Philadelphia Department of Public Health
Workforce Development Plan

January 2015
I. INTRODUCTION

The Philadelphia Department of Public Health (PDPH) is responsible for maintaining a competent public health workforce with the skills and experience needed to perform their public health duties and carry out the PDPH’s mission. Fundamental to this work is identifying gaps in knowledge, skills, and abilities through the assessment of organizational and program-specific needs, and addressing those gaps through targeted training and development opportunities.

This document provides a comprehensive workforce development plan for the Philadelphia Department of Public Health. The PDPH Workforce Development plan will be adaptable to meet the changing needs and priorities set forth by the department and serve as a guide for agency workforce development efforts. It also serves to address the documentation requirement for Accreditation Standard 8.2.1: Maintain, implement and assess the health department workforce development plan that addresses the training needs of the staff and the development of core competencies.
II. AGENCY OVERVIEW

History

The history of public health in Philadelphia reaches back to the city's beginnings. William Penn's "greene countrie towne" was the first American city to provide free hospital care for its poorest residents at the Philadelphia Almshouse, built in 1732. Our city is home to the nation’s first medical school, children's hospital, cancer hospital, eye hospital, nursing school and dental school.

The Philadelphia Department of Public Health (PDPH) is both the municipal and county public health agency for Philadelphia and is one of 10 operating departments specified in the City’s 1952 Charter. A Philadelphia Bureau of Health was first established in 1899, and the Department of Public Health and Charities was established in 1903.

Mission

Our mission is to protect and promote the health of all Philadelphians and to provide a safety net for the most vulnerable.

Vision

Our vision is of a city in which every resident is able to:

- Live a long, healthy, and productive life;
- Be free of preventable disease and disability; and
- Live, work, learn, shop, and play in environments that promote health.

Guiding principles

1. Evidence – We develop programs and policies based on the best available science, evaluate them rigorously, and share knowledge broadly within Philadelphia and across the country.

2. Impact – We implement policy, systems, and environmental changes that help to make the healthy choice, the easy choice for all Philadelphians.

3. Equity – We promote equity and eliminate disparities in health, including those related to race, ethnicity, nationality, gender, sexual orientation, gender identity, immigration status, language, and disability.

4. Professionalism – We maintain a diverse, well-trained, professional workforce and provide high quality, consistent services.

5. Collaboration – We foster partnerships with agencies and individuals inside and outside of government to promote the public’s health.
Philadelphia is the most populous county in the Commonwealth of Pennsylvania and the fifth most populous city in the United States, with 1,526,006 people.¹ It is the poorest of the 10 largest U.S. cities with approximately 30% of all residents and nearly 40% of children living below the federal poverty level. It is a diverse city—42% of the population is Black; 37%, White; 12%, Hispanic; and 6%, Asian. Nearly 1 in 5 Philadelphian births in 2011 were to women born outside of the U.S. PDPH is responsible for serving all residents of the City of Philadelphia.

¹ 2010 Census Summary – City of Philadelphia; prepared by the U.S. Census Bureau, 2010.
IV. ORGANIZATIONAL STRUCTURE

The Mayor of the City of Philadelphia appoints the Health Commissioner of the Department of Public Health. The Health Commissioner serves as the Department’s Director and reports directly to the Deputy Mayor for Health and Opportunity. The Health Commissioner also serves as the chair of the Board of Health. The Philadelphia Department of Public Health is organized into nine (9) operating divisions and four (4) administrative and support services units. Division Directors may report to a Deputy Commissioner or, in some cases, directly to the Health Commissioner. Deputy Commissioners, in turn, report to the Health Commissioner. (See functional organizational chart – Appendix A).

The aforementioned Divisions include:

1. AIDS Activities Coordinating Office
2. Air Management Services
3. Ambulatory Health Services
4. Chronic Disease Prevention
5. Division of Disease Control
6. Environmental Health Services
7. Maternal, Child, and Family Health
8. Medical Examiner’s Office
9. Public Health Laboratory
10. Administrative/Support Services
   - Fiscal Unit
   - Human Resources Office
   - Information Technology
   - Office of Facilities Management/Fleet Custodial Work
V. LEARNING CULTURE

The Philadelphia Department of Public Health understands that a key component of a successful workplace is creating a culture of learning. Therefore, PDPH provides its employees with training through departmental and City resources, addressing core issues applicable to all employees and program- or content-specific needs of staff in certain divisions.

PDPH fosters a learning culture of continuous training beginning with the employees’ onboarding process and continuing throughout their tenure of employment. PDPH recognizes that investment in training can lead to increased competency, productivity, and an enrichment of the organizational learning culture. The Workforce Development Plan will institutionalize our commitment to professional growth while adding value to the employee and the team. By furthering a culture of continuous learning, we will assure a workforce that is prepared to meet new challenges and increased demands of public health priorities in the future.

Although resources to support the learning culture have been limited in the recent past as a result of the national economic crisis and recession, PDPH employees take advantage of training opportunities when presented. Budget cuts and work force reductions constrained core department-wide resources that have supported education and development in the past. As a result, much of the responsibility for education and instruction of the workforce falls to the leadership of the individual divisions and programs. This Plan will seek to better identify, coordinate, and support training and development opportunities in a challenging funding and staffing environment.
VI. WORKFORCE PROFILE

This section provides a description of the current and anticipated future workforce needs. The table below summarizes the demographics of PDPH’s current workforce.2

<table>
<thead>
<tr>
<th>Category</th>
<th># or %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # of Employees:3</td>
<td>1304</td>
</tr>
<tr>
<td>Gender:</td>
<td></td>
</tr>
<tr>
<td>Female:</td>
<td>933</td>
</tr>
<tr>
<td>Male:</td>
<td>371</td>
</tr>
<tr>
<td>Race:</td>
<td></td>
</tr>
<tr>
<td>African American:</td>
<td>686</td>
</tr>
<tr>
<td>Caucasian:</td>
<td>403</td>
</tr>
<tr>
<td>Asian/Pacific Islanders:</td>
<td>114</td>
</tr>
<tr>
<td>Hispanic or Latin:</td>
<td>70</td>
</tr>
<tr>
<td>Other/Two or More Races:</td>
<td>28</td>
</tr>
<tr>
<td>American Indian/Alaskan Native:</td>
<td>3</td>
</tr>
<tr>
<td>Age:</td>
<td></td>
</tr>
<tr>
<td>&lt; 20:</td>
<td>1</td>
</tr>
<tr>
<td>20 – 29:</td>
<td>89</td>
</tr>
<tr>
<td>30 – 39:</td>
<td>203</td>
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<tr>
<td>40 – 49:</td>
<td>209</td>
</tr>
<tr>
<td>50 – 59:</td>
<td>277</td>
</tr>
<tr>
<td>&gt;60:</td>
<td>142</td>
</tr>
<tr>
<td>Employees Eligible for Retirement ≤ 5 years:4</td>
<td></td>
</tr>
<tr>
<td>Management:</td>
<td>110</td>
</tr>
<tr>
<td>Non-Management:</td>
<td>175</td>
</tr>
</tbody>
</table>

2 Current workforce data includes: Civil Service Employees as of December 11, 2014 and Contract Employees (gender & race) as of September 30, 2014
3 Total Number of employees = Civil Service Employees and Contract Employees
4 Retirement Eligibility calculated for Civil Service employees only and based upon the following factors:
   PLAN J – All Municipal employees represented by AFSCME District Council 33 and AFSCME District Council 47 Locals who attained at least 10 years of credited service and attained the normal retirement age of their plan – Age 55
   PLAN Y – All municipal employees represented by AFSCME District Council 33 and AFSCME District Council 47 Locals, Civil Service-Exempt, Appointed Deputy Sheriffs and employees of the Register of Wills hired or rehired after July 1, 1988 and Non-represented employees and employees of the First Judicial District of Pennsylvania hired or rehired after January 8, 1987. Any employee who has attained at least 10 years of credited service and attained the normal retirement age of their plan – Plan J – Age 55/Non-Rep Age 57; Plan Y – Age 60/Non-Rep Age 62

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VII. FUTURE WORKFORCE

Today’s public health challenges are much broader than in the past. Public health efforts are aimed at increasing health-related quality of life, eliminating health disparities, developing policies along with programs, leveraging new communications tools, and partnering with governmental and non-governmental organizations. Emerging public health issues include climate change, health care reform, obesity, new drugs of abuse, and hepatitis C. These come on top of existing health challenges including tobacco use, infant mortality, HIV, STDs, and poor indoor and outdoor environmental health. PDPH will focus efforts on providing employees with the tools needed to acquire an advancement of knowledge, skills, and/or abilities to successfully address these issues.

The complexity of these problems requires multi-faceted public health actions based on an ecological approach to problem solving. Such an approach requires a well-educated, interdisciplinary team of public health professionals who focus on population health and understand the multiple determinants that affect health, including people’s social, environmental, and economic contexts.

Public health professionals of the future will need to understand and be able to use the new information systems that provide the data upon which public health research and practice is based. One example is that PDPH is in the process of implementing an electronic health record system that will support the integration of health services provided to the community. The electronic health record will enhance providers’ ability to access and share complete, accurate information and improve the coordination of care for patients, families and other providers. The information gathered from the electronic health record will be used to formulate public health policy to improve population health. PDPH employees will receive training on how to properly utilize new technologies in order obtain the knowledge and skills needed to perform their job duties.

Public health professionals will also need to be able to communicate with diverse populations, to understand the issues, concerns, and needs of these groups in order to work collaboratively to improve population health. This requires a public health workforce that can deliver culturally competent services targeted to the specific needs of these groups. Public health professionals must have the skills and competencies necessary to engage in public health practice at many levels such as; leadership, management, and supervisory.

In addition, less than half of the PDPH workforce will be eligible for retirement within the next 5 years, which requires active engagement of our leadership in succession planning. Therefore, PDPH Division Directors and PDPH Human Resources will work closely together to develop strategies to ensure leadership and operational continuity.

This workforce development plan will list some basic steps that PDPH will take to ensure our employees are equipped with the appropriate skills and competencies necessary to address these public health issues.
VIII. COMPETENCIES AND EDUCATION REQUIREMENTS

Core Competencies for Public Health Professionals

Core Competencies are a set of skills for the broad practice of public health, reflecting the characteristics that staff of public health organizations should possess as they work to protect and promote health in the community. The Council on Linkages Between Academia and Public Health Practice—Core Competencies for Public Health Professionals (Core Competencies) are considered to be the national standard guiding the development of the current and future workforce. It will serve as a framework for PDPH to understand, assess, and meet the training and workforce needs of our employees and will be used as the primary source for public health competencies. The Core Competencies are organized into eight domains reflecting skill areas within public health, as well as, three tiers representing career stages of public health professionals.

The Core Competencies are divided into the following domains of public health practice:

- Analytical/Assessment Skills
- Policy Development/Program Planning Skills
- Communication Skills
- Cultural Competency Skills
- Community Dimensions of Practice Skills
- Public Health Sciences Skills
- Financial Planning and Management Skills
- Leadership and Systems Thinking Skills

The Core Competencies are presented in three tiers, which reflect stages of public health career development:

<table>
<thead>
<tr>
<th>Tier</th>
<th>Guidance Definitions for Core Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Front Line/Entry Level</strong> – competencies apply to public health professionals who carry out the day-to-day tasks of public health organizations and are not in management positions. Responsibilities of these public health professionals may include data collection and analysis, fieldwork, program planning, outreach communications, customer service, and program support.</td>
</tr>
</tbody>
</table>

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5 Council on Linkages Between Academia and Public Health Practice—Core Competencies for Public Health Professionals; [http://www.phf.org/resourcetools/Pages/Competency_Assessments_For_Public_Health_Professionals.aspx](http://www.phf.org/resourcetools/Pages/Competency_Assessments_For_Public_Health_Professionals.aspx)

6 Revised and Adopted by the Council on Linkages Between Academia and Public Health Practice—Core Competencies for Public Health Professionals (June 26, 2014).
Tier | Guidance Definitions for Core Competencies
---|---
2 | **Program Management/Supervisory Level** – competencies apply to public health professionals in program management or supervisory roles. Responsibilities of these professionals may include: developing, implementing and evaluating programs, supervising staff; establishing and maintaining community partnerships, managing timelines and work plans, making policy recommendations and providing technical expertise.
3 | **Senior Management/Executive Level** – competencies apply to public health professionals at a senior/management level and to leaders of public health organizations. These professionals typically have staff who report to them and may be responsible for overseeing major programs or operations of the organization, setting a strategy and vision for the organization, creating a culture of quality within the organization and working with the community to improve health.

**Continuing Education Requirements by Discipline**

Multiple public health-related disciplines require continuing education for ongoing licensing/practice. Major licensures held by staff, and their associated CE requirements, are shown in the table below.

| Profession | Pennsylvania CE Requirements
| --- | ---
| Nursing | 30 contact hours every 2 years
| Registered Sanitarian | 24 CEUs every 2 years
| Health Educator (CHES/MCHES) | 75 CHEC every 5 years
| Physician | 100 hours every 2 years
| Social Worker (LSW, LCSW, etc.) | 30 hours every 2 years, 3 in ethics

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7 Revised and Adopted by the Council on Linkages Between Academia and Public Health Practice—Core Competencies for Public Health Professionals (June 26, 2014).

8 Sources:
Pennsylvania State Board of Nursing License Renewal Information; [http://www.portal.state.pa.us/portal/server.pt/community/state_board_of_nursing/12515/license_renewal_applications/983044](http://www.portal.state.pa.us/portal/server.pt/community/state_board_of_nursing/12515/license_renewal_applications/983044)
American College of Physicians; [http://www.acponline.org/education_recertification/cme/state_requirements/2012ama_requirements.pdf](http://www.acponline.org/education_recertification/cme/state_requirements/2012ama_requirements.pdf)
IX. TRAINING NEEDS

Public health workers provide a range of activities and services that requires an experienced, motivated, and well-trained workforce. Attention to public health workforce development is essential to ensuring that there are a sufficient number of trained professionals to help achieve goals laid out in PDPH’s Strategic Plan (2014-2018). This section describes a recently completed training needs assessment and the current set of mandatory trainings provided to staff.

PDPH Training Needs Assessment

In October 2014, PDPH in partnership with the Center for Public Health Practice at the Drexel University School of Public Health (DUSPH) conducted its first competency based Training Needs Assessment (TNA) in alignment with the nationally adopted Council on Linkages – Core Competencies for Public Health Professionals, June 2014. The goal was to assist PDPH with developing a training plan to meet the identified training needs of the workforce and develop a competency based curriculum.

The TNA was administered to a target group consisting of executive leadership (Tier 3) and management (Tier 2) which included but was not limited to Deputy Commissioners, Division Directors, Program Managers and Supervisors. Program Managers and Supervisors also completed the TNA on behalf of their entry level staff (Tier 1) to help identify the training needs of the employees under their jurisdiction. The data were analyzed collectively and according to division, competency, and employee tier (see Appendix B for executive summary).

PDPH decided to focus its initial TNA on executive leadership, Division Directors, Program Managers and Supervisors because: 1) this was the most efficient way to assess training needs among a large and diverse workforce as we did not have time to fully vet and implement a survey that would be distributed to the every employee; 2) Division Directors, Program Managers and Supervisors are responsible for regularly assessing and addressing training needs of their employees, including core public health competencies and specialized technical capacities; and 3) Division Directors and managers have the best knowledge about training availability, including those provided by the City and those provided by external public health organizations.
**Training Needs Assessment Results**

The TNA results will be used to define goals and develop a competency based curriculum.

The main findings were as follows:

- For Tier 1 employees, four or more Divisions reported significant training needs in competencies related to Policy Development and Program Planning; Public Health Sciences; and Financial Planning and Management.
- For Tier 2 employees, four or more Divisions reported significant training needs in competencies related to Public Health Sciences; and Financial Planning and Management.
  - When provided a list of potential training opportunities, top choices among Tier 2 employees included Continuous Quality Improvement, Evidence-Based Practices, and Program Planning.
- For Tier 3 employees, three or more Divisions reported significant training needs in competencies related to Community Dimensions of Practice; and Leadership and System Thinking.
  - When provided a list of potential training opportunities, top choices among Tier 3 employees included Continuous Quality Improvement, Policy Development, Public Health Data Sources, and Ethics.
- Preferred modalities of training are: 1) in-person, 2) live video conference, and 3) interactive webinar.
- Major barriers to training are: 1) time, 2) funding, 3) travel restrictions, and 4) access to training opportunities.
**Mandatory Training**

The table below lists training required by the PDPH and/or by state or federal mandate:

<table>
<thead>
<tr>
<th>Training</th>
<th>Target Audience</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confidentiality Policy Training</td>
<td>All staff</td>
<td>Once*</td>
</tr>
<tr>
<td>Emergency Preparedness: Incident Command System (ICS) and National Incident Management System (NIMS)</td>
<td>Health Commissioner’s Office and PDPH staff who have a lead role in public health emergency response</td>
<td>Once</td>
</tr>
<tr>
<td>Equal Employment Opportunity</td>
<td>Managers and Supervisors</td>
<td>Once*</td>
</tr>
<tr>
<td>Ethics</td>
<td>All staff</td>
<td>Once*</td>
</tr>
<tr>
<td>HIPAA (Health Insurance Portability and Accountability Act)</td>
<td>Direct Service Providers</td>
<td>Annually</td>
</tr>
<tr>
<td>Human Subjects Protection in Research</td>
<td>Employees involved in research</td>
<td>Annually</td>
</tr>
<tr>
<td>Labor Relations</td>
<td>Managers and Supervisors</td>
<td>Once*</td>
</tr>
<tr>
<td>Performance Excellence Process</td>
<td>Managers and Supervisors</td>
<td>Once</td>
</tr>
<tr>
<td>Public Health 101</td>
<td>All staff</td>
<td>Once*</td>
</tr>
<tr>
<td>Sexual Harassment</td>
<td>Managers and Supervisors</td>
<td>Once*</td>
</tr>
</tbody>
</table>

*and/or As Needed
X. Goals and Objectives

This section provides information regarding PDPH resources, roles, and responsibilities related to the implementation of the plan; as well as, goals and objectives.

Roles & Responsibilities

The table below lists individuals responsible for the implementation of the Workforce Development Plan; as well as, the associated roles and responsibilities.

<table>
<thead>
<tr>
<th>Responsible Party</th>
<th>Roles &amp; Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Commissioner</td>
<td>Responsible to the Deputy Mayor and Mayor for workforce strategy, priority setting, establishment of goals and objectives, and establishing an environment that is conducive and supportive of learning.</td>
</tr>
<tr>
<td>Executive Leadership Team</td>
<td>Comprised of the Health Commissioner, Chief of Staff, Deputy Commissioners, Director of Policy and Planning, and the Human Resources Director. The Executive Leadership Team is responsible for assessing high-level opportunities, strengths, and threats to the department; as well as, identifying priority training needs, goals, objectives, and strategies related to the implementation of the Workforce Development Plan. In addition, they are responsible for supporting the translation of the PDPH vision, mission, strategic goals, and workforce development direction to leadership throughout the organization.</td>
</tr>
<tr>
<td>Human Resources Office</td>
<td>Provide guidance to the Health Commissioner regarding workforce development and assist in creating a culture that is conducive and supportive of learning. Works with Executive Leadership Team, Division Directors, Managers, and Supervisors to find appropriate training/development opportunities for staff. Provides guidance to the Division Directors and Managers/Supervisors with coaching, mentoring, and succession planning. Collaborates with Executive Leadership Team and Division Directors to address workforce development needs, plans, and issues.</td>
</tr>
<tr>
<td>Division Directors</td>
<td>Responsible to the Health Commissioner for all employees within their Divisions. Supports, coaches, and mentors managers and supervisors to assure that appropriate training resources are available based on operational needs and within budget constraints. Responsible for ensuring all staff complete mandatory trainings as required. Identifies high potential employees as part of the agency succession plan in compliance with Civil Service Regulations. Responsible for the allocation of resources for the Workforce Development programs and activities.</td>
</tr>
<tr>
<td>Responsible Party</td>
<td>Roles &amp; Responsibilities</td>
</tr>
<tr>
<td>----------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Managers/ Supervisors</td>
<td>Responsible to their Division Director to ensure that organizational, program-, and/or job-specific training initiatives are implemented based on operational needs and within budget constraints for the employees under their jurisdiction. Works with employee to develop a training plan in line with operational needs; as well as, the mission and vision of PDPH and supports the implementation of the Workforce Development Plan (i.e., excused time away from work, shift adjustments to accommodate training or education, coaching and opportunities for advancement). Responsible for tracking recertification of the applicable professional licenses and certifications for the staff in their respective Division or Unit to ensure compliance with the job specification. Identifies high potential employees as part of the agency succession plan in compliance with Civil Service Regulations.</td>
</tr>
<tr>
<td>All Employees</td>
<td>Ultimately responsible for their own learning and development. Work with supervisor to identify and engage in training and development opportunities that meet the organizational, program specific and job-specific training initiatives based on operational needs and within budget constraints. Ensure that their applicable professional licenses and certifications are maintained and current which includes obtaining the necessary continuing education needed to maintain their credentialing (if applicable). Identify opportunities to apply new learning on the job.</td>
</tr>
</tbody>
</table>
### PDPH Goals and Objectives 2014 – 2015

<table>
<thead>
<tr>
<th>Goals</th>
<th>Objectives</th>
<th>Launch Year</th>
<th>Target Audience</th>
<th>Resources</th>
<th>Responsible Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assess staff competencies</td>
<td>PDPH administered its initial Training Needs Assessment which was developed using the nationally adopted Core Competencies for Public Health Professionals.</td>
<td>2014</td>
<td>Senior Leadership, Division Directors, Program Managers, and Supervisors</td>
<td>Drexel University School of Public Health – See Appendix B&lt;br&gt;Council on Linkages Between Academia and Public Health Practice – Core Competencies for Public Health Professionals; <a href="http://www.phf.org/resourcestools/Pages/Competency_Assessments_For_Public_Health_Professionals.aspx">http://www.phf.org/resourcestools/Pages/Competency_Assessments_For_Public_Health_Professionals.aspx</a></td>
<td>Executive Leadership Team and PDPH Human Resources Office</td>
</tr>
<tr>
<td></td>
<td>The results of the TNA will be analyzed to identify competency and skill gaps by Tier and Division.</td>
<td>2014</td>
<td>Executive Leadership Team and PDPH Human Resources Office</td>
<td>DUSPH Philadelphia Department of Public Health Training Needs Assessment – See Appendix B</td>
<td>Drexel University School of Public Health</td>
</tr>
<tr>
<td>Expand and update training plan based on TNA results and PDPH resources</td>
<td>Division Directors will review TNA Report to develop a strategy to identify and prioritize trainings to address competency gaps based on funding availability and internal resources.</td>
<td>2015</td>
<td>All Staff</td>
<td>DUSPH Philadelphia Department of Public Health Training Needs Assessment Report – See Appendix B&lt;br&gt;PDPH Human Resources Office</td>
<td>Division Directors</td>
</tr>
<tr>
<td>Convene Workforce Development Committee</td>
<td>Create and establish a Workforce Development Committee comprised of PDPH employees from each Division that will begin the process to evaluate current trainings and work with subject matter experts to align trainings to the core competencies; as well as, assist with the continual development of the Workforce Development Plan.</td>
<td>2015</td>
<td>All Staff</td>
<td>Division Directors and Executive Leadership Team</td>
<td>Executive Leadership Team, Division Directors, and PDPH Human Resources Office</td>
</tr>
</tbody>
</table>
### Implementation and Communication Plan

The Workforce Development Plan will be placed on a PDPH web-based platform to share with employees. Employees will be notified via email when the Plan is finalized and annually when the Plan is reviewed and/or updated. The Workforce Development Committee will obtain feedback from the Executive Leadership Team, Division Directors, Managers, and Supervisors to ensure the process of implementing the workforce training goals and strategies are done in a systematic and clear method.
This section describes the recommended curricula and training schedule for the Philadelphia Department of Public Health. All of the below courses will occur during regular work hours and staff will be expected to participate in all of the below per the recommended schedule.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
<th>Competency Addressed</th>
<th>Target Audience</th>
<th>Schedule</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bloodborne Pathogens</td>
<td>Training covers the federal “Occupational Exposure to Bloodborne Pathogens” standard (29 CFR1910.1030) that prescribes guidelines/safeguards to protect workers against the health hazards with exposure to blood and other potentially infectious materials and to reduce their risk from this exposure from best management practices.</td>
<td>Analytical and Assessment Skills; Policy Development and Program Planning Skills; Communication Skills</td>
<td>Direct Service Providers/ Discipline specific</td>
<td>Annually and/or as needed</td>
<td>Instructor-led</td>
</tr>
<tr>
<td>Confidentiality Policy</td>
<td>Overview of the PDPH Confidentiality Policy and its requirements.</td>
<td>Analytical and Assessment Skills; Policy Development and Program Planning Skills; Communication Skills</td>
<td>All staff</td>
<td>Upon hire and/or as needed</td>
<td>Instructor-led and/or Web-based: <a href="http://goo.gl/forms/SBvBsl2KxK">http://goo.gl/forms/SBvBsl2KxK</a></td>
</tr>
<tr>
<td>Emergency Preparedness: Incident Command System (ICS) and National Incident Management System (NIMS)</td>
<td>Provides a basic understanding of FEMA ICS and NIMS standard policies and procedures used during emergency response activities.</td>
<td>Policy Development and Program Planning; Communication Skills; and Community Dimensions in Practice Skills</td>
<td>Health Commissioner’s Office and PDPH Staff who have a lead role in public health emergency response</td>
<td>As required</td>
<td>Web-based training: <a href="http://www.fema.gov">www.fema.gov</a></td>
</tr>
<tr>
<td>Equal Employment Opportunity</td>
<td>Course to advise supervisors and managers of their Equal Employment Opportunity responsibilities, which include, but are not limited to, having knowledge of Federal, State, and Municipal Equal Employment Laws and Guidelines regarding selection, promotion, and discipline of employees.</td>
<td>Leadership and systems thinking; Policy Development and Program Planning Skills; Communication Skills</td>
<td>Managers and Supervisors</td>
<td>Semi-annually</td>
<td>Instructor-led</td>
</tr>
<tr>
<td>Topic</td>
<td>Description</td>
<td>Competency Addressed</td>
<td>Target Audience</td>
<td>Schedule</td>
<td>Resources</td>
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</tr>
<tr>
<td>Ethics</td>
<td>This course is offered to ensure that City employees understand the ethics laws that govern their behavior and to fulfill the ethics training requirements of the City Charter and Code.</td>
<td>Analytical and Assessment Skills; Leadership and Systems Thinking Skills; Policy development and Program Planning Skills; Communication skills</td>
<td>All staff</td>
<td>Semi-annually</td>
<td>Instructor-led</td>
</tr>
<tr>
<td>HIPAA (Health Insurance Portability and Accountability Act)</td>
<td>Training on patient confidentiality in compliance with federal standards</td>
<td>Policy Development and Program Planning Skills; Communication Skills</td>
<td>Direct Service Providers</td>
<td>Annually</td>
<td>Instructor-led</td>
</tr>
<tr>
<td>Human Subjects Protection for Research</td>
<td>Reviews key concepts of protecting human subjects when conducting research, including: historical background for behavioral and biomedical research; ethical principles for human subject research; case studies; information on the role of an Institutional Review Board.</td>
<td>Analytical/Assessment Skills, Public Health Sciences Skills</td>
<td>Discipline-specific</td>
<td>Ongoing</td>
<td>Web-based training: <a href="https://phrp.nihteaining.com/users/login.php">https://phrp.nihteaining.com/users/login.php</a></td>
</tr>
<tr>
<td>Labor Relations</td>
<td>Course designed to help managers and supervisors understand key elements of labor contracts and to learn techniques that will foster effective labor-management relations.</td>
<td>Leadership and Systems Thinking Skills; Policy Development and Program Planning Skills; Communication Skills</td>
<td>Managers and Supervisors</td>
<td>Semi-annually</td>
<td>Instructor-led</td>
</tr>
<tr>
<td>Language Access Program Trainings</td>
<td>City of Philadelphia offers language access training to employees.</td>
<td>Cultural Competency Skills; Communication Skills</td>
<td>All staff – as required by Division</td>
<td>Once and/or as needed</td>
<td>Variable</td>
</tr>
<tr>
<td>Topic</td>
<td>Description</td>
<td>Competency Addressed</td>
<td>Target Audience</td>
<td>Schedule</td>
<td>Resources</td>
</tr>
<tr>
<td>-------------------------------</td>
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</tr>
<tr>
<td>Microsoft Office</td>
<td>Recommended and offered through PDPH to provide employees with proficiency in basic, intermediate or advanced level computer literacy skills. (Includes, Word, Excel, Access, Powerpoint, Outlook, and Vizio).</td>
<td>Analytical and Assessment Skills and Communication Skills</td>
<td>All staff</td>
<td>Annually</td>
<td>Instructor-led or remote classroom instructed</td>
</tr>
<tr>
<td>Performance Excellence Process Training</td>
<td>Introduction to the fundamental principles of the performance excellence process which includes establishing and maintaining a continuous performance management process.</td>
<td>Leadership and Systems Thinking Skills; Policy Development and Program Planning Skills; Communication Skills</td>
<td>Managers and Supervisors</td>
<td>Semi-annually</td>
<td>Instructor-led</td>
</tr>
<tr>
<td>Public Health 101</td>
<td>Workshop designed to provide employees with an overview of the Philadelphia Department of Public Health, a general understanding of PDPH services offered to the public, and address current public health issues, indicators, and trends.</td>
<td>Policy Development and Program Planning Skills; Communication Skills</td>
<td>All staff</td>
<td>Semi-annually</td>
<td>Instructor-led</td>
</tr>
<tr>
<td>Respirator Training</td>
<td>Training on how to effectively wear, inspect, maintain, and/or dispose of a respirator in accordance with OSHA guidelines.</td>
<td>Policy Development and Program Planning Skills</td>
<td>Discipline-specific</td>
<td>Annually and/or as needed</td>
<td>Instructor-led</td>
</tr>
<tr>
<td>Right to Know/Hazcom</td>
<td>Training program designed to educate employees on the importance and benefits of properly recognizing and safely working with hazardous materials in accordance with the Pennsylvania Right to know law.</td>
<td>Analytical and Assessment Skills; Policy Development and Program Planning Skills; Communication Skills</td>
<td>Discipline-specific</td>
<td>Annually and/or as needed</td>
<td>Instructor-led</td>
</tr>
</tbody>
</table>
XII. EVALUATION AND TRACKING

Introduction
Evaluation of training will provide PDPH with useful feedback regarding its efforts, including content, delivery, and training effectiveness. Accurate tracking is necessary, particularly for maintenance of professional continuing education documentation. This section describes how evaluation and tracking of training will be conducted.

Evaluation
Upon establishing a Workforce Development Committee, a department-wide standard for evaluation of training will be created along with a reporting mechanism. Currently, employee training satisfaction surveys are conducted via training vendor or at the division level.

Tracking
PDPH training activities require a sign in sheet which include the training name, date(s), time(s), and location. A course objective and description is recommended for all trainings. Sign-in sheets will assist PDPH Human Resources Office to track trainings taken by staff. Training is tracked electronically. The Workforce Development Committee will explore further options on the most efficient manner to track trainings.
XIII. CONCLUSION

Review of Plan

The Plan will be reviewed annually by the Workforce Development Committee and PDPH Human Resources Office; who will provide recommendations for revisions to the Executive Leadership Team. The Executive Leadership Team will be responsible for final approval.

Questions

For questions about this plan, please contact the PDPH Human Resources Office. The Workforce Development Plan and supporting documentation will be located on a PDPH web-based platform. The PDPH Workforce Development Plan has adopted the Council on Linkages Core Competencies and this policy can be located on a PDPH web-based platform.

Authorship

This plan was developed by the PDPH Human Resources Office in collaboration with Executive Leadership Team and will be maintained through the Workforce Development Committee.

Acknowledgements

Chicago Department of Public Health
Ohio Center for Public Health Practice

References: Core Competencies for Public Health Professionals
http://www.phf.org/resourcestools/Pages/Competency_Assessments_For_Public_Health_Professionals.aspx
APPENDIX A: PDPH Organization Chart

APPENDIX B: PDPH Training Needs Assessment Executive Summary

APPENDIX C: PDPH Division of Disease Control Bioterrorism and Public Health Preparedness Program Multi-Year Training and Exercise Plan
APPENDIX B: PDPH TRAINING NEEDS ASSESSMENT
EXECUTIVE SUMMARY

Philadelphia Department of Public Health Training Needs Assessment
Executive Summary

Purpose:
Health departments need to maintain a competent and well-trained workforce in order to address the public health needs of the communities they serve. This training needs assessment identifies the training needs and preferences of the Philadelphia Department of Public Health, using a tool developed by the PA Public Health Training Center and adapted for the PDPH, based on the Council on Linkage's Public Health Core Competencies, June 2014.

Methodology:
The Drexel University School of Public Health (Drexel) was contracted by the Philadelphia Department of Public Health to conduct a training needs assessment of their workforce using a standardized tool, based on the Council on Linkages Public Health Core Competencies. The tool has been used to assess training needs for the Washington County Health Department and Bethlehem City Health Department. The Drexel team was comprised of staff and faculty at the Center for Public Health Practice, the overarching entity for scholarship in public health practice at the School of Public Health and home to the Drexel site of the PA PHTC. The training needs assessment consisted of a pre-survey to collect information about existing training opportunities in each division, followed by an electronic survey to assess training needs.

The pre-survey was administered to all of the division directors to collect information about existing trainings within the PDPH and attendance of employees at trainings and conferences. Data was collected for the pre-survey in order to create a catalogue of trainings for employees and to assess participation in professional development opportunities by division.

Following the analysis of the pre-survey, an electronic survey was developed and implemented with input from PDPH Human Resources and the Health Commissioner’s Executive Committee. The survey had 64 questions in which respondents were asked to rate their abilities to perform key public health tasks and was open between October 6-20, 2014. The survey was taken by supervisors and division directors, assessing themselves and their entry level staff. The data was analyzed collectively and according to department, competency, and employee tier. Research was conducted on currently available trainings that meet the gaps in the competencies of the PDPH workforce. Examples of workforce development reports were compiled.

Survey Participants:
Overall, 39 employees completed the e-survey. Of the 39 PDPH employees that completed the e-survey, there were 30 supervisors and 9 division directors. Participation came from: The AIDS Activity Coordinating Office (7), Air Management Services (11), Division of Disease Control (5), Environmental Health Services (5), Get Healthy Philly/Chronic Disease Prevention (6), Health Commissioner’s Office (3), Maternal Child and Family Health (9), Medical Examiner’s Office (2), and the Public Health Laboratory (1). See Appendix 1.

The majority of respondents (51%) completed at least a master's level of education. The most common educational background within that group was Public Health (24%), Medicine (18%), and Liberal Arts (10%). Professional licenses of respondents included: Medicine, Social Work, Nursing, Certified Health Education Specialist, Lead Risk Assessor, Anatomic Pathology, and Engineer in Training. Of the respondents, 25% have a degree in Public Health. The largest...
group of respondents was employed in public health for 15 or more years (47%).

**Key Findings:**
In addition to competency based questions, employees were asked to select interest in training opportunities that would address current needs in their department.
The top trainings as identified by supervisors (Tier 2) include:

- Continuous Quality Improvement
- Evidence Based Practices
- Program Planning

The top trainings as identified by division directors (Tier 3) include:

- Continuous Quality Improvement
- Policy Development
- Public Health Data Sources
- Ethics

The preferred training delivery modes were traditional face-to-face, followed by live video conference, and then interactive webinar. Barriers to participation in training opportunities include time out of the office (85%), funding for registration (63%), travel restrictions (53%), and access to training opportunities (38%).

**Training Recommendations:**
The training areas elected by respondents are supported by both strengths and weaknesses in the competency areas. As the department moves forward with the workforce development plan, it will be important to note both areas of interest and the competency level. For example, continuous quality improvement was an elected training for which there was already a high proficiency across all departments, which indicated an interest in a more in-depth training experience.

In order to get the face to face training experience that the majority of respondents prefer, PDPH will need to partner with organizations with the capacity to lead trainings or provide facilitation for internal discussion and learning. The Public Health Training Center (PHTC) Network could be a valuable partner locally at the Drexel site, but also nationally through interactive webinar and videoconference. Many of the recommended online trainings in the report originate from the PHTC network members, who are encouraged by HRSA to share curriculum nationally and in the next grant cycle to increase production of interactive webinars and videoconferences.

Incorporating training and education, beyond mandatory courses, into performance management could ensure that employees and their supervisors are making time for professional development. Providing incentives for employees who complete training and report it to HR could also be a way to encourage participation and keep an up to date record for evaluation.

Finally, the type of skill building that needs to happen in order to build proficiency in a competency area needs to occur regularly, over time. In addition to using performance development goals, divisions should create their own training plans to build capacity in their existing staff. Creating a timeline, activities, and an evaluation plan could contribute to the division director’s ability to provide professional development opportunities for their staff and ultimately build proficiency and confidence in their division.
MULTI-YEAR TRAINING AND EXERCISE PLAN

July 1, 2014 – June 30, 2018

PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH
DIVISION OF DISEASE CONTROL
BIOTERRORISM AND PUBLIC HEALTH PREPAREDNESS PROGRAM

Sensitive—For Official Use Only
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I. Handling Instructions and Points of Contact

Handling Instructions
The title of this document is the Philadelphia Department of Public Health (PDPH) Multi-year Training and Exercise Plan (TEP). The information gathered in this plan is classified as For Official Use Only (FOUO) and should be handled as sensitive information not to be disclosed. This document should be safeguarded, handled, transmitted, and stored in accordance with appropriate security directives. Reproduction of this document, in whole or in part, without prior approval from the Philadelphia Department of Public Health points of contact listed below is prohibited. At a minimum, the attached materials will be disseminated only on a need-to-know basis and when unattended, will be stored in a locked container or area offering sufficient protection against theft, compromise, inadvertent access, and unauthorized disclosure.

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II. BACKGROUND

Major urban areas of the United States are at high risk for a wide range of naturally occurring disasters and disease outbreaks, as well as emergencies resulting from man-made activities, both accidental and intentional. In the past several years, the City of Philadelphia has experienced natural disease outbreaks, including the H1N1 pandemic, as well as a variety of emergencies associated with severe weather events, such as Hurricanes Irene and Sandy. Beyond the horizons of southeastern Pennsylvania, regions throughout the world have experienced cataclysmic events in recent years that have resulted in massive loss of life and limb, destruction of critical infrastructure, and long-term disruption of communities and displacement of populations. The 2010 earthquake in Haiti and the ensuing cholera outbreak, the 2011 tsunami in Japan and the Fukushima Daichii nuclear disaster that followed, and the Ebola outbreak in West Africa in 2014 all serve as beacons that all-hazards public health preparedness is a necessity for all jurisdictions.

The capacity to prevent, respond to, and expedite recovery from an array of ever-evolving threats is paramount to protecting our nation’s health. Thus, emergency preparedness and response agencies across the country strive to increase their capacity to prepare for and respond to incidents that affect the health and safety of individuals, communities, animals, and the environment. In accordance with national preparedness priorities, objectives, and core capabilities issued by the Department of Homeland Security (DHS) and the Centers for Disease Control and Prevention (CDC), the Philadelphia Department of Public Health (PDPH) Division of Disease Control (DDC) continues to execute its mission to strengthen all-hazards public health response capacity in order to ensure readiness for a variety of potential threats. To achieve its mission, PDPH, through its Bioterrorism and Public Health Preparedness Program (BT-PHP), collaborates with local, state, federal, and private agencies to develop, test, and improve upon various components of its all-hazards preparedness and response strategy as described in the PDPH Public Health Emergency Response Plan (PHERP).

Thoughtfully designed trainings and exercises that directly address local priorities and gaps, while also satisfying federal preparedness standards and performance measures, are fundamental to promoting public health preparedness capacity. As stipulated by DHS, and in order to satisfy Division of Strategic National Stockpile (DSNS) Operational Readiness Review requirements, PDPH maintains a four-year schedule of trainings and exercises in its Multi-Year Training and Exercise Plan (TEP), which is reviewed and updated on an annual basis. The purpose of this document is to delineate the four-year training and exercise schedule, to describe the thinking behind it, and to serve as a roadmap for BT-PHP staff to implement the proposed trainings and exercises listed in Section VIII.

While the schedule presented in this document represents the trainings and exercises BT-PHP intends to conduct over the next four years, changing priorities based on real events, new thinking, local or national needs, fluctuations in funding, and/or changes in guidance or technical requirements may impact this schedule. BT-PHP program management, in
In conjunction with departmental leadership, conducts ongoing critical analysis to ensure that scheduled activities align appropriately with current priorities. Real events may have significant impacts on program priorities and opportunities, so some fluidity is desirable. For instance, after the Boston Marathon bombings in 2013, the Philadelphia Medical Reserve Corps (MRC) has now been incorporated to support EMS at medical field tents during major events in the City. These deployments have significantly increased MRC activity and have led to further discussions regarding the larger role of PDPH in special events planning, a priority that PDPH plans to explore further in anticipation of the expected 2015 papal visit.

The PDPH Multi-Year Training and Exercise Plan 2014-2018 is the culmination of a series of activities designed to facilitate PDPH’s ability to identify preparedness gaps and priorities and to develop trainings and exercises that best address these gaps and priorities. On June 18, 2014, PDPH conducted its annual internal Improvement Planning Workshop (IPW), which included leadership, management and program staff from Environmental Health Services, the Medical Examiner’s Office, Air Management Services, and the Division of Disease Control, including the directors of each of these divisions. Historically, this annual event has been limited to the Division of Disease Control; however, with several significant special events on the horizon, including an expected papal visit in Fall 2015, BT-PHP determined that the 2014 IPW would provide a good venue for intradepartmental collaboration. The other motivation for conducting a broader IPW was to prepare for a citywide Training and Exercise Planning Workshop (TEPW) on August 5, 2014 that was co-sponsored by the City of Philadelphia Managing Director’s Office of Emergency Management (OEM) and PDPH. A first-time joint venture, this event included a wide array of City agencies representing public safety and infrastructure, as well as the healthcare sector. During the TEPW, participants reviewed trainings, exercises, and responses to real events, and identified citywide planning priorities and gaps, as well as opportunities for collaboration. Information collected from both the IPW and TEPW has been used to help construct the PDPH Multi-Year Training and Exercise Plan 2014-2018.

In addition to the outcomes yielded by the IPW and TEPW, PDPH also considered other relevant information when developing the current iteration of the Training and Exercise Plan, including the CDC’s Public Health Preparedness Capabilities: National Standards for State and Local Planning and the Public Health Risk Assessment Report for the Philadelphia Metropolitan Statistical Area, which was compiled by the Center for Public Health Readiness and Communication (CPHRC) at the Drexel University School of Public Health. While emergency medical countermeasure dispensing remains a core public health emergency response function and BT-PHP continues to expand its mass prophylaxis capacity through targeted trainings and exercises, preparedness planners are also focusing on developing plans, trainings and exercises that address other preparedness priorities and gaps, including mass care, special medical needs, pandemic preparedness, emergency operations coordination, Continuity of Operations Planning (COOP), and statewide volunteer sharing and management, among others.

In summary, the PDPH Multi-Year Training and Exercise Plan, July 1, 2014-June 30, 2018, describes local preparedness gaps and priorities in Philadelphia, provides a brief catalogue of PDPH training and exercise focus areas, and presents a four-year training and exercise schedule.
that aligns with identified gaps and priorities. Ultimately, the purpose of this document is to provide a roadmap for planners to implement trainings and exercises that will strengthen public health preparedness capabilities for the Philadelphia area and ensure a better prepared and more resilient local community.
III. DEVELOPMENT AND MANAGEMENT OF THE TRAINING AND EXERCISE PLAN

Multi-Year Training and Exercise Plan
BT-PHP is responsible for managing and implementing the Multi-Year Training and Exercise Plan, as well as ensuring that competency-based education in emergency preparedness is facilitated through the administration of scheduled trainings and exercises. In accordance with Department of Homeland Security (DHS) guidelines, BT-PHP conducts an annual Improvement Planning Workshop (IPW), which PDPH considers a best practice, as well as a Training and Exercise Planning Workshop (TEPW), which is a required activity, in order to solicit feedback and recommendations from PDPH staff and external response partners regarding preparedness strengths, areas for improvement, and suggestions for future activities. Participants’ comments and suggestions are then used to shape future trainings and exercises and to inform the Multi-Year Training and Exercise Plan.

Improvement Planning Workshop (IPW)
PDPH conducted its Improvement Planning Workshop on June 18, 2014. It was facilitated by the Bioterrorism and Public Health Preparedness Program (BT-PHP) and was attended by leadership and representatives from:

- Division of Disease Control (DDC)
  - Acute Communicable Disease Program
  - STD Control Program
  - Epidemiology Unit
  - Immunization Program
  - Viral Hepatitis Prevention Program
- Environmental Health Services (EHS)
- Medical Examiner’s Office (MEO)
- Air Management Services (AMS)

During the IPW, participants reviewed responses to real-world events, exercises, and trainings conducted during the previous grant year in order to identify strengths and areas for improvement, as well as to discuss preparedness priorities, gaps, and ideas for future trainings and exercises. IPW findings were recorded in the PDPH Improvement Planning Workshop 2014 Summary Report, which was circulated to all participants for review. Specific topics discussed included the following:

- Continuity of operations planning (COOP)
- Mass fatality planning
- Pandemic planning
- Emergency operations coordination
- Mass care planning
- Health department-pharmacy partnerships
- Planning for special events with public health implications
- Future planning, training, and exercise opportunities
One of the key discussions centered on the variety of functions PDPH may perform during special events in the City, such as conducting food vendor inspections, providing Medical Reserve Corps (MRC) volunteers to supplement EMS medical field operations, and implementing heightened disease and environmental surveillance. Division directors and program managers agreed that PDPH should convene a planning committee to assess public health hazards and discuss operational strategies in preparation for the expected papal visit in 2015. PDPH representatives will then be able to present an integrated approach to public health concerns as part of the overall citywide planning effort.

Training and Exercise Planning Workshop (TEPW)
On August 5, 2014, PDPH and the City of Philadelphia Managing Director’s Office of Emergency Management conducted a joint Training and Exercise Planning Workshop (TEPW) that included the following agencies:

- Philadelphia Police Department (PPD)
- Philadelphia Fire Department—Emergency Medical Services (EMS)
- Philadelphia Water Department
- Southeastern Pennsylvania Transportation Authority (SEPTA)
- Philadelphia 311
- Local hospitals
- The Hospital & Healthsystem Association of Pennsylvania (HAP)
- Department of Behavioral Health and Intellectual Disability Services (DBHIDS)

During the plenary session, participants engaged in a robust discussion regarding citywide areas for improvement and opportunities for collaboration across agencies and sectors. One of the key themes addressed by this group is the tendency for siloing of preparedness planning, training and exercise efforts. The plenary session was followed by sector-specific breakout groups, which included: Health and Medical, Public Safety, and Infrastructure. PDPH facilitated the Health and Medical Breakout Group, which was composed of participants from the following agencies:

- Hospital Association of Pennsylvania (HAP)
- Office of Emergency Management (OEM)
- Emergency Medical Services (EMS)
- Philadelphia Department of Public Health (PDPH)
- Children’s Hospital of Pennsylvania (CHOP)
- Hospital of the University of Pennsylvania (HUP)
- Philadelphia Department of Behavioral and Intellectual Disability Services (DBHIDS)

Much of the breakout discussion was oriented to improving collaboration between public health, hospitals, emergency management and EMS. Several proposals were offered to create a more inclusive planning and exercise program, including: 1) formation of a Philadelphia Healthcare Stakeholders Group; 2) use of the annual spring hospital exercise as an opportunity for other agencies to contribute objectives and activities; and 3) development of an annual healthcare preparedness symposium.
Following the breakout session, each group reported out on their key discussion points and recommendations. OEM is compiling a Summary Report to record the primary discussion points and recommendations for future trainings and exercises. In addition, OEM plans to issue a two-year training and exercise schedule for the City based on the information provided by participating agencies.

**Four-Year Exercise Schedule, July 1, 2014-June 30, 2018**
The IPW and TEPW provided PDPH with significant insight to develop a comprehensive and collaborative training and exercise schedule that will strengthen response capabilities for the Division of Disease Control and its critical response partners. The Multi-Year Training and Exercise Plan includes a chronological listing of all expected trainings and exercises that PDPH plans to facilitate from July 1, 2014 to June 30, 2018. (See Section VIII for a detailed listing of proposed activities).

**Updating and Maintenance of the Training and Exercise Plan**
The PDPH Multi-Year Training and Exercise Plan will be updated on an annual basis at the conclusion of the annual Improvement Planning Workshop and Training and Exercise Planning Workshop series, and throughout the year as appropriate.

**Evaluation and Reporting**
In accordance with DHS and CDC guidelines, PDPH compiles after action reports to document strengths, areas for improvement, and recommendations for the future after conducting preparedness exercises and responses to real events, such as disease outbreaks, environmental hazards, natural disasters, and severe weather events. Specifically, after action reports are used to document exercises and real responses when: 1) an exercise or response is conducted to test a new response plan; 2) an exercise is conducted to challenge an existing response plan in new or deeper ways; 3) an exercise is conducted to test a revised plan if past failures have been noted and corrective actions were identified; 4) a real response was conducted and significant lessons were learned; 5) an exercise or real response satisfies a Public Health Emergency Preparedness (PHEP) cooperative agreement requirement. Specific documentation protocols are described further in Section IV.
IV. NATIONAL PREPAREDNESS PRIORITIES AND STRATEGIES

To guide public health preparedness goals and activities, to strengthen workforce capability, and to satisfy national preparedness standards, PDPH utilizes federal preparedness directives to guide its planning and exercise activities, including the Department of Homeland Security (DHS) Core Capabilities and the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Capabilities.

Department of Homeland Security Core Capabilities
DHS promotes a capabilities-based approach to preparedness with 31 core capabilities identified for all five mission areas: Prevention, Protection, Mitigation, Response, and Recovery. PDPH integrates the appropriate DHS core capabilities into all planning, training and exercise activities. The complete list of DHS core capabilities is included in Appendix A.

Centers for Disease Control and Prevention (CDC) Public Health Preparedness Capabilities
In March 2011, CDC implemented a new 5-year systematic process for defining public health preparedness capabilities in order to guide state and local health departments in their strategic planning. Public Health Preparedness Capabilities: National Standards for State and Local Planning institutes standards and select performance measures for public health preparedness capabilities-based planning and guides state and local planners in identifying gaps in preparedness, determining specific jurisdictional priorities, and developing plans for building and sustaining capabilities. These standards are designed to accelerate state and local preparedness planning, provide guidance and recommendations, provide a performance measure process to demonstrate improvements, and ultimately assure better prepared and more resilient communities. CDC has identified the following 15 capabilities, which are divided into six domains, as the basis for state and local public health preparedness:

Biosurveillance
1. Public Health Laboratory Testing
2. Public Health Surveillance and Epidemiological Investigation

Incident Management
3. Emergency Operations Coordination

Information Management
4. Emergency Public Information and Warning
5. Information Sharing

Community Resilience
6. Community Preparedness
7. Community Recovery

Surge Management
8. Fatality Management
9. Mass Care
10. Medical Surge
11. Volunteer Management

**Countermeasures and Mitigation**

12. Medical Countermeasure Dispensing
13. Medical Materiel Management and Distribution
14. Non-Pharmaceutical Interventions
15. Responder Safety and Health

A description of each capability is included in Appendix B.

**Training and Exercise Documentation**

DHS created the Homeland Security Exercise and Evaluation Program (HSEEP) to provide a set of guidelines that address specific capabilities in order to standardize emergency planning and response activities across multiple agencies, jurisdictions, and levels of government. PDPH emergency preparedness planners ensure that all trainings and exercises are HSEEP compliant, including event plans, event conduct, after action reports, and improvement plans. BT-PHP utilizes HSEEP Exercise and Evaluation Guides (EEGs) in order to evaluate exercises and submits After Action Reports within 60 days of each exercise’s completion date. In addition to utilizing DHS core capabilities in training and exercise documentation, BT-PHP also develops and tests performance measures that address CDC’s 15 public health preparedness capabilities, which complement but do not precisely correlate to DHS’s core capabilities.
V. PDPH TRAINING AND EXERCISE PRIORITIES

Background
While bioterrorism remains a threat for the greater Philadelphia area and medical countermeasure dispensing continues to be a planning priority, recent years have also provided numerous examples of the ever-present threat of naturally occurring disease outbreaks and disasters. The 2009 H1N1 pandemic, for example, emphasized the importance of having a robust, responsive public health system in place prior to the emergence of a novel infectious disease. Widespread flooding associated with hurricanes, extended power outages resulting from severe winter storms, and prolonged heat waves also pose regular threats to the health and safety of the Philadelphia population. In October 2012, for instance, Hurricane Sandy tested PDPH’s ability to support the local response by running on-site medical field clinics at three evacuation shelters. This real event highlighted areas for improvement that have informed current planning endeavors and will shape future responses. Given the wide array of known threats to the Philadelphia region, as well as the many recent instances throughout the world of sudden, unforeseen disasters, PDPH continues to pursue all-hazards planning in order to maintain a robust, flexible, and scalable public health response program.

Training and Exercise Focus Areas
In addition to developing trainings and exercises to satisfy federal requirements, PDPH has identified several training and exercise focus areas based upon local needs and priorities. While PDPH continues to plan for and test its mass prophylaxis capacity, as evidenced by exercises such as the annual First Responder Seasonal Influenza Vaccination Clinic, recently identified local priorities and gaps will also drive preparedness activities for the 2014-2018 training and exercise cycle. In March 2012, PDPH conducted a systematic review of its preparedness capabilities using the Public Health Capabilities Planning Guide, which was developed by the CDC in order to establish national standards for public health preparedness capability-based planning and to guide state and local agencies in their strategic planning efforts. Using this assessment tool, PDPH identified a number of priorities and gaps. In addition, Drexel University School of Public Health worked with preparedness planners, public health agency representatives, and other stakeholders to complete a comprehensive public health risk assessment of the Philadelphia Metropolitan Statistical Area (MSA). For Philadelphia County, the hazards displayed in Table 1 were ranked in order of their Planning Priority Score, a quantitative measurement that accounts for factors including probability, severity, impact on at-risk populations, and current level of preparedness.
Table 1. List of Hazards, in order of Planning Priority Score, Philadelphia County HVA analysis, 2012

<table>
<thead>
<tr>
<th>PPS*</th>
<th>Hazard</th>
<th>Planning Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pandemic</td>
<td>CRITICAL</td>
</tr>
<tr>
<td>2</td>
<td>Coastal Storm</td>
<td>HIGH</td>
</tr>
<tr>
<td>3</td>
<td>Utility Interruption</td>
<td>HIGH</td>
</tr>
<tr>
<td>4</td>
<td>Flood</td>
<td>HIGH</td>
</tr>
<tr>
<td>5</td>
<td>Conventional Explosive</td>
<td>MODERATE</td>
</tr>
<tr>
<td>6</td>
<td>Haz. Materials Release</td>
<td>MODERATE</td>
</tr>
<tr>
<td>7</td>
<td>Tornado</td>
<td>MODERATE</td>
</tr>
<tr>
<td>8</td>
<td>RDD</td>
<td>MODERATE</td>
</tr>
<tr>
<td>9</td>
<td>Biological Terrorism</td>
<td>MODERATE</td>
</tr>
<tr>
<td>10</td>
<td>Small Infectious Disease</td>
<td>LOW</td>
</tr>
<tr>
<td>11</td>
<td>Nuclear Facility Accident</td>
<td>LOW</td>
</tr>
<tr>
<td>12</td>
<td>Chemical Terrorism</td>
<td>LOW</td>
</tr>
<tr>
<td>13</td>
<td>Active Shooter</td>
<td>LOW</td>
</tr>
<tr>
<td>14</td>
<td>Temperature Extremes</td>
<td>LOW</td>
</tr>
<tr>
<td>15</td>
<td>Winter Storm</td>
<td>LOW</td>
</tr>
<tr>
<td>16</td>
<td>Civil Disturbance</td>
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</tr>
</tbody>
</table>

*PPS = Planning Priority Score

Real events and exercises conducted during recent grant years have highlighted additional planning and training gaps. BT-PHP has identified the following as priorities that will drive future planning, training, and exercise initiatives in Philadelphia over the next four years:

- Long-term prophylaxis and addition of anthrax vaccine
- Mass care for displaced, sheltered populations, including medical field operations trainings for staff, special medical needs planning, and participation in a regional mass care planning project
- Intrastate volunteer sharing and management
- Healthcare planning, including partnerships with pediatric, primary care and specialty practices and pharmacies
- Special events planning
- Pandemic planning
- Adaptation of the Public Health Emergency Coordination Center (PHECC) model for use during other types of public health emergencies and/or special events
- Radiation planning
- Development of a smallpox readiness program
- Continuation of Continuity of Operations Planning, including refinement of existing tools and staff trainings

The PDPH Multi-Year Training and Exercise Plan reflects the broadening scope of work that BT-PHP plans to accomplish over the next four years.
VI. PDPH TRAINING AND EXERCISE REQUIREMENTS

Public Health Emergency Preparedness Cooperative Agreement
PDPH receives annual federal funding through the Public Health Emergency Preparedness cooperative agreement, administered by CDC and coordinated through the Pennsylvania Department of Health’s Bureau of Public Health Preparedness (BPHP). The annual work statement for grant year 2014-2015 describes a set of exercise and training requirements for PDPH that include:

- Completion of 3 annual drills (from 5 options) pertaining to SNS activation
- Full scale exercise requirements for the greater metropolitan statistical area (MSA) to be completed before June 30, 2016
  - Four-day MSA full-scale exercise scheduled for October 20-23, 2014
- Training, exercise and annual evaluation requirements
- Documentation protocols for trainings and exercises
- Reporting and submission instructions

Annual Drill Requirements
The following is a list of drill requirements for the Public Health Emergency Preparedness grant year 2014-2015. PDPH must conduct 3 different drills of the 5 possible options and submit the required documentation to PA DOH by April 15, 2015. All drill reporting sheets and AAR/IPs must be submitted to PA DOH within 60 days of concluding the training and/or exercise.

Centers for Disease Control and Prevention (CDC) Division of Strategic National Stockpile (DSNS) Five Drill Types (Applies to all CMHDs):

1. **Personnel Call-Down:** The personnel call-down drill tests the validity of jurisdictions’ call-down lists, their ability to contact staff in a timely manner, and estimates the percentage of staff who could report for duty within a designated time frame. Call-down is a cross-cutting capability, applicable to a wide variety of SNS functions, including dispensing, warehousing (RSS), distribution, security, and command centers, among others.

2. **Site Activation:** The site activation drill tests jurisdictions’ ability to quickly contact operators/owners of sites that would house critical SNS facilities (e.g., RSS warehouses, PODs, EOCs) and determine how quickly the sites could be made ready for emergency operations. Site activation is a cross-cutting capability, applicable to multiple functions in a mass prophylaxis scenario, such as dispensing (POD), warehousing (RSS) and command centers (EOC).

3. **Facility Set-Up:** The goal of a set-up drill is to test the amount of time it takes to completely set-up a facility with the materiel, layout, and supplies necessary to perform a given SNS function. Facility set-up is a cross-cutting capability, applicable to a wide variety of SNS functions, including dispensing (POD), warehousing (RSS), and command and control.
(EOC), among others. Proper set-up of facilities is an important pre-condition of a rapid and effective response.

4. **Pick List Generation**: The pick list generation (PLG) drill is designed to assess jurisdictions’ proficiency in generating pick lists. These lists translate command-level decisions about allocation of resources among PODs into detailed strategies that define the distribution of countermeasures to specific sites. They provide essential guidance for picking, palletizing, and loading materials stored in RSS facilities into trucks destined for POD sites.

5. **Dispensing Throughput**: This drill assesses the speed and accuracy with which local jurisdictions can dispense prophylaxis in a POD setting. It is designed to measure throughput, as well as collect data on patient flow and processing times at each step. To minimize the burden on health departments, this drill can be performed in conjunction with already-planned POD exercises or vaccination clinics.

### SNS Training & Exercise 2014-2015 Operational Readiness Review

In addition to meeting PHEP cooperative agreement requirements, BT-PHP must also satisfy certain criteria as determined by CDC program evaluation standards. CDC conducts a comprehensive annual review to assess public health preparedness for state and local health departments. Formerly known as the Technical Assistance Review (TAR), a new evaluation tool, the Operational Readiness Review was introduced in July 2014. This tool is intended to identify medical countermeasure response operational capabilities as well as gaps that may require more targeted technical assistance. PDPH expects to be evaluated with the ORR tool in Fall 2015.

### PDPH Annual Drills for 2014-2015

PDPH plans to conduct a total of three qualifying drills for the 2014-2015 grant year, which will occur during two full-scale exercises as described below.

1. **First Responder Seasonal Influenza Vaccination Clinic – Real Event**
   - **Purpose**: To test the process for distributing vaccine to first responders by offering a seasonal influenza vaccination clinic for first responders and their family members 9 years of age and older. This real event exercise will test several components of PDPH’s First Responder and Essential Personnel Medical Countermeasures Dispensing Plan, including:
     - Transportation of medical countermeasures
     - Vaccination throughput
     - Electronic data capture
   - **Participants**:
     - Philadelphia Police Department (PPD), MRC
   - **Objectives**:
     - Test the capability of the Philadelphia Police Department in transporting seasonal influenza vaccine.
• Train MRC volunteers and PDPH staff to provide rapid vaccination to support emergency mass vaccination plans.
• Evaluate the registration process and staff management.
• Decrease the incidence of seasonal influenza in Philadelphia through the vaccination of the first responder populations and their family members.
• Train first responders and their families to emergency mass vaccination procedures through routinized vaccine administration.
• Evaluate and time POD set-up with a minimal staff compliment.
• Test throughput rates to improve future planning for mass vaccination events.

**Exercise Date:** Saturday, October 4, 2014
**Exercise Type:** Real Event/Full-Scale Exercise
**Drill Types:** Facility Set-up; Dispensing Throughput

2. *Metropolitan Statistical Area Full-Scale Exercise: Regional and Local Exercise Activities*

**Purpose:** To test and validate key components of mass prophylaxis/dispensing plans in the Philadelphia-Camden-Wilmington MSA. The PCW-MSA FSE will test jurisdictions’ operational capabilities during a simulated high demand/high consequence public health emergency requiring distribution/dispensing of medical countermeasures. In addition to leading the regional activities, PDPH will also conduct its own local exercise activities that will focus on emergency operations coordination, decision-making, tactical communications, and Closed POD activation, set-up and dispensing.

**Participants:**
- PCW-MSA, which includes 11 counties, 4 states and two federal regions
- Select federal agencies, including the United States Department of Health and Human Services, the Centers for Disease Control and Prevention, the Federal Bureau of Investigation, and the Federal Emergency Management Agency, etc.
- Local partner agencies, including the Philadelphia Police Department (PPD), the Office of Emergency Management (OEM), and the Department of Behavioral Health and Intellectual Disability Services, among many others.

**Objectives:**
**Regional**
- Test tactical communications plans and procedures to support regional coordination
- Convene the regional health policy advisory group (RHPAG) and evaluate the policy development process and outcomes
- Activate critical emergency operation centers to manage unmet needs and other jurisdictional challenges
- Notify and assemble sufficient response staff
- Test the process for coordinating public information throughout the PCW-MSA
- Practice bi-directional regional communications to track and share critical response information
- Test the SNS request process
- Assess MCM distribution capacity
• Activate select public and closed PODs for medication dispensing and assess dispensing throughput
• Assess the ability to manage access and functional needs at dispensing sites
• Evaluate the SEPA BioWatch Advisory Committee’s ability to coordinate a response to an actionable result
• Conduct an assessment of HHS role in the interagency response to a biological release of *Yersinia pestis* in a multi-agency, multi-jurisdictional MSA

**Local**
• Conduct a call-down of PDPH staff and Philadelphia MRC volunteers
• Test the ability of the Public Health Emergency Coordination Center (PHECC) Communications Branch to effectively coordinate both local and regional emergency communications
• Conduct a two-part Decision-making Drill with PDPH leadership to determine specific mass prophylaxis operational strategies
• Test the unmet needs request process for the local response
• Activate the mass medication response with Closed POD partners
• Evaluate emergency operations coordination for a health response in the City of Philadelphia, including activation of the City Emergency Operations Center (EOC)
• Coordinate distribution of SNS assets with PA DOH and local receiving sites, including the Local Logistics Node (LLN), Closed PODs, and other select delivery locations
• Evaluate the ability of PDPH to serve as the Lead Coordinating Public Health Agency and to effectively manage its own local response
• Coordinate public health investigations of suspect cases with criminal investigation leads
• Assess the ability of the Philadelphia Police Department to provide a security escort for PA DOH deliveries of SNS assets to 18 locations in Philadelphia County
• Test intrastate volunteer sharing protocols

**Exercise Date:** October 20-23, 2014
**Exercise Type:** Full-scale Exercise
**Drill Types:** Staff Notification Call-Down
VII. PDPH TRAINING AND EXERCISE PROGRAM

In order to maintain a robust workforce and a resilient community, BT-PHP conducts a variety of preparedness training and exercise activities for PDPH staff, Medical Reserve Corps (MRC) volunteers, critical response partners, and other community and faith-based groups in accordance with DHS and DSNS standards. Public health preparedness trainings focus on a wide variety of topics, ranging from individual and family preparedness to tactical communications and responder safety and health. In addition, PDPH exercises elements of its Public Health Emergency Response Plan (PHERP) on an annual basis. The scope and objectives for each exercise are formulated according to current needs, gaps, and/or preparedness priorities.

Training and Exercise Records
BT-PHP maintains records of all PDPH staff and MRC volunteers who have participated in emergency preparedness trainings and exercises in the Emergency Staffing Database, a custom-designed Microsoft Access database, which is used to assign staff to response roles during an event based on availability, credentials, and geographic proximity, among other factors. The database maintains the following fields:

- Name
- Contact Information
  - Phone number (cell, home)
  - Email
  - Address
  - Employment information
- Medical license information
- Special skills
- Languages spoken
- Training history (including NIMS/ICS)
- Exercise history
- Deployment history
- Potential staff roles in a POD

The database is updated at least two times per year using contact information maintained in the Roam Secure Alert Network (RSAN) database for PDPH employees and SERVPA for Medical Reserve Corps volunteers. Records are exported from these systems, sent to the Epidemiology Unit for SAS processing, and are then uploaded to the Emergency Staffing Database.

Training and Exercise Curriculum
The trainings and exercises described below, which are organized according to CDC public health preparedness capabilities, are designed to improve the readiness of the workforce that would have a role during a public health emergency.
Capability 1: Community Preparedness

Personal Preparedness Training/Everybody Ready

**Purpose:** Ongoing training to provide information on best practices for individual and family preparedness. Trainings are tailored to specific participants based on their roles/responsibilities during an emergency.

**Justification:** This training aims to help individuals, families and communities build preparedness capacity. PDPH recognizes that it is important for staff and volunteers to feel that their families are secure so that they will be comfortable reporting to work during an emergency. This training is also appropriate for other organizations or community groups that may be unfamiliar with personal preparedness planning.

**Objectives:**
- Increase personal preparedness among PDPH staff
- Increase community preparedness by educating community and faith-based organizations about personal and family preparedness
- Identify importance of personal/family preparedness plan as it relates to potential roles during a public health emergency response
- Review how to create an emergency plan and prepare an emergency kit
- Inform PDPH staff how they will receive information in an emergency

**Participants:**
- Community-Based Organizations (CBOs)
- Community Leaders
- Faith-Based Organizations (FBOs)
- MRC Volunteers
- Ambulatory Health Services District Health Center staff
- PDPH staff
- Other City agencies

**Training delivered by:** BT-PHP outreach coordinators

PDPH Employee Safety Training

**Purpose:** Safety training to provide employees with an understanding of general emergency protocols and incident specific procedures for responding to specific hazards. This training may also include an active shooter component.

**Justification:** This training aims to help PDPH staff understand how to respond to an emergency in the workplace.

**Objectives:**
- Train employees on general emergency procedures, such as notifications, building evacuation, assisting functional needs employees, and calling 911.
- Train employees to incident-specific emergency procedures for the following scenarios: fire, hazardous chemical release, bomb threat, natural disaster.

**Participants:**
- PDPH Staff
  - Division of Disease Control
Capability 2: Community Recovery

Continuity of Operations Planning (COOP) Training

**Purpose:** To train PDPH leadership and staff (as appropriate) in key continuity of operations planning concepts related to the Department. To orient participants to three COOP planning scenarios: loss of access to facilities, workforce depletion, and equipment or system failure. To train participants to use the PDPH COOP toolkit to assist in departmental recovery operations.

**Justification:** A variety of events could cause loss of access to facilities, workforce depletion, and equipment or system failures that could affect PDPH. This training provides an opportunity to orient key staff to the COOP decision-making process and to increase familiarity with the COOP protocols and procedures that would be utilized to initiate recovery of business functions and services.

**Participants:**
- PDPH leadership staff
- Select PDPH staff across divisions

**Training delivered by:** Public Health Preparedness Manager, Continuity and Assurance Coordinator

Capability 3: Emergency Operations Coordination

National Incident Management System (NIMS) and Incident Command System (ICS) Training

**Purpose:** To train personnel on a basic understanding of FEMA ICS and NIMS standard policies and procedures (ICS 100, 200, and 700) during emergency response activities.

**Objectives:**
- Describe the intent of NIMS and the purpose of NIMS components
- Describe the key concepts and principles underlying NIMS
- Describe the history, features, principles, and organizational structure of the Incident Command System
- Explain the relationship between ICS and NIMS
- Describe how ICS is used to facilitate command and control during public health emergencies in Philadelphia

**Justification:** As required by DHS and CDC, PDPH priority staff need to learn FEMA ICS and NIMS standard policies and procedures in order to serve in leadership roles during an emergency. Concepts such as scalability and flexibility, unity of command, span of control,
and chain of command will be reviewed. Practical applications and lessons learned from previous PDPH ICS implementations will also be highlighted.

**Participants:**
- Health Commissioner’s Office
- PDPH staff who may have a lead role in public health emergency response
  - Biohazard Detection System (BDS) Response Team
  - BT-PHP (mandatory)
  - DDC Acute Communicable Disease, Epidemiology, and Immunizations staff
- MRC

**Training delivered by:** Trainings can be accessed online through FEMA’s Emergency Management Institute (EMI) or are sometimes offered in person through the Philadelphia Managing Director’s Office of Emergency Management (OEM) and the Southeastern Pennsylvania Regional Task Force (SEPA RTF). PDPH also has the option to hire consultants such as Emergency Management Innovations, LLC or Albert Einstein Healthcare Network Center for Special Operations and Training.

**Emergency Leadership Training**

**Purpose:** To train PDPH staff in the roles they might assume during an emergency response. Topics include: overview of public health emergencies, command and control, the emergency activation process, working in the EOC as the PDPH Agency Representative, PHECC and POD leadership roles, among others.

**Justification:** During a public health emergency, PDPH staff are likely to serve key leadership roles either on-site at the Division of Disease Control or off-site at POD locations, the EOC, or other venues. This training provides an opportunity to orient staff to the various roles they may be asked to serve.

**Participants:**
- PDPH leadership staff
- Select DDC staff

**Training delivered by:** Public Health Preparedness Manager, Public Health Preparedness Assistant Manager, MRC Volunteer Coordinator

**Decision Making Drill**

**Purpose:** To test the capacity of PDPH leadership staff to make effective decisions regarding response activities during a public health emergency. To document and evaluate the process by which PDPH leadership staff make decisions given scenario-specific details and response parameters. Factors that may affect response activities include event magnitude, urgency, staff availability, access to medications, supplies and facilities, transportation, and other logistical resources. The drill culminates with the assignment of ICS roles and the creation of an Incident Action Plan.

**Participants:**
- PDPH leadership staff
Emergency Operations Coordination Exercise

**Purpose:** To challenge and test DDC’s ability to efficiently coordinate a variety of simultaneous response activities and to interface effectively with response partners. To test different components of the Public Health Emergency Coordination Center (PHECC) in order to assess its overall capacity to manage response operations, including coordinating communications and staffing during a public health emergency. To train DDC staff to fill staff roles at the PHECC.

**Participants:**
- PDPH-DDC
- Critical response partners
- Closed POD partners

Regional and MSA Exercise

**Purpose:** To develop, test, and evaluate regional coordination plans for a public health response.

**Participants:**
- BT-PHP staff
- PDPH staff who may have a role in a public health emergency
- Public health partners from 4-state/11 county region
- Emergency management colleagues
- Other local, state and federal partners, as appropriate

Capability 4: Emergency Public Information and Warning

Crisis and Emergency Risk Communication (ERC) Training

**Purpose:** To train staff how to develop appropriate risk communication messages to empower decision-making during an emergency. Participants should understand the basic tenets of ERC and be able to use them to craft messages that facilitate effective decision-making in emergency situations.

**Objectives:**
- Gain an understanding of the following concepts:
  - Emergency risk and crisis communications
  - The psychosocial aspects of a public health emergency
  - Public messaging during a public health emergency

**Justification:** Key spokespeople in PDPH divisions need to be educated on the principles of emergency risk communication to ensure effective messaging during a public health emergency.

**Participants:**
- PDPH risk communicators and outreach staff

**Training delivered by:** Director of Digital Health
**Public Information Exercise—Regional**

**Purpose:** To test and evaluate the ability to develop and disseminate public information related to public health emergencies.

**Participants:**
- PDPH and MSA risk communicators, outreach staff, and spokespeople

**Capability 5: Fatality Management**

No PDPH trainings or exercises exclusively address this capability; however, the Philadelphia Medical Examiner’s Office is regularly folded into exercises that address mass fatality issues and capabilities.

**Capability 6: Information Sharing**

**Tactical Communication Training**

**Purpose:** Ongoing training to ensure select PDPH staff are knowledgeable about maintaining and using both the Roam Secure Alert Network (RSAN) and Streem database when sending alert messages. Staff are also trained to use 800 MHz radios and walkie talkies for internal staff communications during a response.

**Justification:** All BT-PHP staff and the DDC Director need to know how to use RSAN and the Streem database in case the PDPH BT-PHP Communications Specialist is unavailable.

**Objectives:**
- Learn how to use RSAN in an emergency to contact PDPH staff
- Learn how to manage recipients and distribution lists in the Streem database and how to send messages
- Learn how to use 800 MHz radios and walkie talkies to communicate during a public health emergency

**Participants:**
- PDPH BT-PHP staff
- PDPH DDC Director
- Select DDC staff

**Training delivered by:** Communications Specialist

**Tactical Communications Exercise**

**Purpose:** To test and evaluate the tactical communications equipment and redundant communications systems in place that enable communication between PDPH and emergency response partners. PDPH tests this system quarterly through RSAN call-down drills. SERVPA, the system for contacting MRC volunteers, is tested at least once annually.

**Participants:**
- PDPH staff
- MRC volunteers
- Closed POD partners
- Critical response partners
Training delivered by: Communications Specialist

Capability 7: Mass Care

Medical Field Clinic Training

Purpose: To train a cadre of potential staff from PDPH and the MRC to operate a medical field clinic for persons evacuated and temporarily housed at a City-operated shelter or other congregate location.

Justification: PDPH-DDC has a key role in coordinating plans and operational strategies for the staffing, supplies, oversight, and clinical practice guidelines for medical support operations for mass care responses in Philadelphia.

Objectives:
- Review PDPH medical field model operations and scope of practice for a mass care operation
- Describe the command structure, staffing protocols, deployment and reporting procedures, and administrative functions
- Demonstrate the clinical supplies and pharmaceuticals used in a medical support model

Participants:
- PDPH staff
- MRC volunteers

Training delivered by: BT-PHP Program Manager, MRC Volunteer Coordinator

Capability 8: Medical Countermeasure Dispensing

Mass Prophylaxis Training

Purpose: To train a variety of PDPH staff, MRC volunteers, and staff from other agencies and organizations about PDPH’s mass medication response plans. Trainings emphasize the POD model, including instructing participants how to set up, operate, and manage a POD during a public health emergency requiring medication dispensing and/or vaccine administration.

Justification: In a public health emergency that requires mass dispensing of medical countermeasure(s) to the entire population of Philadelphia, BT-PHP will need to rely on trained staff from a variety of sources to operate up to 65 public PODs. This training teaches participants how to operate a POD with limited oversight from PDPH.

Objectives:
- Describe PDPH’s mass prophylaxis plans for a large-scale response
- Identify staff roles and responsibilities at a POD during an emergency
- Outline specific responsibilities, protocols, and activities for successful operation of a POD site

Participants:
- MRC volunteers
- PDPH staff
• Philadelphia School District employees who may have POD roles during a public health emergency (e.g., Principals, Building Engineers, Nurses, Security Personnel)
• Philadelphia Department of Behavioral Health volunteers
• Participants from other agencies or organizations that may have a role in a mass medication response

Training delivered by: BT-PHP Staff

POD Leadership Training

Purpose: To train a variety of PDPH staff, MRC volunteers, and staff from other agencies and organizations to assume POD leadership roles during a mass medication response. This training emphasizes the responsibilities of the POD Manager, Assistant Manager, Medical Operations Lead, Logistics Lead, and Line Lead.

Justification: In a public health emergency that requires mass dispensing of medical countermeasure(s), BT-PHP will need to fill five leadership positions at up to 65 public PODs. This training prepares potential leadership staff to assume the responsibilities associated with the key POD leadership roles.

Objectives:
• Identify leadership roles and responsibilities to be filled at a POD site during an emergency
• Outline specific responsibilities, protocols and activities for successful operation of a POD site
• Review areas for improvement and lessons learned from past POD exercises

Participants:
• MRC volunteers who have participated in the MRC Volunteer Orientation training
• Select PDPH staff who may be asked to assume a POD leadership role during a mass medication response
• Staff from other City agencies or organizations who may be suitable for POD leadership roles

Training delivered by: BT-PHP Staff

Closed POD Training

Purpose: To train organizations to effectively execute their site-specific Closed POD plans. Closed POD planning with pre-identified organizations is ongoing, and training is offered on an annual or as-needed basis for Closed POD partners.

Justification: To alleviate some of the burden on health department resources, PDPH will rely on Closed PODs to dispense medical countermeasures to their internal populations during a public health emergency. Training Closed PODs annually ensures that they will be ready to activate their plans and initiate dispensing operations when needed.

Objectives:
• Educate participants about public health emergencies
• Orient staff to facility/agency specific POD plan
• Describe how coordination with PDPH and the Local Logistics Node (LLN) warehouse will occur in a public health emergency
- Teach participants to set-up and operate a POD according to their site-specific plans

**Participants:**
- Organizations that have developed Closed POD plans, including government agencies, universities, and private businesses

**Training delivered by:** BT-PHP Staff

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**Mass Prophylaxis and Immunization Exercise**

**Purpose:** To test and evaluate the ability to dispense medication or administer vaccine during a large-scale public health emergency. To continue to improve response capacity, efficiency, and accuracy of a mass medication response. To train Closed POD partners how to execute their internal medication dispensing plans.

**Participants:**
- PDPH-DDC staff
- Other PDPH staff, as appropriate
- MRC volunteers
- Philadelphia Police Department
- Closed POD partners

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**Biohazard Detection System (BDS) Exercise**

**Purpose:** To test and evaluate the response to deploy health department staff, supplies and medications to an emergency field operation to medicate 400-700 USPS workers exposed to anthrax spores following a positive BDS alarm.

**Participants:**
- PDPH BT-PHP staff
- PDPH clinical staff
- PDPH-DDC staff
- USPS personnel
- PFD Hazmat Unit

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**Capability 9: Medical Materiel Management and Distribution**

**Emergency Warehouse Training**

**Purpose:** To train potential emergency warehouse staff to their roles during a mass medication response involving the activation of the Local Logistics Node (LLN).

**Justification:** During a mass medication response, PDPH will likely activate its Local Logistics Node (LLN), an emergency warehouse where Strategic National Stockpile (SNS) medications and ancillary supplies are received from the state, repackaged as necessary, and distributed locally.

**Objectives:**
- Educate potential LLN staff about scenarios that might trigger a mass medication response
- Orient staff to PDPH’s mass prophylaxis plans
- Train staff to specific LLN roles and responsibilities
Participants:
- Philadelphia Nursing Home (PNH) warehouse staff
- Office of Supportive House OSH warehouse staff
- Pre-identified PDPH-DDC staff who would likely be assigned to roles at the LLN

Training delivered by: BT-PHP Staff

Distribution and Delivery Exercise

Purpose: To test and evaluate the ability of the LLN emergency warehouse to distribute medications to Closed PODs and to deliver POD support supplies to designated locations.

Participants:
- Philadelphia Nursing Home (PNH) warehouse staff
- Office of Supportive House (OSH) warehouse staff
- Philadelphia Police Department
- City emergency response personnel who may be involved in the delivery of medications
- Closed POD partners

Inventory Management Exercise

Purpose: To test and evaluate the ability of PDPH to manage medical supplies, oral medication, vaccine, and any other supplies that would be deployed during a public health emergency.

Participants:
- BT-PHP staff
- Philadelphia Nursing Home (PNH) warehouse staff
- Office of Supportive Housing (OSH) warehouse staff
- Any PDPH staff members who may have a role in public health emergency response

Capability 10: Medical Surge

Hospital and Healthcare Coordination/Medical Surge Exercise

Purpose: To practice and test communication and coordination with area hospitals, clinics, and specialty health service organizations during a public health emergency.

Participants:
- Hospitals
- Clinics and specialty health services personnel
- Federally Qualified Health Centers (FQHCs)
- PDPH response personnel
- Hospital and Healthsystem Association of Pennsylvania

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1 Also addresses Capability 3: Emergency Operations Coordination.
Capability 11: Non-Pharmaceutical Interventions

No PDPH trainings or exercises address this capability exclusively; however, it is incorporated during exercises involving infectious disease outbreaks. Historically, this capability has been addressed during pandemic exercises, and will be addressed in 2014 during the MSA-FSE, which features a plague scenario and the possibility for secondary transmission.

Capability 12: Public Health Laboratory Testing

No PDPH trainings or exercises currently address this capability.

Capability 13: Public Health Surveillance and Epidemiological Investigation

Food Protection/Foodborne Outbreak Training

**Purpose:** To train PDPH staff and MRC volunteers about the dangers of foodborne outbreaks, the outbreak investigation process, and the roles training participants could potentially fill during an investigation.

**Justification:** During a large-scale foodborne outbreak, the Acute Communicable Disease Program (ACD) could require additional staff in order to conduct an investigation. The purpose of this training is to provide PDPH staff and MRC volunteers with background on surveillance techniques and to train them to their potential role(s) in the investigation process, with an emphasis on conducting interviews with exposed populations.

**Objectives:**
- To provide a basic background on foodborne pathogens
- To describe how PDPH conducts surveillance to identify foodborne outbreaks
- To describe how PDPH responds to foodborne outbreaks
- To train PDPH staff and MRC volunteers in the roles that they could be asked to fill during an outbreak, such as interviewing those exposed

**Participants:**
- PDPH staff
- MRC volunteers

**Training delivered by:** ACD and BT-PHP staff

BioWatch Exercise

**Purpose:** To test the response to a positive BioWatch monitor, or BioWatch Actionable Result (BAR).

**Participants:**
- PDPH response personnel
- BioWatch Advisory Committee
- PDPH Air Management Services (AMS) staff
- PA DOH Bureau of Laboratories
- Law enforcement agencies
• Emergency management agencies
• EPA response personnel

**Capability 14: Responder Safety and Health**

**Introduction to Public Health Emergency Preparedness Training**

**Purpose:** To provide a basic introduction to public health emergency preparedness to PDPH employees on the role PDPH has in responding to public health emergencies. The training reviews which divisions have a role in responding to a public health emergency, with an emphasis on the role of DDC. The review of public health emergencies will discuss differences between naturally occurring and intentional public health emergencies, covert vs. overt attacks, and public health preparedness activities (e.g., planning, surveillance, response).

**Justification:** In 2011, the PDPH Training Needs Assessment identified a cadre of PDPH personnel who should have a basic understanding of public health emergencies and PDPH’s role in a response. These PDPH staff members are likely to have a role in responding to a public health emergency.

**Objectives:**

- Identify the nature of a public health emergency and its potential for morbidity, mortality, social and economic disruption
- Define and identify roles of PDPH during a public health emergency
- Define components of public health preparedness planning (e.g., surveillance, communications, decision-making, response)

**Participants:**

- PDPH staff who may have a role in a public health emergency response (e.g., Division of Disease Control, Environmental Health Services, and Medical Examiner’s Office staff)

**Training delivered by:** BT-PHP staff

**Respiratory Personal Protective Equipment Training**

**Purpose:** To train public health response staff in appropriate use of pre-approved respiratory protective equipment including particulate respirators and powered air purifying respirators (PAPR). To provide fit testing in compliance with the National Institute of Occupational Safety and Health.

**Justification:** PDPH-DDC maintains a cache of N-95 and N-100 particulate respirators, as well as Powered Air Purifying Respirators (PAPR). This training educates PDPH response staff on when and how to use this equipment.

**Objectives:**

- Review why respirators would be needed in an emergency
- Train participants on the basic use and maintenance of the respirators
- Conduct appropriate fit-testing and medical clearance for personal protective equipment in accordance with Occupational Safety and Health Administration (OSHA) standards
Participants:
- PDPH response staff

Training delivered by: Health & Opportunity Safety Administrator

First Responder Health and Safety Training

Purpose: This training module instructs first responders (e.g., PPD officers) about topics relevant to their roles during a mass medication response. Topics covered include a review of Class A bioterrorism agents, PDPH’s mass medication response plans, and personal protective equipment (PPE). In addition, the training describes how first responders and their family members would receive medical countermeasures during a response.

Justification: Special consideration must be given to providing medical countermeasures to Philadelphia first responders during a mass medication response in order to ensure that responders will be available and willing to work.

Objectives:
- Identify the nature of a public health emergency and its potential for morbidity, mortality, social and economic disruption
- Define and identify roles of PDPH in a disaster situation or public health emergency
- Define components of public health preparedness planning (e.g., surveillance, communications, decision-making, response)
- Understand when to use personal protective equipment (PPE)

Participants:
- PDPH staff who may have a role in a public health emergency response (e.g., Division of Disease Control, Environmental Health Services, and Medical Examiner’s Office staff)
- Philadelphia Police Department (PPD)

Training delivered by: BT-PHP staff

First Responder Prophylaxis Exercise

Purpose: To test the process and determine best practices for distributing prophylaxis to first responders and their families.

Participants:
- Philadelphia Police Department (PPD)
- Philadelphia Fire Department (PFD)
- Non-Municipal EMS
- U.S. Marshals Service
- PDPH-DDC staff
- MRC volunteers
- Healthcare workers
- Other essential personnel, as appropriate

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2 Also addresses Capability 8: Medical Countermeasure Dispensing
Capability 15: Volunteer Management

Volunteer Readiness Training

**Purpose:** BT-PHP facilitates a variety of trainings in order to promote volunteerism and train volunteer health professionals about their roles and responsibilities during a public health emergency. Trainings include the following: MRC volunteer orientation, mass medication dispensing training/exercise, POD leadership training, deployment-specific trainings, and seminars on various disaster and response topics.

**Justification:** This program is specifically designed for the volunteers of the Philadelphia Medical Reserve Corps so they can receive training about their roles and responsibilities during a public health emergency.

**Objectives:**
- Identify potential roles and responsibilities of the national and local Medical Reserve Corps volunteer
- Define components of public health preparedness, e.g. surveillance, disease control activities, mass care
- Outline roles and responsibilities at a Point of Dispensing site (POD) during an emergency
- Prepare volunteers for specific deployments

**Participants:**
- Medical Reserve Corps (MRC) volunteers

**Training delivered by:** MRC Volunteer Coordinator, BT-PHP Program Manager, BT-PHP staff

Cross-Cutting Trainings and Exercises

Radiological Incident Training

**Purpose:** To train public health response staff on PDPH’s role in a response to a radiological incident and the potential roles PDPH staff will have in the emergency. The training reviews basic radiation principles, including defining exposure and contamination, explaining radiological population monitoring, describing the pharmaceutical countermeasures that may be used following a radiological or nuclear incident, and exploring the role of communications during a radiation emergency.

**Justification:** PDPH will have a role in responding to a radiological incident and personnel should be familiar with response protocols. Philadelphia is the 5th largest city in the United States, has historical landmarks that put the City at risk for terrorism, and is located approximately 35 miles from the nuclear power plant in Limerick, PA.

**Objectives:**
- Discuss PDPH response planning for a radiological incident
- Describe PDPH’s role in conducting radiological population monitoring and distribution of pharmaceutical countermeasures following a radiological incident
- Identify potential roles PDPH staff may have in response to a radiological incident
- Understand public information and health communications
Participants:
- PDPH response staff in a radiological incident

Training delivered by: BT-PHP Manager

Operation Pandemicize

Purpose: Operation Pandemicize is a new exercise designed to build local capacity for a pandemic response and to determine best practices for:
- Healthcare/public health coordination
- Surge
- Workforce depletion
- Unmet needs request/coordination of resources
- Use of PPE
- Public messaging
- Electronic vaccine administration reporting

Participants:
- Hospitals
- Hospital and Healthsystem Association of Pennsylvania
- OEM
- PADOH
- Philadelphia MEO
### VIII. PDPH Training, Exercise, and Real Event Schedule 2014 – 2018

*Note: This training and exercise schedule is subject to change at the discretion of the Division of Disease Control.*

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>Exercise/Training Name</th>
<th>Type</th>
<th>CDC Capability</th>
<th>CDC Grant Requirement</th>
<th>DHS Capability</th>
<th>Participants/Partners</th>
</tr>
</thead>
</table>
| 7/2014-8/2014 | Quarterly Tactical Communications Test:  
- PDPH Home and Building Radio Drills: 7/9/14  
- Regional Partner After-Hours Drill: 7/21/14  
- PDPH After-Hours Drill: 7/21/14  
- Response Partner After-Hours Drill: 7/22/14 – 7/23/14  
- PDPH Internal Notification Drill: 8/6/14-8/12/14 | Drill | Information Sharing | | Operational Communications | PDPH, OEM, PPD, OFM, PA DOH, OSH, SDP, DPR |
<p>| 7/4/14 | Welcome America Concert Deployment | Real event | Medical Surge, Volunteer Management | | Public Health and Medical Services | PDPH-DDC, MRC, PFD-EMS |
| 7/14/2014 | 800 MHz Radio Test – PA DOH and Hospitals | Drill | Information Sharing | Annual work statement requirement | Operational Communications | PA DOH, hospitals, SE PA health departments, SE PA EMS Councils |
| 7/22/2014 | Active Shooter/Building Safety | Training | Community Preparedness | | Community Resilience | PDPH-DDC select staff, Philadelphia Police Department |
| 7/29/2014 | Everybody Ready 3.0 Training | Training | Community Preparedness | | Community Resilience | PDPH-DDC, Philadelphia Juvenile Justice Service Center |</p>
<table>
<thead>
<tr>
<th>Date(s)</th>
<th>Exercise/Training Name</th>
<th>Type</th>
<th>CDC Capability</th>
<th>CDC Grant Requirement</th>
<th>DHS Capability</th>
<th>Participants/Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/5/2014</td>
<td>Training and Exercise Planning Workshop</td>
<td>Workshop</td>
<td>Community Preparedness, Information Sharing, Responder Safety and Health</td>
<td>DHS requirement</td>
<td>Planning, Intelligence and Information Sharing</td>
<td>PDPH-DDC, PPD, PFD, OEM, HAP, DBHIDS, hospitals, SEPTA, PWD</td>
</tr>
<tr>
<td>8/11/2014</td>
<td>800 MHz Radio Test – PA DOH and Hospitals</td>
<td>Drill</td>
<td>Information Sharing</td>
<td>Annual work statement requirement</td>
<td>Operational Communications</td>
<td>PA DOH, hospitals, SE PA health departments, SE PA EMS Councils</td>
</tr>
<tr>
<td>8/20/2014</td>
<td>Emergency Communications Review Training</td>
<td>Training</td>
<td>Emergency Public Information and Warning</td>
<td>Operational Communications</td>
<td>Operational Communications</td>
<td>PDPH-DDC Communications Group</td>
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<tr>
<td>8/21/2014</td>
<td>Everybody Ready 3.0</td>
<td>Training</td>
<td>Community Preparedness</td>
<td>Community Resilience</td>
<td>Community Resilience</td>
<td>PDPH-DDC, Free Library of Philadelphia NE Regional Branch</td>
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<tr>
<td>8/22/2014</td>
<td>PAPR Training</td>
<td>Training</td>
<td>Responder Safety and Health</td>
<td>Environmental Response/Health and Safety</td>
<td>Operational Communications</td>
<td></td>
</tr>
<tr>
<td>8/30/2014-8/31/2014</td>
<td>Made in America Concert Deployment</td>
<td>Real Event</td>
<td>Medical Surge, Volunteer Management</td>
<td>Public Health and Medical Services</td>
<td>Operational Communications</td>
<td>PDPH-DDC, MRC, PFD-EMS</td>
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<tr>
<td>Fall 2014—DATE TBD</td>
<td>Fit Testing Training for N95 Respirators</td>
<td>Training</td>
<td>Responder Safety and Health</td>
<td>Environmental Response/Health and Safety</td>
<td>Operational Communications</td>
<td>PDPH-DDC</td>
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<tr>
<td>9/8/2014</td>
<td>800 MHz Radio Test – PA DOH and Hospitals</td>
<td>Drill</td>
<td>Information Sharing</td>
<td>Annual work statement requirement</td>
<td>Operational Communications</td>
<td>PA DOH, hospitals, SE PA health departments, SE PA EMS Councils</td>
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<tr>
<td>Date(s)</td>
<td>Exercise/Training Name</td>
<td>Type</td>
<td>CDC Capability</td>
<td>CDC Grant Requirement</td>
<td>DHS Capability</td>
<td>Participants/Partners</td>
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<tr>
<td>9/14/2014</td>
<td>Rock N Roll Half Marathon Deployment</td>
<td>Real Event</td>
<td>Medical Surge, Volunteer Management</td>
<td></td>
<td>Public Health and Medical Services</td>
<td>PDPH-DDC, MRC, PFD-EMS</td>
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<tr>
<td>9/18/14</td>
<td>Influenza/Norovirus Everybody Ready 3.0</td>
<td>Training</td>
<td>Community Preparedness</td>
<td></td>
<td>Community Resilience</td>
<td>PDPH-DDC, Free Library of Philadelphia Parkway Central Branch</td>
</tr>
<tr>
<td>9/25/2014-</td>
<td>Trainings: 2014 Seasonal Influenza Vaccination of Philadelphia First Responders and their Families</td>
<td>Training</td>
<td>Medical Countermeasure Dispensing, Responder Safety and Health</td>
<td></td>
<td>Public Health and Medical Services, Environmental Response/Health and Safety</td>
<td>PDPH, MRC</td>
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<tr>
<td>10/2014</td>
<td>Quarterly Tactical Communications Test</td>
<td>Drill</td>
<td>Information Sharing</td>
<td></td>
<td>Operational Communications</td>
<td>PDPH, OEM, PPD, OFM, PA DOH, OSH, SDP, DPR</td>
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<tr>
<td>10/4/2014</td>
<td>2014 Seasonal Influenza Vaccination of Philadelphia First Responders and their Families</td>
<td>Full-scale Exercise (FSE), Real Event</td>
<td>Medical Countermeasure Dispensing, Responder Safety and Health, Volunteer Management</td>
<td>Dispensing Throughput Drill</td>
<td>Public Health and Medical Services, Environmental Response/Health and Safety</td>
<td>PPD, PDPH-DDC, MRC</td>
</tr>
<tr>
<td>10/13/2014</td>
<td>800 MHz Radio Test – PA DOH and Hospitals</td>
<td>Drill</td>
<td>Information Sharing</td>
<td>Annual work statement requirement</td>
<td>Operational Communications</td>
<td>PA DOH, hospitals, SE PA health departments, SE PA EMS Councils</td>
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<tr>
<td>10/20/2014-</td>
<td>MSA FSE Exercise: From Philly, With Plague</td>
<td>Full-Scale Exercise</td>
<td>Emergency Operations Coordination, Information Sharing, Medical Countermeasure Dispensing, Medical Materiel Management</td>
<td>MSA Full-Scale Exercise (FSE)</td>
<td>Operational Communications, Public Health and Medical Services, Intelligence and Information Sharing, Public and Private Services and Resources</td>
<td>Philadelphia-Camden-Wilmington MSA: state and local public health and emergency management agencies, federal partners (HHS, FBI, FEMA) Local partners: PDPH-DDC, MRC, OEM, PPD, HAP, DBHIDS, etc.</td>
</tr>
<tr>
<td>Date(s)</td>
<td>Exercise/Training Name</td>
<td>Type</td>
<td>CDC Capability</td>
<td>CDC Grant Requirement</td>
<td>DHS Capability</td>
<td>Participants/Partners</td>
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<tr>
<td>11/8/2014</td>
<td>MRC Volunteer Orientation/POD Leadership Training</td>
<td>Training</td>
<td>Volunteer Management, Medical Countermeasure Dispensing</td>
<td></td>
<td>Public and Private Services and Resources, Public Health and Medical Services</td>
<td>PDPH-DDC, MRC</td>
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<tr>
<td>11/10/2014</td>
<td>800 MHz Radio Test – PA DOH and Hospitals</td>
<td>Drill</td>
<td>Information Sharing</td>
<td>Annual work statement requirement</td>
<td>Operational Communications</td>
<td>PA DOH, hospitals, SE PA health departments, SE PA EMS Councils</td>
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<tr>
<td>12/2014</td>
<td>Quarterly Tactical Communications Test</td>
<td>Drill</td>
<td>Information Sharing</td>
<td></td>
<td>Operational Communications</td>
<td>PDPH, OEM, PPD, OFM, PA DOH, OSH, SDP, DPR</td>
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<tr>
<td>12/2014</td>
<td>Division of Disease Control Preparedness Workshop</td>
<td>Workshop</td>
<td>Information Sharing</td>
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<td>Public Health and Medical Services, Intelligence and Information Sharing</td>
<td>PDPH-DDC</td>
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<td>12/8/2014</td>
<td>800 MHz Radio Test – PA DOH and Hospitals</td>
<td>Drill</td>
<td>Information Sharing</td>
<td>Annual work statement requirement</td>
<td>Operational Communications</td>
<td>PA DOH, hospitals, SE PA health departments, SE PA EMS Councils</td>
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<tr>
<td>12/15/2014</td>
<td>Special Olympics Mass Screening Deployment</td>
<td>Real Event</td>
<td>Medical Surge, Volunteer Management</td>
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<td>Public Health and Medical Services</td>
<td>PDPH-DDC, MRC, Special Olympics</td>
</tr>
<tr>
<td>Date(s)</td>
<td>Exercise/Training Name</td>
<td>Type</td>
<td>CDC Capability</td>
<td>CDC Grant Requirement</td>
<td>DHS Capability</td>
<td>Participants/Partners</td>
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<tr>
<td>1/2015</td>
<td>Hepatitis/Everybody Ready 3.0</td>
<td>Training</td>
<td>Community Preparedness</td>
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<td>Community Resilience</td>
<td>PDPH-DDC, Free Library of Philadelphia</td>
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<tr>
<td>1/12/2015</td>
<td>800 MHz Radio Test – PA DOH and Hospitals</td>
<td>Drill</td>
<td>Information Sharing</td>
<td>Annual work statement requirement</td>
<td>Operational Communications</td>
<td>PDPH, PA DOH, hospitals, SE PA health departments, SE PA EMS Councils</td>
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<tr>
<td>2/9/2015</td>
<td>800 MHz Radio Test – PA DOH and Hospitals</td>
<td>Drill</td>
<td>Information Sharing</td>
<td>Annual work statement requirement</td>
<td>Operational Communications</td>
<td>PDPH, PA DOH, hospitals, SE PA health departments, SE PA EMS Councils</td>
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<tr>
<td>3/2015</td>
<td>Psychological First Aid</td>
<td>Training</td>
<td>Responder Safety and Health, Volunteer Management</td>
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<td>Community Resilience</td>
<td>PDPH-DDC, MRC</td>
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<tr>
<td>3/9/2015</td>
<td>800 MHz Radio Test – PA DOH and Hospitals</td>
<td>Drill</td>
<td>Information Sharing</td>
<td>Annual work statement requirement</td>
<td>Public Health and Medical Services, Operational Communications</td>
<td>PA DOH, hospitals, SE PA health departments, SE PA EMS Councils</td>
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<td>3/2015</td>
<td>MRC Volunteer Orientation</td>
<td>Training</td>
<td>Volunteer Management</td>
<td></td>
<td>Public Health and Medical Services</td>
<td>PDPH-DDC, MRC</td>
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<td>4/2015</td>
<td>Emergency Communications Training</td>
<td>Training</td>
<td>Emergency Public Information and Warning</td>
<td></td>
<td>Operational Communications</td>
<td>PDPH Communications Group</td>
</tr>
<tr>
<td>Date(s)</td>
<td>Exercise/Training Name</td>
<td>Type</td>
<td>CDC Capability</td>
<td>CDC Grant Requirement</td>
<td>DHS Capability</td>
<td>Participants/Partners</td>
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<tr>
<td>4/2015</td>
<td>Public Health Emergency Coordination Center Exercise/Training: Special Events</td>
<td>Functional Exercise/Training</td>
<td>Emergency Operations Coordination</td>
<td>Operational Communications, Public Health and Medical Services, Public and Private Services and Resources</td>
<td>Operational Communications</td>
<td>PDPH (all divisions), critical response partners, MRC</td>
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<tr>
<td>4/2015</td>
<td>Quarterly Tactical Communications Test</td>
<td>Drill</td>
<td>Information Sharing</td>
<td>Public Health and Medical Services, Operational Communications</td>
<td>Public Health and Medical Services</td>
<td>PDPH, OEM, PPD, OFM, PA DOH, OSH, SDP, DPR</td>
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<tr>
<td>4/13/2015</td>
<td>800 MHz Radio Test – PA DOH and Hospitals</td>
<td>Drill</td>
<td>Information Sharing</td>
<td>Annual work statement requirement</td>
<td>Public Health and Medical Services, Operational Communications</td>
<td>PDPH, PA DOH, hospitals, SE PA health departments, SE PA EMS Councils</td>
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<tr>
<td>5/2015</td>
<td>MRC Regional Hospital Exercise Pre-Training</td>
<td>Training</td>
<td>Medical Surge, Emergency Operations Coordination, Medical Materiel Management and Distribution</td>
<td>Operational Communications, On-scene Security and Protection, Public Health and Medical Services</td>
<td>Operational Communications</td>
<td>HAP, hospitals, PA DOH, MDO-OEM, PDPH-DDC, MRC</td>
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<tr>
<td>5/2015</td>
<td>Regional Hospital Exercise</td>
<td>Full Scale Exercise (FSE)</td>
<td>Medical Surge, Emergency Operations Coordination, Medical Materiel Management and Distribution</td>
<td>Operational Communications, On-scene Security and Protection, Public Health and Medical Services</td>
<td>Operational Communications</td>
<td>HAP, hospitals, PA DOH, MDO-OEM, PDPH-DDC, MRC</td>
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<tr>
<td>Date(s)</td>
<td>Exercise/Training Name</td>
<td>Type</td>
<td>CDC Capability</td>
<td>CDC Grant Requirement</td>
<td>DHS Capability</td>
<td>Participants/Partners</td>
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<tr>
<td>5/2015</td>
<td>MRC Volunteer Orientation</td>
<td>Training</td>
<td>Volunteer Management, Medical Countermeasure Dispensing</td>
<td>Public and Private Services and Resources, Public Health and Medical Services, Environmental Response/Health and Safety</td>
<td>PDPH-DDC, MRC</td>
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<td>5/2015</td>
<td>MRC Statewide Full-Scale Exercise</td>
<td>Full-scale</td>
<td>Volunteer Management, Emergency Operations Coordination</td>
<td>Operational Coordination, Public and Private Services and Resources</td>
<td>PDPH-DDC, PA DOH, MRC (counties TBD)</td>
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<td>5/2015</td>
<td>Broad Street Run Deployment</td>
<td>Real Event</td>
<td>Medical Surge, Volunteer Management</td>
<td>Public Health and Medical Services</td>
<td>PDPH-DDC, MRC, PFD-EMS</td>
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<tr>
<td>5/11/2015</td>
<td>800 MHz Radio Test – PA DOH and Hospitals</td>
<td>Drill</td>
<td>Information Sharing</td>
<td>Public Health and Medical Services, Operational Communications</td>
<td>PA DOH, hospitals, SE PA health departments, SE PA EMS Councils</td>
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<td>Summer 2015</td>
<td>Everybody Ready 3.0</td>
<td>Training</td>
<td>Community Preparedness</td>
<td>Community Resilience</td>
<td>PDPH-DDC, Free Library of Philadelphia, community and faith-based organizations</td>
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<tr>
<td>6/2015</td>
<td>Quarterly Tactical Communications Test</td>
<td>Drill</td>
<td>Information Sharing</td>
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<td>PDPH, OEM, PPD, OFM, PA DOH, OSH, SDP, DPR</td>
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<tr>
<td>Date(s)</td>
<td>Exercise/Training Name</td>
<td>Type</td>
<td>CDC Capability</td>
<td>CDC Grant Requirement</td>
<td>DHS Capability</td>
<td>Participants/Partners</td>
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<tr>
<td>6/2015</td>
<td>PDPH Improvement Planning Workshop</td>
<td>Workshop</td>
<td>Community Preparedness, Information Sharing</td>
<td>Planning</td>
<td>PDPH</td>
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<tr>
<td>6/2015</td>
<td>COOP Exercise</td>
<td>Functional Exercise</td>
<td>Emergency Operations Coordination</td>
<td>Operational Coordination</td>
<td>PDPH, HCO</td>
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<tr>
<td>6/8/2015</td>
<td>800 MHz Radio Test – PA DOH and Hospitals</td>
<td>Drill</td>
<td>Information Sharing</td>
<td>Annual work statement requirement</td>
<td>Operational Communications</td>
<td>PDPH, PA DOH, hospitals, SE PA health departments, SE PA EMS Councils</td>
</tr>
<tr>
<td>7/4/2015</td>
<td>Welcome America Deployment</td>
<td>Real Event</td>
<td>Volunteer Management</td>
<td>Public and Private Services and Resources</td>
<td></td>
<td>PDPH-DDC, MRC, PFD-EMS</td>
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<tr>
<td>7/13/15</td>
<td>800 MHz Radio Test – PA DOH and Hospitals</td>
<td>Drill</td>
<td>Information Sharing</td>
<td>Annual work statement requirement</td>
<td>Operational Communications</td>
<td>PDPH, PA DOH, hospitals, SE PA health departments, SE PA EMS Councils</td>
</tr>
<tr>
<td>8/2015</td>
<td>Philadelphia Training and Exercise Workshop</td>
<td>Workshop</td>
<td>Community Preparedness, Information Sharing, Mass Care, Responder Safety and Health</td>
<td>DHS requirement</td>
<td>Planning, Intelligence and Information Sharing</td>
<td>PDPH, PPD, PFD, OEM, HAP, DBHIDS, hospitals</td>
</tr>
<tr>
<td>8/2015</td>
<td>Emergency Communications Training</td>
<td>Training</td>
<td>Emergency Public Information and Warning</td>
<td>Operational Communications</td>
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<td>PDPH Communications Group</td>
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<td>8/10/2015</td>
<td>800 MHz Radio Test – PA DOH and Hospitals</td>
<td>Drill</td>
<td>Information Sharing</td>
<td>Annual work statement requirement</td>
<td>Operational Communications</td>
<td>PDPH, PA DOH, hospitals, SE PA health departments, SE PA EMS Councils</td>
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<td>Quarterly Tactical Communications Test Test</td>
<td>Drill</td>
<td>Information Sharing</td>
<td>Public Health and Medical Services, Operational Communications</td>
<td>PDPH, OEM, PPD, OFM, PA DOH, OSH, SDP, DPR</td>
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<td>9/5/2015</td>
<td>Made in America Concert Deployment</td>
<td>Real Event</td>
<td>Medical Surge, Volunteer Management</td>
<td>Public Health and Medical Services</td>
<td>PDPH-DDC, MRC, PFD-EMS</td>
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<td>Drill</td>
<td>Information Sharing</td>
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<td>Operational Communications</td>
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<td>9/22/15/- 9/27/15</td>
<td>World Meeting of Families/Papal Visit</td>
<td>Real event</td>
<td>Emergency Operations Coordination, Volunteer Management, Public Health Surveillance and Epidemiological Investigation</td>
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<td>2015 Seasonal Influenza Vaccination of Philadelphia First Responders and their Families</td>
<td>Full Scale Exercise (FSE), Real Event</td>
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<td>Dispensing Throughput Drill</td>
<td>Public and Private Services and Resources, Public Health and Medical Services, Environmental Response/Health and Safety</td>
<td>PPD, PFD, Non-municipal EMS, PDPH-DDC, MRC</td>
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<td>Operational Communications</td>
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<td>PDPH, PA DOH, hospitals, SE PA health departments, SE PA EMS Councils</td>
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<td>Information Sharing</td>
<td>Operational Communications</td>
<td>PDPH, OEM, PPD, OFM, PA DOH, OSH, SDP, DPR</td>
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<td>Workshop</td>
<td>Information Sharing</td>
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<td>1/11/2016</td>
<td>800 MHz Radio Test – PA DOH and Hospitals</td>
<td>Drill</td>
<td>Information Sharing</td>
<td>Annual work statement requirement</td>
<td>Operational Communications</td>
<td>PDPH, PA DOH, hospitals, SE PA health departments, SE PA EMS Councils</td>
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2016
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<th>DHS Capability</th>
<th>Participants/Partners</th>
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<td>PDPH Leadership Training</td>
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<td>Emergency Public Information and Warning</td>
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<td>Public Health Emergency Coordination Center Exercise</td>
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<td>Emergency Operations Coordination</td>
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<td>Operational Communications, Public Health and Medical Services, Public and Private Services and Resources, Operational Coordination</td>
<td>PDPH-DDC, other agencies as appropriate</td>
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<td>Exercise/Training Name</td>
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<td>Operational Communications</td>
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<td>Regional Hospital Exercise Pre-Training</td>
<td>Training</td>
<td>Medical Surge, Emergency Operations Coordination, Medical Materiel Management and Distribution</td>
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<td>MRC Volunteer Orientation and Special Topic Training</td>
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<td>Public and Private Services and Resources, Public Health and Medical Services, Environmental Response/Health and Safety</td>
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<td>Philadelphia Training and Exercise Workshop</td>
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<td>Emergency Communications Training</td>
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<td>PDPH Communications Group</td>
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<td>2016 Seasonal Influenza Vaccination of Philadelphia First Responders and their Families</td>
<td>Full Scale Exercise (FSE), Real Event</td>
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<td>Public and Private Services and Resources, Public Health and Medical Services,</td>
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<td>Public Health Emergency Coordination Center Exercise</td>
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IX. APPENDICES

Appendix A. Homeland Security Core Capabilities

Core Capabilities:

- **Planning**
  - Conduct a systematic process engaging the whole community as appropriate in the development of executable strategic, operational, and/or community-based approaches to meet defined objectives.

- **Public Information and Warning**
  - Deliver coordinated, prompt, reliable, and actionable information to the whole community through the use of clear, consistent, accessible, and culturally and linguistically appropriate methods to effectively relay information regarding any threat or hazard, as well as the actions being taken and the assistance being made available, as appropriate.

- **Operational Coordination**
  - Establish and maintain a unified and coordinated operational structure and process that appropriately integrates all critical stakeholders and supports the execution of core capabilities.

- **Forensics and Attribution**
  - Conduct forensic analysis and attribute terrorist acts (including the means and methods of terrorism) to their source, to include forensic analysis as well as attribution for an attack and for the preparation for an attack in an effort to prevent initial or follow-on acts and/or swiftly develop counter-options.

- **Intelligence and Information Sharing**
  - Provide timely, accurate, and actionable information resulting from the planning, direction, collection, exploitation, processing, analysis, production, dissemination, evaluation, and feedback of available information concerning threats to the United States, its people, property, or interests; the development, proliferation, or use of WMDs; or any other matter bearing on U.S. national or homeland security by Federal, state, local, and other stakeholders. Information sharing is the ability to exchange intelligence, information, data, or knowledge among Federal, state, local, or private sector entities, as appropriate.

- **Interdiction and Disruption**
  - Delay, divert, intercept, halt, apprehend, or secure threats and/or hazards.

- **Screening, Search, and Detection**
  - Identify, discover, or locate threats and/or hazards through active and passive surveillance and search procedures. This may include the use of systematic examinations and assessments, sensor technologies, or physical investigation and intelligence.
• **Access Control and Identity Verification**  
  o Apply a broad range of physical, technological, and cyber measures to control admittance to critical locations and systems, limiting access to authorized individuals to carry out legitimate activities.

• **Cybersecurity**  
  o Protect against damage to, the unauthorized use of, and/or the exploitation of (and, if needed, the restoration of) electronic communications systems and services (and the information contained therein).

• **Physical Protective Measures**  
  o Reduce or mitigate risks, including actions targeted at threats, vulnerabilities, and/or consequences, by controlling movement and protecting borders, critical infrastructure, and the homeland.

• **Risk Management for Protection Programs and Activities**  
  o Identify, assess, and prioritize risks to inform Protection activities and investments.

• **Supply Chain Integrity and Security**  
  o Strengthen the security and resilience of the supply chain.

• **Community Resilience**  
  o Lead the integrated effort to recognize, understand, communicate, plan, and address risks so that the community can develop a set of actions to accomplish Mitigation and improve resilience.

• **Long-term Vulnerability Reduction**  
  o Build and sustain resilient systems, communities, and critical infrastructure and key resources lifelines so as to reduce their vulnerability to natural, technological, and human-caused incidents by lessening the likelihood, severity, and duration of the adverse consequences related to these incidents.

• **Risk and Disaster Resilience Assessment**  
  o Assess risk and disaster resilience so that decision makers, responders, and community members can take informed action to reduce their entity's risk and increase their resilience.

• **Threats and Hazard Identification**  
  o Identify the threats and hazards that occur in the geographic area; determine the frequency and magnitude; and incorporate this into analysis and planning processes so as to clearly understand the needs of a community or entity.

• **Critical Transportation**  
  o Provide transportation (including infrastructure access and accessible transportation services) for response priority objectives, including the evacuation of people and animals, and the delivery of vital response personnel, equipment, and services into the affected areas.

• **Environmental Response/Health and Safety**  
  o Ensure the availability of guidance and resources to address all hazards including hazardous materials, acts of terrorism, and natural disasters in support of the responder operations and the affected communities.
• **Fatality Management Services**
  - Provide fatality management services, including body recovery and victim identification, working with state and local authorities to provide temporary mortuary solutions, sharing information with mass care services for the purpose of reunifying family members and caregivers with missing persons/remains, and providing counseling to the bereaved.

• **Infrastructure Systems**
  - Stabilize critical infrastructure functions, minimize health and safety threats, and efficiently restore and revitalize systems and services to support a viable, resilient community.

• **Mass Care Services**
  - Provide life-sustaining services to the affected population with a focus on hydration, feeding, and sheltering to those who have the most need, as well as support for reunifying families.

• **Mass Search and Rescue Operations**
  - Deliver traditional and atypical search and rescue capabilities, including personnel, services, animals, and assets to survivors in need, with the goal of saving the greatest number of endangered lives in the shortest time possible.

• **On-scene Security and Protection**
  - Ensure a safe and secure environment through law enforcement and related security and protection operations for people and communities located within affected areas and also for all traditional and atypical response personnel engaged in lifesaving and life-sustaining operations.

• **Operational Communications**
  - Ensure the capacity for timely communications in support of security, situational awareness, and operations by any and all means available, among and between affected communities in the impact area and all response forces.

• **Public and Private Services and Resources**
  - Provide essential public and private services and resources to the affected population and surrounding communities, to include emergency power to critical facilities, fuel support for emergency responders, and access to community staples (e.g., grocery stores, pharmacies, and banks) and fire and other first response services.

• **Public Health and Medical Services**
  - Provide lifesaving medical treatment via emergency medical services and related operations and avoid additional disease and injury by providing targeted public health and medical support and products to all people in need within the affected area.

• **Situational Assessment**
  - Provide all decision makers with decision-relevant information regarding the nature and extent of the hazard, any cascading effects, and the status of the response.
• **Economic Recovery**
  o Return economic and business activities (including food and agriculture) to a healthy state and develop new business and employment opportunities that result in a sustainable and economically viable community.

• **Health and Social Services**
  o Restore and improve health and social services networks to promote the resilience, independence, health (including behavioral health), and well-being of the whole community.

• **Housing**
  o Implement housing solutions that effectively support the needs of the whole community and contribute to its sustainability and resilience.

• **Natural and Cultural Resources**
  o Protect natural and cultural resources and historic properties through appropriate planning, mitigation, response, and recovery actions to preserve, conserve, rehabilitate, and restore them consistent with post-disaster community priorities and best practices and in compliance with appropriate environmental and historical preservation laws and executive orders.
Appendix B. Centers for Disease Control and Prevention (CDC) Public Health Preparedness Capabilities

**Biosurveillance**

1. *Public Health Laboratory Testing*
   Public Health Laboratory Testing is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data reporting, investigative support, and laboratory networking to address actual or potential exposure to all-hazards. Hazards include chemical, radiological, and biological agents in multiple matrices that may include clinical samples, food, and environmental samples (e.g., water, air, and soil). This capability supports routine surveillance, including pre-event or pre-incident and post-exposure activities.

2. *Public Health Surveillance and Epidemiological Investigation*
   Public Health Surveillance and Epidemiological Investigation is the ability to create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological investigation processes, as well as to expand these systems and processes in response to incidents of public health significance.

**Incident Management**

3. *Emergency Operations Coordination*
   Emergency Operations Coordination is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System.

**Information Management**

4. *Emergency Public Information and Warning*
   Emergency Public Information and Warning is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders.

5. *Information Sharing*
   Information Sharing is the ability to conduct multijurisdictional, multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, territorial, and tribal levels of government, and the private sector. This capability includes the routine sharing of information as well as issuing of public health alerts to federal, state, local, territorial, and tribal levels of government and the private sector in preparation for, and in response to, events or incidents of public health significance.
Community Resilience

6. Community Preparedness
Community Preparedness is the ability of communities to prepare for, withstand, and recover from public health incidents. By engaging and coordinating with emergency management, healthcare organizations (private and community-based), mental/behavioral health providers, community and faith-based partners, state, local, and territorial, public health’s role in community preparedness is to do the following:

- Support the development of public health, medical and mental/behavioral health systems that support recovery
- Participate in awareness training with community and faith-based partners on how to prevent, respond to, and recover from public health emergencies
- Promote awareness of and access to medical and mental/behavioral health resources that help protect the community’s health and address the functional needs of at-risk individuals
- Engage public and private organizations in preparedness activities that represent the functional needs of at-risk individuals as well as the cultural and socio-economic, demographic components of the community
- Identify populations that may be at higher risk for adverse health outcomes
- Receive and/or integrate the health needs of populations who have been displaced due to incidents that have occurred in their communities.

7. Community Recovery
Community Recovery is the ability to collaborate with community partners, (e.g., healthcare organizations, business, education, and emergency management) to plan and advocate for the rebuilding of public health, medical, and mental/behavioral health systems to at least a level of functioning comparable to pre-incident levels, and improved levels where possible.

Surge Management

8. Fatality Management
Fatality Management is the ability to coordinate with other organizations (e.g., law enforcement, healthcare, emergency management, and medical examiner/coroner) to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental/behavioral health services to the family members, responders, and survivors of an incident.

9. Mass Care
Mass Care is the ability to coordinate with partner agencies to address the public health, medical, and mental/behavioral health needs of those impacted by an incident at a congregate location. This capability includes the coordination of ongoing surveillance and assessment to ensure that health needs continue to be met as the incident evolves.
10. **Medical Surge**
Medical Surge is the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community. It encompasses the ability of the healthcare system to survive a hazard impact and maintain or rapidly recover operations that were compromised.

11. **Volunteer Management**
Volunteer Management is the ability to coordinate the identification, recruitment, registration, credential verification, training, and engagement of volunteers to support the jurisdictional public health agency’s response to incidents of public health significance.

**Countermeasures and Mitigation**

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

13. **Medical Materiel Management and Distribution**
Medical Materiel Management and Distribution is the ability to acquire, maintain (e.g., cold chain storage or other storage protocol), transport, distribute, and track medical materiel (e.g., pharmaceuticals, gloves, masks, and ventilators) during an incident and to recover and account for unused medical materiel, as necessary, after an incident.

14. **Non-Pharmaceutical Interventions**
Non-Pharmaceutical Interventions is the ability to recommend to the applicable lead agency (if not public health) and implement, if applicable, strategies for disease, injury, and exposure control. Strategies include the following:
- Isolation and quarantine
- Restrictions on movement and travel advisory/warnings
- Social distancing
- External decontamination
- Hygiene
- Precautionary protective behaviors

15. **Responder Safety and Health**
The responder safety and health capability describes the ability to protect public health agency staff responding to an incident and the ability to support the health and safety needs of hospital and medical facility personnel, if requested.
Appendix C. Just-in-Time Training

PDPH has prepared Just-in-Time Training (JITT) materials that are to be used in large-scale, complex public health emergency response operations. These JITT materials will enable PDPH staff and MRC volunteers to perform work that may differ from their usual duties and may be performed in an unfamiliar environment.

PDPH recognizes that it is difficult to pre-train all staff and volunteers for all-hazard scenarios due to training and exercise limitations, staff turnover, and fluctuations in MRC membership. Just-in-Time Training is a reliable method for preparing PDPH staff and MRC volunteers to conduct response operations immediately before they begin. JITT materials have been developed for the following topics:

- Point of Dispensing (POD) operations
- Public Health Emergency Coordination Center (PHECC) operations
- Local Logistics Node (Emergency Medication Warehouse) operations
- Epidemiological Investigation/Isolation and Quarantine
- Command and Control
- Communication Processes

JITT materials are located in their respective plans/manuals.
### Appendix D. Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>BPHP</td>
<td>Bureau of Public Health Preparedness</td>
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<tr>
<td>BT-PHP</td>
<td>Bioterrorism and Public Health Preparedness Program</td>
</tr>
<tr>
<td>CBRNE</td>
<td>Chemical Biological Radiological Nuclear Explosive</td>
</tr>
<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
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<tr>
<td>CRI</td>
<td>Cities Readiness Initiative</td>
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<tr>
<td>DDC</td>
<td>Division of Disease Control</td>
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<tr>
<td>DHHS</td>
<td>Department of Health and Human Services</td>
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<tr>
<td>DHS</td>
<td>Department of Homeland Security</td>
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<tr>
<td>FE</td>
<td>Functional Exercise</td>
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<tr>
<td>FEMA</td>
<td>Federal Emergency Management Agency</td>
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<tr>
<td>FSE</td>
<td>Full Scale Exercise</td>
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<tr>
<td>HAP</td>
<td>Hospital and Healthsystem Association of Pennsylvania</td>
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<tr>
<td>HSEEP</td>
<td>Homeland Security Exercise and Evaluation Program</td>
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<tr>
<td>ICS</td>
<td>Incident Command System</td>
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<tr>
<td>IPC</td>
<td>Improvement Planning Conference</td>
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<tr>
<td>JITT</td>
<td>Just-in-Time Training</td>
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<td>LLN</td>
<td>Local Logistics Node Warehouse</td>
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<tr>
<td>MSA</td>
<td>Metropolitan Statistical Area</td>
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<tr>
<td>NACCHO</td>
<td>National Association of County and City Health Officials</td>
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<tr>
<td>NHSS</td>
<td>National Health Security Strategy</td>
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<tr>
<td>NIMS</td>
<td>National Incident Management System</td>
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<tr>
<td>NRF</td>
<td>National Response Framework</td>
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<tr>
<td>OEM</td>
<td>Office of Emergency Management</td>
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<td>OFM</td>
<td>Office of Facilities Management</td>
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<td>OSH</td>
<td>Office of Supportive Housing</td>
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<tr>
<td>PA DOH</td>
<td>Pennsylvania Department of Health</td>
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<tr>
<td>PDPH</td>
<td>Philadelphia Department of Public Health</td>
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<tr>
<td>PHERP</td>
<td>Public Health Emergency Response Plan</td>
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<tr>
<td>POD</td>
<td>Point of Dispensing</td>
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<tr>
<td>PFD</td>
<td>Philadelphia Fire Department</td>
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<tr>
<td>PPD</td>
<td>Philadelphia Police Department</td>
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<tr>
<td>RSS</td>
<td>Receiving, Staging and Storing Warehouse</td>
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<tr>
<td>SARS</td>
<td>Severe Acute Respiratory Syndrome</td>
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<tr>
<td>SEPA RTF</td>
<td>Southeastern Pennsylvania Regional Task Force</td>
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<td>Strategic National Stockpile</td>
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<td>TTX</td>
<td>Tabletop Exercise</td>
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<tr>
<td>TEPW</td>
<td>Training and Exercise Planning Workshop</td>
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