



2011-
2015

Pennsylvania Public Health
and Medical Emergency
Preparedness Plan



March 2011

A Message from the Deputy Secretary for Health Planning and Assessment

Dear Fellow Pennsylvanians:

While the recent H1N1 pandemic placed a spotlight on the role of public health during disease outbreaks, public health plays an essential role in the prevention of and response to emerging issues throughout the commonwealth on a daily basis.

The Pennsylvania Department of Health has been engaged in public health preparedness planning and response for many years now, with significant success. While considerable progress has been realized, this is not the time to become complacent. For continued success, the Department will continue to invest time and resources and plan based on sound principles, valid epidemiological data, and within the framework of statewide and national goals.

The following Public Health and Medical Emergency Preparedness Plan builds on the previous strategic plan foundation and was drafted with input and coordination from key stakeholders and commonwealth agencies. The Plan will guide the Department as we move forward in our planning efforts, and the testing of those plans, to ensure the health and safety of all commonwealth citizens.

Thank you for your continued dedication and collaboration to ensure that all Pennsylvanians live healthier, safer, and longer lives.



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Table of Contents:

Message from the Deputy Secretary for Health Planning and Assessment.....page 1

Table of Contents.....page 2

Acknowledgements/Introduction.....page 3

Executive Summarypage 4

Public Health and Medical Category and Sub-category followed by related Capabilities, Objectives, and Strategies

- a. Biosurveillance.....page 6
 - i. Epidemiological surveillance and investigation
 - ii. Laboratory testing (including CBRNE detection)
- b. Community Resilience.....page 12
 - i. Partnerships
 - ii. Populations with special needs and special medical needs
 - iii. Behavioral health
 - iv. Community recovery
- c. Incident Management.....page 17
 - i. Emergency operations coordination
- d. Information Management.....page 20
 - i. Emergency public information and warning
 - ii. Information sharing and dissemination
- e. Countermeasures and Mitigation.....page 23
 - i. Medical countermeasure dispensing
 - ii. Non-pharmaceutical intervention
 - iii. Responder safety and health
- f. Surge Management.....page 26
 - i. Medical surge
 - ii. Fatality management
 - iii. Inventory management/surge management
 - iv. Volunteer management
- g. Overarching Considerations.....page 32
 - i. Legal protections and authorities
 - ii. Risk assessment and mitigation of hazards
 - iii. Business process
 - iv. Performance measures
 - v. Quality improvement methods
 - vi. Training
 - vii. Continuity of operations
 - viii. Public Health Information Network

Selected Anticipated Outcomes by Category.....page 37

Glossary of Terms.....page 39

Public Health Emergency Preparedness Resources.....page 42



Introduction

The mission of the Pennsylvania Department of Health (Department) is to promote healthy lifestyles, prevent injury and disease, and ensure the safe delivery of quality healthcare to all commonwealth citizens. The Department is continually upgrading and improving the ability to prepare for and respond to natural or man-made threats to the health of the population.






The Department, in coordination and collaboration with many partners, both governmental and non-governmental, has been expanding capacity and capability to respond to public health and medical emergencies.

The recent planning for and response to the H1N1 pandemic showcased the efforts which have been underway for nearly a decade. The successes and collaborative response achieved during this event could not have occurred without coordinated ongoing planning, exercising, training, and partnerships.






The Department will continue to build upon past successes and implement lessons learned to move the commonwealth forward in being prepared to respond to the public health and medical consequences of any emergency which may arise.

Acknowledgements

The Pennsylvania Department of Health would like to thank planning partners for their support and assistance in developing this Strategic Plan; especially those listed below who helped to write this plan.

-  *Statewide Advisory Committee for Preparedness*
-  *Pennsylvania Emergency Management Agency*
-  *Pennsylvania Department of Public Welfare*
-  *Pennsylvania Department of Agriculture*
-  *Pennsylvania Department of Environmental Protection*

Related Planning Documents

-  *National Health Security Strategy (NHSS)*
-  *Target Capabilities List (TCL)*
-  *Pandemic and All-Hazards Preparedness Act (PAHPA)*
-  *Centers for Disease Control and Prevention: Public Health Emergency Preparedness Cooperative Agreement Guidance*
-  *Assistant Secretary for Preparedness and Response: Hospital Preparedness Program Grant Guidance*

Executive Summary

The 2011-2015 Public Health and Medical Emergency Preparedness (PHMEP) Plan (Plan) signifies the next step in the continued collaboration and coordination among government and non-governmental entities responsible for preparing for, responding to, and recovering from public health emergencies. This Plan represents a high level overview of the direction the commonwealth will take during the next five years. Specific tasks will be outlined by, and become the responsibility of, the subject matter expert workgroups, offices, and departments who will be responsible for tactical planning and implementation.

The 2011-2015 PHMEP Plan builds upon the foundation set by the previous strategic plan and continues to move forward on the path outlined by both commonwealth need and federal guidance. The guidance of the previous strategic plan (2007-2010) advanced the commonwealth’s surveillance capacity, interoperable communications, response planning, and coalition building.

As public health emergency planners embark on moving forward, the focus of the work is shifting from infrastructure building (i.e. procuring personnel, equipment, and supplies) to plan refinement (i.e. expanded training and exercising) and a heightened focus on community resilience. The 2011-2015 Plan represents a shift in overall programmatic focus, from building to sustainment. The goals, objectives, and strategies outlined in the 2011-2015 Plan reflect this shift.

A key planning document informing this Plan is the National Health Security Strategy (NHSS), released in December 2009 by the U. S. Department of Health and Human Services (DHHS). The NHSS provides a comprehensive strategy for preparing for and responding to the health consequences of emergencies. It incorporates many aspects of the Centers for Disease Control and Prevention Public Health Emergency Preparedness (CDC PHEP), the Office of the Assistant Secretary for Preparedness and Response Hospital Preparedness Program (ASPR HPP), and the U.S. Department of Homeland Security (DHS) Target Capabilities List (TCL) requirements, as well as new focus areas.

The foundation of the NHSS is built from two broad goals: building community resilience and strengthening and sustaining health and

emergency response systems. Ten strategic objectives further define and focus the strategy. These objectives are:

1. *Foster informed, empowered individuals and communities.*
2. *Develop and maintain the workforce needed for national health security.*
3. *Ensure situational awareness.*
4. *Foster integrated, scalable health care delivery system.*
5. *Ensure timely and effective communications.*
6. *Promote an effective countermeasures enterprise.*
7. *Ensure prevention or mitigation of environmental and other emerging threats to health.*
8. *Incorporate post-incident health recovery into planning and response.*
9. *Work with cross-border and global partners to enhance national, continental, and global health security.*
10. *Ensure all systems that support national health security are based upon the best available science, evaluation, and quality improvement methods.*

The capabilities, objectives, and strategies contained in the 2011-2015 PHMEP Plan all relate directly to the mission of the NHSS. The Plan document is arranged by broad categories, which encompass many related capabilities. Each section begins with an overview of the NHSS capabilities contained within, as well as a “snapshot” of the current status relating to the topic. The section is further divided by capability, objective, and associated strategy to meet the objective.

The Department, as lead for public health preparedness in Pennsylvania, is committed to ensuring that the commonwealth moves towards the goals outlined by this strategy. There are several overarching, or broad tasks and strategies, which are integral to the success of many objectives and strategies in the Plan. These overarching topics include: training, exercising, planning, and collaboration.

Collaboration and coordination are the most important and influential keys to the success of the Plan. The Department is dedicated to involving government and non-governmental entities, emergency responders, subject matter experts, and the general public in public health and medical emergency preparedness and response. Input from varying viewpoints and levels of expertise will ensure the most complete picture of need, resources, and response.

Public Health and Medical Category:

Biosurveillance

Epidemiology Surveillance and Investigation

NHSS Capability #16: Epidemiological surveillance and investigation

NHSS Capability #17: Animal disease surveillance and investigation

NHSS Capability #18: Agricultural surveillance and food safety

NHSS Capability #22: Near real-time systems for capture and analysis of health security related data

NHSS Capability #23: Information gathering and recognition of indicators and warnings

NHSS Capability #47: Environmental health

NHSS Capability #48: Potable water/wastewater and solid waste disposal

Laboratory Testing (including Chemical, Biological, Radiological, Nuclear, Explosive [CBRNE] detection)

NHSS Capability #19: CBRNE detection and mitigation

NHSS Capability #21: Laboratory testing

Biosurveillance - Snapshot

The commonwealth has instituted and utilizes daily, many surveillance systems to detect outbreaks or problems very early. Early detection allows for swift response and aids in mitigation and containment of outbreaks. Systems such as the Pennsylvania National Electronic Disease Surveillance System, Real-time Outbreak Detection System and the Laboratory Information Management System track human disease while the Pennsylvania Food Safety, PAPlants, and other applications track food-borne and environmental disease. Taken together, they represent a robust network for detecting disease in the commonwealth.

Once disease is detected, it becomes essential to identify the threat as soon as possible. The Department's Bureau of Laboratories has state-of-the-art instrumentation and highly trained staff capable of rapidly identifying microorganisms. Ongoing training, evaluation, and equipment updates are key to maintaining this high level of threat identification, especially as threats change over time.

Biosurveillance

Biosurveillance capability is the ongoing surveillance, rapid detection, confirmatory testing, data reporting and investigation to address potential or actual exposure to all-hazards, which include chemical, biological, radiological, nuclear, and explosive agents.

Biosurveillance is an ongoing process, and one of the first lines of defense from threats, whether natural or man-made.

Early detection, reporting, and confirmation of threats greatly increases positive outcomes.

Epidemiological Surveillance and Investigation

Objective B1: The Department will, on a constant basis, update, upgrade, and test surveillance systems, as well as data and analysis systems, currently in use to ensure continued routine passive surveillance and active surveillance.

- **Strategy:** The Department will modify, update as appropriate, and maintain the Pennsylvania National Electronic Disease Surveillance System (PA-NEDSS), the Real-Time Outbreak Detection System (RODS), as well as other data gathering and analyzing systems to ensure the commonwealth is prepared to respond to threats either slowly building or immediately occurring.

Objective B2: By 2015, the Department will increase the number of providers reporting to the Department’s surveillance systems by 25%.

- **Strategy:** The Department will assess usability of the current Departmental systems and facilitate changes to the systems to allow for greater ease of use and then conduct outreach, education, and training to eligible providers on use of the system and benefits.

Objective B3: Ongoing, the Department will ensure the investigation of 100% of all diseases and outbreaks reported and the monitoring and investigation of 100% of reported adverse events related to medical countermeasures.

- **Strategy:** The Department will utilize baseline data and ongoing tracking to ensure that goals are being met regarding investigations. The data will be analyzed yearly and adjustments will be made. Additionally, the Department will continue to work with local and county public health personnel to identify and track individuals with adverse events after receiving medical countermeasures.

Objective B4: Ongoing, the commonwealth will update and develop methods and systems to quickly identify, control, and eradicate animal health incidents to enhance overall zoonotic animal disease response capabilities of the commonwealth.

- **Strategy:** The Pennsylvania Department of Agriculture (PDA) will develop additional components and functionality into the existing web-based application which includes components to help quickly identify, control, and eradicate animal health incidents. The PDA will provide basic training on the application to Department staff.

Objective B5: By 2012, the commonwealth will increase the capacity and capability to prevent, investigate, respond to, and recover from intentional or naturally occurring food-borne outbreaks by developing a new centralized, comprehensive food safety statewide web and disconnected solution for field users of all food safety regulatory agencies in Pennsylvania. Additional capacity building will include providing advanced food emergency response training and equipment to field users.

- **Strategy:** The PDA will develop the PA Food Safety application (for the 13 food safety programs). This program includes components for certifications, inspections, and laboratory services.
- **Strategy:** The PDA will provide emergency preparedness trainings for food inspectors. The PDA will outfit all food inspectors with emergency response kits, which includes inventorying existing emergency response kits and procuring and replenishing expired and missing items from kits, as well as procuring additional kits. Information will be disseminated among state, county, and local officials to promote and assist with outreach and materials.

Objective B6: By 2015, the commonwealth will increase the functionality of the PAPlants application with an emergency alert notification system. This application quickly identifies, controls, and eradicates crop/plant health incidents that could impact the food supply and public health in the commonwealth.

- **Strategy:** The PDA will develop additional components and functionality into the PAPlants application.

Objective B7: Ongoing, the commonwealth will maintain and routinely enhance the ability to monitor the environment for contaminants that may affect the health and safety of the citizens of the commonwealth.

- **Strategy:** The Pennsylvania Department of Environmental Protection (DEP) will ensure that cleanups at Hazardous Sites Cleanup Act (State Superfund) sites and Act 2 voluntary cleanup

sites are completed appropriately and that Resource Conservation and Recovery Act corrective actions and response to emergency spills have protocols and procedures to follow.

Objective B8: Ongoing, the commonwealth will maintain and enhance the ability to monitor and safeguard potable water supplies, wastewater management, and solid waste/debris removal.

- **Strategy:** The DEP will provide required permits, complete evaluations, inspections, and samples of drinking water facilities. The Department, in cooperation with DEP and other state agencies, will conduct investigations as needed. Additionally, DEP will facilitate coordination with federal, state, county, municipal, and other agencies in planning and implementing water supply improvements.

Laboratory Testing (including Chemical, Biological, Radiological, Nuclear, Explosive [CBRNE] detection)

Objective B9: By 2015, the Department will increase the ability of the state’s public health laboratory to rapidly identify biological threat agents and detect radiological and chemical threat agents by developing new test methods and confirmatory testing methods based on emerging technologies.

- **Strategy:** The Department will investigate hiring additional personnel to develop methods, perform testing, and train additional staff; and investigate acquisition of additional instrumentation and equipment, as well as laboratory space. The Department will develop and validate test methods utilizing DNA sequencing, microsphere immunoassay multiplex technology, scanning electron microscopy, infrared spectroscopy, mass spectrometry, and nuclear magnetic resonance spectroscopy. Results will be entered into the Laboratory Information Management System (LIMS).

Objective B10: Ongoing, the Department will maintain capacity to perform 100% of CDC Laboratory Response Network procedures for analyzing clinical specimens to determine chemical exposure.

- **Strategy:** The Department will continue to maintain current testing capabilities and validate new test methods as they are made available by the CDC.

Objective B11: By 2012, the commonwealth will develop and establish a single plan for radiological/nuclear releases as part of the commonwealth’s Emergency Operations Plan (EOP), including appendices addressing all possible release scenarios. By 2015, this plan will be exercised.

- **Strategy:** The DEP will collaborate with the Department and other commonwealth agencies to draft the base plan and appendices, route for consistency and adoption, and ensure inclusion in the commonwealth’s EOP.

Objective B12: By 2015, the commonwealth will enhance the ability to monitor and safeguard the citizens of the commonwealth from CBRNE and toxic industrial chemicals and materials.

- **Strategy:** The DEP will coordinate with the Pennsylvania State Police and the Department of Homeland Security to complete risk assessments. The results will inform the establishment of an information technology plan and location for a central monitoring station.



Public Health and Medical Category:

Community Resilience

Partnerships

NHSS Capability #2: Public engagement in local decision-making

NHSS Capability #45: Individual evacuation and shelter-in-place

Populations With Special Needs and Special Medical Needs

NHSS Capability #1: Public education to inform and prepare individuals and communities

NHSS Capability #3: Local social networks for preparedness and resilience

NHSS Capability #4: Integrated support from non-governmental organizations

NHSS Capability #11: Sufficient culturally competent and proficient public health, healthcare, and emergency management workforce

Behavioral Health

NHSS Capability #6: Post-incident social network re-engagement

NHSS Capability #7: Case management support or individual assistance

NHSS Capability #33: Evidence-based behavioral health prevention and treatment services

Community Recovery

NHSS Capability #8: Reconstitution of the public health, medical, and behavior health infrastructure

Community Resilience - Snapshot

Community resilience planning has been occurring for some time at many levels of jurisdictions in the commonwealth. Building the local, community-level ability of individuals and organizations to respond to and recover from events requires a broad spectrum of support and expertise. The commonwealth is continually identifying networks of volunteers and community-based organizations that will assist in public health and medical response efforts and providing training to both these volunteers and emergency responders on available resources, how to access them, continuity of operations planning, and other essential community response and recovery topics.

The Department assists with building community resiliency through several forums, including: hosting the Statewide Advisory Committee for Preparedness two times annually; hosting meetings with non-governmental agencies, and other local and regional agency partners; all to gain insight, collaboration, and to put forth guidance for planning and response at the local level. One example of guidance is the Pennsylvania Emergency Preparedness Guide.

The Department implements projects through the network of six health Districts and 60 State Health Centers. This network of offices and staff track the health of communities through the identification of chronic and communicable diseases and conduct surveillance activities before, during, and after public health events to determine the health status and provide guidance and referrals to regain normal operating status.

Community Resilience

Community resiliency is the ability of a community to withstand and recover from an emergency.

Healthy individuals, families, and communities with the knowledge and resources to know what to do to care for themselves in both routine and emergency situations is the foundation of resilient communities.

Community policies and practices that build social cohesion, support healthy behaviors, support at-risk populations, and create a culture of preparedness build resilience in individuals and families, which translates into a resilient community.

Partnerships

Objective CR1: By 2012, the Department will implement annual planning meetings within each District to engage local decision makers and others and obtain input on current public health preparedness activities.

- **Strategy:** The Department will develop and update annually, a listing of County Emergency Management Agencies, schools, hospitals and other key community partners and invite them to the annual meeting. The Department will lead the meetings and forward comments and suggestions to the appropriate commonwealth or Department entity for consideration.

Objective CR2: Ongoing, the Department will develop partnerships, collaborations, and Memoranda of Understanding (MOU) to continue to gain input, comment, and feedback on a statewide level regarding public health preparedness in Pennsylvania.

- **Strategy:** The Department will continue to conduct the Statewide Advisory Committee for Preparedness meeting two times per year. Meeting attendees provide comments and recommendations to the Department on preparedness planning and funding priorities.

Objective CR3: Ongoing, personal preparedness information and guidance will be available to all citizens of the commonwealth, which outlines when to evacuate and when to shelter in place, and delineates supplies necessary to sustain themselves for at least 72 hours.

- **Strategy:** The Department will continue to assess/survey the status of communities and individuals regarding personal preparedness. Results will inform the process to fill gaps, provide information, and ensure access by all citizens to the information. Partnerships with community-based and faith-based organizations and linkages to provide resources to communities and organizations on resiliency and strong and sustainable public health and delivery systems should be developed and maintained.

Populations with special needs or special medical needs

Objective CR4: By 2011, the Department will develop and implement a Special Medical Needs Strategic Action Plan that identifies best practices and action steps for preparing populations with special needs and special medical needs for emergencies.

- **Strategy:** The Department will train staff to provide the train-the-trainer program to community-based organizations regarding personal preparedness and personal medical preparedness.
- **Strategy:** The Department will develop and disseminate messages encompassing personal preparedness and personal medical preparedness. The messages will be targeted towards special needs populations, care takers, first responders, and leaders in community-based organizations.

Objective CR5: By 2015, the Department will compile a listing of organizations and Points of Contacts (POC) that have been trained and who can assist populations with special needs or special medical needs during emergencies.

- **Strategy:** The Department will develop and maintain a list of non-governmental agencies with POC information and register the entities into SERVPA. These agencies will be notified to assist with disaster response during emergencies, which may include pushing messages to special needs and special medical needs populations.

Behavioral Health

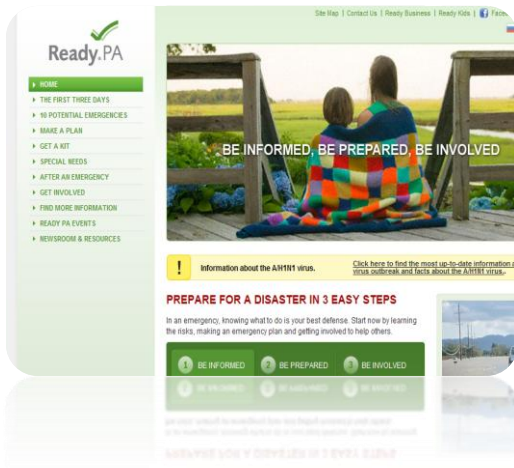
Objective CR6: By 2011 and annually thereafter, the Department of Public Welfare (DPW) will update and test plans, procedures, and systems which provide behavioral health support to citizens in need.

- **Strategy:** The DPW will have a certification program in place for Disaster Crisis Outreach and Referral Teams (DCORTs), professionals, and paraprofessionals. Training topics for responders/community agencies will include: special needs among incident victims that require special assistance or facilitation; resources that address special needs; and training for psychological and psychiatric treatment agencies on trauma response/post-response.

Community Recovery

Objective CR7: By 2015, the Department will coordinate with public health and medical partners to develop and test plans, procedures, and systems to address recovery and restoration of public health, medical, and behavioral health services.

- **Strategy:** The Department will coordinate with state and local entities to gather information regarding recovery and restoration of public health in the event of an emergency. The collaborative group will provide medical and behavioral health services continuity of operations guidance to support the public health, medical, and behavioral health response to minimize provision-of-care disruptions with the goal of restoring public health, medical, and behavioral health services and facilities to pre-event levels and functionality.



Public Health and Medical Category:

Incident Management

Emergency Operations Coordination

NHSS Capability #13: Interoperable and resilient communications systems

NHSS Capability #25: On-site incident management and multi-agency coordination

NHSS Capability #26: Communications among responders

Incident Management - Snapshot

The commonwealth continues to plan and respond following the National Incident Management System (NIMS) and Incident Command Structure (ICS). The Department provides NIMS/ICS training to Department employees, based on job title, to ensure a trained emergency workforce.

Communications are crucial to the coordination of any event. The Department has a vast array of systems at its disposal to direct and manage a coordinated response to emergency events. Direct communications systems include, but are not limited to: PA Health Alert Network, 800 MHz radio system, AlertPA, High Frequency Radio, Satellite Emergency Voice Alerting Network, and the PA DOH website. Communications also includes information gathering or storage systems such as: Facility Resource Emergency Database, Total Visibility, BioWatch System, and the Pennsylvania National Electronic Disease Surveillance System.

New technologies in communications, such as internet options and smart devices, have the potential to improve emergency public health and medical response to disasters and will be explored and implemented as appropriate.

Incident Management

Incident management is the capability to effectively direct and control incident activities. Following the Incident Command Structure (ICS) ensures a clear management structure and allows for easier coordination among responders.

Emergency operations management includes coordination and tracking of personnel and asset resources, as well as communication among response agencies.

Effective incident management ensures that the appropriate number and level of resources are responding, eliminates duplication of effort, and ensures all response partners are operating from the same situational awareness understanding.

Emergency Operations Coordination

Objective IM1: Ongoing, the Department will identify ICS/NIMS course requirements for Department staff and inform staff of the requirements, training opportunities, and tracking mechanisms.

- **Strategy:** The ICS/NIMS training will be included in Department orientation guides/procedures. All incidents and planned events will follow ICS/NIMS protocols.

Objective IM2: Annually, the Department will update the Emergency Support Function (ESF) 8 Plan.

- **Strategy:** The Department will engage support agencies identified in the ESF8 Plan to provide a Plan update and necessary training.

Objective IM3: Annually, the Department will update and test the plans, procedures, and systems that support the Department Operations Center (DOC).

- **Strategy:** The Department will revise the DOC Plan, provide training to the identified DOC command and general staff, and conduct an exercise to test the DOC Plan.

Objective IM4: Annually, the Department will analyze each tactical communication system and update, replace, or modify as needed. The Department will revise and test tactical communications plans, procedures, and redundant systems. By 2015, each system will be utilized in exercises and staff trained appropriately.

- **Strategy:** The Department will review systems to include, but not be limited to: 800 MHz, PA Health Alert Network (PA HAN), Facility Resource Emergency Database (FRED), and High Frequency Radio. Policies and procedures for each will be revised. A training plan on each system will be developed and implemented. Each system will be included in at least one exercise or real event annually.
- **Strategy:** The Department will lead partners in the development of communication plans, policies, and procedures that support communications with federal, regional, state, and local governments, agencies, and voluntary agencies.

Public Health and Medical Category:

Information Management

Emergency Public Information and Warning

NHSS Capability #5: Emergency public information and warning

Information Sharing and Dissemination

NHSS Capability #24: Coordination with U.S. and International partners

Information Management - Snapshot

The commonwealth has a vast array of methods of communicating information to the public in advance of, during, and after an event. Current pre-developed materials enable essential information to be quickly disseminated to the public, press, and stakeholder groups. Citizens can register for important information alerts via AlertPA. The PA Health Alert Network provides health-security related information to healthcare providers, local health departments, and others as necessary.

The commonwealth continues to be an active partner in the Great Lakes Border Health Initiative (PA, OH, NY, MI, IN, and Canada) and the Early Warning Infectious Disease Surveillance program which plans, exercises, and builds communications and response between the United States and boarding countries.

Information Management

Information management includes developing, coordinating, and disseminating information and messages to the public, coordinating officials, and incident management and responders.

Effective information management campaigns are essential to increase public and responder confidence and decrease misinformation and anxiety.

Emergency Public Information and Warning

Objective INF1: Ongoing, the Department will reduce the time it takes to develop and release risk communication messages to the public and stakeholders during a public health emergency. By 2015, the risk communications plan will be exercised and additional methods for information dissemination will be added.

- **Strategy:** The Department will ensure that contact databases are maintained and updated, at least annually; templates will be developed that can quickly be modified and utilized during a public health emergency; and a “dark” 508 compliant website will be set up which can quickly become live in the event of an emergency. Additionally, translation services will be available, as needed, for Spanish and other commonly spoken languages in the commonwealth. Sign language and messaging specifically for special needs and special medical needs populations will be utilized. A public information exercise will be held either as a stand-alone or as part of another public health emergency exercise.

Information Sharing and Dissemination

Objective INF2: Ongoing, the Department will ensure that 100% of health-related emergency information is made available to the public and providers within two hours of notification to the Department.

- **Strategy:** The Department will review strategies and protocols to ensure that PA HAN messages are disseminated to the registered users and posted to the PA DOH website within two hours of notification to the Department.

Objective INF3: Ongoing, the commonwealth will improve communication on disease related issues between bordering states and Canada by participating in annual Great Lakes Border Health Initiative (GLBHI) (PA, OH, NY, MI, IN and Canada) communications exercises and engaging stakeholders in surveillance planning.

- **Strategy:** The commonwealth will participate in yearly GLBHI exercises. Additionally, the Department will participate in stakeholder meetings, surveillance planning, and the development of yearly exercises.

Public Health and Medical Category:

Countermeasures and Mitigation

Medical Countermeasure Dispensing

NHSS Capability #30: Administration of medical countermeasures

Non-pharmaceutical Intervention

NHSS Capability #31: Community interventions for disease control

Responder Safety and Health

NHSS Capability #42: Application of clinical practice guidelines

NHSS Capability #43: Responder safety and health

NHSS Capability #44: Emergency public safety and security

Countermeasures and Mitigation - Snapshot

The ability to effectively and efficiently receive, manage, and distribute supplies requires ongoing training and exercise to remain most effective. To this end, the Department has recently revised the Receipt, Stage, Store Plan and trained and exercised the revised Plan. Additionally, plans for mass prophylaxis, isolation and quarantine, and mitigation have been reviewed, exercised, and per the cycle of planning are under revision based on lessons learned.

Responder and public safety and health are at the forefront of every health and medical emergency. Most responder agencies have programs that address health and safety, and ongoing training occurs to combat complacency.

Primary responsibility for public safety lies with local and various private-sector authorities; therefore, they are typically the first line of response. In situations where local resources are overwhelmed or inadequate, regional and statewide support requires solutions and capabilities that are well planned, coordinated, and exercised.

Countermeasures and Mitigation

During a public health emergency, a multi-faceted approach must be taken to not only treat those affected, but also prevent others from becoming ill or injured.

During public health events, consideration must be taken for both the public, as well as emergency responders. Responders cannot assist if they become ill or injured. Countermeasures and mitigation strategies must include both groups to be comprehensive.

Mitigation plans must also include secondary threats to responder and public health. Planning must occur regarding all response needs.

Medical Countermeasure Dispensing

Objective CM1: Annually, the Department will revise and test plans, procedures, and systems which support medical countermeasure dispensing.

- **Strategy:** The Department will review existing plans to ensure a fully operational Mass Distribution of Medical Countermeasures Plan to provide medical countermeasures to the commonwealth in a timely manner. The Plan will be exercised and revised, and the revised operational procedures will be provided, on an ongoing basis, to regional and local partners for implementation.

Non-pharmaceutical Intervention

Objective CM2: By 2015, the Department will revise and test plans, procedures, and systems which support isolation and quarantine management.

- **Strategy:** The Department will bring key stakeholders together to develop plans and procedures necessary to achieve voluntary and mandatory isolation/quarantine critical tasks and train all appropriate personnel to the Plan.

Responder Safety and Health

Objective CM3: By 2015, the Department, in coordination with the Regional Emergency Medical Services (EMS) Councils, will develop, and provide as requested, EMS personnel health and safety programs to assist jurisdictions and facilities in preparing for and responding to all-hazards emergencies.

- **Strategy:** The Department will develop standardized guidance for health and safety programs for EMS responders. The purpose of the guidance will be to detail the need to establish plans and procedures for identifying sources of additional equipment and expertise (including just in time training) if the health and safety program is overwhelmed, to ensure that all EMS providers are protected from an “all hazards” response. The guidance will also address follow-up for responders who had an exposure event.

Public Health and Medical Category:

Surge Management

Medical Surge

NHSS Capability #36: Emergency triage and pre-hospital treatment

NHSS Capability #37: Patient transport

NHSS Capability #38: Medical Surge

Fatality Management

NHSS Capability #40: Fatality management

Medical Supplies Management and Distribution

NHSS Capability #20: Monitoring available healthcare resources

NHSS Capability #27: Critical resource monitoring, logistics, and distribution

NHSS Capability #29: Management and distribution of medical countermeasures

NHSS Capability #34: Medical equipment and supplies monitoring, management, and distribution

Volunteer Management

NHSS Capability #12: Volunteer recruitment and management

Surge Management - Snapshot

The commonwealth has a well developed system of plans, directives, and protocols relative to emergency triage and pre-hospital treatment. Trainings and exercises held annually ensure that the plans and procedures remain relevant and meet the ever changing threats, risks and environment. The ability to effectively and efficiently receive, manage, and distribute supplies also requires ongoing training and exercise to remain most effective. To this end, the Department has recently revised the Receipt, Stage, Store Plan and trained and exercised the revised Plan.

Research is currently underway to identify the best logistics system for the management of inventory and supplies for the commonwealth. The Department has access to many resources and will streamline how resource information is stored. Additionally, the state's volunteer management database, Statewide Emergency Registry of Volunteers in Pennsylvania (SERVPA), is being continually promoted, groups refined, training provided, and roles outlined.

Statewide, a Mass Fatality Plan has been developed and agreed upon by the State Coroners and Funeral Directors Associations. The Department published the fatality management planning guidelines as part of the Pennsylvania Modular Emergency Management Series.

Surge Management

During a disaster, having the ability to quickly access and mobilize assets is crucial to a successful response effort.

Maintaining adequate stockpiles of medical supplies and resources, as well as comprehensive listings of volunteers, personnel, shelters, and alternate care sites, is the best way to ensure the ability to quickly access, organize, and respond to any disaster that occurs in the commonwealth.

Exercising plans with volunteers, essential response and planning partners, and healthcare personnel further enhances the ability of the commonwealth to have the most effective and coordinated response.

Medical Surge

Objective SM1: By 2011 and annually thereafter, using the Pennsylvania Modular Emergency Medical System (PA MEMS) guidance, the Department will revise regional medical surge plans, procedures, and systems to demonstrate regional medical surge capabilities and provide training to key partners identified in the regional medical surge plans.

- **Strategy:** This objective will be met with a tiered approach. The Department will begin by working with local planning jurisdictions to develop and conduct trainings on both the local medical surge plans and the state medical surge plan. By 2015, the Department will develop and conduct a state level medical surge exercise.
- **Strategy:** Utilizing PA MEMS, the Department will facilitate the development of crisis event care guidance by engaging the community and providers. Included in the guidance will be discussions relating to the issues necessary to complete tasks of allocating and using scarce medical resources and implementing alternate care facility operations. Mobilizing mental health support to manage the effects of limited resource operations on providers and communities will be included, as well as a specific response measures for vulnerable populations and those with medical special needs, including pediatrics, geriatrics, and persons with disabilities.

Objective SM2: By 2015, the Department will have plans, procedures, and protocols in place to ensure that public health and medical resources are effectively and appropriately dispatched and provide pre-hospital triage, treatment, transport, and tracking of patients. These plans, procedures, and protocols will ensure that when moving from normal daily operation to catastrophic events, the commonwealth is able to seamlessly perform all necessary operations and, if needed, provide appropriate guidance for prioritizing and triaging response.

- **Strategy:** The Department will work with partners to assess, build, categorize, and track health and medical resources, protocols, and procedures at the state, regional, and local levels. Necessary protocols and procedures will include: EMS dispatch, assessment, triage, treatment, transport, logistical support, medical command and coordination, safety, communications (including, compatible communications equipment and

communications radio frequency plans), and tracking of patients. Resources will include support and maintenance of the three existing State Medical Assistance Teams (SMAT) and the EMS Strike Teams, as well as assurance that written mutual aid protocols and procedures needed to support these Teams are in place.

Objective SM3: By 2012 and annually thereafter, the Department will provide information and training to hospitals on improving hospital evacuation, shelter-in-place, and decontamination capabilities.

- **Strategy:** The Department will research national guidance and best practices and disseminate the information to hospitals and identify and contract with experts to provide training on evaluation, shelter-in-place, and decontamination.

Objective SM4: By 2013 and annually thereafter, the Department will develop, maintain, and test the Special Medical Needs Alternate Care Site Operations Plan.

- **Strategy:** The Department will identify and survey facilities suitable for sheltering special medical needs populations, identify and train staff and volunteers, and exercise the Plan.

Fatality Management

Objective SM5: Annually, the Department will work with the Pennsylvania Coroners Association and the Pennsylvania Funeral Directors Association to revise and test plans, procedures, and systems which support mass fatality management.

- **Strategy:** The Department will partner with, at a minimum, entities such as: Medical Examiner/Coroner (ME/C), emergency management, public health, hospitals, and funeral directors in the development of plans and procedures for the fatality management system. Additionally, develop and implement exercise programs for fatality management.

Inventory Management/Surge Management

Objective SM6: By 2011, the Department will evaluate current inventory management systems and develop a public health medical inventory management strategy for state-owned equipment and supplies.

- **Strategy:** The Department will modify or replace existing inventory management systems to ensure systems utilized are appropriate and scalable. Appropriate staff, primary and alternates, will be trained to operate system to ensure emergency operations are timely.
- **Strategy:** Annually, the Department will complete an inventory and assessment of the portable hospital and medical surge equipment cache and purchase additional supplies as needed. Additionally, provide training on the set-up and operations of the systems, and exercise the systems.

Objective SM7: By 2012, the Department will evaluate and develop a strategy to share information regarding partner owned equipment and supplies and establish MOUs for the sharing of these assets during times of emergency.

- **Strategy:** The Department will engage partners in a discussion to evaluate current inventory systems, make recommendations for systems in regions without current solutions, determine what equipment and supplies to track, and work with partners to upload information into the systems.

Volunteer Management

Objective SM8: By 2015, assess the public health workforce, to include first responders, regarding proficiency in the public health preparedness core competencies and cultural competency.

- **Strategy:** The Department will develop, pilot, and deliver trainings to achieve a preparedness workforce that is ready to respond to public health emergencies. Courses will be hosted on the Learning Management System and multiple training venues to ensure maximum opportunity for participation. Training protocols will be integrated into exercises and drills.

Objective SM9: By 2011, the Department will develop and implement a staff and volunteer engagement strategy.

- **Strategy:** The Department will hold Web-X trainings for Statewide Emergency Registry of Volunteers in Pennsylvania (SERVPA) members, both existing and new, as well as conduct SERVPA operational drills for both administrators and unit members.
- **Strategy:** The Department will develop and promote recruitment and management strategies to ensure readiness for deployment. To ensure the SERVPA continues to meet the needs of current and future volunteers in the registry, a quarterly review of recruitment and retention strategies will be conducted. This review will assess current strategies and validate their success towards meeting registry goals and objectives and/or modify accordingly to meet overall registry objectives.



Public Health and Medical Category:

Overarching Considerations

Overarching

NHSS Capability #14: Legal protections and authorities

NHSS Capability #9: Mitigated hazards to health and public health facilities and systems

NHSS Capability #15: Risk assessment and risk management

NHSS Capability #49: Use of capability- based performance measures

NHSS Capability #50: Use of quality improvement methods

PA DOH Business Process

PA DOH Training

PA DOH Continuity of Operations

PA DOH Public Health Information Network

Overarching Considerations - Snapshot

Public health emergencies offer unique challenges relating to legal protections, statutes, and limitations. Analysis of applicable legal authorities has been completed; however, written analysis and education to commonwealth parties and stakeholders are needed to ensure understanding. Similarly, the Department will continue to offer guidance regarding continuity of operations planning.

Other issues applicable to the entire PHMEP Plan include determining the process by which to manage funding and measure performance and quality, as well as determining how to provide adequate, timely, and appropriate training. Many performance measures are determined for the commonwealth by federal partners and funders, and are met annually. These performance measures assist in determining quality; however, the Department will develop additional measures to evaluate Department business processes and response readiness.

The Department will continue to offer trainings. The 2010-2013 Training and Exercise Plan has been developed and will be implemented. The Department will continue to be responsive to gaps, emerging needs, and requests by partners and stakeholders and develop and deliver courses as appropriate.

Another area of focus that permeates much of the Plan is secure data gathering, storage, and sharing among state and federal partners. The system utilized by the federal government to ensure compatibility and security is called the Public Health Information Network (PHIN). The Department is compliant with PHIN requirements.

Overarching

Woven throughout all the capabilities, objectives, and strategies outlined to this point, is the need for accountability and legal standing and authority.

The strategies must be measurable, so that it is understood if an intervention has been successful. Additionally, quality assurance methods and sound business practices that include lessons learned, and process and outcome evaluations, ensure that objectives and strategies are truly having the intended effect.

Public health response, both under normal operations and emergency events, are governed by certain, specific legal statutes, authorities, and assumptions; all of which need to be taken into account when planning, exercising, and evaluating public health and medical emergency response.

Overarching Considerations

Legal Protections and Authorities:

The Department will provide guidance relating to state and federal laws and regulations relevant to emergency response, to ensure that emergency response plans are within applicable legal parameters and to increase planners' awareness of the parameters. The guidance will include, but not be limited to: emergency authorities, available waivers and deviations, credentials and licensing, scope of practice, isolation and quarantine, school closure, seizure of property, emergency triage, standards of care, and patient privacy. Educational seminars on public health preparedness law will be presented to stakeholders, including but not limited to: public health employees, local health departments, and attorneys representing local government and public health entities. Sessions will be held in person and/or via the LMS.

Risk Assessment and Mitigation of Hazards:

The Department will coordinate with partners to develop an appropriate public health emergency preparedness Hazard Vulnerability Assessment (HVA). The Department will identify and assess risks, threats/hazards vulnerabilities, and consequences based on the HVA and train staff to conduct the assessments. The staff will provide appropriate prevention, protection, and mitigation recommendations for reducing risk and monitor the outcomes of risk reduction decisions.

Business Process:

For the Department, the Office of Public Health Preparedness (OPHP) has the primary responsibility for coordinating public health and medical preparedness, response, mitigation, and recovery for the commonwealth. Staff working for the OPHP complete many key tasks to ensure Pennsylvania continues to move forward in preparing for public health and medical emergencies. These tasks include, but are not limited to:

- Grant management of two federal preparedness awards, annually totaling approximately \$35,000,000.
- Writing, exercising, and revising Department response plans.
- Workforce development and community outreach.
- Developing, providing, and/or coordinating preparedness trainings for the Department and partner groups.

Overarching

Intertwined in the success of any preparedness plan is the assessment and delivery of training; continuity of operations planning (COOP); and information technology security measures.

Training and COOP are essential components to ensure the plans that have been developed and exercised can be implemented in times of emergencies.

Secure, timely exchange of data and information between and among federal, state, and local entities is the cornerstone of effective response to emergencies. Without this information flow, any response would be less than optimal.

- Management and ongoing updates to the *PA Prepared Learning Management System*.
- Volunteer management utilizing SERPVA, recruitment, and training.

Performance Measures:

Many performance measures are determined for the commonwealth by federal partners and funders. The performance measures are research- or capability-based. The Department will continue to meet or exceed these requirements annually.

Quality Improvement (QI) Methods:

Quality improvement methods will be enacted by the workgroup or office completing specific tasks relative to meeting the objectives outlined in this plan. QI methods will include, but not be limited to: annual project updates by bureau; annual revision of this Plan; adherence to, or performance in excess of, the stated objectives contained in this Plan; and seeking input and feedback from response partners, planning partners, stakeholders, and the general public.

Training:

The Department recognizes the need for ongoing emergency preparedness education of Department staff and partners throughout the state in order to develop and maintain a competent and skilled workforce. A significant focus of resources will be required to further the goal of a sufficient, culturally-competent, and proficient public health, healthcare, and emergency management workforce. To this end, the Department will collaborate with local, state, and federal partners to identify training priorities based on demonstrated needs, grant requirements, the Target Capabilities List, preparedness plans/guidance, and the National Health Security Strategy.

All training and exercise activities will be developed in compliance with the Homeland Security Exercise and Evaluation Program (HSEEP). The Department intends to use a broad range of educational tools including, but not limited to: online components; instructor-led classes; workshops; conferences; seminars; drills, tabletop, functional, and full-scale exercises. This approach will ensure the Department and its partners continue to

enhance the performance capabilities and competencies of the commonwealth workforce.

Continuity of Operations (COOP):

Continuity of operations (COOP) planning is an essential component of any emergency planning. COOP ensures that during times of emergency, essential services will continue. The Department has a robust COOP, which has been exercised and is currently under revision based on lessons learned from the last exercise. The Department has also provided COOP training for planning partners, healthcare providers, education institutions, business, and industry.

Public Health Information Network (PHIN):

Commonwealth electronic information systems which collect, store, and report public health information and data are configured to adhere to Public Health Information Network (PHIN) system requirements for system availability, accessibility, and security. Many systems are compliant with PHIN, such as (although not limited to): Pennsylvania Statewide Immunization Information System (PA-SIIS), Statewide Emergency Registry of Volunteers in Pennsylvania (SERVPA), PA Health Alert Network (PA HAN), Pennsylvania National Electronic Disease Surveillance System (PA NEDSS), PATrack, Facilities Resource Emergency Database (FRED), AlertPA, Total Visibility, Web EOC, 800 MHz radio, and the PA Prepared Learning Management System (LMS).



Selected Anticipated Outcomes by Category*

Biosurveillance

- Upgrade and test surveillance systems.
- Update and develop methods and systems to quickly identify, control, and eradicate animal health incidents.
- Increase the ability of the State’s laboratory to rapidly identify biological threat agents and detect radiological and chemical threat agents by developing new test methods and confirmatory testing methods.

Community Resilience

- Engage the community and stakeholders in the planning process.
- Develop and implement the Special Medical Needs Strategic Action Plan.
- Develop community recovery guidance which includes information on mental health recovery for responders, as well as citizens.

Incident Management

- Update, exercise, and revise the Department Operations Center Plan and supporting plans.
- Analyze, test, and modify interoperable communications equipment and plans.
- Integrate NIMS and ICS by ensuring critical staff receive training.

*Outcomes noted are subject to change with the Plan’s annual revision.

Selected Anticipated Outcomes by Category*

Information Management

- Maintain a contact database of stakeholders for risk communications.
- Update, exercise, and revise risk communications plan.
- Continue developing plans with the Great Lakes Border Health Initiative.

Countermeasures and Mitigation

- Develop and disseminate guidance regarding care standards during crisis events and responder safety.
- Update, exercise, and revise medical countermeasures dispensing and isolation and quarantine plans.

Surge Management

- Utilizing PA MEMS, develop, test, and revise regional medical surge plans.
- Implement a scalable inventory management system to track resources.
- Enhance SERVPA by training administrators and recruiting volunteers.

Overarching

- Provide legal guidance and training relative to applicable public health emergency response laws and regulations.
- Provide an expanded training and development program to include in-person and on-line course offerings.
- Ensure the commonwealth completes all annual performance requirements set forth by the federal government.

*Outcomes noted are subject to change with the Plan's annual revision.

Glossary of Terms

800 Megahertz (MHz) Radio - A radio system that is a blend of traditional two-way radio technology and computer controlled transmitters. The main advantage is that radio transmitters can be shared among various departments and agencies. Groups, called "talk groups" are created to enable private conversations.

AlertPA - An alerting system where citizens can sign up to receive information regarding emergencies and incidents. Alerts can be received via email, cell phone, smart phone, or pager.

Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) - This grant is provided to state public health departments to enhance community resilience by increasing the ability of hospitals and healthcare facilities to respond to the public health and medical impacts of any emergency, such as natural disasters, disease outbreaks, or acts of terrorism.

Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness (PHEP) Cooperative Agreement - This cooperative agreement is provided to state public health departments to enable public health departments to have the capacity and capability to effectively respond to the public health consequences of not only

terrorist threats, but also infectious disease outbreaks, natural disasters, and biological, chemical, nuclear, and radiological emergencies.

Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE) Detection - Jurisdictions should have the ability to identify CBRNE materials at points of manufacture, transport, possession, and use.

Disaster Crisis Outreach and Referral Teams (DCORT) - DCORT is a group of volunteers that have training and clearances to respond in a crisis when mental health needs have been identified.

EMS Strike Teams - Strike teams are made up of EMS providers who are ready to respond to an emergency immediately, but if deployed do not deplete Pennsylvania EMS resources.

Emergency Support Function (ESF) - ESFs provide the structure for coordinating federal interagency support for a response to an event. There are 15 ESF designations.

Facilities Resource Emergency Database (FRED) - A resource system which gathers data from hospitals, including, but not limited to: bed and medical resources availability. This system allows for the effective use of available resources during emergency events.

Great Lakes Border Health Initiative (GLBHI) - An initiative between Canada and the Great Lakes bordering states to provide an official mechanism for information sharing regarding public health issues.

Hazard Vulnerability Assessment (HVA) - An assessment which details natural or man-made disasters that can affect an area. HVAs are utilized to develop all-hazards response plans.

Homeland Security Exercise and Evaluation Program (HSEEP) - A capabilities and performance-based exercise program that provides a standardized methodology and terminology for exercise design, development, conduct, evaluation, and improvement planning.

Incident Command Structure (ICS) - ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, designed to aid in the management of resources during incidents.

Learning Management System (LMS) - The PA Prepared Learning Management System (LMS) is a web-based system for accessing online training programs and sharing information regarding bioterrorism and other public health and emergency response issues. The LMS allows persons to complete online training, earn continuing professional accreditation, track progress, and

share information in the convenience of their workplace or home.

National Health Security Strategy (NHSS) - Released by the U.S. Department of Health and Human Services, this plan provides a comprehensive strategy for emergency preparedness and response, incorporating many aspects of the CDC PHEP, the ASPR HPP, and US Department of Homeland Security (DHS) requirements, as well as new focus areas.

National Incident Management Structure (NIMS) - A system that provides a consistent nationwide approach for federal, state, and local governments, the private sector, and non-governmental organizations to work effectively and efficiently together to prepare for, respond to, and recover from incidents, regardless of cause, size, or complexity.

PA Health Alert Network (PA HAN) - The PA Health Alert Network is part of the Department's Public Health Emergency Preparedness and Response Program. The PA Health Alert Network serves as a communication tool to share public health and medical information with state and local public health agencies, healthcare providers, hospitals and emergency management officials.

PA Modular Emergency Management Series (PA MEMS) - A multi-volume guidance document developed to

assist in medical surge planning in Pennsylvania.

PA National Electronic Disease Surveillance System (PA-NEDSS) - A web-based application developed to facilitate public health disease reporting, surveillance, and tracking.

Pandemic and All-Hazards Preparedness Act (PAHPA) - The purpose of PAHPA is to improve the nation’s public health and medical preparedness and response capabilities for emergencies, whether deliberate, accidental, or natural.

Public Health Information Network (PHIN) - A national initiative to improve the capacity of public health to use and exchange information electronically. PHIN strives to improve public health by enhancing research and practice through best practices related to efficient, effective, and interoperable public health information systems.

Receipt, Stage, and Store (RSS) Plan - The plan that outlines the state’s ability to receive and distribute assets from the Strategic National Stockpile.

State Medical Assistance Teams (SMATs) - Teams of trained medical staff who act as surge capacity to

respond to incidents and emergencies across the commonwealth.

Statewide Advisory Committee for Preparedness (SACP) - Stakeholder group of preparedness professionals that meet two times annually to provide the Department with input and feedback regarding emergency preparedness plans and activities.

Statewide Emergency Registry of Volunteers in Pennsylvania (SERVPA) - An online volunteer registry program for medical and non-medical volunteers who are able to assist in an emergency. (www.serv.pa.gov)

Target Capability List (TCL) - The TCL developed by the U.S. Department of Homeland Security describes capabilities related to the four homeland security mission areas: Prevent, Protect, Respond, and Recover. It also defines and provides a basis for assessing preparedness.

Total Visibility - A Department owned web-based software application that provides a resource management database for tracking and inventory of assets in the commonwealth that can be used to respond to emergencies.

Public Health Emergency Preparedness Resources

Assistant Secretary for Preparedness and Response (ASPR)

<http://www.phe.gov/about/Pages/default.aspx>

Association of State and Territorial Health Officials (ASTHO)

www.astho.org

Center for Infectious Disease Research and Policy – University of Minnesota

Promising Practices mostly for pandemic influenza

www.cidrapractices.org/practices/article.do?page=home

Centers for Disease Control and Prevention (CDC)

<http://emergency.cdc.gov/cdcpreparedness>

National Association of County and City Health Officials (NACCHO)

www.naccho.org

National Health Security Strategy (NHSS)

www.hhs.gov/aspr/opsp/nhss

Pandemic and All-Hazards Preparedness Act (PAHPA)

www.dhhs.gov/aspr/opsp/pahpa/index.html

Pennsylvania Department of Health

www.health.state.pa.us – public health preparedness

Pennsylvania Emergency Management Agency preparedness site

www.ReadyPA.org