribute and dispense SNS assets. Each designated city should be able, in the wake of a bioterrorism event for which antibiotics are an appropriate countermeasure, to provide such prophylaxis to the entire population within 48 hours of the time of the decision to do so.

For the Table I CRI Cities, the local SNS plan should be designed so that it can accommodate an influx of federal government assets – particularly the United States Postal Service – in an event where the combined assets of the city and State are likely to be inadequate to dispense the antibiotics in sufficient time to protect their citizens.

Critical Capacities and Measurment:
Each of the planning jurisdictions included in the 72 MSA/CRI jurisdictions will be assessed on the below listed critical tasks except when the critical capacity resides at the State.

TABLE I Existing CRI Recipients
To familiarize state staff on the CRI assessment process, the DSNS SME and the state SNS Coordinator will conduct joint assessments of 25% (rounded up) of the existing planning jurisdictions (i.e. City, County, Region) within each MSA/CRI jurisdiction. The most populated jurisdictions will be prioritized. To assist in the assessment process, the state is required to conduct assessments on all MSA/CRI jurisdictions within 90 days of the last joint DSNS/State assessment and report findings to the DSNS SME. In consultation with the State, DSNS will select random jurisdictions to validate the state assessment findings.

TABLE II New CRI Recipients
An initial assessment of the most populated jurisdiction within each MSA will be conducted within 3 months of the executive briefing. It will be conducted jointly by the by the DSNS SME and state staff to provide a baseline.
Following the baseline assessment, the assessment schedule for the TABLE II cities will follow the schedule outlined above in the TABLE I Cities.

The Critical Capacities and essential SNS functions are as follows:

1. Developing an SNS Plan
2. Command and Control.
3. Requesting SNS Assets.
4. Management of SNS Operations.
5. Tactical Communication.
6. Public Information.
7. Security Support.
8. Receipt, Staging and Storing SNS Assets.
9. Repackaging
10. Controlling SNS Inventory.
11. Dispensing Oral Medications.
13. Treatment Center Coordination.
14. Train, Exercise and Evaluate.

For more information on these functional areas, refer to the SNS Assessment Tool and the Receiving, Distributing and Dispensing Strategic National Stockpile Assets: A Guide for Preparedness - Version 10.(Draft) June 2005

Program Budget:

In those cases where the state is the awardee, the majority of funds must be forwarded to the cities and other selected MSA health agencies identified in TABLE I and II.. States will have a coordinating role and must participate in the CRI activities with local jurisdictions. States should budget funds so that they can perform those functions. Targeted funds may be allocated by the recipient cities within their own jurisdiction and, as appropriate, within adjacent jurisdictions that make up the metropolitan area for staff, fringe benefits, travel, training, supplies, call down equipment, contracts [including distribution (if needed), training, public information, and dispensing exercising], and Point of Distribution equipment (computers, printers, signage, communications, etc.). States must provide detailed descriptions of the funding going to local areas for CRI in their budget.

Inventory tracking software, vehicles, medications and medical supplies for use on the general population may not be purchased with these funds. Prophylaxis for health department first responders and their families is acceptable with the approval of the Division of State and Local Response – Project Officer in collaboration with the Division of Strategic National Stockpile – Subject Matter Expert.

It is important that equipment purchased under this priority is interoperable with equipment purchased with funds from DHS State Homeland Security Grant Program (SHSGP) for first responders.

Appendix 5: Centers for Public Health Preparedness (CPHP) Program

The following information has been provided to assist Grantees in utilizing academic resources in Centers for Public Health Preparedness.

Background

The Centers for Public Health Preparedness (CPHP) program was initiated in 2000 to strengthen terrorism and emergency preparedness by linking academic expertise to state and local health agency needs. This unique program brings together fifty-two community colleges, colleges, and universities with a common focus on public health preparedness to establish a national network of education and training resources. CPHPs work in close collaboration with state and local health agencies to develop, deliver, and evaluate preparedness education based on community need for public health workers, healthcare providers, students, and others.

Program Goals

The five-year CPHP Program goals are to:

1. Strengthen public health workforce readiness through implementation of programs for life-long learning;
2. Strengthen capacity at State and local levels for terrorism preparedness and emergency public health response; and,
3. Develop a network of academic-based programs contributing to national terrorism preparedness and emergency response, by sharing expertise and resources across State and local jurisdictions.

Program Priorities

Based on the availability of funds and CDC strategic imperatives, key priorities for 2005-2006 CPHP activities are to:

1. Collaborate with health care and public health agencies across the nation to help them meet preparedness education and learning needs;
2. Maximize outreach of existing preparedness materials; and,
3. Enhance the evidence base for effective preparedness education.

Program Activities

CPHP Program activities are categorized into three distinct areas as follows:

Education and Training Activities

The primary focus of CPHP program activities is the delivery of education, training, and dissemination of new information related to enhancing emergency preparedness and response. Preparedness education activities may be either partner-requested based on a community need, or academic or university student-focused. Examples of these activities include: courses, train-the-trainer programs, conferences, workshops, preparedness curriculum development, internships, and training exercises/drills.

- Partner-requested Activities (Other than Education / Training)
  State and local agency partners and the CPHP mutually identify needs other than education or training that can be met based on CPHP qualifications, expertise, and resources available to commit to the specific activity. Examples of this type of activity include: exercises or drills to assess participants' knowledge, skills, and abilities to respond; assistance with measuring key performance indicators of public health preparedness; and ongoing assessment of workforce education and training needs.

- Supportive Activities
  Supportive activities are activities needed for general support of preparedness education, outreach, partnerships, and CPHP program evaluation. Other examples of activities include: ongoing enhancement of resources for education or information dissemination; publications; convening state and local preparedness partners for on-going planning; and maintenance of learning management systems.

Network Activities

- Collaboration Group Activities
  The purpose of the CPHP collaboration group activities is to enhance collaboration across the CPHP Network and with CDC, to minimize duplication in development of materials, and to maximize outreach of existing resources. The collaborative groups are comprised of CPHP faculty experts and one or two CDC Staff Experts as needed. Groups are convened based on similar work, interest, and expertise related to preparedness topics, education methods, or audiences. A staff member from the Association of Schools of Public Health (ASPH) coordinates each group and provides critical logistical support to ensure successful collaboration (i.e. meeting schedules, conference call set-up, minutes, etc).

  Two types of collaboration group activities occurred during the 2004-2005 program year – Exemplar Groups and Short-term Collaboration groups. For the 2005-2006 program year, there are twenty Collaboration Groups and each CPHP is required to participate in at least one.

- Resource Center
  To maximize outreach of all CPHP-developed preparedness education materials CDC and the Association of Schools of Public Heath (ASPH) have developed an online CPHP Resource Center, http://www.asph.org/acphp/phprc.cfm. Available via the Internet, the Resource Center provides users with access to CPHP-developed educational programs, course materials, slide notes, etc., for adoption and/or adaptation by CPHP program participants and their partners.

- Preparedness Education Calendar
  ASPH provides users with an up-to-date Preparedness Education Calendar, http://www.asph.org/acphp/educationCalendar.cfm. This calendar lists preparedness

training and education-related conferences, institutes, and other scheduled educational offerings, offered by CPHPs, and open for enrollment.

- National Public Health Preparedness Referral Service
  ASPH provides a free emergency preparedness and response to match preparedness needs of state and local health agencies and national organizations with available expertise, trainings and other useful services found within the CPHPs. This service is available at the following website: http://www.asph.org/acphp/expertises/search.cfm,

Appendix 6 Direct Assistance
Direct Assistance

Funding awarded through direct assistance is part of the total award, not an addition to the award. Direct assistance funds MUST be used in the federal Fiscal Year (FY) in which they are appropriated. Personnel funded through direct assistance may be split between two federal fiscal years. For example, a career epidemiology field officer hired through direct assistance may be funded from August 31-September 30, 2006, with FY06 funding provided with this award and from October 1-August 30, 2007, with FY07 funding.

Direct Assistance (Contracts and Task Orders):

a. To obligate Direct Assistance funds in an amount of less than $100,000, each applicant must submit a Performance-based Statement of Work (see below) for each contract or task order supported by Direct Assistance Funding.

b. To obligate Direct Assistance funds in an amount greater than $100,000 but less than $500,000, each applicant must submit the following items for each contract or task order supported by Direct Assistance funding:

- **Performance-based Statement of Work**: The Division of State and Local Readiness has a variety of Statement of Work templates available to any applicant upon request. Although a performance-based Statement of Work is tailored to the specifics of each project, it should contain these common elements:

    - Background - general, non-technical terms and explains why the acquisition is required; its relationship to past, current, or future projects; summary of statutory and applicable program authorities and regulations.

    - Project Objective – a succinct statement of the purpose of the acquisition, outlining expected results and anticipated benefits.

    - Scope of Work – an overall, non-technical description of the work to be performed that expands upon project objectives, while avoiding going into all of the details required; identifies and summarizes various phases of the project; and defines limits in terms of specific objectives, time, special provisions, or limitations. The Scope of Work must be consistent with the requirements.

    - Detailed Technical Requirements – clearly and precisely describes the work in terms of what is to be the required output rather than either how the work will be accomplished or the number of hours to be provided; provides requirements that do not limit a contractor to providing a specific product or service, rather the contractor is provided with the objectives to be accomplished, the end goal, or the desired achievement, including all pertinent information needed for a contractor or vendor to submit a proposal; identifies any budgetary, environmental, or other constraints; clearly and firmly defines the criteria for acceptance for all end

supplies or deliverables associated with the contract. Statement of Work places maximum responsibility for performance on the contractor as the contractor is being hired based upon his/her expertise and ability to perform the performance-oriented requirements.

- Reporting Schedule – specifies how the contractor shows that he/she has fulfilled all obligations; clearly identifies the performance-based criteria to be used by the Government for acceptance; define the mechanism by which the contractor can demonstrate progress and compliance with the requirements, and presents any problems it may have encountered. The preparation and submission of technical and financial progress reports on a timely basis reflect on a contractor's efforts to certify satisfactory progress. Specific requirements to submit periodic financial and technical progress reports, to include format and templates will be provided by the Division of State and Local Readiness.

- Special Consideration – Include all and any information that does not fit into one of the other sections of the Statement of Work.

- References – Provide a detailed list and description of any studies, reports, and other data referred to elsewhere in the Statement of Work.

- **Independent Government Cost Estimate:** The independent government cost estimate is the government's estimate of the costs associated with a particular contract project. The cost estimate determines the amount of money that should be set aside for funding the project and the cost estimate serves as a standard to which the offeror's costs or price proposals will be compared when the offeror's proposal is evaluated. The cost estimate includes direct costs (i.e., labor, material, travel, per diem, printing, consultants, etc.) and indirect costs (i.e., fringe benefits, overhead, and general and administrative expense rates). This is the government's assessment of the probable cost of the supplies or services to be acquired and serves as a basis for determining the reasonableness of an offeror's proposed costs and understanding of the Statement of Work. The cooperative agreement applicant may request assistance in developing a cost estimate from their project officer in the Division of State and Local Readiness.

- **Quality Assurance Surveillance Plans**: These plans must recognize the responsibility of the contractor to carry out its quality control obligations and must contain measurable inspections and acceptance criteria corresponding to the performance standards contained in the original performance-based Statement of Work. This plan must focus on the level of performance required by the performance-based Statement of Work, rather than the methodology used by the contractor to achieve that level of performance. The plan may also include:

  - technical progress and financial status reports (already a requirement for all direct assistance projects);
  - site visits to evaluate contract performance against scheduled or reported performance;

- review of invoices and vouchers to assess reasonableness of costs claimed and relate the total expenditures to the physical progress of the contract, based on monitoring activities (i.e., site visits, progress reports, etc.)

1. Please submit the following documents, electronically, to Gregory Lanman in the Division of State and Local Readiness at GHL2@cdc.gov:
    a. **Contract/Task Order less than $100,000**: Submit a performance-based Statement of work as described and outlined in this document.

    b. **Contract/Task Order greater than $100,000, but less than $500,000**: Submit a performance-based Statement of Work; independent cost estimate; and quality assurance surveillance plan as described and outlined in this document.

    c. If you are considering a contract or task order in an amount larger than $500,000, please contact Gregory Lanman in the Division of State and Local Readiness at (404) 639-7127 as soon as possible.

2. Upon receipt of each contract/task order package, the Division of State and Local Readiness will obtain proposals and quotes for the requested services, supplies, or equipment through federal contracts. The awardee will receive the proposals for review and selection according to their technical evaluation factors. Contract/task order awards will be based upon your evaluation criteria and selection decision.

3. The Division of State and Local Readiness will obligate all Direct Assistance funding and will assume an active partnership as part of your Quality Assurance Surveillance Plan. This partnership will include oversight of the contract/task order, monitoring contract/task order expenditures and funding balances, and by coordinated site visits by the Project Officers of the Division of State and Local Readiness.
4. For additional information or if you have any questions, please contact Gregory Lanman in the Division of State and Local Readiness at (404) 639-7127 or by email at GHL2@cdc.gov

Direct Assistance (Equipment):

CDC will provide a list of equipment that may be purchased through direct assistance. Generally, direct assistance equipment purchases are limited to the purchase of laboratory equipment.

Direct Assistance (Personnel): Public Health Readiness Field Assignees

In FY 2006, CDC Public Health Readiness Field Assignees may be available to provide long term (one to two years) on-site assistance to eligible recipients in the form of Direct Assistance awards. Placement of these Direct Assistance personnel will be based on the needs of host agencies and the availability of CDC staff in a variety of public health disciplines, including public health management, laboratory science, epidemiology, health communications, and environmental health.. Direct Assistance personnel assigned through this cooperative agreement

will receive training in critical aspects of public health preparedness and emergency response to prepare them to respond to local, state, regional and national public health emergencies.

Assignment of Direct Assistance personnel funded through this cooperative agreement, including Public Health Advisors and Career Epidemiology Field will be coordinated with the Field Services Activity in the CDC Portfolio Management Project.

Requests for new Public Health Readiness Field assignees during this budget period should be discussed with the DSLR Project officer prior to including them in the budget and budget justification sections of your annual funding application. Direct Assistance Personnel costs will be based on published pay and allowances/reimbursement rates established by the Office of Personnel Management. The value of personnel for the budget period will be deducted from the amount of financial assistance that would otherwise be made available to the recipient under the applicable allocation, formula, or other determination of award amount but will be deemed to be part of the award and to have been paid to the recipient.

Public Health Readiness Field Program assignees detailed to a recipient remain Federal employees; they are subject to increases, adjustments, and any other benefits that would otherwise apply. Provision for changed costs will be negotiated with the recipient in advance as this may change the amount of financial assistance provided. Assignees are supervised by DSLR staff. Assignees will be instructed as to the process and timing for submitting travel authorizations and claims for reimbursement as well as other requests to incur costs or be reimbursed for costs related to personnel details. Assignees shall maintain documentation of payments for in-State and local travel costs and other payments as grant-related records. These records are subject to review and audit by or on behalf of CDC.

Public Health Readiness Field Program personnel may be placed in any position compatible with their training and skills and which meets the needs of the awardee. They are also subject to the daily work supervision of any State/local employees under whose direction they are assigned.

Public Health Readiness Field assignees are subject to the provisions of the existing *Agreement to Detail* that defines the respective responsibilities of CDC and recipients regarding Direct Assistance assignments of CDC personnel. CDC will review this agreement with Awardee officials upon execution of the detail.

If you are interested in the Public Health Readiness Field staffing option, you should contact your DSLR Project Officer to discuss specific staffing needs and how to include the request for Direct Assistance personnel in the application. Be prepared to discuss the specific duties and responsibilities proposed for the Direct Assistance assignee and where the assignee would work in your organizational structure.

Appendix 7: National Public Health Radio Network (NPHRN)

During emergencies, CDC as well as state and local health departments are called upon to provide vital information to the affected and non-affected areas. The nation's infrastructure dependent networks (telephone, cell, internet) provide the backbone for both the transmission and receipt of this vital information. However, during emergencies it is not uncommon for these infrastructure dependent networks to either be damaged, overloaded, or destroyed preventing effective and reliable communication.

Recognizing the vulnerabilities of traditional communication networks, CDC has been collaborating with federal, state, and local partners in the initial development of the National Public Health Radio Network (NPHRN). Members of the network will be federal partners, state and local health departments. The NPHRN will provide a backup High Frequency (HF) communication platform for public health stakeholders to transmit and receive vital information. Specifically, the NPHRN will;

1) Provide back-up/redundant communications capacity with state and Federal agencies and a wide range of other responders during an emergency;
2) Ensure reliable long haul two-way communications in times of crises
3) Provide additional methods to gather event intelligence and situational awareness
4) Enable public health stakeholders access to redundant/secure wireless communications with Public Health Partners/Law Enforcement and other first responders;
5) Enable public health partners to participate in National, State and Local Disaster C Coordination;
6) Provision existing Non-Infrastructure Dependent Communications Assets in use by Federal/State/Local Agencies.
7) Enable CDC and partners to provide assistance to and receive assistance from other radio networks - FEMA's NECN, NCS "SHARES" Network, State/local partners, federal agencies, and NGOs (ARES, Red Cross, etc…);
8) Allow communications on reserved frequencies for CDC and state/local health authorities.
9) Enable CDC and partners to participate in regular practice exercises with Federal/State/Local Agencies/NGOs.

Historically, CDC has funded state/local partners to purchase, install and implement HF radio capabilities at state and city/county health departments. To date, this acquisition has been accomplished at various sites around the country. For these partners and the partners who are still acquiring HF capability, the NPHRN will provide a platform to utilize their HF assets.

For participation in the NPHRN, partners should work with CDC to receive and implement the NPRHN Operations Plan. Key items within the plan will detail:

A. NPHRN Mission Statement
B. NPHRN System Requirements
C. NPHRN System Description
D. Concept of Operations
    1. Activation

2. Termination
3. Tests
4. Reports

E. Equipment Requirements
F. Station Licenses & ALE Addresses
G. Responsibilities
H. Coordination with other agencies and NGOs
I. Training/Exercise
J. Appendices and Exhibits

Appendix 8: SDN Instructions

CDC Secure Data Network (SDN) Digital Certificate Access to the SLPPMIS Grant Management System

Prior to applying for an SDN Digital Certificate to gain access to the SLPPMIS Grant Management System, please contact your jurisdiction's BT Coordinator. Your application for a Digital Certificate cannot be approved unless individual rights have been assigned to you in the SLPPMIS System by your BT Coordinator. Without individual rights being assigned, your application CANNOT be approved until such time that your BT Coordinator creates them in the SLPPMIS System.

You will also not be granted access to the SLPPMIS System just by having your BT Coordinator assign you rights to the System. You must still individually apply for your own SDN Digital Certificate. Both pieces must be in place prior to you receiving approval for your Digital Certificate.

Please NOTE that if you currently have rights to access the SLPPMIS Grant Management System and are simply applying to renew your SDN Digital Certificate, you do not need to contact your BT Coordinator. Your current (or recently expired) rights to the system will be re-established.

INSTRUCTIONS CONTAINED IN THIS DOCUMENT

How to . . .

I. Apply for an SDN Digital Certificate
(For both First Time and Existing SDN Users)

II. Install an SDN Digital Certificate

III. Importing an SDN Digital Certificate

IV. Access the Secure Data Network (SDN)

V. Request Additional Activities

VI. Check an Expiration Date of an Existing SDN Digital Certificate

I. APPLY FOR AN SDN DIGITAL CERTIFICATE:

Regardless if applying for the first time, or renewing an existing SDN Digital Certificate, please follow the steps below to complete your on-line application to gain access to the SLPPMIS Grant Management System.

1. Access the SDN enrollment website at:

   https://ca.cdc.gov

   -Enter the general registration password.
   (For security reasons, the general registration password is only available through your BT Coordinator or the Division of State and Local Readiness Program Staff at the CDC.)

   -Review the Digital Certificate and System Requirements, then select the "Enroll" button.

2. Enter Personal Information

   -Enter all required fields with complete information, confirming all of your information prior to selecting the "Next" button.

   -Select the "Next" button.

3. Select a Program and Activity

   -Select ONLY *"State and Local Preparedness Program MIS"* Program.
   (Upon initial enrollment, you may only select one program from the available list.
   After obtaining your Digital Certificate, you will be able to request additional programs and activities via the SDN. See Request Additional Activities Section Below.)

   -Select ONLY "Grant Application" Activity.
   (Staging Activity is an internal-only testing environment.)

   -Select the "Next" button.

4. Choose a Personal Challenge Phrase

   -Follow the instructions on creating a Personal Challenge Phrase.
   Enter and confirm your Personal Challenge Phrase.

   -Select the "Next" button to complete the enrollment process.

II. TO INSTALL AN SDN DIGITAL CERTIFICATE:

After completing the application (enrollment process), you will receive an email within three to five business days (usually less) indicating your SDN Digital Certificate is ready, along with instructions on how to retrieve and install it. If you have internal IT support, it is recommended that they assist you with the installation. If the initial attempt to install a Certificate fails, you will have no choice but to return back to step 1 and apply for a Digital Certificate all over again.

Any additional assistance needed during the installation of a Digital Certificate, please contact the CDC SDN Support Desk at:

800 532-9929 or,
770 216-1276 or,
cdcsdn@cdc.gov

III. IMPORTING AN SDN DIGITAL CERTIFICATE:

After completing the installation of your SDN Digital Certificate to your primary computer, you may import your Certificate to another computer (i.e. laptop or home PC) allowing you access to the SDN remotely (outside of your primary workspace). Please remember that your Certificate is assigned to you, and should not be shared with others, or put on 'public' machines.

To import your Certificate to another computer:

1. Export the existing Certificate from your primary computer:

   A. Open Internet Explorer (web browser) on the computer that has the valid Certificate

   B. Select the "Tools" menu item from the top of the screen (you do not need to be on the SDN website)

   C. Select "Internet Options" (the last option on the bottom of the list)

   D. Select the "Content" tab (which should be the middle selection across the row of tabs at the top of the "Internet Options" box)

   E. Select the "Certificates" button in the middle of the "Content" tab

   F. Select the appropriate Certificate by clicking on it one time

   G. Select "Export" by clicking on it one time. This will open up the export wizard.

   H. Click "Next"

   I. Select the option to export the private key and click "Next"

J. Select the box to export all Certificates in the path **and** disable the strong protection

K. Select a password and click "Next"

L. Select a file location to Save the Certificate

2. Import the existing Certificate to your laptop (or other computer assigned to you):

A. Open Internet Explorer on your laptop (or other computer)

B. Select the "Tools" menu item from the top of the screen
(you do not need to be on the SDN website)

C. Select "Internet Options" (the last option on the bottom of the list)

D. Select the "Content" tab (which should be the middle selection across the row of tabs at the top of the "Internet Options" box)

E. Select the "Certificates" button in the middle of the "Content" tab

F. Select "Import" by clicking on it one time. This will open up the import wizard.

G. Type in the file name or click browse to locate the Certificate and click "Next"

H. Type in the password and click "Next"

I. Select the option to automatically store the Certificate based on type and click "Next"

You will now have access to the Secure Data Network (SDN) from both your primary computer, as well as a secondary one. Please note that when you update your primary Certificate (due to expiration or failure), you will need to complete this process again so that the current Certificate assigned to you is on all computers that you use to access the SDN.

Any additional assistance needed during the importing of a Digital Certificate, please contact the CDC SDN Support Desk at:

800 532-9929 or,
770 216-1276 or,
cdcsdn@cdc.gov

IV. ACCESS THE SECURE DATA NETWORK (SDN)

After obtaining and installing an SDN Digital Certificate, the SDN website can be accessed at:

https://sdn.cdc.gov

V. REQUEST ADDITIONAL ACTIVITIES

To request additional activities (either to access the SLPPMIS Grant Management System or another CDC program that runs on the SDN) after already having obtained and successfully installed an SDN Digital Certificate:

1. Log into the SDN (at the website listed above – https://sdn.cdc.gov)

2. Near the top left of the screen under the "My Application" section, select "Request Additional Activities"

3. Select the Program and Activities you are requesting.

4. If approved, you will have access to the other programs requested. You will not have to re-load or change anything related to your current Digital Certificate.

VI. CHECK AN EXPIRATION DATE OF AN EXISTING SDN DIGITAL CERTIFICATE

1. Open Internet Explorer (web browser)

2. Select the "Tools" menu item from the top of the screen (you do not need to be on the SDN website)

3. Select "Internet Options" (the last option on the bottom of the list)

4. Select the "Content" tab (which should be the middle selection across the row of tabs at the top of the "Internet Options" box)

5. Select the "Certificates" button in the middle of the "Content" tab

6. View the "Expiration Date" next to the Certificate with your name. That is the date your current SDN Digital Certificate will expire.

7. To exit, select the "Close" button at the bottom of the "Certificates" box, then "Cancel" at the bottom of the "Internet Options" box.

APPENDIX 9: DSLR PROJECT OFFICERS

Region	Projects	Project Officer	Telephone	E-mail
I	Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont	Zach Harris	(404) 639-7265	zah5@cdc.gov
II	New York City, New York, New Jersey, Puerto Rico, Virgin Islands	Dorotha Love Hall	(404) 639-7649	dit1@cdc.gov
III	Delaware, Maryland, Pennsylvania, Virginia, West Virginia, District of Columbia	Keesler King	(404) 639-7423	knk8@cdc.gov
IV-A	Alabama	Keesler King (Acting)	(404) 639-7423	knk8@cdc.gov
	Florida	Zach Harris (Acting)	(404) 639-7265	zah5@cdc.gov
	Georgia	John Scott (Acting)	(404) 639-7435	jps5@cdc.gov
	Mississippi	Zach Harris (Acting)	(404) 639-7265	zah5@cdc.gov
IV-B	Kentucky, North Carolina, South Carolina, Tennessee	Jean Popiak (Acting)	(404) 639-7438	lzp9@cdc.gov
V	Chicago, Illinois, Indiana, Ohio, Michigan, Minnesota, Wisconsin	John Scott	(404) 639-7435	jps5@cdc.gov
VI-A	Arkansas	Vanda Kelley (Acting)	(404) 639-7876	vmm1@cdc.gov
	Louisiana	Trevia Brooks (Acting)	(404) 639-7613	tnb9@cdc.gov
	New Mexico	Monica Farmer (Acting)	(404) 639-7938	mwf7@cdc.gov
	Oklahoma	Stephanie Dopson (Acting)	(404) 639-7441	sld9@cdc.gov
	Texas	Stephanie Dopson (Acting)	(404) 639-7441	sld9@cdc.gov
VII	Iowa, Kansas, Missouri, Nebraska	Trevia Brooks	(404) 639-7613	tnb9@cdc.gov
VIII	Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming	Monica Farmer	(404) 639-7938	mwf7@cdc.gov
IX-A	Arizona, California, Los Angeles, Nevada	Vanda Kelley	(404) 639-7876	vmm1@cdc.gov
IX-B	American Samoa, Commonwealth of Northern Mariana Islands (CNMI), Hawaii, Guam, Marshall Islands, Palau, Federated States of Micronesia	Monica Farmer (Acting)	(404) 639-7938	mwf7@cdc.gov
X	Alaska, Idaho, Oregon, Washington	Stephanie Dopson	(404) 639-7441	sld9@cdc.gov

Appendix 10: Evaluation Plan Guidance

This outline serves as guidance for the development of an evaluation plan that addresses both a jurisdiction's public health preparedness and CDC's performance measures. The evaluation plan should include but is not limited to the following:

Summary of Evaluation Plan Document

- Purpose (intended uses)
- Audience (consider information needs)
- Stakeholder involvement (include letters of support or other documentation)
- Supporting/reference documents (e.g., jurisdiction's strategic plan, mutual aid agreements, previous data reports, evaluation reports, etc.)
- Plans for dissemination to evaluation findings both internally and externally

Background/Introduction

- Public health preparedness in the jurisdiction
- Identified jurisdiction-specific hazards, threats, and vulnerabilities (as permitted)
- Roles of federal, state, and local preparedness partners and stakeholders
- Description of special populations or other relevant public health concerns
- Designated lead for coordinating evaluation activities
- Allocation of resources for evaluation

Description of Evaluation Methodology

- Identified evaluation questions that align and support CDC's preparedness goals (prevention, detection/reporting, investigation, control, and recovery)
- Discussion of both process and outcome evaluation
- State program goals and SMART objectives (SMART=specific, measurable, achievable, realistic, and time-bound)
- Justification for evaluation methodology (cross check with evaluation standards of utility, feasibility, propriety, and accuracy) See http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm, Boxes 13-17

Data Collection/Data Sources

- All data sources with detailed descriptions
- "Indicator or Measure/Data Source" table
- Strengths and limitations of data sources
- Discussion of limitations (triangulation, other)

Analysis Plan

- Describe plans for analysis of indicators and measures
- Describe how these indicators and measures address the evaluation questions

Reporting, Dissemination & Program Improvement

- Brief description of jurisdiction's planned interim and final reports (include required and/or legislative reports)

- Formats for information dissemination (consider security concerns)
- Discussion on plans to utilize and share lessons learned from evaluation results
- List of stakeholders that will receive reports

Appendix 11: Tribal Government and Local Jurisdiction Compliance Activities

In March 2004, the Secretary of Homeland Security, at the request of the President, released the National Incident Management System (NIMS). The NIMS is a comprehensive system that improves tribal and local response operations through the use of the Incident Command System (ICS) and the application of standardized procedures and preparedness measures. It promotes development of cross-jurisdictional, statewide, and interstate regional mechanisms for coordinating response and obtaining assistance during a large-scale or complex incident.

Tribal and local authorities, not federal, have the primary responsibility for preventing, responding to, and recovering from emergencies and disasters. The overwhelming majority of emergency incidents are handled on a daily basis by a single jurisdiction at the local level. It is critically important that all jurisdictions comply with the NIMS because the challenges we face as a nation are far greater than the capabilities of any one jurisdiction; they are not, however, greater than the sum of all of us working together through mutual support. Homeland Security Presidential Directive 5 (HSPD- 5), *Management of Domestic Incidents*, requires all federal departments and agencies to adopt and implement the NIMS, and requires state[1] and local[2] jurisdictions to implement the NIMS to receive federal preparedness funding.

NIMS compliance should be considered and undertaken as a community-wide effort. The benefit of NIMS is most evident at the local level, when a community as a whole prepares for and provides an integrated response to an incident. Incident response organizations (to include local public health, public works, emergency management, fire, emergency medical services, law enforcement, hazardous materials, private sector entities, non-governmental organizations, medical organizations, utilities, and others) must work together to comply with NIMS components, policies, and procedures. Implementation of the NIMS in every tribal and local jurisdiction establishes a baseline capability that once established nationwide, can be used as a foundation upon which more advanced homeland security capabilities can be built.

Small and/or rural jurisdictions will benefit from a regional approach. In many instances smaller communities may not have the resources to implement all elements of NIMS on their own. However, by working together with other localities in their regions, these jurisdictions will be able to pool their resources to implement NIMS.

When NIMS is fully implemented, your local community or jurisdiction will be able to:

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[28] As defined in the Homeland Security Act of 2002, the term "State" means any State of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, and any possession of the United States." 6 U.S.C. 101 (14)

[2] As defined in the Homeland Security Act of 2002, Section 2(10): the term "local government" means "(A) county, municipality, city, town, township, local public authority, school district, special district, intrastate district, council of governments… regional or interstate government entity, or agency or instrumentality of a local government: an Indian tribe or authorized tribal organization, or in Alaska a Native village or Alaska Regional Native Corporation; and a rural community, unincorporated town or village, or other public entity." 6 U.S.C. 101(10)

- Ensure common and proven incident management doctrine, practices, and principles are used to plan for, protect against, respond to, and recover from emergency incidents and preplanned events;
- Maintain a response operation capable of expanding to meet an escalating situation and the ability to integrate resources and equipment from intrastate and interstate mutual aid agreements, state-provided assistance, and federal government response;
- Order and track response assets using common resource typing and definitions, and draw on mutual aid agreements for additional assistance;
- Establish staging and allocation plans for the re-distribution of equipment, supplies, and aid coming into the area from other localities, states, or the federal government through mutual aid agreements;
- Conduct situational assessments and establish the appropriate ICS organizational structure to effectively manage the incident; and
- Establish communication processes, procedures and protocols that will ensure effective interoperable communications among emergency responders, 9-1-1 centers, and multi-agency coordination systems (Emergency Operations Centers).

In federal Fiscal Year 2005, the Secretary of Homeland Security provided guidance to each state, outlining initial actions that should be taken to implement the NIMS. The letter to the nation's governors included a list of recommended actions for tribal and local governments to help them work towards NIMS compliance. A copy of this letter is posted on the NIMS webpage at: http://www.fema.gov/nims/nims_compliance.shtm. Recommended FY 2005 NIMS activities included:

- Institutionalize the use of the Incident Command System;
- Complete the NIMS awareness course IS-700 NIMS: An Introduction;
- Formally recognize NIMS and adopt NIMS principles and policies;
- Establish a NIMS compliance baseline by determining the NIMS requirements that have already been met; and
- Develop a strategy and timeline for full NIMS implementation.

By completing these activities, communities will have made substantial progress toward full NIMS implementation by the start of Fiscal Year 2007 (i.e. October 1, 2006). In federal Fiscal Year 2006, tribes and local communities will be required to complete several activities to comply with the NIMS. The attached implementation matrix describes the actions that jurisdictions must take by September 30, 2006 to be compliant with NIMS.

Completion of these actions will position tribal and local communities to better manage prevention, response and recovery efforts. The matrix identifies activities that are underway by the NIMS Integration Center (NIC) to support the effective implementation of NIMS as well as activities that will be required for NIMS implementation in future years.

The matrix also provides information on where to find technical assistance resources to support these compliance actions. For example, the National Incident Management Capability Assessment Support Tool (NIMCAST) is an example of a product designed to assist communities in determining their current NIMS compliance baseline. The NIMS is much more than just a list of required elements; it is a new approach to the way we prepare for and manage incidents, one that will lead to a more effective utilization of resources and enhanced prevention, preparedness, and response capabilities. Moreover, full NIMS implementation is a dynamic and multi-year phase-in process with important linkages to the National Response Plan (NRP), the Homeland Security Presidential Directive - 8 (i.e. the "National Preparedness Goal") and the National Infrastructure Protection Plan (NIPP). Future refinement to the NIMS will evolve as policy and technical issues are further developed and clarified at the national level. This may well result in additional requirements being issued by the NIC as to what will constitute continuous full NIMS compliance in FY2007 and beyond.

More information on NIMS, NIMS compliance, and answers to frequently asked questions are available on the NIMS Integration Center Web page (http://www.fema.gov/nims).

NIMS Implementation Matrix for Tribal and Local Jurisdictions

Required Tribal/Local Jurisdiction Action for FY 2006 Compliance	FY 2006 Compliance Activities Guidance and Technical Assistance Resources	Future Activities
Community Adoption		
Adopt NIMS at the community level for all government departments and agencies; as well as promote and encourage NIMS adoption by associations, utilities, non-governmental organizations (NGOs), and private sector incident management and response organizations.	• Adopt NIMS through executive order, proclamation, resolution, or legislation as the jurisdiction's official all-hazards, incident response system. • Develop a baseline assessment of the NIMS implementation requirements that your jurisdiction already meets and using that baseline, develop a strategy for full NIMS implementation and maintenance. • The NIMS Capability Assessment Support Tool (NIMCAST) is available at: www.fema.gov/nimcast/index.jsp • Sample templates for executives: www.fema.gov/nims/nims_toolsandtemplates.shtm	• Amend or re-authorize, as necessary.
Command and Management		

FY 2006 Compliance Activities		
Required Tribal/Local Jurisdiction Action for FY 2006 Compliance	**Guidance and Technical Assistance Resources**	**Future Activities**
Incident Command System (ICS): Manage all emergency incidents and preplanned (recurring/special) events in accordance with ICS organizational structures, doctrine, and procedures, as defined in NIMS. ICS implementation must include the consistent application of Incident Action Planning and Common Communications Plans.	• Institutionalize ICS: Terms and definitions: www.fema.gov/txt/nims/institutionalizing_ics.txt • Incorporate concepts and principles of NIMS Chapter II, Command and Management including ICS characteristics such as common terminology, modular organization, management by objectives, incident action planning, manageable span of control, pre-designated incident facilities, comprehensive resource management, integrated communications, transfer of command, unity of command, unified command, personnel and resource accountability, and information and intelligence management.	• Continue to manage incidents and events using ICS.
Multi-agency Coordination System: Coordinate and support emergency incident and event management through the development and use of integrated multi-agency coordination systems, i.e develop and maintain connectivity capability between local Incident Command Posts (ICPs, local 911 Centers, local Emergency Operations Centers (EOCs) and state EOC.	• NIMS Chapter II, Command and Management.	• Revise and update processes and plans. • The Emergency Management Institute (EMI) is currently developing an independent study and classroom course on NIMS Multi-Agency Coordination Systems. Additional information will be posted on the NIMS Integration Center Web page when available. See http://www.fema.gov/nims. • The NIMS Integration Center will feature best practices on the NIMS Web page. See http://www.fema.gov/nims.

FY 2006 Compliance Activities		
Required Tribal/Local Jurisdiction Action for FY 2006 Compliance	**Guidance and Technical Assistance Resources**	**Future Activities**
Public Information System: Implement processes, procedures, and/or plans to communicate timely, accurate information to the public during an incident through a Joint Information System and Joint Information Center.	• NIMS Chapter II, Command and Management. • Public Information Training (E388, Advanced Public Information Officers and G290, Basic Public Information Officers)	• Revise and update processes and plans. • The Emergency Management Institute (EMI) is currently developing an independent study and classroom course on NIMS Public Information Systems. Additional information will be posted on the NIMS Integration Center Web page when available. See http://www.fema.gov/nims. • Information on who should complete these courses also will be posted on the NIMS Web page. • The NIMS Integration Center will feature best practices on the NIMS Web page. See http://www.fema.gov/nims.
Preparedness: Planning		
Establish the community's NIMS baseline against the FY 2005 and FY 2006 implementation requirements.	• Assess which NIMS implementation requirements your community already meets. The NIMS Capability Assessment Support Tool (NIMCAST) is available to facilitate this: www.fema.gov/nimcast/index.jsp	• Update strategy as appropriate and close capability gap.

FY 2006 Compliance Activities		
Required Tribal/Local Jurisdiction Action for FY 2006 Compliance	**Guidance and Technical Assistance Resources**	**Future Activities**
Develop and implement a system to coordinate all federal preparedness funding to implement the NIMS across the community.	• A list of the Federal preparedness grant programs that have been reported to the NIC are available on the NIMS Web page at: www.fema.gov/nims • 2005 Homeland Security Grant Program Guidance: http://www.ojp.usdoj.gov/odp/docs/fy05hsgp.pdf • National Preparedness Goal and National Preparedness Guidance: http://www.ojp.usdoj.gov/odp/assessments/hspd8.htm • Catalog of Federal Domestic Preparedness Assistance (CFDA): http://www.cfda.gov	
Revise and update plans and SOPs to incorporate NIMS components, principles and policies, to include planning, training, response, exercises, equipment, evaluation, and corrective actions	• 2005 Homeland Security Grant Program Guidance: http://www.ojp.usdoj.gov/odp/docs/fy05hsgp.pdf • National Preparedness Goal and National Preparedness Guidance: http://www.ojp.usdoj.gov/odp/assessments/hspd8.htm	• Update plans and SOPs, incorporating lessons learned and best practices from exercises and response operations. • Emergency Operations Plan (EOP) guidance is under development and will be posted on the NIMS Integration Center Web page at: www.fema.gov/nims.

FY 2006 Compliance Activities		
Required Tribal/Local Jurisdiction Action for FY 2006 Compliance	**Guidance and Technical Assistance Resources**	**Future Activities**
Participate in and promote intrastate and interagency mutual aid agreements, to include agreements with the private sector and non-governmental organizations.	• EMAC model state-county mutual aid deployment contract: http://www.emacweb.org/?123 • EMAC model intrastate mutual aid legislation: http://www.emacweb.org/docs/NEMA%20Proposed%20Intrastate%20Model-Final.pdf	• Expand mutual aid agreements beyond support services and equipment to include information sharing. • Support and adopt the ongoing efforts of the NIMS Integration Center (NIC) to develop a national credentialing system. • Credentialing guidance is under development by the NIMS Integration Center. Throughout the development process, drafts will be posted on the NIMS Web page for review and comment by interested stakeholders. • Credential first responders in conformance with national standards.
Preparedness: Training		
Complete IS-700 NIMS: An Introduction	• On-line course: http://training.fema.gov/EMIWeb/IS/is700.asp • NIMS National Standard Curriculum Training Development Guidance: http://www.fema.gov/pdf/nims/nims_training_development.pdf • All personnel with a direct role in emergency preparedness, incident management, or response must complete this training	• Ensure that NIMS training is part of the program for all new employees, recruits and first responders who have a direct role in emergency preparedness, incident management, or response. • The NIMS Integration Center is working to establish a mechanism that will allow State and local jurisdictions direct access to course completion data. Additional information will be posted on the NIMS Integration Center Web page when available. See http://www.fema.gov/nims.

FY 2006 Compliance Activities		
Required Tribal/Local Jurisdiction Action for FY 2006 Compliance	**Guidance and Technical Assistance Resources**	**Future Activities**
Complete IS-800 NRP: An Introduction	• On-line course available at: http://www.training.fema.gov/emiweb/IS/is800.asp • NIMS National Standard Curriculum Training Development Guidance: http://www.fema.gov/pdf/nims/nims_training_development.pdf • The NIMS Web page provides for who should complete this training. http://www.fema.gov/nims	• Ensure that NRP training is part of the program for all appropriate new employees, recruits and first responders. • The NIMS Integration Center is working to establish a mechanism that will allow State and local jurisdictions direct access to course completion data. Additional information will be posted on the NIMS Integration Center Web page when available. See http://www.fema.gov/nims.
Complete ICS 100 and ICS 200 Training	• ICS 100: http://www.training.fema.gov/emiweb/IS/is100.asp • ICS 100: http://www.usfa.fema.gov/training/nfa • ICS 200: http://www.training.fema.gov/emiweb/IS/is200.asp • ICS 200: http://www.usfa.fema.gov/training/nfa • NIMS National Standard Curriculum Training Development Guidance: http://www.fema.gov/pdf/nims/nims_training_development.pdf • The NIMS Web page provides guidance for who should complete this training. http://www.fema.gov/nims.	• Complete ICS 300 and ICS 400. • Complete training that may be required to satisfy credentialing standards. • Ensure that ICS training is part of the program for all new employees, recruits and first responders. • The NIMS Integration Center is working to establish a mechanism that will allow States and local jurisdictions direct access to course completion data. Additional information will be posted on the NIMS Integration Center Web page when available. See http://www.fema.gov/nims.

Preparedness: Exercises

FY 2006 Compliance Activities		
Required Tribal/Local Jurisdiction Action for FY 2006 Compliance	**Guidance and Technical Assistance Resources**	**Future Activities**
Incorporate NIMS/ICS into all tribal, local and regional training and exercises.	• NIMS training information: www.fema.gov/nims/nims_training.shtm • NIMS National Standard Curriculum Training Development Guidance: http://www.fema.gov/pdf/nims/nims_training_development.pdf • DHS ODP Exercise Information: http://www.ojp.usdoj.gov/odp/exercises.htm	• Continue to incorporate NIMS into all local training and exercises, to include drills, tabletop exercises, functional exercises, and full-scale exercises.
Participate in an all-hazard exercise program based on NIMS that involves responders from multiple disciplines and multiple jurisdictions.	• 2005 Homeland Security Grant Program Guidance: http://www.ojp.usdoj.gov/odp/docs/fy05hsgp.pdf • National Preparedness Goal and National Preparedness Guidance: http://www.ojp.usdoj.gov/odp/assessments/hspd8.htm • DHS ODP Exercise Information: http://www.ojp.usdoj.gov/odp/exercises.htm • NIMS National Standard Curriculum Training Development Guidance: http://www.fema.gov/pdf/nims/nims_training_development.pdf	• Continue to participate in NIMS -oriented exercises, to include drills, tabletop exercises, functional exercises, and full-scale exercises.
Incorporate corrective actions into preparedness and response plans and procedures.	• DHS ODP Exercise Information: http://www.ojp.usdoj.gov/odp/exercises.htm	

FY 2006 Compliance Activities		
Required Tribal/Local Jurisdiction Action for FY 2006 Compliance	**Guidance and Technical Assistance Resources**	**Future Activities**
Communication & Information Management		
Apply standardized and consistent terminology, including the establishment of plain English communications standards across public safety sector.	• Incident response communications (during exercises and actual incidents) should feature plain English commands so they will be able to function in a multi-jurisdiction environment. Field manuals and training should be revised to reflect the plain English standard. • '10' codes may continue to be used during non-emergency, internal department communications.	• Continue featuring common terminology and plain English commands for all response activities. • The Emergency Management Institute (EMI) is currently developing a course on NIMS Communication and Information Management. Additional information will be posted on the NIMS Integration Center Web page at http://www.fema.gov/nims when the course is available.

Appendix 12: State and Territorial Compliance Activities

In March 2004, the Secretary of Homeland Security, at the request of the President, released the National Incident Management System (NIMS). The NIMS is a comprehensive system that will improve response operations through the use of the Incident Command System (ICS) and other standard procedures and preparedness measures. It will also promote development of cross-jurisdictional, statewide and interstate regional mechanisms for coordinating incident management and obtaining assistance during large-scale or complex incidents.

The NIMS Integration Center (NIC) recognizes that the overwhelming majority of emergency incidents are handled on a daily basis by a single jurisdiction at the local level. However, it is critically important that all jurisdictions comply with the NIMS because the challenges we face as a nation are far greater than the capabilities of any one jurisdiction; they are not, however, greater than the sum of all of us working together through mutual support. Homeland Security Presidential Directive 5 (HSPD- 5), *Management of Domestic Incidents*, requires all federal departments and agencies to adopt and implement the NIMS, and requires states, territories, tribes and local governments to implement the NIMS to receive federal preparedness funding.

States[1] play an important role in ensuring the effective implementation of the NIMS. They must ensure that the systems and processes are in place to communicate the NIMS requirements to local[2] jurisdictions and support them in implementing the NIMS. The NIMS implementation requirements for local jurisdictions are available in a separate matrix to support this communication and coordination between the States and local jurisdictions. States must also implement specific NIMS implementation actions as outlined in this matrix.

States should encourage and support a regional approach to NIMS implementation among its jurisdictions. In some instances smaller communities may not have the resources to implement all elements of NIMS on their own. However, by working together with other localities in their regions, they will be able to pool their resources to implement NIMS.

When NIMS is fully implemented, states and local jurisdictions will be able to:

- Ensure common and proven incident management doctrine, practices and principles are used to plan for, protect against, respond to and recover from emergency incidents and preplanned events;

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[29] As defined in the Homeland Security Act of 2002, the term "State" means any State of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, and any possession of the United States." 6 U.S.C. 101 (14)

[2] As defined in the Homeland Security Act of 2002, Section 2(10): the term "local government" means "(A) county, municipality, city, town, township, local public authority, school district, special district, intrastate district, council of governments… regional or interstate government entity, or agency or instrumentality of a local government: an Indian tribe or authorized tribal organization, or in Alaska a Native village or Alaska Regional Native Corporation; and a rural community, unincorporated town or village, or other public entity." 6 U.S.C. 101(10)

- Maintain a response operation capable of expanding to meet an escalating situation and the ability to integrate resources and equipment from intrastate and interstate mutual aid agreements, state-provided assistance and federal government response;
- Order and track response assets using common resource typing and definitions, and draw on mutual aid agreements for additional assistance;
- Establish staging and allocation plans for the re-distribution of equipment, supplies and aid coming into the area from other localities, states or the federal government through mutual aid agreements;
- Conduct situational assessments and establish the appropriate ICS organizational structure to effectively manage the incident; and
- Establish communication processes, procedures and protocols that will ensure effective interoperable communications among emergency responders, 9-1-1 centers and multi-agency coordination systems such as Emergency Operations Centers (EOC).

In federal Fiscal Year 2005, the Secretary of Homeland Security provided guidance to each state, outlining initial actions that should be taken to implement the NIMS. The letter to the nation's governors included a list of actions for States and territories to take towards NIMS compliance. A copy of this letter is posted on the NIMS webpage at: http://www.fema.gov/nims/nims_compliance.shtm. Minimum FY 2005 NIMS activities included:

- Incorporating NIMS into existing training programs and exercises;
- Ensuring that Federal preparedness funding (including DHS Homeland Security Grant Program, Urban Area Security Initiative (UASI) funds) support NIMS implementation at the state and local levels (in accordance with the eligibility and allowable uses of the grants);
- Incorporating NIMS into Emergency Operations Plans (EOP);
- Promotion of intrastate mutual aid agreements;
- Coordinating and providing technical assistance to local entities regarding NIMS; and
- Institutionalizing the use of the Incident Command System (ICS).

To receive FY 2006 preparedness grant funds from any federal department or agency, states will have to self-certify that they have met the minimum FY 2005 requirements. A self-certification letter will be provided to each state and territory. Additional information is also available on the NIMS Web page at: www.fema.gov/nims.

In federal Fiscal Year 2006, states, territories, tribes and local communities will be required to complete several activities to comply with the NIMS. The attached implementation matrix describes the actions that states must take by the end of federal FY 2006 (September 30, 2006) to be compliant with NIMS. These implementation requirements are in addition to the FY 2005 NIMS requirements as established in the Sept. 8, 2004, letter to the governors. A copy of that letter is available on the NIMS Web page at: www.fema.gov/nims.

Beginning in FY 2007, which starts on October 1, 2006, all federal preparedness funding will be conditioned upon full compliance with the NIMS. By completing the FY 2005 activities as well as the FY2006 activities outlined in this matrix, states and territories will have achieved what is considered to be full NIMS implementation by FY 2007.

Completion of the FY 2006 actions will result in a statewide infrastructure that will support NIMS implementation among all state and territorial agencies as well as at the tribal and local levels. The effective and consistent implementation of the NIMS in every state and territory will result in a strengthened national capability to prepare for, respond to and recover from any type of incident. The matrix identifies activities that are underway by the NIMS Integration Center to support the effective implementation of NIMS as well as activities that will be required for NIMS implementation in future years.

The matrix also provides information on where to find technical assistance resources to support these compliance actions. For example, the National Incident Management Capability Assessment Support Tool (NIMCAST) is a product designed to assist communities in determining their current NIMS compliance baseline. The NIMS is much more than just a list of required elements; it is a new approach to the way we prepare for and manage incidents, one that will lead to a more effective utilization of resources and enhanced prevention, preparedness and response capabilities. Moreover, full NIMS implementation is a dynamic and multi-year phase-in process with important linkages to the National Response Plan (NRP), Homeland Security Presidential Directive - 8 (i.e. the "National Preparedness Goal") and the National Infrastructure Protection Plan (NIPP). Future refinement to the NIMS will evolve as policy and technical issues are further developed and clarified at the national level. This may well result in additional requirements being issued by the NIC as to what will constitute continuous full NIMS compliance in FY2007 and beyond.

More information on NIMS and NIMS compliance, and answers to frequently asked questions are available on the NIMS Integration Center Web page (http://www.fema.gov/nims).

NIMS Implementation Matrix for States and Territories

FY 2006 Compliance Activities		
Required State/Territorial Action for FY 2006 Compliance	**Guidance and Technical Assistance Resources**	**Future Activities**
State Adoption and Infrastructure		

FY 2006 Compliance Activities		
Required State/Territorial Action for FY 2006 Compliance	**Guidance and Technical Assistance Resources**	**Future Activities**
Adopt NIMS at the state/ territorial level for all government departments and agencies; as well as promote and encourage NIMS adoption by associations, utilities, non-governmental organizations (NGOs) and private sector incident management and response organizations. Monitor formal adoption of NIMS by all tribal and local jurisdictions.	• Adopt NIMS through executive order, proclamation, resolution or legislation as the state's official all-hazards, incident response system. • Develop a baseline assessment of NIMS requirements that your jurisdiction already meets and using that baseline, develop a strategy for full NIMS implementation and maintenance. • The NIMS Capability Assessment Support Tool (NIMCAST) is available at: www.fema.gov/nimcast/index.jsp • Sample templates for executives: www.fema.gov/nims/nims_toolsandtemplates.shtm	• Amend or re-authorize, as necessary.
Establish a planning process to ensure the communication and implementation of NIMS requirements across the state, including local governments and tribes. This process must provide a means for measuring progress and facilitate reporting.	• FY 2006 NIMS Implementation Matrix for Local Jurisdictions	
Designate a single point of contact within the state government to serve as the principal coordinator for NIMS implementation statewide.	• Consider establishing new or leverage existing cross-jurisdictional and cross-discipline advisory group to assist and ensure full implementation of NIMS.	

FY 2006 Compliance Activities		
Required State/Territorial Action for FY 2006 Compliance	**Guidance and Technical Assistance Resources**	**Future Activities**
To the extent permissible by law, ensure that federal preparedness funding to state and territorial agencies and tribal and local jurisdictions is linked to the satisfactory progress in meeting the requirements related to FY06 NIMS implementation requirements.	• The *National Incident Management System (NIMS)* March 2004, the NIMS implementation requirements, and Homeland Security Presidential Directive 5 are all available on the NIMS Web page at: www.fema.gov/nims • NIMS Capability Assessment Support Tool (NIMCAST): www.fema.gov/nimcast/index.jsp • 2005 Homeland Security Grant Program Guidance: http://www.ojp.usdoj.gov/odp/docs/fy05hsgp.pdf • National Preparedness Goal and National Preparedness Guidance: http://www.ojp.usdoj.gov/odp/assessments/hspd8.htm	
To the extent permissible by state and territorial law and regulations, audit agencies and review organizations should routinely include NIMS implementation requirements in all audits associated with federal preparedness grant funds. This process will validate the self-certification process for NIMS compliance.	• The *National Incident Management System (NIMS)* March 2004, the NIMS implementation requirements, and Homeland Security Presidential Directive 5 are all available on the NIMS Web page at: www.fema.gov/nims • NIMS Capability Assessment Support Tool (NIMCAST): www.fema.gov/nimcast/index.jsp • A list of the Federal preparedness grant programs that have been reported to the NIC are available on the NIMS Web page at: www.fema.gov/nims • 2005 Homeland Security Grant Program Guidance: http://www.ojp.usdoj.gov/odp/docs/fy05hsgp.pdf • National Preparedness Goal and National Preparedness Guidance: http://www.ojp.usdoj.gov/odp/assessments/hspd8.htm	
Command and Management		

FY 2006 Compliance Activities		
Required State/Territorial Action for FY 2006 Compliance	**Guidance and Technical Assistance Resources**	**Future Activities**
Incident Command System (ICS): Manage all emergency incidents and preplanned (recurring/special) events in accordance with ICS organizational structures, doctrine and procedures, as defined in NIMS. ICS implementation must include the consistent application of Incident Action Planning and Common Communications Plans.	• Institutionalize ICS: Terms and definitions: www.fema.gov/txt/nims/institutionalizing_ics.txt • Incorporate concepts and principles of NIMS Chapter II, Command and Management including ICS characteristics such as common terminology, modular organization, management by objectives, incident action planning, manageable span of control, pre-designated incident facilities, comprehensive resource management, integrated communications, transfer of command, unity of command, unified command, personnel and resource accountability and information and intelligence management.	• Continue to manage incidents and events using ICS.
Multi-agency Coordination System: Coordinate and support emergency incident and event management through the development and use of integrated multi-agency coordination systems, i.e. - develop and maintain connectivity capability between local Incident Command Posts (ICP), local 911 Centers, local Emergency Operations Centers (EOCs), the state EOC and regional and/federal EOCs and /NRP organizational elements.	• NIMS Chapter II, Command and Management.	• Revise and update processes and plans. • The Emergency Management Institute (EMI) is currently developing an independent study and classroom course on NIMS Multi-Agency Coordination Systems. Additional information will be posted on the NIMS Integration Center Web page when available. See http://www.fema.gov/nims. • The NIMS Integration Center will feature best practices on the NIMS Web page. See http://www.fema.gov/nims.

FY 2006 Compliance Activities		
Required State/Territorial Action for FY 2006 Compliance	**Guidance and Technical Assistance Resources**	**Future Activities**
Public Information System: Institutionalize, within the framework of ICS, the Public Information System, comprising of the Joint Information System (JIS) and a Joint Information Center (JIC). The Public Information System will ensure an organized, integrated, and coordinated mechanism to perform critical emergency information, crisis communications and public affairs functions which is timely, accurate, and consistent. This includes training for designate participants from the Governor's office and key state agencies	• NIMS Chapter II, Command and Management. • Public Information Training (E388, Advanced Public Information Officers and G290, Basic Public Information Officers)	• Revise and update processes and plans. • The Emergency Management Institute (EMI) is currently developing an independent study and classroom course on NIMS Public Information Systems. Additional information will be posted on the NIMS Integration Center Web page when available. See http://www.fema.gov/nims. • Information on who should complete these courses also will be posted on the NIMS Web page. • The NIMS Integration Center will feature best practices on the NIMS Web page. See http://www.fema.gov/nims.
Preparedness: Planning		
Establish the state's NIMS baseline against the FY 2005 and FY 2006 implementation requirements	• Assess which NIMS implementation requirements the state already meets. The NIMS Capability Assessment Support Tool (NIMCAST) is available to facilitate this: www.fema.gov/nimcast/index.jsp	• Update state's Homeland Security strategy and any other state preparedness strategies and plans as appropriate and close capability gap.

FY 2006 Compliance Activities		
Required State/Territorial Action for FY 2006 Compliance	**Guidance and Technical Assistance Resources**	**Future Activities**
Coordinate and leverage all federal preparedness funding to implement the NIMS.	• A list of the Federal preparedness grant programs that have been reported to the NIC are available on the NIMS Web page at: www.fema.gov/nims • 2005 Homeland Security Grant Program Guidance: http://www.ojp.usdoj.gov/odp/docs/fy05hsgp.pdf • National Preparedness Goal and National Preparedness Guidance: http://www.ojp.usdoj.gov/odp/assessments/hspd8.htm • Catalog of Federal Domestic Preparedness Assistance (CFDA): http://www.cfda.gov	
Revise and update plans and SOPs to incorporate NIMS and National Response Plan (NRP) components, principles and policies, to include planning, training, response, exercises, equipment, evaluation and corrective actions	• National Response Plan (NRP): http://www.dhs.gov/nationalresponseplan • 2005 Homeland Security Grant Program Guidance: http://www.ojp.usdoj.gov/odp/docs/fy05hsgp.pdf • National Preparedness Goal and National Preparedness Guidance: http://www.ojp.usdoj.gov/odp/assessments/hspd8.htm	• Update plans and SOPs, incorporating lessons learned and best practices from exercises and response operations. • Emergency Operations Plan (EOP) guidance is under development and will be posted on the NIMS Integration Center Web page at: www.fema.gov/nims.

FY 2006 Compliance Activities		
Required State/Territorial Action for FY 2006 Compliance	**Guidance and Technical Assistance Resources**	**Future Activities**
Promote intrastate and interagency mutual aid agreements, to include agreements with the private sector and non-governmental organizations.	• EMAC model state-county mutual aid deployment contract: http://www.emacweb.org/?123 • EMAC model intrastate mutual aid legislation: http://www.emacweb.org/docs/NEMA%20Proposed%20Intrastate%20Model-Final.pdf	• Expand mutual aid agreements beyond support services and equipment to include information sharing. • Support and adopt the ongoing efforts of the NIMS Integration Center (NIC) to develop a national credentialing system. • Credentialing guidance is under development by the NIMS Integration Center. Throughout the development process, drafts will be posted on the NIMS Web page for review and comment by interested stakeholders. • Credential first responders in conformance with national standards.
Preparedness: Training		
Leverage training facilities to coordinate and deliver NIMS training requirements in conformance with the NIMS National Standard Curriculum.	• NIMS National Standard Curriculum Training Development Guidance: http://www.fema.gov/pdf/nims/nims_training_development.pdf	

FY 2006 Compliance Activities		
Required State/Territorial Action for FY 2006 Compliance	**Guidance and Technical Assistance Resources**	**Future Activities**
Complete IS-700 NIMS: An Introduction	• On-line course: http://training.fema.gov/EMIWeb/IS/is700.asp • NIMS National Standard Curriculum Training Development Guidance: http://www.fema.gov/pdf/nims/nims_training_development.pdf • All personnel with a direct role in emergency preparedness, incident management or response must complete this training.	• Ensure that NIMS is part of the program for all new employees, recruits and first responders. • The NIMS Integration Center is working to establish a mechanism that will allow states and local jurisdictions direct access to course completion data. Additional information will be posted on the NIMS Integration Center Web page when available. See http://www.fema.gov/nims.
Complete IS-800 NRP: An Introduction	• On-line course available at: http://www.training.fema.gov/emiweb/IS/is800.asp • NIMS National Standard Curriculum Training Development Guidance: http://www.fema.gov/pdf/nims/nims_training_development.pdf • The NIMS Web page provides guidance for who should complete this training. http://www.fema.gov/nims.	• Ensure that NRP training is part of the program for all appropriate employees, recruits and first responders. • The NIMS Integration Center is working to establish a mechanism that will allow states and local jurisdictions direct access to course completion data. Additional information will be posted on the NIMS Integration Center Web page when available. See http://www.fema.gov/nims.

FY 2006 Compliance Activities		
Required State/Territorial Action for FY 2006 Compliance	**Guidance and Technical Assistance Resources**	**Future Activities**
Complete ICS 100 and ICS 200 Training	• ICS 100: http://www.training.fema.gov/emiweb/IS/is100.asp • ICS 100: http://www.usfa.fema.gov/training/nfa • ICS 200: http://www.training.fema.gov/emiweb/IS/is200.asp • ICS 200: http://www.usfa.fema.gov/training/nfa • NIMS National Standard Curriculum Training Development Guidance: http://www.fema.gov/pdf/nims/nims_training_development.pdf • The NIMS Web page provides guidance for who should complete this training. http://www.fema.gov/nims.	• Complete ICS 300 and ICS 400. • Complete training that may be required to satisfy credentialing standards. • Ensure that ICS training is part of the program for all new employees, recruits and first responders.
Preparedness: Exercises		
Incorporate NIMS/ICS into all state and regional training and exercises.	• NIMS training information: www.fema.gov/nims/nims_training.shtm • NIMS National Standard Curriculum Training Development Guidance: http://www.fema.gov/pdf/nims/nims_training_development.pdf • DHS ODP Exercise Information: http://www.ojp.usdoj.gov/odp/exercises.htm	• Continue to incorporate NIMS into all state training and exercises, to include drills, tabletop exercises, functional exercises and full-scale exercises.
Participate in an all-hazard exercise program based on NIMS that involves responders from multiple disciplines and multiple jurisdictions.	• 2005 Homeland Security Grant Program Guidance: http://www.ojp.usdoj.gov/odp/docs/fy05hsgp.pdf • National Preparedness Goal and National Preparedness Guidance: http://www.ojp.usdoj.gov/odp/assessments/hspd8.htm • DHS ODP Exercise Information: http://www.ojp.usdoj.gov/odp/exercises.htm • NIMS National Standard Curriculum Training Development Guidance: http://www.fema.gov/pdf/nims/nims_training_development.pdf	• Continue to participate in NIMS -oriented exercises, to include drills, tabletop exercises, functional exercises and full-scale exercises.

FY 2006 Compliance Activities		
Required State/Territorial Action for FY 2006 Compliance	**Guidance and Technical Assistance Resources**	**Future Activities**
Incorporate corrective actions into preparedness and response plans and procedures.	• DHS ODP Exercise Information: http://www.ojp.usdoj.gov/odp/exercises.htm	
Resource Management		
Inventory state response assets to conform to homeland security resource typing standards.	• Resource typing definitions: http://www.fema.gov/nims/mutual_aid.shtm • Propose modifications or new resource definitions to the NIMS Integration Center for inclusion in the resource typing effort.	• Develop and implement a resource inventory, ordering and tracking system. • The Emergency Management Institute (EMI) is currently developing a course on NIMS Resource Management. Additional information will be posted on the NIMS Integration Center Web page at http://www.fema.gov/nims when the course is available.
Develop state plans for the receipt and distribution of resources as outlined in the National Response Plan (NRP) Catastrophic Incident Annex and Catastrophic Incident Supplement	• http://www.dhs.gov/nationalresponseplan	
To the extent permissible by state and local law, ensure that relevant national standards and guidance to achieve equipment, communication and data interoperability are incorporated into state and local acquisition programs.	• ODP Equipment Program: http://www.ojp.usdoj.gov/odp/grants_goals.htm • 2005 Homeland Security Grant Program Guidance: http://www.ojp.usdoj.gov/odp/docs/fy05hsgp.pdf • National Preparedness Goal and National Preparedness Guidance: http://www.ojp.usdoj.gov/odp/assessments/hspd8.htm • DHS SAFECOM Program: http://www.safecomprogram.gov/SAFECOM	

FY 2006 Compliance Activities		
Required State/Territorial Action for FY 2006 Compliance	**Guidance and Technical Assistance Resources**	**Future Activities**
Communication & Information Management		
Apply standardized and consistent terminology, including the establishment of plain English communications standards across public safety sector.	• Incident response communications (during exercises and actual incidents) should feature plain English commands so they will be able to function in a multi-jurisdiction environment. Field manuals and training should be revised to reflect the plain English standard. • '10' codes may continue to be used during non-emergency, internal department communications.	• Continue featuring common terminology and plain English commands for all response activities. • The Emergency Management Institute (EMI) is currently developing an independent study and classroom course on NIMS Communication and Information Management. Additional information will be posted on the NIMS Integration Center Web page when available. See http://www.fema.gov/nims. • Information on who should complete these courses also will be posted on the NIMS Web page.

Appendix 13: Target Capabilities Matrix

37 Target Capabilities and Categories	SHSP	UASI	LETPP	MMRS	CCP	EMPG	Transit	Port	Bus	Rail	Firefighters	NBHPP	BTCDP	PHEPCA
Common Target Capabilities														
Planning	Y	Y	Y	Y	*	Y	Y	Y	Y	Y	Y	Y		Y
Community Preparedness and Participation	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y			
Communications	Y	Y	Y	Y	*	Y	Y	Y	Y	Y	Y	Y		Y
Risk Management	Y	Y			*	Y	Y	Y	Y	Y				
Prevent Mission Area Target Capabilities														
Info Gathering and Recognition of Indicators and Warnings	Y	Y	Y	Y	*		Y	Y	Y	Y				
Law Enforcement Investigation and Operations	Y	Y	Y		*		Y	Y		Y				
Intelligence Analysis and Production	Y	Y	Y		*		Y	Y		Y				
CBRNE Detection	Y	Y	Y	Y	*	Y	Y	Y	Y	Y	Y	Y	Y	
Intelligence / Information Sharing and Dissemination	Y	Y	Y		*	Y	Y	Y	Y	Y				
Protect Mission Area Target Capabilities														
Critical Infrastructure Protection	Y	Y	Y		*		Y	Y	Y	Y				
Epidemiological Surveillance & Investigation	Y	Y		Y								Y	Y	Y
Public Health Laboratory Testing	Y	Y		Y								Y	Y	Y
Food and Agriculture Safety and Defense	Y	Y			*	Y								
Respond Mission Area Target Capabilities														
Onsite Incident Management	Y	Y			*	Y	Y	Y	Y	Y	Y	Y		
Citizen Protection: Evacuation and/or In-Place Protection	Y	Y		Y	*	Y	Y	Y	Y	Y				
Emergency Operations Center Management	Y	Y			*	Y	Y	Y	Y	Y				
Isolation and Quarantine	Y	Y		Y	*	Y	Y	Y		Y		Y		Y
Critical Resource Logistics and Distribution	Y	Y		Y	*	Y	Y	Y	Y	Y				
Urban Search & Rescue	Y	Y		Y	*	Y	Y			Y	Y			
Volunteer Management and Donations	Y	Y			*	Y								
Emergency Public Information and Warning	Y	Y		Y	*	Y	Y	Y	Y	Y				Y
Responder Safety and Health	Y	Y		Y	*	Y	Y	Y	Y	Y	Y	Y	Y	Y
Triage and Pre-Hospital Treatment	Y	Y		Y	*		Y	Y	Y	Y	Y	Y	Y	
Public Safety and Security Response	Y	Y		Y	*	Y	Y	Y	Y	Y	Y			
Medical Surge	Y	Y		Y	*							Y	Y	
Animal Health Emergency Support	Y	Y			*								Y	
Medical Supplies Management and Distribution	Y	Y		Y	*	Y	Y	Y	Y	Y		Y	Y	
Environmental Health	Y	Y		Y	*									Y
Mass Prophylaxis	Y	Y		Y	*	Y	Y	Y	Y	Y		Y	Y	Y
Explosive Device Response Operations	Y	Y			*		Y	Y		Y	Y			
Mass Care	Y	Y		Y	*	Y	Y	Y	Y	Y				
Firefighting Operations/Support	Y	Y		Y	*		Y	Y	Y	Y	Y			
Fatality Management	Y	Y		Y	*	Y	Y	Y	Y	Y		Y		
WMD/Hazardous Materials Response and Decontamination	Y	Y		Y	*	Y	Y	Y	Y	Y	Y	Y	Y	
Recover Mission Area Target Capabilities														
Structural Damage and Mitigation Assessment	Y	Y			*		Y	Y	Y	Y				
Economic & Community Recovery	Y	Y			*	Y	Y	Y	Y	Y				
Restoration of Lifelines	Y	Y			*		Y	Y	Y	Y				

Appendix 14: ChemPack Continuation Guidance

The CHEMPACK Project continues to assist Project Areas in the placement of CHEMPACK containers. As of May 1, 2006, 25 Project Areas have received CHEMPACK containers. Fielding and product sustainment schedules are being developed for the Project Areas who are currently awaiting fielding of their CHEMPACK assets. This appendix services as a resource for all Project Areas who are currently participating in the CHEMPACK Project and those who have requested and are awaiting fielding of CHEMPACK assets.

Participation in CHEMPACK Project is strictly voluntary for public health agencies. However, other entities (e.g., emergency management) in the state might choose to participate even if the public health department chooses not to participate.

Jurisdictions participating in the CHEMPACK Project must ensure that selected cache site storage locations meet specific U.S. Federal Drug Administration (FDA) regulations. These FDA regulations are based upon established pharmaceutical storage requirements specific to suitable space, lighting, ventilation, temperature, sanitation, humidity, and security.

Based upon the CHEMPACK Pilot Study conducted in New York City, South Dakota, and Washington State, the average cache site modification cost for CHEMPACK container storage is expected to be between $2,000 and $2,500 per storage site. It is important that public health agencies collaborate with the appropriate Emergency Response Agencies to implement the placement of CHEMPACK containers in selected locations where first responders will have ready access to the containers during a nerve agent release.

Funding for the initial cost of the CHEMPACK cache site modification and the sustainment over time of the cache sites can be defrayed by a variety of funding sources including local, state, and other federal agencies or programs including HRSA or MMRS, and private funds.

Recipients of the Public Health Emergency Preparedness Cooperative Agreement can also request redirection of current year funds or request carry over un-obligated prior-year funds, to support the cost incurred with receiving and managing CHEMPACK Project materiel. Redirection and carryover requests must contain a statement listing which program activities will not be completed if the request is approved. All requests must be submitted through DSLR MIS.

Questions related to cooperative agreement funds should be directed to the appropriate project officer in the Coordinating Office for Terrorism Preparedness and Emergency Response (COTPER) Division of State and Local Readiness.

Background:

Division Strategic National Stockpile Program (DSNS)
Coordinating Office for Terrorism Preparedness and Emergency Response (COTPER)
Centers for Disease Control and Prevention (CDC)

CHEMPACK Project

Operational Protocol

Terrorist attacks against United States citizens and US interests around the world culminated in the mass destruction of the World Trade Center and damage to the Pentagon on September 11, 2001. Intelligence sources believe that terrorist groups will continue their destructive activities and may use unconventional weapons in order to maximize casualties. To defend against these threats as well as accidental releases or natural disasters, planners and responders must be able to quickly mobilize resources to minimize and mitigate the effect of a nuclear, biological, chemical, or radiological (NBCR) terrorist attack. While preventing such an event is the primary goal, it is probable that not all terrorist efforts can be stopped. In the aftermath of a weapon of mass destruction (WMD) event, an accidental release of chemical or natural disaster, first responders will focus on response activities designed to mitigate morbidity, mortality and destruction of property.

One scenario involves terrorists using chemical weapons. Terrorist organizations may have access to many different types of chemical agents to use in WMD attacks. The likely choice may be a nerve agent. Depending on the duration of exposure or dose, nerve agents can cause immediate nervous system failure and death. Nerve agent antidotes include:

- Atropine sulfate, which blocks the effects of excess acetylcholine;
- Pralidoxime chloride (2PAM), which reactivates acetyl cholinesterase, and therefore reduces the level of acetylcholine; and
- Diazepam, which reduces the severity of acetylcholine-induced convulsions that can contribute to death or long term neurological effects in survivors.

The DSNS Program has numerous caches of medical equipment, pharmaceuticals and vaccines in strategic locations throughout the United States, including the medicines described above. Under its mandate, the DSNS Program has a maximum 12-hours response time. However, this response time is inadequate for a nerve agent event, where treatment must be accomplished quickly, usually within 60 minutes, in order to save as many lives as possible.

As a result, the Centers for Disease Control and Prevention has established a voluntary participation project (CHEMPACK) for the “forward” placement of sustainable repositories of nerve agent antidotes in numerous locations throughout the United States, so that they can be immediately accessible for the treatment of affected persons. Under the CHEMPACK Project, the DSNS Program will:

- maintain federal ownership of the CHEMPACK Project containers and the nerve agent antidote with the Project Areas having custody of the assets once placed.
- assist Project Areas in strategically placing two types of nerve agent antidote containers.
  - one Hospital container having a capacity to treat approximately 1000 casualties based upon duration of exposure.
  - one EMS container having a capacity to treat approximately 454 casualties based upon duration of exposure.

- implement strategies to maximize the shelf-life of the antidotes to minimize procurement costs and maintain materiel quality, through the Federal Drug Administration's (FDA) Shelf Life Extension Program (SLEP).

The CHEMPACK Project protocol allows the DSNS Program to maintain accountability and centralized control of the caches to fulfill the criteria for the SLEP program. This operational protocol makes caches immediately available to state / local communities for use in case of an event involving nerve agents.

Definitions:

CHEMPACK: the sustainable repository of nerve agent antidotes and other necessary and certain supporting equipment to care for individuals exposed to nerve agents, including but not limited to auto-injectors, bulk symptomatic treatment supplies, and self-monitoring storage containers. The CHEMPACK Project provides two types of containers:

1) The Emergency Medical Service (EMS) container that is designed for use by emergency responders (materiel packaged primarily in auto-injectors), and
2) The Hospital container that is designed for hospital dispensing (materiel packaged primarily in multi-dose vials for precision dosing and long term care).

Shelf Life Extension Program (SLEP): SLEP, managed by the Food and Drug Administration (FDA), is designed to extend the shelf-life of pharmaceuticals and lengthen their periods of effectiveness. The SLEP defers costs by extending the expiration date of stored pharmaceuticals rather than replacing stocks that have reached a set expiration date. Through centrally located automated monitoring devices, the DSNS Program staff is able to ensure that conditions of CHEMPACK materiel comply with SLEP guidelines, thus enabling CHEMPACK to provide the state a long-term capability.

To meet the objectives of the CHEMPACK Project deployment, Project Areas (i.e., CDC 62 Project Areas) and the CDC/DSNS Program incur specific responsibilities.

State and Local Responsibilities (Project Areas):

1. Authorize breaking the CHEMPACK container seal and use the packaged products only when designated state officers, employees and agents determine that an accidental or intentional nerve agent release has threatened the medical security of the community; has put multiple lives at a risk; is beyond local emergency response capabilities; and the materiel is medically necessary to save lives.

2. Designate a single person to be the state-wide point of contact (POC) for CHEMPACK. Provide that individual's contact numbers during normal business hours and after hours (office phone, cell phone, pager, email and fax). Also, designate an alternate (APOC) to backup the State CHEMPACK POC, and provide corresponding contact information.

This information shall be provided to the DSNS Program within 30 days of the State's decision to participate in CHEMPACK.

3. Notify DSNS Program of any changes in contact personnel within one business day of assignment of a new POC / APOC.

4. Determine the quantity and type of CHEMPACK containers (EMS / Hospital), required to meet the needs of state and local first responders to respond to a nerve agent event, (within stipulated budget constraints) and provide this information to the DSNS Program.

5. Develop a CHEMPACK Operational Plan for deployment, surveillance and maintenance operations as an addendum to the State Emergency Response Plan. The plan should address: asset placement; distribution; coverage areas; security; procedures for control, authorization and use of CHEMPACK assets. This plan shall be provided to the DSNS Program at least 30 days prior to the expected state fielding dates.

6. Provide the address of each cache storage location and ensure pre-coordinated access for DSNS Program personnel to cache locations as needed to monitor CHEMPACK materiel and provide this information to the DSNS Program at least 45 days prior to expected state fielding dates.

7. Ensure that cache storage locations are of a suitable size; designed to provide adequate lighting, ventilation, temperature control; provide sanitation, humidity, and space and security conditions for storage of pharmaceuticals. See Project Areas Responsibility for CHEMPACK Cache Storage.

8. Ensure proper disposal in accordance with applicable federal, state, and local regulations of expired CHEMPACK medical materiel and provide copies of the destruction documentation to the DSNS Program. The state is responsible for disposing Atropine sulfate, Dizaepam and sterile water in accordance with applicable federal, state, and local regulation.

9. Conduct joint inventories with the CHEMPACK fielding team upon initial placement and approximately every 18 months thereafter.

10. Provide adequate transportation of CHEMPACK materiel in an emergency, to include coordinating with state and local officials and emergency planning members for use of vehicles, freeway routes, and airfields.

11. Ensure storage facilities have the capability to rapidly move CHEMPACK materiel as required. This may include, but is not limited to, hydraulic lifts, forklifts, loading docks, or ramps.

12. Provide a list of personnel with access to the CHEMPACK containers at each cache location to the DSNS Program POC at the time of fielding, and update as changes occur.

13. Ensure cache storage locations correct non-complying environmental and security conditions identified by DSNS Program POC in a timely manner (usually within one hour). When conditions cannot be corrected within 12 hours, the CHEMPACK Logistics Team will coordinate with the State CHEMPACK POC to move CHEMPACK container(s) to an acceptable location to safeguard the quality or security of the materiel.

14. Notify the CHEMPACK Logistics Team within two hours if a CHEMPACK cache storage location loses climate control. Any reports of materiel stored outside of the accepted storage range will be handled on a case-by-case basis. Outcomes could range from having the materiel remain in the SLEP to removing the materiel from the SLEP program and the state forfeiting the long-term sustainability of the resource.

15. Coordinate with DSNS Program personnel to ensure the maintenance of proper security and environmental conditions for CHEMPACK materiel during any non-emergency movement (to include pre-positioning assets for special events). Movements of CHEMPACK materiel not specifically directed by the DSNS Program shall be funded by the state.

16. Notify the DSNS program within 24 hours of an emergency deployment. The deployment report should identify the amount of CHEMPACK expended and the amount of materiel returned to the container.

17. In the event of a non-emergency use or compromise of CHEMPACK materiel, the state will report the loss to the DSNS Program as soon as possible following discovery. Within 48 hours of the discovery of the loss the state must submit a report documenting the circumstances resulting in the loss and providing an inventory of materiel lost or destroyed.

<u>The Project Areas will ensure the provision of the following facilities or conditions for each CHEMPACK storage locations. The standards for schedule IV controlled substances and pharmaceuticals are based upon the following DEA and FDA criterion:</u>

1. Provide a locked room or cage. The CHEMPACK container is constructed of Lexan® mesh and is approved by the Drug Enforcement Agency (i.e., double locked standard, 24/7 security monitoring, and controlled designated entry) for storage of Class IV controlled substances. For this reason, there is no requirement for floor to ceiling construction. The purpose of the enclosed room or cage is to control access and ensure compliance with applicable federal, state and local pharmaceutical regulations.

2. Install an intrusion detection device, directed toward the CHEMPACK containers, to alert cache location security or pharmacy personnel of possible intrusion into the storage area. The sensor must be physically monitored on a 24-hour basis by security or pharmacy personnel. Cache location security managers will test the interior devices according to manufacturer specifications to ensure proper operation.

3. Ensure each container is locked with a padlock and access to the key is limited; key control shall be the responsibility of the DEA registrant and/or the cache location pharmacy director.

4. Ensure a minimum clearance of 72” aisles and 34” doorways to maneuver containers in and out of the storage location.

5. Provide a minimum of 40 sq. ft. of floor space per container at each cache location.

6. Ensure accessibility to CHEMPACK containers. CHEMPACK container dimensions are 60.5” long X 32.5” wide X 60.5” high and weigh approximately 600 pounds, depending on container type.

7. Ensure CHEMPACK containers are stored in a climate-controlled environment with room temperature maintained between 59 to 86 degrees Fahrenheit (15 degrees and 30 degrees Celsius). Humidity levels must be maintained below 60% in accordance with CFR 21, sec 205 and 211.

8. Provide one dedicated data quality analog phone line per Sensaphone®. The telephone line must be a Plain Old Telephone Service (POTS) type line (this line may not be a shared line). Digital lines on private branch exchanges (PBX) or private telephone switchboards will not work with the Sensaphone®.

9. Ensure one dedicated standard 120VAC, 60HZ, 10W, UL-listed power outlet power source per Sensaphone®. The outlet should be connected to an existing facility emergency generator or the location must provide an uninterruptible power supply (UPS) device.

10. Provide a fire detection and alarm device and adequate fire suppression in accordance with applicable federal, state and local pharmaceutical regulations and fire codes.

11. Provide standard lighting to ensure CHEMPACK personnel can clearly see lot numbers and product expiration dates as required by applicable federal, state and local pharmaceutical regulations.

CDC/DSNS/CHEMPACK Project Responsibilities:

1. Determine the contents and recommended doses of standardized CHEMPACK container packages and a treatment formulary to treat patients exposed to nerve agents.

2. Procure and deliver the CHEMPACK materiel to cache storage locations identified by the Project Area.

3. Provide SATCO® C Drug Enforcement Agency (DEA) containers. The CHEMPACK containers will be equipped with one padlock; a Sensaphone®; a back-up temperature monitoring system and a DSNS Program serial numbered container seal.

4. Determine in its sole discretion the suitability of CHEMPACK cache locations within the Project Area.

5. Provide a DSNS Program fielding team to install the CHEMPACK containers at state designated cache locations, conduct a joint inventory with designated cache location personnel, and validate the operational status of CHEMPACK environmental and security monitoring equipment.

6. Ensure that Schedule IV controlled substances are secured in a locked DEA approved CHEMPACK container and that a state designated pharmacy or medical professional with a DEA registration for that location has inventoried and assumed custody of the materiel.

7. Provide resources and assets required to sample, restock, re-label, and dispose of CHEMPACK materiel subject to the SLEP.

8. Provide resources and assets required to perform surveillance and quality assurance/quality control of CHEMPACK assets.

9. Conduct periodic audits, including quality assurance and quality control inspections, to verify that the state or city is implementing proper inventory, storage, and security procedures for CHEMPACK assets.

Resources:

1. Funding for the initial CHEMPACK installation and cache site sustainment cost can be defrayed by a variety of funding sources including local, state, and other federal agencies such as DHS, DOJ, MMRS, and private funds.

2. State Public Health Departments receiving funding through the Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness Cooperative Agreement are encouraged to request redirection of current year funds or carry over unobligated period-year funds, to support the cost associated with receiving and managing CHEMPACK Project materiel. Redirected and carryover request should be sent through normal channels to the CDC Procurement and Grants Office (PGO). Questions related to CDC cooperative agreement funds should be directed to the appropriate project officer in the Coordinating Office for Terrorism Preparedness and Emergency Response (COTPER) Division of State and Local Readiness (DSLR).

3. The HRSA National Bioterrorism Hospital Preparedness Program (NBHPP) has joined with the DSNS Program CHEMPACK Project to support cache build out. NBHPP funds

earmarked for Medications and Medical supplies may be used to offset reasonable costs associated with the retrofit of CHEMPACK cache storage facilities to meet FDA / SLEP requirements. Questions related to the use of these funds should be directed to the HRSA Coordinator in your state or directly to HRSA NBHPP.

4. The Project Areas will not be responsible for any cost related to the CHEMPACK containers / chemical antidotes, or transportation cost for initial installation. The DSNS Program will allocate CHEMPACK containers to Project Areas, based upon their population (2000 US Census).

Points of Contact:

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