

August 10, 2008 – August 9, 2009

**Public Health Emergency Preparedness
Cooperative Agreement**

**Budget Period 9 (BP9)
Performance Measures Guidance**

November 2008

Contact Information

Key contacts for information regarding the BP9 performance measures can be accessed through the Outcome Monitoring and Evaluation Branch (OMEB) in the Division of State and Local Readiness (DSLRL). Feel free to contact Anita McLees, MA, MPH or Karen Mumford, PhD via email or phone. In addition, project officers will be available to assist with answering and/or clarifying questions related to the BP9 performance measures or this guidance document.

Anita McLees, MA, MPH

E-mail: zdu5@cdc.gov

Phone: 404.639.7297

Karen Mumford, PhD

E-mail: eqh1@cdc.gov

Phone: 404.639.5028

Table of Contents

Introduction / Document Organization.....	1
Table 1. Budget Period 9 Performance Measures.....	1
Table 2. Organization of Budget Period 9 Performance Measures.....	4
General Reporting Requirements.....	5
Reporting Criteria.....	5
Reporting Schedule.....	5
Grantee Reporting Requirements.....	5
Data Collection Methods.....	5
Table 3. Budget Period 9 Performance Measures – Data Collection Methods.....	5
Best Demonstration of a Capability.....	6
Performance Targets.....	6
Incident Management.....	9
Incident Management Performance Measures.....	10
Introduction.....	10
What is the capability and why was it selected?.....	10
Capability Definition.....	10
Link to Department of Homeland Security’s Target Capabilities List (TCL).....	10
Process Map.....	10
Figure 1. Incident Management Process Map.....	11
Performance Measures: Incident Management.....	12
Table 4. IM Performance Measures At a Glance.....	12
Table 5. IM – Staff Notification.....	13
Table 6. IM – Staff Assembly.....	18
Table 7. IM – Incident Action Plan (IAP).....	21
Table 8. IM – After Action Report and Improvement Plan (AAR / IP)	25
Laboratory.....	29
Laboratory Performance Measures.....	30
Introduction.....	30
What is the capability and why was it selected?.....	30
Link to Department of Homeland Security’s Target Capabilities List (TCL).....	30
Performance Measures: Laboratory.....	31
Table 9. Laboratory Performance Measures At a Glance.....	31
Table 10. Laboratory – PFGE – <i>E. coli</i> O157:H7.....	32
Table 11. Laboratory – PFGE – <i>Listeria Monocytogenes</i>	34

Crisis and Emergency Risk Communication with the Public.....	37
Crisis and Emergency Risk Communication with the Public Performance Measure.....	38
Introduction.....	38
What is the capability and why was it selected?.....	38
Capability Definition.....	38
Link to Department of Homeland Security’s Target Capabilities List (TCL).....	38
Process Map.....	38
Figure 2. Crisis and Emergency Risk Communication (CERC) with the Public.....	39
Performance Measure: CERC with the Public.....	40
Table 12. CERC with the Public Performance Measure At a Glance.....	40
Table 13. CERC – Public Message Dissemination.....	40
Appendices.....	47
Appendix A: Background on the PHEP Measurement Project.....	48
Appendix B: PHEP Evaluation Workgroup Membership.....	49
Appendix C: IM Measurement Subgroup Membership.....	50
Appendix D: CERC Measurement Subgroup Membership.....	51
Appendix E: Performance Measures Data Collection Template.....	52
Table 14. IM Performance Measures Data Collection Template.....	52
Table 15. Laboratory Performance Measures Data Collection Template.....	63
Table 16. CERC Performance Measure Data Collection Template.....	65

Introduction / Document Organization

Since 1999, the Centers for Disease Control and Prevention (CDC) has awarded more than \$6 billion to 62 states, territories, and directly funded localities through the Public Health Emergency Preparedness (PHEP) cooperative agreement. The Outcome Monitoring and Evaluation Branch (OMEB) within the Division of State and Local Readiness in the Coordinating Office for Terrorism Preparedness and Emergency Response has been charged with developing measures of performance to evaluate and report on how well this federal investment has improved the nation's ability to prepare for and respond to public health emergencies. Working in close collaboration with local, state, and federal partners participating in CDC's PHEP Evaluation Workgroup (See Appendix A), performance measures were developed to enable CDC and CDC grantees to

- monitor, for *accountability* purposes, the extent to which grantees are able to demonstrate performance on specific preparedness and response capabilities;
- support *program improvement/technical assistance*; and
- report grantees' best demonstration of preparedness and response capabilities in publications such as CDC's Public Health Preparedness: Mobilizing State by State report

This document provides detailed guidance on the seven PHEP cooperative agreement performance measures developed for **Budget Period 9 (BP9)** which runs from August 10, 2008, to August 9, 2009. The capabilities to be reported during this period include Incident Management (IM), Laboratory, and Crisis and Emergency Risk Communication (CERC) with the Public. Table 1 displays the capability-based performance measures in greater detail.

Table 1. Budget Period 9 Performance Measures

Incident Management (IM)	
IM – Staff Notification	Time to notify pre-identified staff with public health agency incident management functional responsibilities
Measurement Specifications	<p><u>Start time:</u> Date and time that a designated official began notification of pre-identified staff.</p> <p><u>Stop time:</u> Date and time that the last staff person needed to fill pre-identified incident management functional responsibilities acknowledged notification.</p>
IM – Staff Assembly	Time for staff with public health agency incident management functional responsibilities to report for duty
Measurement Specification	<p><u>Start time:</u> Date and time that a designated official began notification of pre-identified staff that they need to report for duty.</p> <p><u>Stop time:</u> Date and time that the last staff person needed to fill pre-identified incident management functional responsibilities reported for duty.</p>
IM - IAP	Production of the approved Incident Action Plan (IAP) before the start of the second operational period
Measurement Specifications	Was a written Incident Action Plan approved before the start of the second operational period (Yes/No)?

Table 1. Budget Period 9 Performance Measures (continued)

IM - AAR and IP	Time to complete a draft of an After Action Report and Improvement Plan
Measurement Specifications	<p><u>Start time:</u> Date exercise or public health emergency operations completed. <i>(The exercise or response may have occurred before or during the budget period for which data are being submitted.)</i></p> <p><u>Stop time:</u> Date the draft AAR and IP were submitted for clearance within the public health agency. <i>(This date must occur during the budget period for which data are being submitted.)</i></p>
Laboratory	
Lab – PFGE – <i>E. coli</i> O157:H7	Percentage of pulsed field gel electrophoresis (PFGE) subtyping data results for <i>E. coli</i> O157:H7 submitted to the PulseNet national database within four working days of receiving isolate at the PFGE laboratory.
Measurement Specifications	<p><u>Numerator:</u> Number of reference or clinical isolates that were identified as <i>E. coli</i> O157:H7 for PFGE subtyping and submitted to CDC’s PulseNet database within four working days of receipt of isolate at the PFGE laboratory.</p> <p><u>Denominator:</u> Total number of <i>E. coli</i> O157:H7 reference or clinical isolates for which the state performed PFGE subtyping.</p>
Lab – PFGE – <i>Listeria monocytogenes</i>	Percentage of pulsed field gel electrophoresis (PFGE) subtyping data results for <i>Listeria monocytogenes</i> submitted to the PulseNet national database within four working days of receiving isolate at the PFGE laboratory.
Measurement Specifications	<p><u>Numerator:</u> Number of reference or clinical isolates that were identified as <i>L. monocytogenes</i> for PFGE subtyping and submitted to CDC’s PulseNet database within four working days of receipt of isolate at the PFGE laboratory.</p> <p><u>Denominator:</u> Total number of <i>L. monocytogenes</i> reference or clinical isolates for which the state performed PFGE subtyping.</p>
Crisis and Emergency Risk Communication with the Public (CERC)	
CERC – Public Message Dissemination	Time to issue a risk communication message for dissemination to the public
Measurement Specifications	<p><u>Start time:</u> Date and time that a designated official requested that the first risk communication message be developed.</p> <p><u>Stop time:</u> Date and time that a designated official approved the first risk communication message for dissemination.</p>

Grantees are strongly encouraged to familiarize themselves with all aspects of this guidance document. This document is organized into three main sections:

- General reporting requirements
- Capability-specific reporting requirements for the IM, Laboratory, and CERC performance measures
- Appendices

General Reporting Requirements

This section of the performance measure guidance is organized as follows:

- Reporting criteria:
 - Reporting schedule and requirements by grantee type
 - Data collection methods for each measure
- Best demonstration of a capability: A description of the type of exercise/incident about which data are to be collected and reported.
- Performance targets: Information related to the establishment of targets for the performance measures.

Capability-Specific Reporting Requirements: IM, Laboratory, and CERC Performance Measures

This section of the performance measure guidance is organized by public health capability. A separate section is provided for each capability (IM, Laboratory, and CERC) addressed by the performance measures. Each section is organized as follows:

Introduction

- Rationale for inclusion of the capability;
- Definition of the capability;
- Link to the Department of Homeland Security's Target Capabilities List

Process Map (for IM and CERC only)

- A visual means of describing the capability. Each map presents the key steps needed to execute the capability, including activities and decision points. The maps were developed to identify those components of the capability most important and most feasible to measure.
- In addition, the process maps reveal additional contextual information to support analysis and interpretation of the performance measures. A key is provided for each map in its lower left corner to help with interpretation.

Performance Measures

For each performance measure, a set of measurement specifications and reporting criteria to support data collection are provided. Table 2 on the following page summarizes the reporting elements for each measure.

Table 2. Organization of Budget Period 9 Performance Measures

Performance Measure	The specific PHEP capability being measured
Measurement Specifications	Data points for calculating the performance measure
Intent	The scientific and/or programmatic rationale for the measure
Reporting Criteria	Activity and reporting requirements: what types of exercises and/or real incidents are applicable, frequency of submission, etc.
Reported Data Elements	Specific information documented and reported to understand the conditions under which the time based measure was collected.
Definitions	Definitions for key terms used in the measurement specifications, reporting criteria, and/or reported data elements
Additional Guidance	Additional information, references, or examples that further explain the requirements of the measure

Appendices

The appendices provide supporting documentation and tools to assist with data collection and reporting for the BP9 performance measures (e.g., Appendix E provides a data collection template for each measure).

General Reporting Requirements

Reporting Criteria

Reporting Schedule

Grantees are responsible for collecting the performance measure data throughout the August 10, 2008, to August 9, 2009, reporting period.

However, the final set of data on each performance measure is to be submitted on an annual basis; BP9 data are due to CDC on November 9, 2009.

Grantee Reporting Requirements

Specific reporting requirements vary by type of grantee and are as follows:

- States and Washington, D.C.: All seven measures (IM, CERC, Laboratory)
- Other directly funded localities (Chicago, Los Angeles, and New York City): Five measures (IM and CERC)
- Territories and Freely Associated States of the Pacific: Five measures (IM and CERC)

Data Collection Methods

Data for the BP9 performance measures may come from exercises or real incidents, provided they meet the specifications and criteria outlined for each measure. Table 3 below summarizes the acceptable data collection methods for each measure.

Table 3. Budget Period 9 Performance Measures – Data Collection Methods

PERFORMANCE MEASURE	DATA COLLECTION METHOD				
	Tabletop Exercise (TTX)	Drill	Functional Exercise (FE)	Full-Scale Exercise (FSE)	Real Incident
IM – Staff Notification		X	X	X	X
IM – Staff Assembly		X	X	X	X
IM - IAP		X	X	X	X
IM – AAR and IP	X	X	X	X	X
Lab – PFGE <i>E.coli</i> O157:H7					X
Lab – PFGE <i>Listeria Monocytogenes</i>					X
CERC – Public Message Dissemination		X	X	X	X

For IM and CERC with the Public performance measures, grantees should only report on responses or exercises during which the grantee served as the lead agency or actively participated as an assisting agency.

Grantees that report data for the two Laboratory performance measures are expected to report all *E. coli* O157:H7 and *L. monocytogenes* isolates **received** by the state public health PFGE laboratory. Grantees' performance is based on those isolates for which the state **performed** PFGE subtyping.

Best Demonstration of a Capability

For the IM and CERC performance measures, grantees may choose to submit performance measure data on multiple exercises and real incidents occurring from August 9, 2008, to August 10, 2009. However, grantees are required to submit performance measure data based on their one best demonstration of the capability. Grantees are requested to nominate their most comprehensive or challenging example of performing the capability, provided the methods meet the specifications and criteria outlined for the measure. To assist grantees in determining their best demonstration of the capability, CDC has identified the following decision-making elements:

- Scenario-based execution of tasks and activities within an emergency operations plan;
- Conducted with multiple partners at the local, state, regional, or national levels;
- Includes collaboration, cooperation, and interactive decision-making;
- Conducted under complex conditions such as high-stress and real-time constraints of an actual incident;
- Conducted during a comprehensive exercise or response that allows grantees to collect data on many if not all of the performance measures for a given capability; and
- May or may not be the quickest time demonstrated for the particular measure.

CDC recognizes the need for flexibility in identifying what is considered a best demonstration of the capability. The examples on the following page show how two hypothetical grantees were able to provide a best demonstration of reporting requirements as outlined in Table 3.

Performance Targets

Targets have not been set for the BP9 IM and CERC performance measures. Future targets for these performance measures will be identified based on analysis of the BP9 data. Explanatory and contextual variables for each performance measure will be analyzed in combination with the time-based metric to develop appropriate and realistic targets.

The Laboratory – PFGE performance measures that have been continued from Budget Period 8 specify a target (established by PulseNet) that 90% of all subtyping data results (for *E. coli* O157:H7 and *Listeria monocytogenes*) be submitted to the PulseNet national database within four working days of receiving the isolate at the PFGE laboratory.

Examples of Best Demonstration

Example 1:

- In November 2008, Grantee A conducted a mass-vaccine dispensing exercise that simulated a response to a pandemic influenza outbreak.
- The exercise was conducted in coordination with numerous local health departments.
- Given that the scenario for the incident was a pandemic flu outbreak, Grantee A used the exercise to test their ability to develop and approve a risk communication message to affected populations. Grantee A also simulated a second operational period and completed a written Incident Action Plan (IAP) for that ops period.
- Following the exercise, Grantee A drafted an After Action Report and Improvement Plan.
- Through this exercise, Grantee A met the requirements, and collected and reported data, for the Incident Management measures focusing on the IAP and AAR/IP, as well as the CERC performance measure.
- Since the exercise was conducted during normal business hours and did not require unannounced staff notification or unannounced and immediate staff assembly, Grantee A was not able to report data from this exercise for the staff notification and staff assembly performance measures associated with IM.

Example 2:

- In February 2009, Grantee B responded to a chemical spill on a highway that occurred during a busy holiday weekend.
- Grantee B notified and immediately assembled public health staff with IM functional responsibilities to respond to the incident.
- Response required coordination with other state agencies as well as hospitals and emergency medical services.
- Site monitoring for potentially harmful substances was initiated and required Grantee B to disseminate timely information to the public about potential risks.
- Due to the time required to clean and assess the site, the incident spanned multiple operational periods and therefore Grantee B developed a written IAP before the second operational period.
- Grantee B finalized an AAR and IP following the incident.
- Grantee B was able to capture required data elements during the incident and used them to report on all four IM performance measures as well as the CERC performance measure.

Page intentionally left blank

INCIDENT MANAGEMENT

Incident Management Performance Measures

Introduction

What is the capability and why was it selected?

Incident management is a capability required to direct and coordinate the implementation of other public health emergency capabilities and is therefore critical to public health emergency preparedness and response. Incident management allows public health agencies to make informed, timely, and effective decisions that direct resources and personnel to adaptively address ongoing and evolving health needs arising from emergencies.

Capability Definition

The Incident Management Measurement Subgroup (refer to Appendix C) defined incident management for public health as follows:

Incident management for public health is a flexible and integrated system that provides a common framework for departments and agencies at all levels of government, the private sector, and nongovernmental organizations to work seamlessly to prepare for, prevent, respond to, recover from, and mitigate the health effects of incidents, regardless of cause, size, location, or complexity, in order to reduce the loss of life or property, and harm to the environment.

This definition is based on the National Incident Management System (NIMS). However, this definition specifies “*health* effects” to strengthen the focus on public health emergencies. The phrase “flexible and integrated system” was also added to emphasize the importance of adaptability in incident management. As with NIMS, the definition emphasizes the importance of a common structure for coordinating the activities of multiple response agencies and levels of government and covers all stages of incidents and events (i.e., “prevent, respond to, recover from, and mitigate”).

Link to the Department of Homeland Security’s Target Capabilities List (TCL)

This PHEP capability is aligned with three capabilities identified in the TCL:

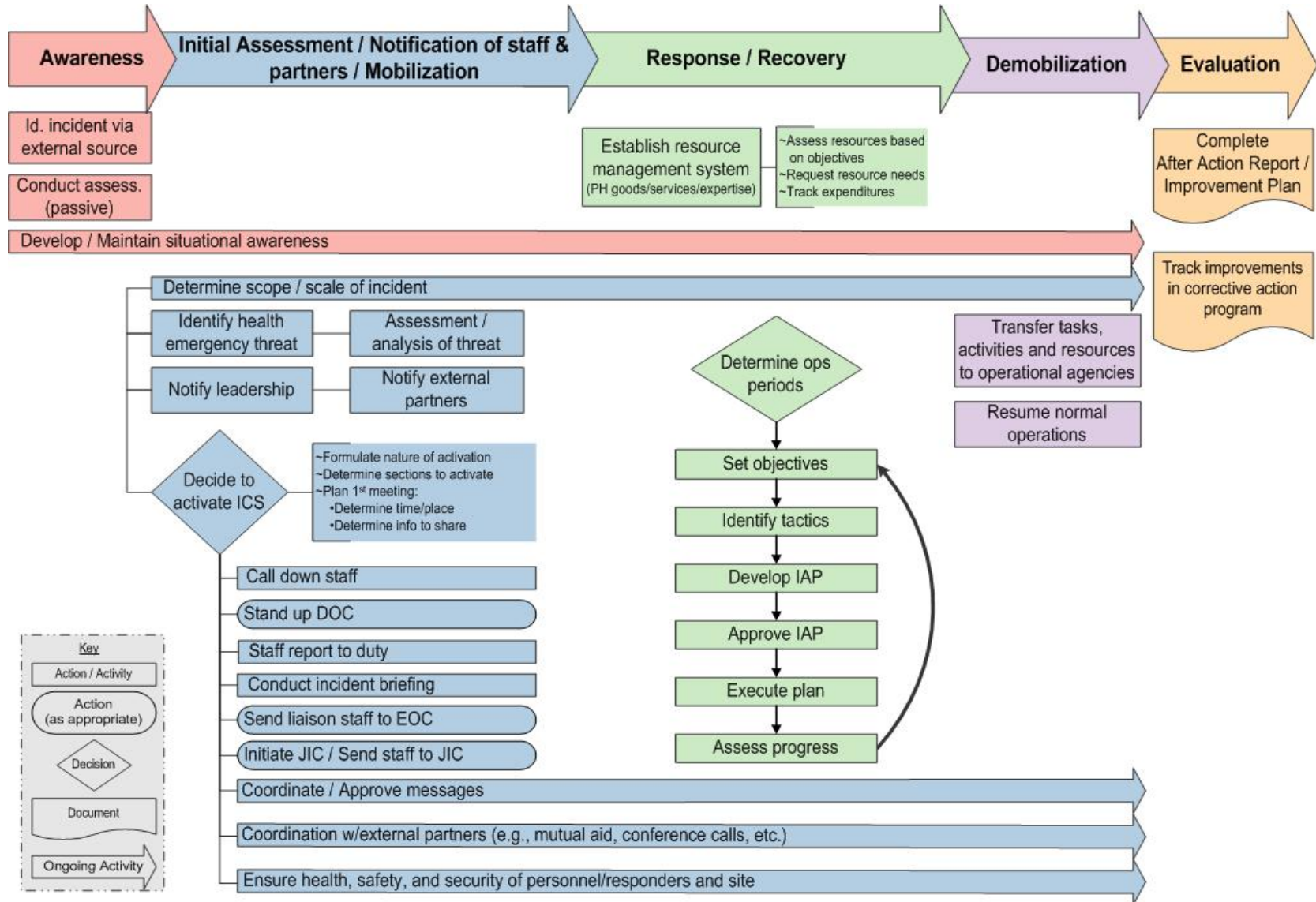
- Onsite incident management
- Emergency operations center management
- Planning

Process Map

The process map on the following page was developed by the Incident Management Measurement Subgroup to capture and illustrate the critical programmatic activities required to implement the incident management capability. While this process map is displayed in a linear fashion, several of the activities are depicted as ongoing and/or iterative processes. In addition, the process map is organized to demonstrate the scalability and dynamic nature of this capability. Figure 1 displays the process map developed by the Incident Management Measurement Subgroup.

Figure 1.

Incident Management Process Map



Performance Measures: Incident Management (IM)

Table 4. IM Performance Measures At a Glance

IM – Staff Notification	Time to notify pre-identified staff with public health agency incident management functional responsibilities
Measurement Specifications	<p><u>Start time:</u> Date and time that a designated official began notification of pre-identified staff.</p> <p><u>Stop time:</u> Date and time that the last staff person needed to fill pre-identified incident management functional responsibilities acknowledged notification.</p>
IM – Staff Assembly	Time for staff with public health agency incident management functional responsibilities to report for duty
Measurement Specification	<p><u>Start time:</u> Date and time that a designated official began notification of pre-identified staff that they need to report for duty.</p> <p><u>Stop time:</u> Date and time that the last staff person needed to fill pre-identified incident management functional responsibilities reported for duty.</p>
IM - IAP	Production of the approved Incident Action Plan (IAP) before the start of the second operational period
Measurement Specifications	Was a written Incident Action Plan approved before the start of the second operational period (Yes/No)?
IM - AAR and IP	Time to complete a draft of an After Action Report (AAR) and Improvement Plan (IP)
Measurement Specifications	<p><u>Start time:</u> Date exercise or public health emergency operations completed. <i>(The exercise or response may have occurred before or during the budget period for which data are being submitted.)</i></p> <p><u>Stop time:</u> Date the draft AAR and IP were submitted for clearance within the public health agency. <i>(This date must occur during the budget period for which data are being submitted.)</i></p>

Table 5. IM - Staff Notification

IM - Staff Notification	Time to notify pre-identified staff with public health agency incident management functional responsibilities
Measurement Specifications	<p>Start time: Date and time that a designated official began notification of pre-identified staff.</p> <p>Stop time: Date and time that the last staff person needed to fill pre-identified incident management functional responsibilities acknowledged notification.</p>
Intent	<p>To ensure a timely and effective response to an incident, grantees must be able to demonstrate the capability to rapidly notify <i>public health</i> staff with incident management functional responsibilities regardless of time of day.</p> <p>The intent of this measure is to be able to rapidly notify and receive acknowledgement from enough pre-identified public health staff to fill the incident management functional responsibilities needed for the real or simulated response that initiated the notification. This notification is specific to the number of incident management functional responsibilities to be filled, <i>not person-specific</i>. <i>Please Note: This measure does not test staff assembly.</i></p>
Reporting Criteria	<p>Self-report data submitted annually.</p> <p>Grantees may report data from multiple exercises and / or real incidents. However, grantees are <u>required to report data on their one best demonstration</u> of a staff notification that occurred between 08/10/2008 and 08/09/2009. The demonstration must have occurred during one of the following:</p> <ul style="list-style-type: none"> ▪ Drill ▪ Functional exercise ▪ Full-scale exercise ▪ Real incident <p><i>The notification must be unannounced AND outside of normal business hours.</i></p>
Reported Data Elements	<p>The following information will be collected in support of the performance measure:</p> <ol style="list-style-type: none"> 1. Total number of operations-based exercises (drill, functional, or full-scale) testing staff notification conducted between 08/10/2008 and 08/09/2009 <ol style="list-style-type: none"> 1a. Number of operations-based exercises testing <i>unannounced and outside of normal business hours</i> staff notification 2. Total number of incidents involving staff notification that occurred between 08/10/2008 and 08/09/2009 <ol style="list-style-type: none"> 2a. Number of real incidents involving <i>unannounced and outside of normal business hours</i> staff notification <p><i>For each unannounced, outside of normal business hours staff notification being reported:</i></p> <ol style="list-style-type: none"> 3. Was the staff notification part of a drill, functional exercise, full-scale exercise, or real incident? (select one)

Table 5. IM – Staff Notification (continued)

Reported Data Elements (continued)	<ol style="list-style-type: none">4. If reporting data from a real incident: What was the incident type: (select one)<ul style="list-style-type: none">▪ Type 4▪ Type 3▪ Type 2▪ Type 15. Was the staff notification unannounced? [Yes/No]6. Did the staff notification occur outside of normal business hours? [Yes/No]7. Brief description of real incident or event/incident upon which exercise scenario was based (750 character limit)8. Notification method(s) used: (select all that apply)<ul style="list-style-type: none">▪ Blackberry▪ Cell phone▪ Email outside of rapid notification system▪ Rapid notification system (e.g. Health Alert Network)▪ Land-line telephone▪ Pager▪ Satellite communication system▪ Other-specify9. Acknowledgement method(s) used: (select all that apply)<ul style="list-style-type: none">▪ Blackberry▪ Cell phone▪ Email outside rapid notification system▪ Rapid notification system (e.g. Health Alert Network)▪ Land-line telephone▪ Pager▪ Satellite communication system▪ Other-specify10. Number of staff required to fill pre-identified incident management functional responsibilities at the time of the initial notification (must be greater than 0);11. Number of staff notified (must be greater than zero)12. Number of staff who acknowledged notification (must be greater than zero)13. Start time (see measurement specifications above)14. Stop time (see measurement specifications above)15. Does this exercise or incident represent the best demonstration of your agency's staff notification capability? [Yes / No]16. Brief description of why this exercise or incident was chosen as the best demonstration of a staff notification (750 character limit)17. Was this your quickest time? [Yes/No]
---	---

Table 5. IM – Staff Notification (continued)

Definitions	<p><u>Acknowledgement:</u> Notified staff confirms receipt of notification to designated official. Acknowledgement method can be email, Health Alert Network, telephone, or other, and can be different from the notification method used.</p> <p><u>Designated official:</u> Any individual in the health department who has the authority to take the necessary action (e.g., decide to release a message).</p> <p><u>Drill:</u> A coordinated, supervised activity usually employed to test a single specific operation or function in a single agency. Drills are commonly used to provide training on new equipment, develop or test new policies or procedures, or practice and maintain current skills.</p> <p><u>Full-scale exercise (FSE):</u> A multi-agency, multi-jurisdictional activity involving actual deployment of resources in a coordinated response as if a real incident had occurred. An FSE tests many components of one or more capabilities within emergency response and recovery, and is typically used to assess plans, procedures, and coordinated response under crisis conditions. Characteristics of an FSE include mobilized units, personnel, and equipment; a stressful, realistic environment; and scripted exercise scenarios.</p> <p><u>Functional exercise (FE):</u> A single or multi-agency activity designed to evaluate capabilities and multiple functions using a simulated response. An FE is typically used to: evaluate the management of Emergency Operations Centers (EOCs), command posts, and headquarters; and assess the adequacy of response plans and resources. Characteristics of an FE include simulated deployment of resources and personnel, rapid problem solving, and a highly stressful environment.</p> <p><u>Incident:</u> Any natural or manmade occurrence that negatively affects or can potentially negatively affect public health. The incident does <i>not</i> need to be a declared emergency.</p> <p><u>Incident management functional responsibilities:</u> include personnel (not necessarily one per functional responsibility) <i>required to manage</i> the incident such as:</p> <ul style="list-style-type: none">▪ Incident Commander▪ Public Information Officer▪ Safety Officer▪ Liaison Officer▪ Operations Section Chief▪ Planning Section Chief▪ Logistics Section Chief▪ Finance/Administration Section Chief
--------------------	--

It is possible that an agency may use different titles for equivalent roles. Detailed descriptions of the functional roles and ICS can be found in National Incident Management System, Draft August 2007, available at http://www.fema.gov/emergency/nims/nims_doc.shtm.

Table 5. IM – Staff Notification (continued)

**Definitions
(continued)**

Incident type: Characterizes the complexity of an incident. If your agency uses a different scheme, please choose the type that is most similar to your exercise/incident for reporting:

Type 5 incidents are characterized as follows:

- The incident can be handled with one or two single resources with up to six personnel;
- Incident management functional positions (other than the Incident Commander) are not activated;
- No written IAP is required; and
- The incident is contained within the first operational period and often within an hour to a few hours after resources arrive on scene.

Type 4 incidents are characterized as follows:

- Incident management functional positions are activated only if needed;
- Several resources (e.g., task force or strike team) are required to mitigate the incident;
- Usually limited to one operational period in the control phase;
- Agency administrator may have briefings, and ensure the complexity analysis and delegation of authority are updated; and
- The role of the agency administrator/official includes completing the operational plans, including objectives and priorities.

Type 3 incidents are characterized as follows:

- Some or all of the incident management functional positions may be activated, including Division/Group Supervisor and/or Unit Leader level positions;
- An Incident Management Team (IMT) or incident command organization manages initial action incidents with a significant number of resources; and
- The incident may extend into multiple operational periods.

Type 2 incidents are characterized as follows:

- May require the response of resources out of area, including regional and/or national resources to effectively manage the operations and command and general staffing;
 - Most or all of the incident management functional positions are filled;
 - Many of the functional units are needed and staffed;
 - The incident is expected to go into multiple operational periods; and
 - The designated official is responsible for the incident complexity analysis, administrator briefings, and written delegation of authority.
-

Table 5. IM – Staff Notification (continued)

Definitions (continued)	<p><u>Type 1</u> incidents are the most complex and are characterized as follows:</p> <ul style="list-style-type: none">▪ Requires national resources to safely and effectively manage and operate;▪ All incident management functional positions are activated;▪ Branches need to be established;▪ The designated official is responsible for the incident complexity analysis, administrator briefings, and written delegation of authority;▪ Use of resource advisors at the incident base is recommended; and▪ There is a high impact on the local jurisdiction, requiring additional staff for office administrative and support functions.
	<p>Additional information on incident types is available from the Federal Emergency Management Agency at http://www.training.fema.gov/EMIWeb/IS/ICSResource/assets/IncidentTypes.pdf</p>
	<p><u>Pre-identified staff:</u> Contact information for public health staff members with incident management functional responsibilities is maintained on an up-to-date list. These are staff selected in advance to fill the incident management functional responsibilities adequate to a given response.</p>
	<p><u>Unannounced, outside of normal business hours notification:</u> A notification that occurs outside of normal operating business hours without advanced warning/notice.</p>
<hr/>	
Additional Guidance	<p><u>Exercise types:</u> Additional information on exercise types is available from the Homeland Security Exercise and Evaluation Program at https://hseep.dhs.gov/support/VolumeI.pdf</p> <p><u>Maintenance of records:</u> Please maintain paper and/or electronic log(s) or other documentation of all data reported for this performance measure. Data submitted may be verified by an independent party during scheduled site visits.</p> <p><u>Methods to record response times:</u> Though a fully automated electronic system is an efficient means to notify staff and document response times, such a system is <u>not</u> necessary to meet the requirements of this measure. Grantees may manually record staff response times.</p> <p><u>Up-to-date contact list for pre-identified staff:</u> Since rapid notification of staff depends on maintaining accurate contact information for pre-identified staff, grantees should keep a complete list of contact information for all staff with public health agency incident management functional responsibilities. Grantees should update this list at least once every six months and record the date of each update.</p>

Table 6. IM – Staff Assembly

IM - Staff Assembly	Time for staff with public health agency incident management functional responsibilities to report for duty
Measurement Specifications	<p>Start time: Date and time that a designated official began notification of pre-identified staff that they need to report for duty.</p> <p>Stop time: Date and time that the last staff person needed to fill pre-identified incident management functional responsibilities reported for duty.</p>
Intent	<p>To ensure a timely and effective response to an incident, grantees must demonstrate the capability to notify and immediately assemble public health staff with incident management functional responsibilities.</p>
Reporting Criteria	<p>Self-report data submitted annually.</p> <p>Grantees may report data from multiple exercises and / or real incidents. However, grantees are <u>required to report data on their one best demonstration</u> of a staff assembly that occurred between 08/10/2008 and 08/09/2009. The demonstration must have occurred during one of the following:</p> <ul style="list-style-type: none"> ▪ Drill ▪ Functional exercise ▪ Full-scale exercise ▪ Real incident <p><i>Staff assembly must be unannounced AND immediate.</i></p>
Reported Data Elements	<p>The following information will be collected in support of the performance measure:</p> <ol style="list-style-type: none"> 1. Total number of operations-based exercises (drill, functional, or full-scale) testing staff assembly conducted between 08/10/2008 and 08/09/2009 <ol style="list-style-type: none"> 1a. Number of operations-based exercises testing <i>unannounced and immediate</i> staff assembly; 2. Total number of incidents involving staff assembly that occurred between 08/10/2008 to 08/09/2009 <ol style="list-style-type: none"> 2a. Number of real incidents involving <i>unannounced and immediate</i> staff assembly <p><i>For each unannounced and immediate staff assembly being reported:</i></p> <ol style="list-style-type: none"> 3. Was the staff assembly part of a drill, functional exercise, full-scale exercise, or real incident? (select one) 4. If reporting data from a real incident: What was the incident type: (select one) <ul style="list-style-type: none"> ▪ Type 4 ▪ Type 3 ▪ Type 2 ▪ Type 1

Table 6. IM – Staff Assembly (continued)

Reported Data Elements (continued)	<ol style="list-style-type: none"> 5. Was the staff assembly unannounced? [Yes / No] 6. Was the staff assembly immediate? [Yes / No] 7. Brief description of real incident or event/incident upon which exercise scenario was based (750 character limit) 8. Was staff assembly virtual, physical, or a combination? (select one) 9. Was the Department Operations Center (DOC) activated? [Yes / No] 10. Number of incident management functional responsibilities required to be fulfilled by the notification to report for duty (must be greater than zero) 11. Number of staff notified (must be greater than zero) 12. Number of staff who assembled to fulfill the pre-identified incident management functional responsibilities (must be greater than zero) 13. Start time (see measurement specifications above) 14. Stop time (see measurement specifications above) 15. Does this exercise or incident represent the best demonstration of your agency’s staff assembly capability? [Yes / No] 16. Brief description of why this exercise or incident was chosen as the best demonstration of a staff assembly (750 character limit) 17. Was this your quickest time? [Yes / No]
Definitions	<p><u>Designated official:</u> Please refer to the definition provided in Table 5, page 15.</p> <p><u>Department Operations Center (DOC):</u> An Emergency Operations Center (EOC) specific to a single department or agency. The focus is on internal agency incident management and response. A DOC is often linked to and, in most cases, physically represented in a combined agency EOC by authorized agent(s) for the department or agency (NIMS, Aug 2007).</p> <p><u>Drill:</u> Please refer to the definition provided in Table 5, page 15.</p> <p><u>Full-scale exercise (FSE):</u> Please refer to definition provided in Table 5, pg 15.</p> <p><u>Functional exercise (FE):</u> Please refer to definition provided in Table 5, pg 15.</p> <p><u>Immediate:</u> Performed with little or no delay. For example, staff should be expected to assemble right away rather than to assemble at a later time.</p> <p><u>Incident:</u> Please refer to the definition provided in Table 5, page 15.</p> <p><u>Incident management functional responsibilities:</u> Please refer to the definition provided in Table 5, page 15.</p> <p><u>Incident type:</u> Please refer to the definition provided in Table 5, pages 16-17.</p> <p><u>Pre-identified staff:</u> Please refer to the definition provided in Table 5, page 17.</p> <p><u>Report for duty:</u> Staff assembles at a physical location (e.g., DOC), virtual location (e.g., web-based interface such as Web EOC, conference call), or combination of both. The duty physical location may be different for different agencies.</p> <p><u>Unannounced activation:</u> Staff is asked to report to duty without any advance warning.</p>

Table 6. IM – Staff Assembly (continued)

**Additional
Guidance**

Exercise types: Additional information on exercise types is available from the Homeland Security Exercise and Evaluation Program at <https://hseep.dhs.gov/support/VolumeI.pdf>

Maintenance of records: Please maintain paper and/or electronic log(s) or other documentation of all data reported for this performance measure. Data submitted may be verified by an independent party during scheduled site visits.

Methods to record response times: Though a fully automated electronic system is an efficient means to notify staff and document time of notification and time of reporting for duty, it is not necessary to meet the requirements of this measure. Grantees may manually record staff response times.

Table 7. IM – Incident Action Plan (IAP)

IM - IAP	Production of the approved Incident Action Plan (IAP) before the start of the second operational period
Measurement Specifications	Was a written Incident Action Plan approved before the start of the second operational period? (Yes / No)
Intent	To ensure a timely and effective response, grantees must engage in sound, timely planning during the response to guide the incident management decision process. A critical component of this planning is the ability to produce an approved IAP for each operational period. <i>Please Note: This is a binary measure where time is judged relative to the beginning of the second operational period. While it is recognized that the quality of an IAP is variable and dependent on many different attributes, the intent of this measure does not include the extent to which an IAP is adequate for a given response.</i>
Reporting Criteria	<p>Self-report data submitted annually.</p> <p>Grantees may report data from multiple exercises and / or real incidents. However, grantees are <u>required to report data on their one best demonstration</u> of a written IAP that occurred between 08/10/2008 and 08/09/2009. The demonstration must have occurred during one of the following:</p> <ul style="list-style-type: none"> ▪ Drill ▪ Functional Exercise ▪ Full-Scale Exercise ▪ Real Incident <p>The exercise or real incident must include the following characteristics:</p> <ul style="list-style-type: none"> ▪ The exercise scenario or real incident continues over two or more operational periods; ▪ Command and General staff sections are activated; and ▪ The IAP is comprised of the following components: ICS Form 202, “Incident Objectives”, ICS Form 203, “Organization Assignment List”, and ICS Form 204, “Division / Group Assignment List” or equivalent documentation.
Reported Data Elements	<p>The following information will be collected in support of the performance measure:</p> <ol style="list-style-type: none"> 1. Total number of operations-based exercises (drill, functional exercise, or full-scale exercise) conducted between 08/10/2008 and 08/09/2009 that extended over two operational periods or longer <ol style="list-style-type: none"> 1a. Total number of operations-based exercises (drill, functional exercise, or full-scale exercise) during which a written IAP was produced <u>before the start of the second operational period</u> 2. Total number of real incidents extending over two operational periods or longer that occurred between 08/10/2008 and 08/09/2009 <ol style="list-style-type: none"> 2a. Total number of real incidents during which a written IAP was completed <u>before the start of the second operational period</u>

Table 7. IM – IAP (continued)

Reported Data Elements (continued)	<i>For each written Incident Action Plan being reported:</i>
	3. Was a written IAP approved before the start of the second operational period? [Yes / No]
	4. Was the IAP produced during a drill, functional exercise, full-scale exercise, or real incident? (select one)
	5. What was the complexity of the simulated or real incident at the time that the IAP was written? (select one)
	<ul style="list-style-type: none">▪ Type 4▪ Type 3▪ Type 2▪ Type 1
	6. Brief description of the real incident or event/incident upon which the exercise scenario was based (750 character limit)
	7. Number of jurisdictions (including your own) involved in the exercise or real incident. (must be greater than or equal to 1)
	8. Did your agency act in a lead or assisting role? (select one)
	9. Did you partner with any other public or private sector agencies during this exercise or real incident? [Yes – Private Sector / Yes – Public Sector / No] (Can select No, or one or both Yes options);
	9a. If responded Yes – Private Sector: Which of the following private sector partner(s) participated in the exercise / real incident? (select all that apply)
	<ul style="list-style-type: none">▪ Business(es)▪ Hospital(s)▪ Media▪ Nonprofit / community-based organizations▪ Universities▪ Volunteer health professionals▪ Other-specify
	9b. If responded Yes – Public Sector: Which of the following public sector partner(s) participated in the exercise / real incident? (select all that apply)
	<ul style="list-style-type: none">▪ Agricultural agency▪ Education▪ Emergency management▪ Emergency Medical Services▪ Environmental agency▪ Fire department▪ Indian Health Service▪ Law enforcement▪ National Guard▪ Other-specify
	10. Did the IAP include incident objectives documented on ICS Form 202 or equivalent? [Yes / No]

Table 7. IM – IAP (continued)

Reported Data Elements (continued)	11. Did the IAP include an Incident Safety Analysis? [Yes / No] 12. Number of staff who fulfilled the incident management functional responsibilities during the first operational period. (must be greater than zero) 13. Does this exercise or incident represent the best demonstration of your agency’s capability to complete a written IAP? [Yes / No] 14. Brief description of why this exercise or incident was chosen as the best demonstration of a written Incident Action Plan (750 character limit)
---	--

Definitions

Acting in an assisting role: During some exercises or incidents, more than one agency may be required to respond. When the public health agency is supporting another agency in the response and / or recovery to an incident, either simulated or real, but not responsible for the coordination of all responding agencies and resources, the public health agency is acting in an assisting role during the response. For example, if the grantee participated in an exercise led by the State (or territory or Freely Associated State of the Pacific) emergency management agency, and the grantee had responsibility for drafting either its own AAR and IP on the public-health related aspects of the exercise or a portion of a larger AAR and IP for the entire exercise, the public health agency’s draft AAR and IP (or portion drafted by the public health agency) can be reported for this measure.

Acting in a lead role: When the public health agency assumes primary responsibility for managing the response and recovery to an incident, either simulated or real, including the coordination of resources in order to respond to an incident in an efficient manner, the public health agency is acting in a lead role.

Approved: The Incident Commander has signed and dated (including the time) the IAP.

Drill: Please refer to the definition provided in Table 5, page 15.

Full-scale exercise (FSE): Please refer to the definition provided in Table 5, pg 15.

Functional exercise (FE): Please refer to the definition provided in Table 5, pg 15.

Incident: Please refer to the definition provided in Table 5, page 15.

Incident Action Plan (IAP): A plan containing general objectives reflecting the overall strategy for managing an incident. It may include identification of operational resources and assignments, as well as attachments that provide direction and important information for management of the incident during one or more operational periods (National Incident Management System, Draft August 2007, available at http://www.fema.gov/emergency/nims/nims_doc.shtm).

Table 7. IM – IAP (continued)

Definitions (continued)	<p><u>Incident objectives:</u> Statements of guidance and direction necessary for the selection of appropriate strategy, and the tactical direction of resources. Incident objectives are based on realistic expectations of what can be accomplished when all allocated resources have been effectively deployed. Incident objectives must be achievable and measurable, yet flexible enough to allow for strategic and tactical alternatives (National Incident Management System, Draft August 2007, available at http://www.fema.gov/emergency/nims/nims_doc.shtm).</p> <p><u>Incident safety analysis:</u> Communicates safety and health issues for emergency responders for a given incident / event and identifies mitigation measures to address those issues (National Incident Management System, Draft August 2007, available at http://www.fema.gov/emergency/nims/nims_doc.shtm).</p> <p><u>Incident type:</u> Please refer to the definition provided in Table 5, pages 16-17.</p> <p><u>Jurisdiction:</u> A range or sphere of authority. Public agencies have jurisdiction at an incident related to their legal responsibilities and authority. Jurisdictional authority at an incident can be political or geographical (e.g., city, count, tribal, State, or Federal boundary lines) or functional (e.g., law enforcement, public health). (National Incident Management System, Draft August 2007, available at http://www.fema.gov/emergency/nims/nims_doc.shtm).</p> <p><u>Operational period:</u> The time scheduled for executing a given set of operation actions, as specified in the Incident Action Plan. Operational periods can be of various lengths, although usually they last 12-24 hours. (National Incident Management System, Draft August 2007, available at http://www.fema.gov/emergency/nims/nims_doc.shtm). <i>Please Note: If data are being reported for an exercise, the second operational period may be simulated.</i></p> <p><u>Production of IAP:</u> Documentation that the written IAP is completed and approved before the second operational period, including date and time or approval. For the purposes of this measure, the IAP is comprised of the following components: ICS Form 202 – “Incident Objectives;”, ICS Form 203 – “Organization Assignment List” and ICS Form 204 – “Division / Group Assignment List”, or equivalent documentation.</p>
Additional Guidance	<hr/> <p><u>Exercise types:</u> Additional information on exercise types is available from the Homeland Security Exercise and Evaluation Program at https://hseep.dhs.gov/support/VolumeI.pdf</p> <p><u>ICS forms:</u> Descriptions and templates for the ICS Forms can be found in National Incident Management System, Draft August 2007, available at http://www.fema.gov/emergency/nims/nims_doc.shtm</p> <p><u>Maintenance of records:</u> Grantees are required to maintain paper and/or electronic log(s) or other documentation of all data reported for this performance measure. Data submitted may be verified by an independent party during scheduled site visits.</p> <p><u>Methods to record data:</u> Though a fully automated electronic system is an efficient means to maintain documentation of data for this measure, such a system is <i>not</i> necessary to meet the requirements of this measure. Grantees may manually record all data elements.</p> <hr/>

Table 8. IM – After Action Report and Improvement Plan (AAR / IP)

IM – AAR and IP	Time to complete a draft of an After Action Report (AAR) and Improvement Plan (IP)
Measurement Specifications	<p>Start time: Date exercise or public health emergency operations completed. <i>(The exercise or response may have occurred before or during the budget period for which data are being submitted.)</i></p> <p>Stop time: Date the draft AAR and IP were submitted for clearance within the public health agency. <i>(This date must occur during the budget period for which data are being submitted.)</i></p>
Intent	<p>Through the use of after-action reporting and improvement planning, grantees must demonstrate the capability to analyze each real or simulated response action, describe needed improvements, and prepare a plan for making improvements in a minimal amount of time.</p>
Reporting Criteria	<p>Self-report data submitted annually.</p> <p>Grantees may report data from multiple exercises and / or real incidents. However, grantees are <u>required to report data on their one best demonstration</u> of an AAR and IP that were drafted between 08/10/2008 and 08/09/2009. This AAR and IP must have been drafted as a result of one of the following:</p> <ul style="list-style-type: none"> ▪ Tabletop exercise ▪ Drill ▪ Functional exercise ▪ Full-scale exercise ▪ Real incident
Reported Data Elements	<p>The following information will be collected in support of the performance measure:</p> <ol style="list-style-type: none"> 1. Total number of exercises (tabletop, drill, functional, or full-scale) that resulted in the completion of a draft AAR and IP between 08/10/2008 and 08/09/2009 2. Total number of real incidents that resulted in the completion of a draft of an AAR and IP between 08/10/2008 and 08/09/2009 <p><i>For each example of the completion of a draft AAR and IP being reported:</i></p> <ol style="list-style-type: none"> 3. Were the AAR and IP the result of a tabletop exercise, drill, functional exercise, full-scale exercise, or real incident? (select one) 4. If reporting data from a real incident: What was the incident type: (select one) <ul style="list-style-type: none"> ▪ Type 4 ▪ Type 3 ▪ Type 2 ▪ Type 1 5. Brief description of real incident or event/incident upon which exercise scenario was based (750 character limit) 6. Number of jurisdictions (including your own) involved in the exercise or real incident. (must be greater than or equal to one)

Table 8. IM – AAR / IP (continued)

Reported Data Elements (continued)	<p>7. Did your agency act in a lead or an assisting role? (select one)</p> <p>8. Did you partner with any other public or private sector agencies during this exercise or real incident? [Yes – Private Sector / Yes – Public Sector / No] (Can select No, or one or both Yes options);</p> <p>8a. If responded Yes – Private Sector: Which of the following private sector partner(s) participated in the exercise / real incident? (select all that apply)</p> <ul style="list-style-type: none">▪ Business(es)▪ Hospital(s)▪ Media▪ Non-profit/community-based organizations▪ Universities▪ Volunteer health professionals▪ Other-specify <p>8b. If responded Yes – Public Sector: Which of the following public sector partner(s) participated in the exercise / real incident? (select all that apply)</p> <ul style="list-style-type: none">▪ Agricultural agency▪ Education▪ Emergency management▪ Emergency Medical Services▪ Environmental agency▪ Fire department▪ Indian Health Service▪ Law enforcement▪ National Guard▪ Other-specify <p>9. Start time (see measurement specifications above)</p> <p>10. Stop time (see measurement specifications above)</p> <p>11. Date AAR and IP were approved by the public health agency (MM/DD/YY)</p> <p>12. Does this exercise or incident represent the best demonstration of your agency’s capability to complete an AAR and IP? [Yes / No]</p> <p>13. Brief description of why this exercise or incident was chosen as the best demonstration of the completion of an AAR and IP (750 character limit)</p> <p>14. Was this your quickest time? [Yes / No]</p>
---	---

Definitions	<p><u>Acting in an assisting role:</u> Please refer to the definition provided in Table 7, page 23.</p> <p><u>Acting in a lead role:</u> Please refer to the definition provided in Table 7, page 23.</p>
--------------------	---

Table 8. IM – AAR / IP (continued)

Definitions (continued)	<p><u>After Action Report (AAR) and Improvement Plan (IP):</u> The main product of the evaluation and improvement planning process, consisting of two components. The AAR captures observations of an exercise and makes recommendations for post-exercise improvements. The IP identifies specific corrective actions, assigns them to responsible parties, and establishes targets for their completion. The report should include how response operations did and did not meet objectives, recommendations for correcting gaps or weaknesses, and a plan for improving response operations (NIMS, Aug 2007).</p> <p>The AAR / IP is the unit that defines a single exercise, regardless of how many political jurisdictions were involved in the exercise.</p> <p><u>Clearance:</u> The process (whether formal or informal) that the public health agency uses to approve and finalize AAR / IPs. “Clearance” depends on accepted practice in the public health agency. It does not have to be a formalized process involving upper level management. For example, submission for review of the AAR / IP to an exercise director or emergency preparedness director would count as clearance, as long as there is a written AAR / IP and documentation of the date that person receives the AAR / IP. In this example, the stop time for this measure would be when the AAR / IP draft was submitted to the exercise director or preparedness director. If the person who clears the AAR / IP draft is the same person who drafts it, then the stop time is the time at which that person determines that the AAR / IP draft is complete.</p> <p><u>Drill:</u> Please refer to the definition provided in Table 5, page 15.</p> <p><u>Full-scale exercise (FSE):</u> Please refer to the definition provided in Table 5, pg 15.</p> <p><u>Functional exercise (FE):</u> Please refer to the definition provided in Table 5, pg 15.</p> <p><u>Incident:</u> Please refer to the definition provided in Table 5, page 15.</p> <p><u>Incident Types:</u> Please refer to the definition provided in Table 5, pages 16-17.</p> <p><u>Jurisdiction:</u> Please refer to the definition provided in Table 7, page 24.</p> <p><u>Tabletop Exercise (TTX):</u> TTXs are intended to stimulate discussion of various issues regarding a hypothetical situation. They can be used to assess plans, policies, and procedures or to assess types of systems needed to guide the prevention of, response to, or recovery from a defined incident. During a TTX, senior staff, elected or appointed officials, or other key personnel meet in an informal setting to discuss simulated situations. TTXs are typically aimed at facilitating understanding of concepts, identifying strengths and shortfalls, and/or achieving a change in attitude. Participants are encouraged to discuss issues in depth and develop decisions through slow-paced problem-solving rather than the rapid, spontaneous decision-making that occurs under actual or simulated emergency conditions. TTXs can be breakout (i.e. groups split into functional areas) or plenary (i.e. one large group).</p>
<hr/> Additional Guidance	<p><u>Exercise types:</u> Additional information about exercise types is available from the Homeland Security Exercise and Evaluation Program at https://hseep.dhs.gov/support/Volume1.pdf</p> <p><u>Maintenance of records:</u> Please maintain paper and/or electronic log(s) or other documentation of all data reported for this performance measure. Data submitted may be verified by an independent party during scheduled site visits.</p> <p><u>Methods to record data:</u> Though a fully automated electronic system is an efficient means to maintain documentation of data for this measure, such a system is <i>not</i> necessary to meet the requirements of this measure. Grantees may manually record all data elements.</p>

Page intentionally left blank

LABORATORY

Laboratory Performance Measures

Introduction

What is the capability and why was it selected?

The laboratory performance measures were identified and developed in collaboration with the PulseNet program at the Centers for Disease Control and Prevention (CDC). Participants of PulseNet perform standardized molecular subtyping of foodborne disease-causing bacteria through pulsed field gel electrophoresis (PFGE). To allow for rapid comparison of the patterns, an electronic, dynamic database at the CDC is available on demand to participants. Please visit the PulseNet website at <http://www.cdc.gov/PULSENET/> for a complete description of this national network of public health and food regulatory agency laboratories

Link to the Department of Homeland Security's Target Capabilities List (TCL).

The laboratory performance measures are aligned with the following capabilities identified in the DHS Target Capabilities List (TCL):

- Laboratory testing
- Information gathering and recognition of indicators and warning

Performance Measures: Laboratory

Table 9. Laboratory Performance Measures At a Glance

<p>Lab – PFGE – <i>E. coli</i> O157:H7</p>	<p>Percentage of pulsed field gel electrophoresis (PFGE) subtyping data results for <i>E. coli</i> O157:H7 submitted to the PulseNet national database within four working days of receiving isolate at the PFGE laboratory.</p>
<p>Measurement Specifications</p>	<p><u>Numerator:</u> Number of reference or clinical isolates that were identified as <i>E. coli</i> O157:H7 for PFGE subtyping and submitted to CDC’s PulseNet database within four working days of receipt of isolate at the PFGE laboratory.</p> <p><u>Denominator:</u> Total number of <i>E. coli</i> O157:H7 reference or clinical isolates for which the state performed PFGE subtyping.</p>
<p>Lab – PFGE – <i>Listeria monocytogenes</i></p>	<p>Percentage of pulsed field gel electrophoresis (PFGE) subtyping data results for <i>Listeria monocytogenes</i> submitted to the PulseNet national database within four working days of receiving isolate at the PFGE laboratory.</p>
<p>Measurement Specifications</p>	<p><u>Numerator:</u> Number of reference or clinical isolates that were identified as <i>Listeria monocytogenes</i> for PFGE subtyping and submitted to CDC’s PulseNet database within four working days of receipt of isolate at the PFGE laboratory.</p> <p><u>Denominator:</u> Total number of <i>Listeria monocytogenes</i> reference or clinical isolates for which the state performed PFGE subtyping.</p>

Table 10. Laboratory – PFGE – *E. coli* O157:H7

Lab – PFGE – <i>E. coli</i> O157:H7	Percentage of pulsed field gel electrophoresis (PFGE) subtyping data results for <i>E. coli</i> O157:H7 submitted to the PulseNet national database within four working days of receiving isolate at the PFGE laboratory.
Measurement Specifications	<p><u>Numerator</u>: Number of reference or clinical isolates that were identified as <i>E. coli</i> O157:H7 for PFGE subtyping and submitted to CDC’s PulseNet database within four working days of receipt of isolate at the PFGE laboratory.</p> <p><u>Denominator</u>: Total number of <i>E. coli</i> O157:H7 reference or clinical isolates for which the state performed PFGE subtyping.</p>
Intent	<p>Grantees need to be able to inform local, state, and national laboratorians and epidemiologists of disease occurrences in a timely manner to determine the extent and scope of potential outbreaks and to minimize the effects of these outbreaks.</p> <p>Performing PFGE subtyping and submitting data results to the PulseNet electronic database in a timely manner indicates the public health laboratory’s ability to subtype specific bacteria and share results quickly.</p>
Reporting Criteria	<p>Self-report data submitted annually. State grantees and Washington, D.C., are required to report on this performance measure.</p>
Target	<p>90% of PFGE subtyping data results during the budget period are submitted to the PulseNet database within four working days.</p>
Reported Data Elements	<p>The following information will be collected in support of the performance measure:</p> <ol style="list-style-type: none"> 1. Did the state public health laboratory receive any <i>E.coli</i> O157:H7 reference or clinical isolates between 08/10/08 and 08/09/09? [Yes/No] 2. If YES to question #1, how many <i>E.coli</i> O157:H7 reference or clinical isolates did the state public health PFGE laboratory receive between 08/10/08 and 08/09/09? 3. If YES to question #1, of the <i>E.coli</i> O157:H7 reference or clinical isolates that the state public health PFGE laboratory received, how many were sent to another laboratory/laboratories between 08/10/08 and 08/09/09? <ol style="list-style-type: none"> 3a. For the <i>E.coli</i> O157:H7 reference or clinical isolates that were sent to another laboratory/laboratories between 08/10/08 and 08/09/09, name the laboratory/laboratories, the city, and the state that performed PFGE subtyping. 4. If YES to question #1, for how many <i>E.coli</i> O157:H7 reference or clinical isolates did the state public health PFGE laboratory perform PFGE subtyping between 08/10/08 and 08/09/09? 5. How many of the PFGE results for <i>E. coli</i> O157:H7 reference or clinical isolates for which the state public health PFGE laboratory performed PFGE subtyping from 08/10/08 to 08/09/2009 were submitted to the PulseNet database within four working days?

Table 10. Laboratory – PFGE – *E.coli* O157:H7 (continued)

Reported Data Elements (continued)	6. If <u>Percentage</u> * <90%, why were fewer than 90% of the state’s <i>E.coli</i> O157:H7 PFGE laboratory subtyping results submitted to PulseNet within four working days?
	<i>*Percentage = (Number of PFGE results submitted to PulseNet within four working days / Number of isolates for which laboratory performed PFGE subtyping)*100</i>
Definitions	<u>Working days:</u> This term is equivalent to “business days.”
Additional Guidance	Submission of results within four working days: The start time is the date the isolate is received at the PFGE laboratory. The target for this measure is the submission of PFGE subtyping results to PulseNet within four working days from the date that the isolate is received at the PFGE laboratory.
	Maintenance of records: Please maintain paper and/or electronic log(s) or other documentation of all data reported for this performance measure. Data submitted may be verified by an independent party during scheduled site visits.

Table 11. Laboratory – PFGE – *Listeria Monocytogenes*

Lab – PFGE – <i>Listeria monocytogenes</i>	Percentage of pulsed field gel electrophoresis (PFGE) subtyping data results for <i>Listeria monocytogenes</i> submitted to the PulseNet national database within four working days of receiving isolate at the PFGE laboratory.
Measurement Specifications	<p><u>Numerator</u>: Number of reference or clinical isolates that were identified as <i>Listeria monocytogenes</i> for PFGE subtyping and submitted to CDC’s PulseNet database within four working days of receipt of isolate at the PFGE laboratory.</p> <p><u>Denominator</u>: Total number of <i>Listeria monocytogenes</i> reference or clinical isolates for which the state performed PFGE subtyping.</p>
Intent	<p>Grantees need to be able to inform local, state, and national laboratorians and epidemiologists of disease occurrences in a timely manner to determine the extent and scope of potential outbreaks and to minimize the effects of these outbreaks.</p> <p>Performing PFGE subtyping and submitting data results to the PulseNet electronic database in a timely manner indicates the public health laboratory’s ability to sub-type specific bacteria and share results quickly.</p>
Reporting Criteria	<p>Self-report data submitted annually. State grantees and Washington, D.C., are required to report on this performance measure.</p>
Target	<p>90% of PFGE subtyping data results during the budget period are submitted to the PulseNet database within four working days.</p>
Reported Data Elements	<p>The following information will be collected in support of the performance measure:</p> <ol style="list-style-type: none"> 1. Did the state public health laboratory receive any <i>Listeria monocytogenes</i> reference or clinical isolates between 08/10/08 and 08/09/09? [Yes / No] 2. If <u>YES</u> to question #1, how many <i>Listeria monocytogenes</i> reference or clinical isolates did the state public health PFGE laboratory receive between 08/10/08 and 08/09/09? 3. If <u>YES</u> to question #1, of the <i>Listeria monocytogenes</i> reference or clinical isolates that the state public health PFGE laboratory received, how many were sent to another laboratory/laboratories between 08/10/08 and 08/09/09? <ol style="list-style-type: none"> 3a. For the <i>Listeria monocytogenes</i> reference or clinical isolates that were sent to other laboratory/laboratories between 08/10/08 and 08/09/09, name the laboratory/laboratories, the city, and the state that performed PFGE subtyping. 4. If <u>YES</u> to question #1, for how many <i>Listeria monocytogenes</i> reference or clinical isolates did the state public health PFGE laboratory perform PFGE subtyping between 08/10/08 and 08/09/09? 5. How many of the PFGE results for <i>Listeria monocytogenes</i> reference or clinical isolates for which the state public health PFGE laboratory performed PFGE subtyping from 08/10/08 to 08/09/2009 were submitted to the PulseNet database <u>within four working days</u>?

Table 11. Laboratory – PFGE – *Listeria Monocytogenes*

Reported Data Elements (continued)	<p>6. If <u>Percentage</u> [*] <90%, why were fewer than 90% of the state’s <i>Listeria monocytogenes</i> PFGE laboratory subtyping results submitted to PulseNet within four working days?</p> <p><i>*Percentage = (Number of PFGE results submitted to PulseNet within four working days / Number of isolates for which laboratory performed PFGE subtyping)*100</i></p>
Definitions	<p><u>Working Days:</u> This term is equivalent to “business days.”</p>
Additional Guidance	<p>Submission of results within four working days: The start time is the date the isolate is received at the PFGE laboratory. The target for this measure is the submission of PFGE subtyping results to PulseNet within four working days from the date that the isolate is received at the PFGE laboratory.</p> <p>Maintenance of records: Please maintain paper and/or electronic log(s) or other documentation of all data reported for this performance measure. Data submitted may be verified by an independent party during scheduled site visits.</p>

Page intentionally left blank

**CRISIS AND EMERGENCY RISK COMMUNICATION (CERC) WITH THE
PUBLIC**

CERC with the Public Performance Measure

Introduction

What is the capability and why was it selected?

Crisis and emergency risk communication (CERC) is a term developed by CDC to describe communications with the public during an emergency. CERC is closely related to more routine risk communication in that its purpose is to provide information to the public to reduce uncertainty and inform decision making. However, the emergency conditions under which the message must be developed and disseminated impose much tighter time constraints than are generally faced for routine communications.

CERC with the public represents a critical leverage point in shaping the perceptions, decisions, and actions of the public, who are a key partner in preventing, preparing for, responding to, and recovering from public health emergencies. Public involvement and cooperation are required to facilitate critical response activities such as evacuation, sheltering in place, social distancing, and queuing at Points of Dispensing. CERC can be effective in influencing how the public responds to these activities.

Please Note: CERC with the public is distinguished from tactical communication, which involves communication *among responders*. For more information on CERC, including training curricula and tools, go to <http://emergency.cdc.gov/cerc/index.asp>.

Capability Definition

The CERC Measurement Subgroup (refer to Appendix D) defined crisis and emergency risk communication with the public as follows:

Crisis and emergency risk communication is the capability to provide accurate, credible, actionable, and timely information to the public in culturally and linguistically appropriate ways to inform decision making and reduce uncertainty before, during, and after a public health emergency. It involves an iterative process of developing, coordinating, and disseminating information to the public, responding to inquiries and reactions from the public, and evaluating the effectiveness of the information provided and the delivery channels utilized.

In developing this definition, the CERC Measurement Subgroup emphasized that, during emergencies, information must flow both to and from the public; thus, the definition includes responding to inquiries from the public as well as pushing messages out to the public. The group also emphasized the need for messages to have certain characteristics, including accuracy, credibility, actionability, and timeliness. Finally, the subgroup emphasized the importance of ongoing evaluation of the effectiveness of the delivery channels used to disseminate risk communication messages.

Link to the Department of Homeland Security's Target Capabilities List (TCL).

This PHEP capability draws upon a subset of the activities covered under the TCL:

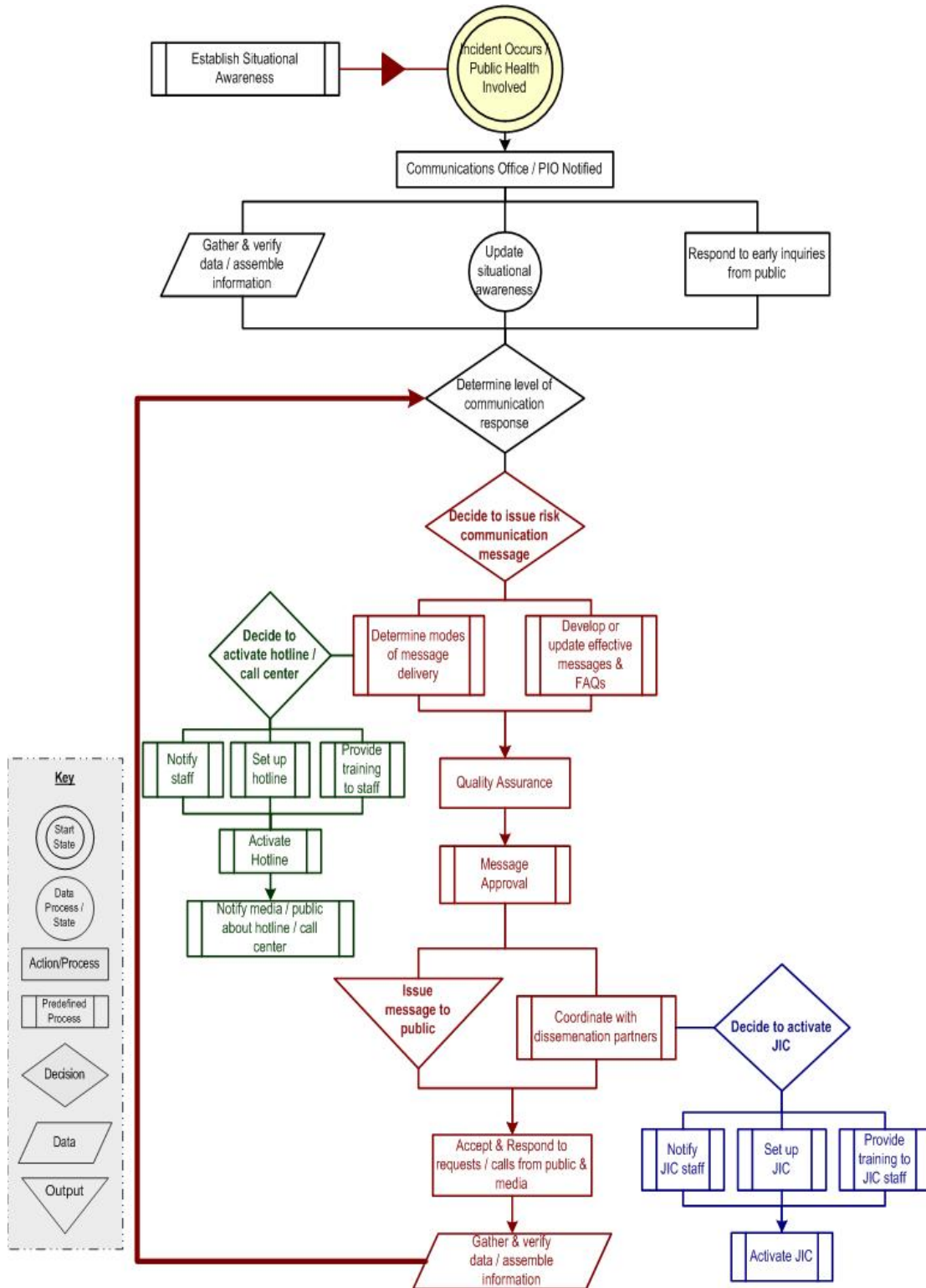
- Emergency public information and warning

Process Map

The process map was developed by the CERC with the Public Measurement Subgroup to illustrate critical programmatic activities. While several activities (i.e., activate joint information center) are displayed on the process map, it is recognized that not all health departments exert full control and / or authority over such activities. However, these activities are considered critical components to the process and are included in the process map accordingly. Figure 2 displays the process map developed by the CERC with the Public Measurement Subgroup.

Figure 2.

Crisis and Emergency Risk Communication (CERC) with the Public



Performance Measure: CERC with the Public

Table 12. CERC with the Public Performance Measure At a Glance

CERC – Public Message Dissemination	Time to issue a risk communication message for dissemination to the public
Measurement Specifications	<p><u>Start time:</u> Date and time that a designated official requested that the first risk communication message be developed.</p> <p><u>Stop time:</u> Date and time that a designated official approved the first risk communication message for dissemination.</p>

Table 13. CERC – Public Message Dissemination

CERC - Public Message Dissemination	Time to issue a risk communication message for dissemination to the public
Measurement Specifications	<p><u>Start time:</u> Date and time that a designated official requested that the first risk communication message be developed.</p> <p><u>Stop time:</u> Date and time that a designated official approved the first risk communication message for dissemination.</p>
Intent	<p>To inform decision making by the public and reduce uncertainty before, during, and after a public health emergency, grantees must demonstrate the ability to develop, coordinate, and disseminate timely information to the public about the public health emergency.</p> <p>It is critical that a public health agency be able to disseminate the first risk communication message to the public during a public health emergency to ensure that the public is first made aware of the incident and necessary actions in a timely manner and from a credible source (see http://emergency.cdc.gov/cerc/pdf/CERC-SEPT02.pdf for additional information).</p>
Reporting Criteria	<p>Self-report data submitted annually.</p> <p>Grantees may report data from multiple exercises and / or real incidents. However, grantees are <u>required to report data on their one best demonstration</u> of the development and dissemination of a risk communication message that occurred between 08/10/2008 and 08/09/2009. This demonstration must have occurred during one of the following:</p> <ul style="list-style-type: none"> ▪ Drill ▪ Functional exercise ▪ Full-scale exerciser ▪ Real incident <p>This measure pertains specifically to the <i>first</i> CERC message released in the context of an emergency. The focus is on the first measure because research has shown that the first message is critical as it sets the stage for comparison of all subsequent messages on a topic.</p>

Table 13. CERC –Public Message Dissemination (continued)

Reported Data Elements	<p>The following information will be collected in support of the performance measure:</p> <ol style="list-style-type: none">1. Total number of operations-based exercises (drill, functional, or full-scale) occurring between 08/10/2008 and 08/09/2009 that tested the process of risk communication message dissemination to the public2. Total number of real incidents occurring between 08/10/2008 and 08/09/2009 that involved risk communication message dissemination to the public <p><i>For each example of the development of a risk communication message for dissemination to the public being reported:</i></p> <ol style="list-style-type: none">3. Was the message dissemination part of a drill, functional exercise, full-scale exercise, or real incident? (select one)4. If reporting data from a real incident: What was the incident type when the first message was approved for dissemination: (select one)<ul style="list-style-type: none">▪ Type 4▪ Type 3▪ Type 2▪ Type 15. Brief description of real incident or event / incident upon which exercise scenario was based (750 character limit)6. Number of jurisdictions (including your own) involved in the exercise or real incident. (must be greater than or equal to one)7. Did your agency act in a lead or an assisting role? (select one)8. Did you partner with any other public or private sector agencies during this exercise or real incident? [Yes – Private Sector / Yes – Public Sector / No] (Can select No, or one or both Yes options);<ol style="list-style-type: none">8a. If responded Yes – Private Sector: Which of the following private sector partner(s) participated in the exercise/real incident? (select all that apply)<ul style="list-style-type: none">▪ Business(es)▪ Hospital(s)▪ Media▪ Nonprofit/community-based organizations▪ Universities▪ Volunteer health professionals▪ Other-specify
-------------------------------	--

Table 13. CERC –Public Message Dissemination (continued)

Reported Data Elements (continued)	<p>8b. If responded Yes – Public Sector: Which of the following public sector partner(s) participated in the exercise/real incident? (select all that apply)</p> <ul style="list-style-type: none">▪ Agricultural agency▪ Education▪ Emergency management▪ Emergency Medical Services▪ Environmental agency▪ Fire department▪ Indian Health Service▪ Law enforcement▪ National Guard▪ Other-specify <p>9. Was the message developed from a pre-drafted template? [Yes / No]</p> <p>10. Was the message written at or below a 6th grade reading level? [Yes / No / Not Assessed]</p> <p>11. Who was the intended audience of the message? (General population, Special population – specify)</p> <p>12. In which language(s) was the message developed? (List all);</p> <p>13. What was the intended method of delivery of the message? (select all that apply)</p> <ul style="list-style-type: none">▪ Print media release▪ Radio▪ Spokesperson (TV or in-person appearance)▪ Web release▪ Other-specify <p>14. Who was the immediate recipient of the approved message? (select all that apply)</p> <ul style="list-style-type: none">▪ Clearance or dissemination authority beyond the public health agency▪ Dissemination partner – specify▪ Public information line▪ Public information website▪ Other-specify <p>15. Start Time (see measurement specifications above)</p> <p>16. Stop Time (see measurement specifications above)</p> <p>17. If reporting data from a real incident: Approximate date / time that message was disseminated to the public.</p> <p>18. Does this exercise or incident represent the best demonstration of your agency’s capability to develop a CERC message? [Yes / No]</p> <p>19. Brief description of why this exercise or incident was chosen as the best demonstration of the development of a risk communication message for dissemination to the public (750 character limit)</p> <p>20. Was this your quickest time? (Yes/No)</p>
---	---

Table 13. CERC –Public Message Dissemination (continued)

Definitions

Acting in an assisting role: During some exercises or incidents, more than one agency may be required to respond. When the public health agency is supporting another agency in the response and / or recovery to an incident, either simulated or real, but not responsible for the coordination of all responding agencies and resources, the public health agency is acting in an assisting role during the response.

Acting in a lead role: When the public health agency assumes primary responsibility for managing the response and recovery to an incident, either simulated or real, including the coordination of resources in order to respond to an incident in an efficient manner, the public health agency is acting in a lead role. For example, if the grantee participated in an exercise led by the State emergency management agency, and the grantee had responsibility for drafting either its own risk communication message on the public-health related aspects of the scenario (lead role) or a portion of a broader risk communication message (assisting role), the public health agency can report either for this measure.

Designated official: Any individual in the public health agency who has the authority to take the necessary action (e.g. approve a message). A designated official may be a Public Information Officer, an Incident Commander, or any other individual with such authority.

Dissemination partner: News media, commercial partners, community partners, or other organizations that partner with or oversee the public health agency to release crisis and emergency risk communication messages to the public.

Drill: A coordinated, supervised activity usually employed to test a single specific operation or function in a single agency. Drills are commonly used to provide training on new equipment, develop or test new policies or procedures, or practice and maintain current skills.

Full-scale exercise (FSE): A multi-agency, multi-jurisdictional activity involving actual deployment of resources in a coordinated response as if a real incident had occurred. An FSE tests many components of one or more capabilities within emergency response and recovery, and is typically used to assess plans, procedures, and coordinated response under crisis conditions. Characteristics of an FSE include mobilized units, personnel, and equipment; a stressful, realistic environment; and scripted exercise scenarios.

Functional exercise (FE): A single or multi-agency activity designed to evaluate capabilities and multiple functions using a simulated response. An FE is typically used to: evaluate the management of Emergency Operations Centers (EOCs), command posts, and headquarters; and assess the adequacy of response plans and resources. Characteristics of an FE include simulated deployment of resources and personnel, rapid problem solving, and a highly stressful environment.

Incident: Any natural or manmade occurrence that negatively affects or can potentially negatively affect public health. The incident does *not* need to be a declared emergency.

Table 13. CERC –Public Message Dissemination (continued)

Definitions (continued) **Incident type:** Characterizes the complexity of an incident. If your agency uses a different scheme, please choose the type most similar that matches your exercise for reporting:

Type 5 incidents are characterized as follows:

- The incident can be handled with one or two single resources with up to six personnel;
- Incident Management functional positions (other than the Incident Commander) are not activated;
- No written Incident Action (IAP) is required; and
- The incident is contained within the first operational period and often within an hour to a few hours after resources arrive on scene.

Type 4 incidents are characterized as follows:

- Incident Management functional positions are activated only if needed;
- Several resources (e.g., Task Force or Strike Team) are required to mitigate the incident;
- Usually limited to one operational period in the control phase;
- Agency administrator may have briefings, and ensure the complexity analysis and delegation of authority are updated; and
- The role of the agency administrator/official includes completing the operational plans, including objectives and priorities.

Type 3 incidents are characterized as follows:

- Some or all of the Incident Management functional positions may be activated, including Division/Group Supervisor and/or Unit Leader level positions;
- An Incident Management Team (IMT) or incident command organization manages initial action incidents with a significant number of resources; and
- The incident may extend into multiple operational periods.

Type 2 incidents are characterized as follows:

- May require the response of resources out of area, including regional and/or national resources to effectively manage the operations and command and general staffing;
 - Most or all of the Incident Management functional positions are filled;
 - Many of the functional units are needed and staffed;
 - The incident is expected to go into multiple operational periods; and
 - The designated official is responsible for the incident complexity analysis, administrator briefings, and written delegation of authority.
-

Table 13. CERC –Public Message Dissemination (continued)

- Definitions (continued)** Type 1 incidents are the most complex and are characterized as follows:
- Requires national resources to safely and effectively manage and operate;
 - All Incident Management functional positions are activated;
 - Branches need to be established;
 - The designated official is responsible for the incident complexity analysis, administrator briefings, and written delegation of authority;
 - Use of resource advisors at the incident base is recommended; and
 - There is a high impact on the local jurisdiction, requiring additional staff for office administrative and support functions.

Issue: Within the context of this measure, “issue” refers to distributing the approved message for the public to either the dissemination partners, the next level of authority beyond the public health agency for approval or dissemination, or directly to the public.

Jurisdiction: A range or sphere of authority. Public agencies have jurisdiction at an incident related to their legal responsibilities and authority. Jurisdictional authority at an incident can be political or geographical (e.g., city, county, tribal, State, or Federal boundary lines) or functional (e.g., law enforcement, public health). (NIMS, Aug 2007)

Method of delivery: The media type used to disseminate the message to the public, e.g. website posting, press release, public information line fact sheet.

Additional Guidance **Exercise types:** Additional information on exercise types is available from the Homeland Security Exercise and Evaluation Program at <https://hseep.dhs.gov/support/VolumeI.pdf>

First CERC message: This measure pertains specifically to the *first* CERC message released in the context of an emergency. The focus is on the first measure because research has shown that first message is critical as it sets the stage for comparison of all subsequent messages on a topic. (see <http://emergency.cdc.gov/cerc/pdf/CERC-SEPT02.pdf> for additional information).

Methods to record data: Though a fully automated electronic system is an efficient means to maintain documentation of data for this measure, such a system is *not* necessary to meet the requirements of this measure. Grantees may manually record all data elements.

Maintenance of records: Please maintain paper and/or electronic log(s) or other documentation of all data reported for this performance measure. Data submitted may be verified by an independent party during scheduled site visits.

Page intentionally left blank

APPENDICES

Appendix A: Background on the PHEP Measurement Project

The BP 9 performance measures were developed following an extensive process of stakeholder engagement and program prioritization activities. The Outcome Monitoring and Evaluation Branch (OMEB) in the Division of State and Local Readiness (DSLRL), Coordinating Office for Terrorism Preparedness and Emergency Response (COTPER) at the Centers for Disease Control and Prevention (CDC) worked with CDC's PHEP Evaluation Workgroup to identify high priority PHEP capabilities for which measures should be developed. This workgroup is composed of representatives from federal agencies, national partner organizations, state and local public health agencies, and nonprofit organizations (see Appendix B). Using the Department of Homeland Security's Target Capabilities List (TCL) as a starting point, the Workgroup (a) identified the capabilities most critical to public health's role in preparedness and (b) adapted the TCL capabilities slightly to make them more relevant to public health. The Workgroup identified the following capabilities as priorities for immediate measure development:

- Incident management
- Crisis and emergency risk communication (CERC) with the public
- Biosurveillance (including, but not limited to, laboratory, epidemiology, and surveillance and investigation)
- Countermeasure delivery (including distribution and dispensing)
- Community mitigation strategies (including, but not limited to, isolation and quarantine)

While there are many other critical capabilities involved in PHEP, these five capabilities were selected as core to public health's role in preparedness and are aligned with relevant policy mandates (e.g., HSPD-21). The intent is to identify and measure a manageable number of discrete components of the PHEP program as indicators of preparedness and response capabilities.

Incident Management and CERC with the Public were identified by CDC as the first capabilities for which performance measures would be developed. Topic-specific measurement subgroups, comprised of local and state public health department content and/or measurement experts, were convened in April 2008 to identify and develop performance measures for each of these capabilities (see Appendices C and D, respectively). The subgroups used process mapping to identify components of each capability that met the following criteria:

- most important to the achievement of that capability
- measurable
- feasible to collect and report
- relevant in multiple context.

Similar topic-specific measurement subgroups will be convened throughout 2008 and 2009 for the remaining capabilities identified as priority by the PHEP Evaluation Workgroup. If you are interested in participating in one of these subgroups and would like additional information, please see inside cover for contact information.

Appendix B: PHEP Evaluation Workgroup Membership

- Torrance Brown, Office of the Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services
- Rebecca Hathaway, Office of Health Emergency Management, New York State Department of Health
- Rebecca A. Head, Monroe County Public Health Department (Michigan) / NACCHO Public Health Preparedness Essential Services Committee - Metrics Workgroup
- Lisle Hites, Mel and Enid Zuckerman College of Public Health, The University of Arizona
- Vicki Johnson, National Association of County and City Health Officials
- Lara Lamprecht, Office of the Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services
- Susan Lance, Georgia Division of Public Health / Council of State and Territorial Epidemiologists
- David Kim, Career Epidemiologist Field Officer Program, COTPER / CDC
- Amy Nevel, Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services
- Gianfranco Pezzino, Kansas Health Institute
- Marisa Raphael, New York City Department of Health and Mental Hygiene
- Bonnie D. Rubin, University of Iowa Hygienic Laboratory / Association of Public Health Laboratories
- Cathy Slemple, West Virginia Bureau for Public Health / Public Health Preparedness Priorities Workgroup, ASTHO - Directors of Public Health Preparedness
- Karen Smith, Napa County Public Health (California) / NACCHO Public Health Preparedness Essential Services Committee
- Lee Smith, ASTHO Preparedness Policy Committee, Directors of Public Health Preparedness
- Christopher A. Williams, New York City Department of Health and Mental Hygiene
- William Windle, Department of Homeland Security – National Exercise Division

Appendix C: Incident Management Measurement Subgroup Membership

- Beth Bacon, Michigan Department of Community Health – Office of Public Health Preparedness
- Lisle Hites, Mel and Enid Zuckerman College of Public Health, The University of Arizona
- James E. Pate, Orange County Health Department, Florida Department of Health
- Marisa Raphael, New York City Department of Health and Mental Hygiene
- Rocaille Roberts, Harris County Public Health & Environmental Services (Texas)
- Joseph Roth, American Samoa Department of Health / Career Epidemiology Field Officer Program, COTPER / CDC
- Lee Smith, ASTHO Preparedness Policy Committee, Directors of Public Health Preparedness
- Lori Van de Wege, Washington State Department of Health
- Steve Wagner, Ohio Department of Health

Appendix D: Crisis and Emergency Risk Communications Measurement Subgroup Membership

- Bret M. Atkins, Ohio Department of Health
- Laura Blaske, Washington State Department of Health
- Lisle Hites, Mel and Enid Zuckerman College of Public Health, The University of Arizona
- Kimberley Conrad Junius, Cook County Department of Public Health (Illinois)
- Sheryl Tirol Goodwin, New York City Department of Health & Mental Hygiene, Press Office
- J. Royden Saah, North Carolina State Laboratory of Public Health
- Lori Van de Wege, Washington State Department of Health

Appendix E: Performance Measures Data Collection Template

PHEP Cooperative Agreement
Budget Period 9 (August 10, 2008 – August 9, 2009)

Table 14. Incident Management Performance Measures Data Collection Template

Incident Management
Staff Notification: Time to notify pre-identified staff with public health agency incident management functional responsibilities
<ol style="list-style-type: none">1. How many operations-based exercises (drill, functional, or full-scale) testing staff notification were conducted between August 10, 2008, and August 9, 2009? _____2. How many operations-based exercises testing unannounced and outside normal business hours staff notification were conducted between August 10, 2008, and August 9, 2009? _____3. How many real incidents involving staff notification occurred between August 10, 2008 and August 9, 2009? _____4. How many real incidents involving unannounced and outside normal business hours staff notification occurred between August 10, 2008, and August 9, 2009? _____
<i>Please complete the questions below for the unannounced, outside of normal business hours staff notification that occurred during Budget Period 9 (August 10, 2008, to August 9, 2009) being reported.</i>
<ol style="list-style-type: none">5. Was this staff notification part of a drill, functional exercise, full-scale exercise, or real incident? (select one) <input type="checkbox"/> Drill <input type="checkbox"/> Functional exercise <input type="checkbox"/> Full-scale exercise <input type="checkbox"/> Real incident6. If reporting data from a <u>real incident</u>, what was the incident type? (select one) <input type="checkbox"/> Type 4 <input type="checkbox"/> Type 3 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 17. Was the staff notification unannounced? <input type="checkbox"/> Yes <input type="checkbox"/> No

Table 14. IM Performance Measures Data Collection Template (continued)

Staff Notification (continued)

8. Did the staff notification occur **outside of normal business hours**?
- ____ Yes
- ____ No
9. Please provide a brief description of the real incident or event / incident upon which exercise scenario was based (750 character limit) _____
- _____
- _____
10. What notification method(s) were used? (select all that apply)
- ____ Blackberry
- ____ Cell phone
- ____ Email outside of rapid notification system
- ____ Land-line telephone
- ____ Pager
- ____ Rapid notification system (e.g. Health Alert Network)
- ____ Satellite communication system
- ____ Other-specify: _____
11. What acknowledgement method(s) were used? (select all that apply)
- ____ Blackberry
- ____ Cell phone
- ____ Email outside of rapid notification system
- ____ Land-line telephone
- ____ Pager
- ____ Rapid notification system (e.g. Health Alert Network)
- ____ Satellite communication system
- ____ Other-specify: _____
12. How many staff were required to fill pre-identified incident management functional responsibilities at the time of initial notification? _____
13. How many staff were notified? _____
14. How many staff acknowledged the notification? _____

Table 14. IM Performance Measures Data Collection Template (continued)

Staff Notification (continued)

15. Date and time that a designated official began notification of pre-identified staff (start time).

Date: __/__/__ (MM/DD/YY) Time: __:__ (hr:min)

16. Date and time that the last staff person needed to fill pre-identified incident management functional responsibilities acknowledged notification (stop time).

Date: __/__/__ (MM/DD/YY) Time: __:__ (hr:min)

17. Does this exercise or incident represent the best demonstration of your agency's staff notification capability?

____ Yes

____ No

17a. If yes, please provide a brief description of why this exercise or incident was chosen as the best demonstration of a staff notification (750 character limit)

18. Was this your quickest time for an unannounced and outside of normal business hours staff notification?

____ Yes

____ No

Staff Assembly: Time for staff with public health agency incident management functional responsibilities to report for duty

1. How many operations-based exercises (drill, functional, or full-scale) testing staff assembly were conducted between August 10, 2008, and August 9, 2009? ____
2. How many operations-based exercises testing **unannounced and immediate** staff assembly were conducted between August 10, 2008, and August 9, 2009? ____
3. How many real incidents involving staff assembly occurred between August 10, 2008, and August 9, 2009? ____
4. How many real incidents involving **unannounced and immediate** staff assembly occurred between August 10, 2008, and August 9, 2009? ____

Table 14. IM Performance Measures Data Collection Template (continued)

Staff Assembly (continued)

Please complete the questions below for the unannounced, immediate staff assembly that occurred during Budget Period 9 (August 10, 2008, to August 9, 2009) being reported.

5. Was this staff assembly part of a drill, functional exercise, full-scale exercise, or real incident? (select one)
- Drill
 - Functional exercise
 - Full-scale exercise
 - Real incident
6. If reporting data from a real incident, what was the incident type? (select one)
- Type 4
 - Type 3
 - Type 2
 - Type 1
7. Was the staff assembly **unannounced**?
- Yes
 - No
8. Was the staff assembly **immediate**?
- Yes
 - No
9. Please provide a brief description of the real incident or event/incident upon which exercise scenario was based (750 character limit) _____
- _____
- _____
10. Was staff assembly virtual, physical, or a combination? (select one)
- Virtual only
 - Physical only
 - Combination (Virtual and Physical)
11. Was the Department Operations Center (DOC) activated?
- Yes
 - No
12. How many incident management functional responsibilities were required to be fulfilled by the notification to report for duty? _____
13. How many staff were notified? _____

Table 14. IM Performance Measures Data Collection Template (continued)

Staff Assembly (continued)

14. How many staff reported for duty to fulfill the pre-identified incident management functional responsibilities? _____
15. Date and time that a designated official began notification of pre-identified staff (start time).
Date: __/__/__ (MM/DD/YY) Time: __:__ (hr:min)
16. Date and time that the last staff person needed to fill pre-identified incident management functional responsibilities reported for duty (stop time).
Date: __/__/__ (MM/DD/YY) Time: __:__ (hr:min)
17. Does this exercise or incident represent the best demonstration of your agency's staff assembly capability?
____ Yes
____ No
- 17a. Please provide a brief description of why this exercise or incident was chosen as the best demonstration of a staff assembly (750 character limit)

18. Was this your quickest time for an unannounced, immediate staff assembly?
____ Yes
____ No

Incident Action Plan: Production of the approved Incident Action Plan (IAP) before the start of the second operational period

1. How many operations-based exercises (drill, functional, or full-scale) extending over two operational periods or longer (extended operational periods may be simulated) were conducted between August 10, 2008, and August 9, 2009? _____
2. How many operations-based exercises (drill, functional, or full-scale) extending over two operational periods or longer (extended operational periods may be simulated) were conducted between August 10, 2008, and August 9, 2009 during which a written IAP was produced before the start of the second operational period? _____
3. How many real incidents extending two operational periods or longer occurred between August 10, 2008, and August 9, 2009? _____
4. How many real incidents extending two operational periods or longer occurred between August 10, 2008, and August 9, 2009 during which a written IAP was produced before the start of the second operational period? _____

Table 14. IM Performance Measures Data Collection Template (continued)

IAP (continued)

Please complete the questions below for the exercise or real incident demonstrating the completion of an Incident Action Plan that occurred during Budget Period 9 (August 10, 2008 to August 9, 2009) being reported.

5. Was the written Incident Action Plan approved before the start of the second operational period?
- ____ Yes
____ No
6. Was the IAP the result of a drill, functional exercise, full-scale exercise, or real incident? (select one)
- ____ Drill
____ Functional exercise
____ Full-scale exercise
____ Real incident
7. What was the complexity of the simulated or real incident at the time that the IAP was written? (select one)
- ____ Type 4
____ Type 3
____ Type 2
____ Type 1
8. Please provide a brief description of the real incident or event/incident upon which exercise scenario was based (750 character limit) _____
- _____
- _____
9. How many jurisdictions (including your own) were involved in the exercise or real incident? _____
10. Did your agency act in a lead or an assisting role? (select one)
- ____ Lead Role
____ Assisting Role

Table 14. IM Performance Measures Data Collection Template (continued)

IAP (continued)

11. Did you partner with any other public or private sector agencies during this exercise or real incident (can select No, or one or both Yes options)

Yes – Private Sector

Yes – Public Sector

No

11a. If responded Yes – Private Sector: Which of the following private sector partner(s) participated in the exercise / real incident? (select all that apply)

Business(es)

Hospital(s)

Media

Non-profit/Community-based Organization(s)

Universities

Volunteer Health Professionals

Other-Specify: _____

11b. If responded Yes – Public Sector: Which of the following public sector partner(s) participated in the exercise / real incident? (select all that apply)

Agricultural Agency

Education

Emergency Management

Emergency Medical Services

Environmental Agency

Fire Department

Indian Health Service

Law Enforcement

National Guard

Other-Specify: _____

12. Did the IAP include incident objectives (ICS Form 202 or equivalent)?

Yes

No

Table 14. IM Performance Measures Data Collection Template (continued)

IAP (continued)

13. Did the IAP include an Incident Safety Analysis?

____ Yes

____ No

14. How many staff fulfilled the Incident Management functional responsibilities during the first operational period? _____

15. Does this exercise or incident represent the best demonstration of your agency's capability to complete a written IAP before the start of the second operation period?

____ Yes

____ No

15a. If yes, please provide a brief description of why this exercise or incident was chosen as the best demonstration of a written IAP (750 character limit):

After Action Report & Improvement Plan: Time to complete a draft of an After Action Report (AAR) and Improvement Plan (IP)

1. How many exercises (tabletop, drill, functional, or full-scale) resulted in the completion of a draft AAR and IP between August 10, 2008, and August 9, 2009?

2. How many real incidents resulted in the completion of a draft AAR and IP between August 10, 2008 and August 9, 2009? _____

Please complete the questions below for the exercise or real incident demonstrating the completion of a draft After Action Report and Improvement Plan that occurred during Budget Period 9 (August 10, 2008, to August 9, 2009) being reported.

3. Were the AAR and IP the result of a tabletop exercise, drill, functional exercise, full-scale exercise, or real incident? (select one)

____ Tabletop exercise

____ Drill

____ Functional exercise

____ Full-scale exercise

____ Real Incident

Table 14. IM Performance Measures Data Collection Template (continued)

AAR/ IP (continued)

4. If reporting data from a real incident, what was the incident type? (select one)
- Type 4
 - Type 3
 - Type 2
 - Type 1
5. Please provide a brief description of the real incident or event/incident upon which exercise scenario was based (750 character limit) _____
- _____
- _____
6. How many jurisdictions (including your own) were involved in the exercise or real incident? _____
7. Did your agency act in a lead or an assisting role? (select one)
- Lead Role
 - Assisting Role
8. Did you partner with any other public or private sector agencies during this exercise or real incident (can select No, or one or both Yes options)
- Yes – Private Sector
 - Yes – Public Sector
 - No
- 8a. If responded Yes – Private Sector: Which of the following private sector partner(s) participated in the exercise / real incident? (select all that apply)
- Business(es)
 - Hospital(s)
 - Media
 - Non-profit/Community-based Organization(s)
 - Universities
 - Volunteer Health Professionals
 - Other-Specify: _____

Table 14. IM Performance Measures Data Collection Template (continued)

AAR / IP (continued)

8b. If responded Yes – Public Sector: Which of the following public sector partner(s) participated in the exercise / real incident? (select all that apply)

- Agricultural Agency
- Education
- Emergency Management
- Emergency Medical Services
- Environmental Agency
- Fire Department
- Indian Health Service
- Law Enforcement
- National Guard
- Other-Specify: _____

9. Date exercise or public health emergency operations completed (start time).

Date: __/__/__ (MM/DD/YY)

10. Date the draft AAR and IP were submitted for clearance within the public health agency (stop time).

Date: __/__/__ (MM/DD/YY)

11. What was the date that the AAR and IP were approved by the public health agency?

Date: __/__/__ (MM/DD/YY)

12. Does this exercise or incident represent the best demonstration of your agency's capability to complete a draft AAR and IP?

Yes

No

12a. If yes, please provide a brief description of why this exercise or incident was chosen as the best demonstration of the completion of an AAR and IP (750 character limit) _____

13. Was this your quickest time for the submission of a draft AAR and IP for clearance?

Yes

No

Page intentionally left blank

Table 15. Laboratory Performance Measures Data Collection Template

Laboratory – Pulsed Field Gel Electrophoresis (PFGE)

Lab - PFGE *E. coli* O157:H7: Percentage of pulsed field gel electrophoresis (PFGE) subtyping data results for *E. coli* O157:H7 submitted to the PulseNet national database within four working days of receiving isolate at the PFGE laboratory.

Please complete the questions below related to Lab-PFGE: E.coli O157:H7 for Budget Period 9 (August 10, 2008, to August 9, 2009).

1. Did the state public health laboratory receive any *E.coli* O157:H7 reference or clinical isolates between 08/10/08 and 08/09/09?
 Yes
 No
2. If YES to question #1, how many *E.coli* O157:H7 reference or clinical isolates did the state public health PFGE laboratory receive between 08/10/08 and 08/09/09? _____
3. If YES to question #1, of the *E.coli* O157:H7 reference or clinical isolates that the state public health PFGE laboratory received, how many were sent to another laboratory / laboratories for PFGE subtyping between 08/10/08 and 08/09/09? _____
 - 3a. For the *E.coli* O157:H7 reference or clinical isolates that were sent to another laboratory / laboratories between 08/10/08 and 08/09/09, name the laboratory / laboratories, the city, and the state that performed PFGE subtyping.

4. If YES to question #1, for how many *E.coli* O157:H7 reference or clinical isolates did the state public health PFGE laboratory perform PFGE subtyping between 08/10/08 and 08/09/09? _____
 - 4a. How many of the PFGE results for *E. coli* O157:H7 reference or clinical isolates for which the state public health PFGE laboratory performed PFGE subtyping from 08/10/08 to 08/09/2009 were **submitted** to the PulseNet database within four working days? _____
 - 4b. If Percentage ^{*} <90%, why were fewer than 90% of the state's *E.coli* O157:H7 PFGE subtyping results submitted to PulseNet within four working days?

**Percentage = (Number of PFGE results submitted to PulseNet within four working days / Number of isolates for which laboratory performed PFGE subtyping)*100*

Table 15. Laboratory Performance Measures Data Collection Template (continued)

Lab - PFGE *Listeria monocytogenes*: Percentage of pulsed field gel electrophoresis (PFGE) subtyping data results **for *Listeria monocytogenes*** submitted to the PulseNet national database within four working days of receiving isolate at the PFGE laboratory.

Please complete the questions below related to Lab-PFGE: *Listeria monocytogenes* for Budget Period 9 (August 10, 2008, to August 9, 2009).

1. Did the state public health laboratory receive any *Listeria monocytogenes* reference or clinical isolates between 08/10/08 and 08/09/09?
 Yes
 No
2. If **YES** to question #1, how many *Listeria monocytogenes* reference or clinical isolates did the state public health PFGE laboratory receive between 08/10/08 and 08/09/09? _____
3. If **YES** to question #1, of the *Listeria monocytogenes* reference or clinical isolates that the state public health PFGE laboratory received, how many were sent to another laboratory/laboratories for PFGE subtyping between 08/10/08 and 08/09/09? _____
 - 3a. For the *Listeria monocytogenes* reference or clinical isolates that were sent to other laboratory/laboratories between 08/10/08 and 08/08/09, name the laboratory/laboratories, the city, and the state that performed PFGE subtyping.

4. If **YES** to question #1, for how many *Listeria monocytogenes* reference or clinical isolates did the state public health PFGE laboratory perform PFGE subtyping between 08/10/08 and 08/09/09? _____
 - 4a. How many of the PFGE results for *Listeria monocytogenes* reference or clinical isolates for which the state public health PFGE laboratory performed PFGE subtyping from 08/10/08 to 08/09/2009 were **submitted** to the PulseNet database within four working days? _____
 - 4b. If Percentage* <90%, why were fewer than 90% of the state's *Listeria monocytogenes* subtyping results submitted to PulseNet within four working days?

*Percentage = (Number of PFGE results submitted to PulseNet within four working days / Number of isolates for which laboratory performed PFGE subtyping)*100

Table 16. CERC Performance Measure Data Collection Template

Crisis and Emergency Risk Communication (CERC) with the Public

CERC – Public Message Dissemination: Time to issue a risk communication message for dissemination to the public

1. How many operations-based exercises (drill, functional, or full-scale) testing risk communication message dissemination to the public were conducted between August 10, 2008, and August 9, 2009? _____
2. How many real incidents involving risk communication message dissemination to the public occurred between August 10, 2008, and August 9, 2009? _____

Please complete the questions below for the exercise or real incident demonstrating the development of a risk communication message for dissemination to the public that occurred during Budget Period 9 (August 10, 2008, to August 9, 2009) being reported.

3. Was the message dissemination part of a drill, functional exercise, full-scale exercise, or real incident? (select one)
_____ Drill
_____ Functional exercise
_____ Full-scale exercise
_____ Real incident
4. If reporting data from a real incident, what was the incident type when the first message was approved for dissemination?
_____ Type 4
_____ Type 3
_____ Type 2
_____ Type 1
5. Please provide a brief description of the real incident or event/incident upon which exercise scenario was based (750 character limit) _____

6. How many jurisdictions (including your own) were involved in the exercise or real incident?

Table 16. CERC Performance Measures Data Collection Template (continued)

Public Message Dissemination (continued)

7. Did your agency act in a lead or an assisting role? (select one)
- Lead Role
 - Assisting Role
8. Did you partner with any other public or private sector agencies during this exercise or real incident [can select No, or one or both Yes options]
- Yes – Private Sector
 - Yes – Public Sector
 - No
- 8a. If responded Yes – Private Sector: Which of the following private sector partner(s) participated in the exercise / real incident? (select all that apply)
- Business(es)
 - Hospital(s)
 - Media
 - Non-profit/Community-based Organization(s)
 - Universities
 - Volunteer Health Professionals
 - Other-Specify: _____
- 8b. If responded Yes – Public Sector: Which of the following public sector partner(s) participated in the exercise / real incident? (select all that apply)
- Agricultural Agency
 - Education
 - Emergency Management
 - Emergency Medical Services
 - Environmental Agency
 - Fire Department
 - Indian Health Service
 - Law Enforcement
 - National Guard
 - Other-Specify: _____
9. Was the message developed from a pre-drafted template?
- Yes
 - No

Table 16. CERC Performance Measures Data Collection Template (continued)

Public Message Dissemination (continued)

10. Was the message written at or below a 6th grade reading level?

- Yes
- No
- Not Assessed

11. Who was the intended audience of the message? Please select all that apply

- General Population
- Special Population (specify): _____

12. In which language(s) was the message developed? Please list all: _____

13. What was the intended method of delivery of the message? Please select all that apply.

- Print media release
- Radio
- Spokesperson
- Web release
- Other – Specify: _____

14. Who was the immediate recipient of the approved message? Please select all that apply.

- Clearance or dissemination authority beyond the public health agency
- Dissemination Partner – specify _____
- Public information line
- Public information website
- Other – Specify: _____

15. Date and time that a designated official requested that the first risk communication message be developed (start time).

Date: __/__/__ (MM/DD/YY) Time: __:__ (hr:min)

16. Date and time that a designated official approved the first risk communication message for dissemination (stop time).

Date: __/__/__ (MM/DD/YY) Time: __:__ (hr:min)

Table 16. CERC Performance Measures Data Collection Template (continued)

Public Message Dissemination (continued)

17. If reporting data from a real incident: Approximate date / time that message was disseminated to the public

Date: __/__/__ (MM/DD/YY) Time: __:__ (hr:min)

14. Does this exercise or incident represent the best demonstration of your agency's capability to develop a crisis and emergency risk communication message for dissemination to the public?

____ Yes

____ No

14a. If yes, please provide a brief description of why this exercise or incident was chosen as the best demonstration of the development of a risk communication message for dissemination to the public (750 character limit)

15. Was this your quickest time for the development and approval of a risk communication message for dissemination to the public?

____ Yes

____ No