

## Annual PHEP Exercise (Vulnerable Populations) with Access and Functional Needs (AFN) Partners and Joint Functional Exercise with Emergency Management and Health Care Coalitions (PAR)

Element	Data Entry Guidance	Significance
<p><b>PAR1</b> Annual PHEP exercise with vulnerable populations or AFN partners.</p>	<p>Record information about CMIST partners that participated in the exercise. This requirement can be met with any exercise, incident, or event.</p> <p><b>PAR1</b> Indicate which partners identified on the PPS participated in the activity. See PPS1.a.</p>	<p>Jurisdictions must adopt a whole community planning approach. Consistent with Capability 1: Community Preparedness, training and participation in exercises, incidents, and events help solidify roles and increase knowledge and support for community involvement in preparedness efforts. Partners involved in response and recovery should be actively engaged in training and exercises.</p>
Reviewer Guidance	Documentation	Submission Frequency
<p>Verify accuracy of the data entry.</p> <p><b>PAR1</b> Credit for the annual PHEP exercise requirement requires that evidence documents engagement with CMIST partners or other stakeholders representing people with disabilities and others with AFNs. At least one partner must participate in the TTX; crosswalk evidence with PPS.</p> <p>Partners supporting people with AFN must be documented on the PPS. Credit toward the annual PHEP exercise with vulnerable populations can be granted if at least one partner that represents AFN groups was involved in the exercise such as older adults; children and youth; people with chronic illness and disabilities; people experiencing homelessness and transportation instability; or people with language barriers.</p>	<p><u>Examples of Acceptable Evidence</u></p> <ul style="list-style-type: none"> <li>• AARs.</li> <li>• Incident corrective actions.</li> <li>• Participant logs.</li> <li>• Training plans with exercise participation included.</li> </ul>	<p>At a minimum, submit annually.</p>

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<p><b>PAR2</b> <i>Exercised accommodations for persons with AFN.</i></p>	<p><b>PAR2</b> Indicate what accommodations for people with AFN were implemented.</p>	<p>All facilities managed in whole or part by public health agencies must address the needs of the whole community including individuals with AFN. Exercising facilities including PODs, DVCs, and congregate sites with AFN partners prior to emergencies can identify potential barriers.</p>

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<p><b>PAR2</b> Emergencies can intensify existing vulnerabilities and create new ones. Rather than isolating people with vulnerabilities and disabilities, the CMIST framework helps identify additional needs that must be considered when planning for, responding to, and recovering from a disaster or emergency.</p> <p>Review evidence for facility setup considerations that address people with limitations receiving and responding to information, requiring personal assistance, assistive devices, consumable medical supplies, or durable equipment. Evidence must address how language barriers, cognitive impairment, or vision or mobility issues can be accommodated at the facility. Other considerations should be for provision of service animals, pregnant or nursing woman, infants, children, and other people potentially susceptible to being disproportionately impacted by the incident.</p> <p>Credit toward the annual PHEP exercise requires inclusion of at least <b>one</b> accommodation focused on improving AFN accommodations for <b>annual</b> PHEP exercise credit. <b>At least three</b> accommodations must be included for <b>FSE</b> credit; if not, document this as an area for improvement.</p>	<p>To meet the annual requirement using a drill or FE, <b>at least one example</b> of an implemented accommodation is <b>required</b> for each identified AFN partner. If a TTX is used to meet the annual requirement, evidence based on the discussion of <b>at least one improvement</b> that modifies an accommodation by a participating partner is required.</p> <p>For five-year FSE requirement, at least <b>three examples</b> of implemented accommodations are <b>required</b> for each partner indicated as representing an access and functional needs partner.</p> <p><u>Examples of Accommodation Documentation (examples are not exhaustive)</u></p> <ul style="list-style-type: none"> <li>• Messages for whole community including AFN population that are written in simple language and large fonts.</li> <li>• Facility materials such as signage and handouts that accommodate communication barriers such as language and literacy.</li> <li>• Photos that document accommodations for persons with mobility issues.</li> </ul> <p><u>Other Examples of Acceptable Evidence</u></p> <ul style="list-style-type: none"> <li>• AARs.</li> <li>• Call logs.</li> <li>• Corrective actions.</li> <li>• Drill summary sheets.</li> <li>• Meeting logs with partners identified.</li> <li>• Memos for the record.</li> <li>• Training plans with partner participation documented.</li> </ul>	<p>At a minimum, submit annually.</p>

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<p><b>PAR3.a-b</b> <i>Joint exercise with emergency management and HCC</i></p> <p>a. <i>Participating partners and</i></p> <p>b. <i>HHS regional participation (select all that apply).</i></p>	<p>Record information about HCCs and emergency management partners that participated in the exercise. At a minimum, this requirement can be met with an FE, but it can also be demonstrated during an FSE, an incident, or an event.</p> <p><b>PAR3.a</b> Record participating HCC and emergency management partners. These partners must also be on the PPS.</p> <p><b>PAR3.b-c</b> Select all HHS regional partners that participated.</p>	<p>Collaboration between public health, health care systems, and emergency management facilitates coordination between agencies that support health care. These exercises build familiarity between stakeholders involved in emergency response that impacts public health.</p>
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<p>Verify accuracy of the data entry. Public health does not have to be the lead organization for the exercise.</p> <p><b>PAR3.a-b</b> Evidence must document inclusion of at least <b>one emergency management and one HCC partner</b>. At this level of exercise, partner roles and responsibilities must be demonstrated rather than simply discussed as with a TTX. At a minimum, the partner must be included as a participant in the partner section of AAR or equivalent documentation. Relevant HHS regional participation must also be evident. Crosswalk documentation or partner participation is documented on the PPS.</p>	<p><u>Examples of Acceptable Evidence</u></p> <ul style="list-style-type: none"> <li>• AARs.</li> <li>• Incident corrective actions.</li> <li>• Participant logs.</li> <li>• Training plans with exercise participation included.</li> </ul>	<p>At a minimum, submit once every five years.</p>