

29402

Contract No. H-701583

BIOTERRORISM PREPAREDNESS PROGRAM SERVICES AGREEMENT

AMENDMENT No. 2

THIS AMENDMENT is made and entered into this 31st day
of August, 2006,

by and between

COUNTY OF LOS ANGELES (here-
after "COUNTY"),

and

CITY OF LONG BEACH (hereafter
"Contractor")

WHEREAS, reference is made to that certain document entitled
"BIOTERRORISM PREPAREDNESS PROGRAM SERVICES AGREEMENT", dated
August 30, 2005, and further identified as County Agreement No.
H-701583 any amendments thereto (all hereafter "Agreement")
between County and Contractor; and

WHEREAS, County has been allocated funds from the Federal
Centers for Disease Control and Prevention (CDC) of which a
portion of these funds has been designated for the City of Long
Beach to participate in development of an integrated bioterrorism
response plan which will prepare for and respond to a
bioterrorism event or other public health emergency in Los
Angeles County; and

WHEREAS, the term "Director" as used herein refers to
County's Director of the Department of Public Health ("DPH"), or
his authorized designee (hereafter jointly referred to as
"Director"); and

WHEREAS, said Agreement provides that changes may be made in the form of a written amendment which is formally approved and executed by the parties.

NOW, THEREFORE, the parties hereby agree as follows:

1. This amendment shall be effective August 31, 2006.
2. Exhibit A-1 shall be replaced by Exhibit A-2 Activity A attached hereto and incorporated herein by reference.
3. Exhibit A-2 Activity B shall be added to this Agreement, as attached hereto and incorporated herein by reference.
4. Effective the effective date of this Amendment, Paragraph 2. DESCRIPTION OF SERVICES, shall be amended to read as follows:

"2. DESCRIPTION OF SERVICES: Contractor shall provide services in the form as described in the body of this Agreement, Exhibit A-2 Activity A, is for services between March 7, 2006 through August 30, 2007; Exhibit A-2 Activity B is for services between August 31, 2006 through August 30, 2007. Funding will be limited to that stated in the Maximum Obligation of County paragraph below."

5. Paragraph 3. MAXIMUM OBLIGATION OF COUNTY shall be amended to read as follows:

"3. MAXIMUM OBLIGATION OF COUNTY: During the period of March 7, 2006 through August 30, 2007, the maximum obligation of County for all services provided hereunder shall be One Million Five Hundred Twenty Seven Thousand Nine

Hundred Fifty-five Dollars (\$1,527,955) comprised of: 1) One Hundred Forty Thousand Six Hundred Twenty-five (\$140,625) to support activities as described in Exhibit A-2 Activity A and further described in Schedule A-1 Activity A (i.e., budget), and 2) One Million Three Hundred Eighty Seven Thousand Three Hundred Thirty Dollars (\$1,387,330) to support activities as described in Exhibit A-2 Activity B and further described in Schedule A-2 Activity B (i.e. budget).

Contractor shall use such funds only to pay for services as set forth in the Exhibits and Schedules attached hereto and incorporated herein by reference, and only to the extent that such funds are provided for pass through to County by CDC.

The parties agree that, if this Agreement is renewed for future terms, as described under the term provision hereinabove, (e.g., for individual periods of August 31, 2007 through August 30, 2008, and August 31, 2008 through August 30 2009), the maximum obligation of each such term will be determined by Director based upon the amount of pass through funds received by County from CDC for that individual term. Director shall provide written notice of such maximum obligation determination, to Contractor and to County's Chief Administrative Officer. Such written notice shall be effected by an amendment (i.e., administrative

amendment) to this Agreement pursuant to the Alteration of Terms Paragraph to this Agreement. If such written notice and amendment is provided to Contractor, Contractor shall use such funds only to pay for services as set forth in each subsequent years' budget of said amendment, and only to the extent that such funds are provided for pass-through reimbursement to County by CDC. In any event, Contractor understands that County is responsible for only passing through those funds designated by CDC for Contractor and is not responsible for any costs incurred by Contractor that is not specifically supported by CDC."

6. Except for the changes set forth hereinabove, Agreement shall not be changed in any other respect by this Amendment.

In WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by its

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Director of Public Health and CONTRACTOR has caused this Amendment to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By 
Jonathan E. Fielding, M.D., M.P.H.
Director and Health Officer

CITY OF LONG BEACH

Contractor

By 
Signature

Gerald R. Miller

Print Name

Title City Manager


(AFFIX CITY SEAL)

APPROVED AS TO FORM
BY THE OFFICE OF THE COUNTY COUNSEL
RAYMOND F. FORTNER
COUNTY COUNSEL

APPROVED AS TO FORM

APPROVED AS TO CONTRACT
ADMINISTRATION:

Department of Public Health

By 
Gary Izumi, Acting Chief
Contracts and Grants Division

10/24, 2006
ROBERT E. SHANNON, City Attorney

By 
DEPUTY CITY ATTORNEY

JR:08.30.06-LBeach

SCOPE OF WORK 2006 BIOTERRORISM PREPAREDNESS PROGRAM - PANDEMIC INFLUENZA
 CITY OF LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES
 March 7, 2006 – August 30, 2007

EXHIBIT A-2
 Activity A

Critical Task 1: Conduct a Pandemic Influenza Preparedness Summit to facilitate community-wide planning efforts through the recipient jurisdiction.

Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
Develop and Implement a Pandemic Influenza Preparedness Summit	3/7/06-8/30/07		DHHS will develop a participant evaluation form and develop after action reports (AAR) for all events during the period of performance.	<p>The DHHS will plan, implement and conduct a Pandemic Influenza Business Sector Summit to facilitate community-wide planning efforts throughout Long Beach to be held in the fall of 2006. The summit shall provide information to large business in Long Beach to foster preparedness among this sector for potential effects and consequences of pandemic influenza and/or other emergencies. Information shall include, but is not limited to continuity of operations in the event workforce shortages, identifying essential services and developing measures for employee wellness. The desired outcomes of the summit include the following:</p> <ol style="list-style-type: none"> 1. Review issues and efforts surrounding pandemic influenza planning; 2. Public health authorities and responsibilities; 3. Developing employee wellness programs and preventive measures; 4. Identify components to include in business sector planning; 5. Identify steps needed to prepare for pandemic influenza.

Critical Task 2: Exercise the state/territory -level Pandemic Influenza Preparedness Plan and prepare an after action report (AAR) highlighting necessary corrective actions.

CITY OF LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES
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March 7, 2006 – August 30, 2007

Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
<p>Design, develop and implement an exercise of the pandemic influenza plan</p> <p>Prepare and AAR</p>	<p>3/7/06-8/30/07</p>	<p>DHHS is currently revising its Pandemic Influenza Plan to meet federal and state standards.</p> <p>DHHS has conducted a Pandemic Influenza Tabletop exercise (October 2005) and has participated with the Long Beach Unified School District on its Pandemic Influenza Tabletop Exercise (August 2005).</p> <p>DHHS will participate on the LBUSD Tabletop Exercise on Pandemic Influenza on May 10, 2006 and will conduct a Tabletop Exercise on June 8, 2006</p>	<p>DHHS will develop after action reports (AAR) for all events during the period of performance, in addition to one comprehensive AAR and improvement plan for all of the combined exercises. A hotwash will take place following each exercise. All AARs will conform to Homeland Security Exercise and Evaluation Program requirements.</p>	<p>The DHHS will plan, design, develop, execute and evaluate a progressive tabletop exercise series involving a pandemic influenza scenario. Each tabletop exercise is to be evaluated with summary after action report leading to a comprehensive after action report and improvement plan for all of the exercises. The purpose of these exercises is to establish a clear understanding and knowledge of a cohesive and well-coordinated public health emergency response related to pandemic influenza. Additionally, this exercise series will test new policies and procedures review existing responsibilities and roles, build on essential new skills and understand relationships between stakeholders that interact during emergency responses. The desired outcome of these exercises is to reinforce the DHHS' strategy for responding to a public health emergency event. Key objectives for the exercise include:</p> <ol style="list-style-type: none"> 1. Review City of Long Beach Pandemic Influenza Plan; 2. Review command and operating processes and procedures; 3. Understand jurisdictional roles and responsibilities; 4. Understand coordination and communications processes; 5. Understand the laws and authorities guiding jurisdictional response. <p>These exercises shall include one Department Operations Center tabletop, one epidemiology exercise with linkages to animal control, one public health laboratory exercise; one information technology tabletop exercise; one joint information center tabletop exercise, one isolation and quarantine tabletop exercise; and one large workshop/tabletop exercise which encompasses all of the above exercises into a comprehensive public health response exercise. In support of the required after action report and improvement plan program, the DHHS will develop after action reports (AAR) for all events during the period of performance, in addition to one comprehensive AAR and improvement plan for all of the combined exercises. A hotwash will take place following each exercise. All AARs will conform to Homeland Security Exercise and Evaluation Program requirements.</p>

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Critical Task 3: Initiate the catalyze the development and exercising of pandemic influenza preparedness plans for local communities within the recipient jurisdiction.

Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
Design, develop and implement an exercise of the pandemic influenza plan Prepare and AAR	3/7/06-8/30/07	<p>DHHS is currently revising its Pandemic Influenza Plan to meet federal and state standards.</p> <p>DHHS has conducted a Pandemic Influenza Tabletop exercise (October 2005) and has participated with the Long Beach Unified School District on its Pandemic Influenza Tabletop Exercise (August 2005).</p> <p>DHHS will participate on the LBUSD Tabletop Exercise on Pandemic Influenza on May 10, 2006 and will conduct a Tabletop Exercise on June 8, 2006</p>	<p>DHHS will develop after action reports (AAR) for all events during the period of performance. A hotwash will take place following each exercise. All AARs will conform to Homeland Security Exercise and Evaluation Program requirements.</p>	<p>The DHHS will plan, design, develop, execute and evaluate a progressive tabletop exercise series involving a pandemic influenza scenario. This will include local stakeholders in private and public sectors across several disciplines including public health, health care, academic, government, and private corporations.</p> <ol style="list-style-type: none"> 1. Review City of Long Beach Pandemic Influenza Plan; 2. Review command and operating processes and procedures; 3. Understand jurisdictional roles and responsibilities; 4. Understand coordination and communications processes; 5. Understand the laws and authorities guiding jurisdictional response.

**CITY OF LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES
PANDEMIC INFLUENZA PREPAREDNESS AND RESPONSE
BUDGET
March 7, 2006 - August 30, 2007**

Budgeted Items

OPERATING EXPENSES

		Proposed Budget
CONSULTANT COSTS		
1	TBA Consultant planning, training and exercises selected through a request for proposals	\$130,625
Total Consultant Costs		\$130,625
SUMMIT		
1	Pandemic Influenza Business Sector Summit	\$10,000
Total Summit Costs		\$10,000
TOTAL OPERATION EXPENSES		\$140,625
TOTAL DIRECT COSTS		\$140,625
GRAND TOTAL		\$140,625

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CDC Preparedness Goal 1: PREVENTION

Increase the use and development of interventions known to prevent human illness from chemical, biological, radiological agents, and naturally occurring health threats

OUTCOME 1A: All Hazards Planning

Emergency response plans, policies, and procedures that identify, prioritize, and address all hazards (using the 15 National Planning Scenarios as a guide to identify or recognize the roles and responsibilities for each jurisdiction/agency) across all functions. All plans are coordinated at all levels of government and address the mitigation of secondary and cascading emergencies.

Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
<p>1) Maintain a Senior Advisory Committee to integrate preparedness efforts across the jurisdiction and leverage funding streams</p>	<p>August 30, 2007</p>	<p>DHHS Weekly Committee Meetings: Bioterrorism Preparedness (BT) and BT Policy (meets periodically); Strategic National Stockpile (SNS); Pandemic Influenza; Epidemiology. City Wide Meetings with Public Health participation: Homeland Security Taskforce; Disaster Committee; Terrorism Working Group. Regional with Public Health participation: BioWatch; BioWatch Risk Communication; CDC/BT Advisory; Los Angeles Operational Area (LAC OA) State Homeland Security Grant Program (SHSGP); Urban Area Security Initiative (LB DHHS - voting member on advisory board)</p>	<p>Meeting sign in sheets and agendas Minutes (if applicable)</p>	<p>1- PROGRAM WIDE 1. DHHS will continue to weekly committee meetings stated in the current capacity column. Additionally DHHS will continue to invite special guests to weekly BT Preparedness Committee to engage response partners in planning efforts related to a broad range of public health/health care issues. Additionally, the City's Homeland Security Taskforce of which DHHS is a participant has identified four of the 15 National Planning Scenarios to focus on for enhanced planning. This includes pandemic influenza. 2. DHHS will continue to collaborate with LAC OA Public Health Jurisdictions on Homeland Security Grants in order to design, develop and implement regional public health capacity and infrastructure. For 2006-2007, DHHS will lead the Continuity of Operations Planning and Exercise Series, which will be developed for public health in the OA.</p>

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
				<p>3.DHHS will continue to participate with Long Beach first responders on City-Wide Homeland Security related committees stated in the current capacity to streamline and leverage preparedness in the City and in the OA.</p>
<p>2) Support incident response operations according to all-hazards plan</p>	<p>1. August 30, 2007 2. September 1, 2006 (NIMS)</p>	<p>Developed contract with UCLA Center for Public Health and Disasters (UCLA CPHD) for an All Hazards Plan</p> <ul style="list-style-type: none"> a. Draft All Hazards Plan Table of Contents <p>NIMS training – July 2006</p>	<p>All Hazards Plan – Outline, table of contents, meetings agendas, completed plan</p> <p>Examinations and certifications Presentation material</p>	<p>1- OBEIDI, LEWIS, LEW 1.Coordinate UCLA CPHD. The plan will encompass the following key elements</p> <ul style="list-style-type: none"> a. Core public health functions b. Specificity of public health/epidemiological response c. Modules containing the following plans d. Bioterrorism Preparedness e. Strategic National Stockpile f. Smallpox Vaccination Plan g. Pandemic Influenza Plan h. National Incident Management System (NIMS) Compliance Module i. Other plans as identified <p>2-BT ADMINISTRATION 2.DHHS is conducting NIMS IS 100 and IS 700 for all staff in accordance with Federal requirements. IS 100 includes four modules:</p> <ul style="list-style-type: none"> a. The Incident Command System b. Incident Action Planning and Spah

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
				<p>of Control</p> <ul style="list-style-type: none"> c. Emergency Operations Center d. Standard Guidelines and Resources <p>The IS 700 includes the following four modules:</p> <ul style="list-style-type: none"> a. NIMS Applicability b. Emergency Public Information c. Preparedness and Planning d. Resource, Communication and Information Management <p>3. Develop Continuity of Operations (COOP) Plan, which will include mechanisms to assure that the capability exists to continue essential DHHS functions across a wide range of potential emergencies.</p>
<p>3) Improve regional, jurisdictional, and State all-hazard plans (including those related to pandemic influenza) to support response operations in accordance with NIMS and the National Response Plan</p> <ul style="list-style-type: none"> a) Increase participation in jurisdiction-wide self-assessment using the National Incident Management System Compliance Assessment Support 	<p>August 30, 2007</p>	<p>Request for Proposals for contractor support for Pandemic Influenza Tabletop Series; COOP Plan, training and exercise series; NIMS IS 100 and IS 700 for DHHS training and contractor awards for the aforementioned items.</p> <p>Contractor support for All Hazards Plan</p>	<p>Situation and exercise plans After Action Reports Improvement Action Plans Examination certification Completed plans ICS charts with staff names</p>	<p>1-BT ADMINISTRATION</p> <p>1. Awarded contracts for agency support for Pandemic Influenza Tabletop Exercise Series; Business Summit, COOP Plan, Training, Exercise Series; NIMS training compliance; and All Hazards Plan.</p> <ul style="list-style-type: none"> a. All projects stated above will be developed and evaluated according to the Homeland Security Exercise Evaluation Program (HSEEP).

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
<p>Tool (NIMCAST)</p> <p>b) Agency's Emergency Operations Center meets NIMS incident command structure requirements to perform core functions: coordination, communications, resource dispatch and tracking and information collection, analysis and dissemination</p>				<p>Additionally, NIMS will be incorporated into all situation manuals and exercise and training plans. DHHS will participate in the NIMCAST and provide LAC DHS with documentation of completion.</p> <p>b. All exercises conducted in the 2006-2007-grant period will follow HSEEP. DHHS' Department Operations Center Plan will be utilized in upcoming progressive exercise series. DHHS will conduct a DOC exercise, which integrates NIMS activities. In addition to incorporating NIMS activities into training and exercises DHHS will ensure that other Homeland Security Grant funding support NIMS implementation; NIMS is incorporated into DHHS and/or DHHS sections of the City Emergency Operations Plans;</p>

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
				promote mutual aid agreements; coordinate and provide technical assistance to other local entities regarding NIMS; and institutionalize the use of the incident command system in all of DHHS plans, preparedness, and response activities. 2. Ensure that DHHS has all ICS functional roles documented with at least three back ups and has a list of staff contact information for primary and secondary (backup) staff.
4) Increase the number of public health responders who are protected through Personal Protective Equipment (PPE), vaccination or prophylaxis a) Have or have access to a system that maintains and tracks vaccination or prophylaxis status of public health responders in compliance with Public Health Information Network (PHIN) Preparedness Functional Area Countermeasure and Response Administration	August 30, 2007	Fit testing and training CalOSHA requirements Occupational Health Medical Survey's (if allowable) Training rosters SNS/Mass Prophylaxis Plan	Fit testing and training Train the trainer curriculum Training material CalOSHA requirements Occupational Health Medical Survey's (if allowable) Training rosters Functional plan of dispensing of pre-positioned cache to first responders	1 - LEW 1. DHHS will increase the percentage of public health staff that receives fit testing for PPE through the City's Safety Office and/or through a private vendor. a. Coordinate with the City's Safety Office to establish a train the trainer program for fit testing of N95 and/or P100 respirator program b. DHHS will be trained according to fit testing guidelines on how to perform fit testing of respirators on other staff

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
				<p>members</p> <ul style="list-style-type: none"> c. Staff will be tracked according to classification, working title, size of PPE, and date of last fit testing and training when applicable. d. If applicable, tracking will be maintained by type of PPE and potential agent (e.g., infectious diseases, aerosolized anthrax, etc.). e. Fit testing activity will be logged and maintained in accordance with City regulations, and will be coordinated through DHHS' Occupational Health Division if applicable. <p>2 - SNS COMMITTEE 2.DHHS will revise the Strategic National Stockpile/Mass Prophylaxis Plans to provisions for prophylaxis for public health responders; City first responders, and essential personnel.</p> <ul style="list-style-type: none"> a. An inventory management system for local cache will be developed to

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
				<p>monitor DHHS' pharmaceuticals purchased through Homeland Security Grants.</p> <p>b. The inventory management system will be developed to include relevant pharmaceutical cache rotation information such as expiration date; manufacturer and lot numbers.</p> <p>c. A database will be developed to track the dispensing of prophylaxis to the multidisciplinary first responder team.</p> <p>d. Prophylaxis of City first responders will be coordinated with DHHS' Occupational Health Division.</p> <p>3.SNS Committee will develop functional plans for pre-positioned pharmaceutical cache. This will include the following:</p> <p>a. Develop plans and procedures regarding the storage and security of pre-positioned antibiotics in bulk. This includes the identification of</p>

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
				<p>storage facilities at each designated site; designated staff responsible for oversight of the cache.</p> <ul style="list-style-type: none"> - b. Develop functional/operationalized plans for the distribution and dispensing of pre-positioned antibiotics upon the direct order of the City Health Officer and/or designee. c. Develop and deliver appropriate training to first responders receiving pre-positioned antibiotics.
<p>5) Increase and improve mutual aid agreements, as needed, to support NIMS-compliant public health response (e.g., local, regional, and EMAC)</p> <ul style="list-style-type: none"> a) Increase all-hazards incident management capability by conducting regional, jurisdictional and State training for NIMS and Incident Management System (ICS) b) Address legal and policy issues regarding ability to 	<p>1. September 30, 2006 2. August 30, 2007</p>	<p>Ongoing and periodic contact with Region I health jurisdictions. Contractor support for NIMS training to begin July 18, 2006</p>	<p>Plans and procedures related to EMAC Training material - NIMS Certification - NIMS</p>	<p>1-BT ADMINISTRATION 1. Develop mutual aid agreements between Los Angeles County Operational Area health jurisdictions and other Region I health jurisdictions that address discipline specific agreements and responsibilities for the threat of disasters, bioterrorism and public health outbreaks and emergencies. Emergency Management Assistance Compact (EMAC) standards will be used if applicable for mutual aid of public health human resources expertise and material. This activity will be conducted by the following</p>

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
execute or fulfill EMAC, requests (mutual aid versus mutual support)				actions: a. Attending Region I Medical Health Operational Area Meetings b. Convene LAC OA Health Jurisdiction meetings to discuss and develop mutual aid agreement regarding human resources and material (e.g., SNS/POD operations). 2.DHHS will work with inter and intra-agency partners to ensure is consistent with the NIMS framework for public health jurisdictional levels to manage and respond to manmade and natural incidents. This includes the following NIMS IS 100 and IS 700 activities: a. Core set of NIMS concepts, principles, terminology, and technologies addressing: b. ICS c. Multi-agency coordination systems; d. Unified command; e. Training; f. Identification and management of resources (including systems for classifying

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				<p>types of resources);</p> <ul style="list-style-type: none"> g. Qualifications and certification; h. The collection, tracking, and reporting of incident information and incident resources. <p>3. DHHS will conduct the following activities regarding EMAC related issues. This includes, but is not limited to the following activities:</p> <ul style="list-style-type: none"> a. Train staff on EMAC and mutual aid vs. mutual support b. Conduct exercises regarding the providing mutual aid vs. mutual support for affected jurisdictions. c. Conduct exercises for the identification and request of specific pharmaceutical and/or medical supply resources that are needed based on an event. d. Conduct training and an exercise on requests for state and federal resources that require the activation of the OA Emergency Operations Center

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
				(EOC), the Regional EOC, and the State OC. This includes requests for Medical Health Mutual Aid resources within the SEMS process and notification system.
6) Provide support for continuity of public health operations at regional, State, tribal, local government, and agency level	August 30, 2007	Completed RFP for COOP and contractor submitted proposals	Meeting sign in sheets and agendas Outlines Completed plans Training material Exercise material including situation manuals, exercise plans Evaluation tools After action reports Improvement action plans	1 - BT ADMINISTRATION 1.DHHS received Homeland Security grant funding for contractor support for the development of a comprehensive public health operations continuity of operations plan, training and exercise program. The plan will be developed for public health in the OA and with specificity for DHHS.

CDC PREPAREDNESS Goal 2: Decrease the time needed to classify health events as terrorism or naturally occurring in partnership with other agencies.
OUTCOME 2A: Information Collection and Threat Recognition of Indicators and Warning: Locally generated public health threat and other terrorism-related information is collected, identified, provided to appropriate analysis centers, and acted upon as appropriate.

Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
1) Increase the use of disease surveillance and early event detection systems a) Select conditions that require immediate reporting to the public health agency (at a minimum, Category A agents) b) Develop and maintain systems to receive disease reports 24/7/365 c) Have or have access	August 30, 2007	Newly acquired access to LAC DHS VCMR program 17CCR2500 and 2505 24/7/365 notification Access to: EARS BioSense Visual CMR CAHAN BioWatch portal AVSS Broadcast FAX and email	1.Increased hospital access to VCMR program 2.Ability for hospitals and physicians to access a redundant disease reporting in case of VCMR system failure 3.Early event detection reports from Long Beach Network for Health (LBNH) 4.Quarterly timeliness assessments/reports. Training and exercising	1 - HOLGUIN, LANDRY Register and train hospital Infectious Disease staff to use VCMR 2 - LANDRY Use PHIN specifications to build CMR into Long Beach Public Health Information System (LBPHIS) 3 - LANDRY Build public health detection into the community-wide regional health information exchange.

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<p>to electronic applications in compliance with Public Health Information Network (PHIN) Preparedness Functional Area Early Event Detection to support: 1) Receipt of case or suspect case disease reports 24/7/365, 2) Reportable diseases surveillance, 3) Call triage of urgent reports to knowledgeable public health professionals, 4) Receipt of secondary use health-related data and monitoring of aberrations to normal data patterns.</p> <p>d) Develop and maintain protocols for the utilization of early event detection devices located in your community (e.g., BioWatch)</p> <p>e) Assess timeliness and completeness of disease surveillance systems annually</p>			<p>electronic report systems.</p> <p>5. Meeting sign in sheets and agendas Situation manual Evaluations After action reports Improvement action plans</p>	<p>4 - HOLGUIN 1. Plans for disease surveillance and early event detection include:</p> <ul style="list-style-type: none"> a. Implementation of Early Aberration Reporting Systems (EARS) b. Maintain 24/7/365 reporting systems c. Exercise and update 24/7/365 reporting systems annually. d. Increase training and utilization Biosense syndromic surveillance systems. e. Continue participation in LA Regional BioWatch Advisory Committee (BAC); participate in the development of notification and response protocols. f. Continue annual assessment of timeliness and completeness of reports. <p>5 - LEW, SNS COMMITTEE, HOLGUIN 1. DHHS convenes regular meetings with the United States Postal Service regarding the Biohazard Detection System (BDS). DHHS has developed draft</p>

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
				<p>protocols for providing prophylaxis to USPS staff in the event of a BDS event. In 2006-2007, DHHS will conduct the following:</p> <ul style="list-style-type: none"> a. Convene quarterly meetings with USPS and City and Federal response partners (e.g., Fire, Police, USPS Regional Office, FBI). b. Establish BDS response protocols in order to conduct a full-scale exercise with response partners. These protocols will outline public health, USPS, Fire, Police, and FBI responsibilities. c. Provide training to DHHS and response partners about public health's role in BDS response, anthrax, prophylaxis and public health follow up upon positive laboratory confirmed agent testing. d. Conduct call down testing of public health response team to BDS event.

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
				<p>2. DHHS will continue to participate on regional BioWatch Advisory Committees including the BioWatch Risk Communication Committee.</p> <ul style="list-style-type: none"> a. DHHS will participate on the above-mentioned Committees to conduct regional exercises, develop protocols, develop press releases, and to conduct staff training. b. DHHS will adapt from the above-mentioned, protocols and press releases and develop locally applicable training material for key DHHS staff. c. DHHS will train key staff on BioWatch notification and response protocols. d. DHHS will conduct an exercise related to BioWatch notification protocols.
<p>2) Increase sharing of health and intelligence information within and between regions and States with Federal and local and tribal agencies.</p> <ul style="list-style-type: none"> a. Improve 	<p>August 30, 2007</p>	<p>17CCR2500 and 2505. 24/7/365 notification. Access to: EARS BioSense Visual CMR CAHAN</p>	<p>1. Activity reports from vCMR. 2. CAHAN reports. # of public health alerts disseminated to healthcare providers and laboratory services.</p>	<p>1 - HOLGUIN Plans for sharing information and intelligence information include:</p> <ul style="list-style-type: none"> a. Increase utilization of web-based reporting systems

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
<p>information sharing on suspected or confirmed cases of immediately notifiable conditions, including foodborne illness, among public health epidemiologists, clinicians, laboratory personnel, environmental health specialists, public health nurses, and staff of food safety programs</p> <p>b. Maintain secret and/or top secret security clearance for the state health official, local health officials, preparedness directors, and preparedness coordinators to ensure access to sensitive information about the nature of health threats and intelligence information</p>		<p>BioWatch portal AVSS Broadcast FAX and email</p> <p>Confidentiality agreements</p>		<p>(i.e., Visual CMR).</p> <p>b. Increase utilization of CAHAN for information sharing and posting of local public health alerts.</p> <p>c. Improve utilization of the BioWatch portal and sharing of sensitive information and intelligence with federal, state, and regional public health partners.</p> <p>d. Improve electronic notification (i.e., broadcast fax) systems for timely dissemination of public health alerts to local health care providers.</p> <p>e. Continue participation in the LA County Terrorism Early Warning (TEW) Group, Terrorism Liaison Officer (TLO).</p> <p>2 - BT ADMINISTRATION DHHS requires all BT Preparedness Program staff to sign confidentially agreements. Additionally, staff that participate on Homeland Security related meetings with the City of Long Beach, and with local, State and Federal partners are required to treat</p>

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
<p>3) Decrease the time needed to disseminate timely and accurate national strategic and health threat intelligence.</p> <p>a. Maintain continuous participation in CDC's Epidemic Information Exchange Program (Epi-X).</p> <p>b. Participate in the Electronic Foodborne Outbreak Reporting System (EFORS) by entering reports of foodborne outbreak investigations and monitor the quality, completeness or reports and time from onset of illnesses to report entry.</p> <p>c. Perform real-time subtyping of PulseNet tracked foodborne disease agents. Submit the subtyping data and associated critical information (isolate identification,</p>	<p>August 30, 2007</p>	<p>Epidemiologist has access to Epi-X program. DHHS key staff have access to CAHAN, the state's Health Alert Network, to conduct 24/7/365 reporting in the event of an emergency</p> <p>DHHS access to: CAHAN BioWatch portal EH currently accesses PulseNet. vCMR</p>	<p>1. Ability to submit food borne illness investigations to EFORS</p> <p>2. Certification of PHIN-MS and PHIN-PCA capacity in LBPHIS</p> <p>3. DHHS access to: Epi-X EFORS Postings on Epi-X, CAHAN and the BW Portals.</p>	<p>information shared during meetings, written and verbal correspondence and/or through other methods, as top secret at all times.</p> <p>1 - LANDRY 1. Build EFORS capacity into LBPHIS. 2. Build PHIN-MS and PHIN-PCA capacity into LBPHIS</p> <p>2 - HOLGUIN 1. Improve access to CDC Epidemic Information Exchange Program (Epi-X). 2. Increase participation and utilization of the EFORS. 3. Coordinate reporting and access to the PulseNet database with the public health laboratory and environmental health programs. 4. Increase utilization of CAHAN for information sharing and posting of local public health alerts. 5. Improve utilization of the BioWatch portal and sharing of sensitive information and intelligence with federal, state, and regional public health partners.</p> <p>3 - OBEIDI, HOLGUIN, LEW 1. DHHS will adapt from the above-mentioned protocols</p>

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
source of isolate, phenotype characteristics of the isolate, serotype, etc) electronically to the national PulseNet database within 72 to 96 hours of receiving the isolate in the laboratory. d. Have or have access to a system for 24/7/365 notification/alerting of the public health emergency response system that can reach at least 90% of key stakeholders and is compliant with PHIN Preparedness Functional Area Partner Communications and Alerting.				and press releases and develop locally applicable training material for key DHHS staff. 2. DHHS will exercise BioWatch notification protocols and risk communication messages

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

OUTCOME 2B: Hazard and Vulnerability Analysis: Jurisdiction-specific Hazards are identified and assessed to enable appropriate protection, prevention, and mitigation strategies so that the consequences of an incident are minimized.

Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
1) Prioritize the hazards identified in the jurisdiction hazard/vulnerability assessment for potential impact on human and health with special consideration for lethality of agents and large population exposures in order to mitigate or plan	August 30, 2007	Assessments conducted through the Urban Area Security Initiative/Long Beach; City Hazard Mitigation Plan; and through DHHS' Hazardous Material Division which monitors vulnerability for potential impact on human health.	1. Two hospitals, two physician groups, and one community clinic exchanging clinical data in the Long Beach/South Bay area of Los Angeles County via the Long Beach Network for Health (LBNH).	1 - LANDRY 1. LBNH will feed hospital and physician practice clinical information into the LBPHIS for modeling and mapping purposes. This will be used for forecasting, as well. 2 - HOLGUIN 1. Continue rapid Epidemiological response to

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
for identified hazards.				<p>reported diseases of urgency, including Category A agents.</p> <p>3 – PROGRAM WIDE 1.DHHS has participated in several assessments since the program's inception in 2002-2003 to prioritize hazards and vulnerability within the jurisdiction and in neighboring communities. These assessments have been conducted through the City's Homeland Security Taskforce. Additionally, the jurisdiction has enhanced focus on four of the 15 National Planning Scenarios for planning. This includes, earthquakes, explosive devises, pandemic influenza, and chemical incidents.</p> <p>4 – OBEIDI, LEWIS, LEW 1.DHHS is developing an All-Hazards Plan which will provides response protocols for a broad range of public health emergencies and outbreaks, as well as for other manmade and/or natural disasters. The All-Hazards Plan will outline considerations for viral, bacterial, hemorrhagic fevers, toxins, radiological, and chemical agents.</p> <p>5 – HUNT, LEW 1.DHHS will develop hazard/vulnerability matrix for chemical and radiological agents with the following</p>

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
				<p>considerations: impact on human health, environmental impact, lethality of agents, possible methods of exposure, required PPE, mitigation considerations, and prophylaxis and/or decontamination or other interventions where applicable.</p>
<p>2) Decrease the time to intervention by the identification and determination of potential hazards and threats, including quality of mapping, modeling, and forecasting.</p>	<p>August 30, 2007</p>	<p>VCMR ArcView GIS DHHS is building a robust, integrated public health information system. Currently the ability to map foodborne illnesses in real-time is being built out. Additional functionality will be added.</p>	<p>1. Regular access to Vcmr. Generation of public health maps. 2. Two hospitals, two physician groups, and one community clinic exchanging clinical data in the Long Beach/South Bay area of Los Angeles County via the Long Beach Network for Health (LBNH).</p>	<p>1 - HOLGUIN Continue rapid Epidemiological response to reported diseases of urgency, including Category A agents. Increase utilization and training of GIS mapping systems.</p> <p>2 - LANDRY LBNH will feed hospital and physician practice clinical information into the LBPHIS for modeling and mapping purposes. This will be used for forecasting, as well.</p> <p>3 - PROGRAM WIDE 1. DHHS maintains Geographic Information System (GIS) mapping technology in the Epidemiology Program and Environmental Health Bureau. GIS mapping will be used internally for disease mapping and for environmental hazards. Additionally, the City's Technology Division, GIS Unit provides enhanced GIS capabilities with broader</p>

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
<p>3) Decrease human health threats associated with identified community risks and vulnerabilities (i.e., chemical plants, hazardous waste plants, retail establishments with chemical/pesticide supplies).</p>	<p>August 30, 2007</p>	<p>TEW Terrorism Liaison Officer (TLO)</p>	<p>TEW Terrorism Liaison Officer (TLO)</p>	<p>utilization of mapping functions.</p> <p>1 - HOLGUIN 1. Continue participation in LA County TEW and TLO project.</p> <p>1 - HUNT 1. DHHS' Environmental Health Bureau will conduct a community assessment of potential risks and vulnerabilities. This assessment will include a matrix of businesses that produce hazardous waste that may impact the public's health. 2. DHHS will identify and list all establishments and develop protocols to educate these organizations on security issues and employee safety measures.</p>
<p>4) Through partners increase the capability to monitor movement of releases and formulate public health response and interventions based on dispersion and characteristics over time.</p>	<p>August 30, 2007</p>	<p>17CCR2500 and 2505. 24/7/365 notification. Access to: EARS BioSense Visual CMR CAHAN BioWatch portal ArcView GIS</p>	<p>Public information message templates for biological, chemical and radiological agents.</p>	<p>1 - HOLGUIN 1. Increase utilization and training of GIS mapping systems; identify resources for plume modeling.</p> <p>2. LA Regional BioWatch Advisory Committee (BAC); participate in the development of notification and response protocols.</p> <p>3. Improve utilization of the BioWatch portal and sharing of sensitive information and intelligence with federal, state, and regional public health partners.</p> <p>2 - PROGRAM WIDE 1. DHHS will utilize technology</p>

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
				<p>and communications equipment available through the Long Beach and LAC OA Emergency Operations Centers and through the Southern California Air Quality Management Division to monitor and analyze hazardous agent plumes which may cause harm to the public's health.</p> <p>2. DHHS will formulate public information messages with applicable interventions based on the analysis of the hazard. Additionally, DHHS will coordinate message releases with partnering response agencies and the City's PI Office.</p>

CDC PREPAREDNESS GOAL 3A:

Decrease the time needed to detect and report chemical, biological, radiological agents in tissue, food or environmental samples that cause threats to the public's health.

OUTCOME 3A: Laboratory Testing: Potential exposure and disease will be identified rapidly, reported to multiple locations immediately, and accurately confirmed to ensure appropriate preventive or curative countermeasures are implemented. Additionally, public health laboratory testing is coordinated with law enforcement and other appropriate agencies.

Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
<p>1) Increase and maintain relevant laboratory support for identification of biological, chemical, radiological and nuclear agents in clinical (human and animal), environmental and food specimens.</p> <p>a) Develop and maintain a database of all sentinel (biological)/Level</p>	August 30, 2007	<p>LBPHL is a current subscriber to CAP's Laboratory Preparedness Survey Proficiency Testing Program.</p> <p>LBPHL has partnered with LACPHL and UCLA Disaster Preparedness Program in putting together a wet-workshop for laboratorians on identifications of BT agents. Two Public Health Microbiologists from LBPHL</p>	<p>Continue to subscribe to CAP's Laboratory Preparedness Survey to maintain competence in BT agents testing.</p> <p>Partner with LACPHL to set up laboratory-related exercises.</p> <p>Conduct drills and/or exercises pertaining to all Select Agent Plans -</p>	<p>1- LACHICA</p> <p>1. As a Sentinel/Level A Laboratory, Long Beach Public Health Laboratory (LBPHL) will continue to maintain its relationship with Los Angeles County PH Lab (LACPHL), a Reference/Level B lab. Both labs are working on a joint effort to sponsor a county-wide laboratory exercise with local hospital labs.</p>

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
<p>Three (chemical) labs in the jurisdiction using the CDC-endorsed definition that includes: (Name, contact information, BioSafety Level, whether they are a health alert network partner, certification status, capability to rule-out Category A and B bioterrorism agents per State-developed proficiency testing or CAP bioterrorism module proficiency testing and names and contact information for in-state and out-of-state reference labs used by each of the jurisdiction's sentinel/Level Three labs).</p> <p>b) Test the competency of a chemical terrorism laboratory coordinator and bioterrorism laboratory coordinator to advise on proper collection, packaging, labeling, shipping, and chain of custody of blood, urine and other clinical specimens.</p> <p>c) Test the ability of</p>		<p>were among the 12 participants, all of who received certifications for their attendance and participation.</p> <p>As a Select Agent lab, LBPHL complies to all federally mandated plans – Response, Biosafety, and Security Plans.</p> <p>LBPHL in cooperation with LACPHL and UCLA Disaster Preparedness Program, put together a wet workshop for laboratorians on identifications of bioterrorism agents. There were 12 participants from local hospitals including 2 microbiologists from LBPHL. The goal of the workshop was to have participants bring back knowledge gained from the workshop to their respective laboratories.</p>	<p>Response, Biosafety, and Security.</p> <p>Partner with State Lab and other Public Health Labs in evaluating rt-PCR assays for infectious disease agents including <i>B. anthracis</i>.</p>	<p>2.LBPHL continues to subscribe to CAP Laboratory Preparedness Survey for its proficiency testing requirement. To date, LBPHL has received perfect scores on all challenges/modules submitted.</p> <p>3.The upcoming California PH Laboratory Directors' group (CAPHL) will be putting together two BT/CT symposia in Northern and Southern CA in April 2007. Topics on both biological and chemical terrorism preparedness will be presented. California DHS will present on proper collection, packaging, labeling, shipping, chain of custody of both blood and urine samples for chemical testing.</p> <p>4.LBPHL, though not a Reference/Level B lab, functions as a surge capacity for surrounding Reference labs and operates on a 24/7 capacity. All confirmatory testing are forwarded to LACPHL the same day specimens are received from submitting labs. LBPHL staff are up-to-date with their training requirements on packaging and shipping infectious and dangerous substances.</p> <p>5.As a Select Agent Lab, LBPHL maintains a separate</p>

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
<p>sentinel/Level Three labs to send specimens to a confirmatory Laboratory Response Network (LRN) laboratory on nights, weekends, and holidays.</p> <p>d) Collect, package, label, ship, and coordinate routing of clinical, environmental, and food specimens/samples to laboratories that can test for agents used in biological and chemical terrorism.</p> <p>e) Continue to develop or enhance operational plans and protocols that include: *</p> <ul style="list-style-type: none"> specimen/samples transport and handling, * worker safety, * appropriate Biosafety Level (BSL) working conditions for each threat agent, * staffing and training of personnel, * quality control and assurance, * adherence to laboratory methods and protocols, * proficiency testing 				<p>Response Plan, Biosafety Plan, and Security Plan as part of its compliance to 42 CFR Part 73. These plans cover physical security, data and IT system security, security policies for personnel, policies for accessing select agent areas, specimen accountability (inventory and storage), receipt of select agents into the laboratory, transfer or shipping of select agents from the laboratory, emergency response plans, and reporting of incidents, injuries, and breaches of security. LBPHL plans to conduct drills and exercises to test its response, biosafety, and security plans. This will be conducted on an annual basis.</p> <p>6. Risk assessment has been established and conducted on a regular basis in order to address the growing concern of worker safety. LBPHL continues to demonstrate the prudence of Biosafety Level 2 practices, procedures, and facilities described for manipulations of etiologic agents.</p> <p>7. LBPHL has just finished validating real-time PCR assay for WNV (humans and birds), Flu A and B, and most recently, for H5N1 subtyping. The same methodology will</p>

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<p>to include routine practicing of LRN validated assays as well as participation in the LRN's proficiency testing program electronically through the LRN website, *threat assessment in collaboration with local law enforcement and Federal Bureau of Investigations (FBI) to include screening for radiological, explosive and chemical risk of specimens, *intake and testing prioritization, *secure storage of critical agents, *appropriate levels of supplies and equipment needed to respond to bioterrorism events with a strong emphasis on surge capacities needed to effectively respond to a bioterrorism incident.</p> <p>f) Ensure the availability of at least one operational Biosafety Level Three (BSL-3) facility in your jurisdiction for</p>				<p>be used to validate tests for foodborne illness agents, TB, Herpes, Norovirus, and agents of Bioterrorism such as <i>Bacillus anthracis</i>. LBPHL is working with CA-DHS lab in developing such assays. H5N1 reagents were obtained from CDC through CA-DHS laboratory.</p> <p>7.LBPHL is in the process of establishing PHIN compliance through LB Department of Health and Human Services (LB DHHS) IT Coordinator. Currently, LBPHL's LIS system is being worked on to interface its ordering and reporting features with the LB DHHS new software program, NextGen.</p> <p>8.LBPHL will conduct a tabletop exercise regarding to pandemic influenza. The scenario will include the utilization of newly acquired equipment for validating subtyping influenza viruses (e.g., avian influenza, influenza A and B).</p>

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
<p>testing for biological agents. If not immediately possible, BSL-3 practices, as outlined in the CDC-NIH publication "Biosafety in Microbiological and Biomedical Laboratories, 4th Edition" (BMBL), should be used (see www.cdc.gov/od/ohs) or formal arrangements (i.e., MOU) should be established with a neighboring jurisdiction to provide this capacity.</p> <p>g) Ensure that laboratory registration, operations, safety, and security are consistent with both the minimum requirements set forth in Select Agent Regulation (42 CFR 73) and the US Patriot Act of 2001 (P.L. 107-56) and subsequent updates.</p> <p>h) Ensure at least one public health laboratory in your jurisdiction has the appropriate instrumentation and appropriately trained</p>				

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
<p>staff to perform CDC-developed and validated real-time rapid assays for nucleic acid amplification (Polymerase Chain Reaction, PCR) and antigen detection (Time-Resolved Fluorescence, TRF).</p> <p>i) Ensure the capacity for LRN-validated testing and reporting of Variola major, Vaccinia and Varicella viruses in human and environmental samples either in the public health laboratory or through agreements with other LRN laboratories.</p>				
<p>2) Increase the exchange of laboratory testing orders and results.</p> <p>a) Monitor compliance with public health agency (or public health agency lab) policy on timeliness of reporting results from confirmatory LRN lab back to sending sentinel/Level Three lab (i.e., feedback and linking of results to relevant public health data) with a copy to CDC as</p>	<p>August 30, 2007</p>	<p>DHHS' interoperable communications and information exchange projects that are currently in various development phases</p>	<p>Policies and procedures and/or documentation of compliance where applicable.</p>	<p>1 - LACHICA</p> <p>1. Continue to utilize LACPHL as the reference lab who will perform further testing and confirmatory testing on BT agents. Timeliness of result reporting is being monitored and will continue to be monitored as part of agency-to-agency reporting requirements.</p> <p>2. LBPHL is in the process of establishing PHIN compliance through DHHS' IT Coordinator. Currently, LBPHL's LIS system is being worked on to interface its</p>

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
<p>appropriate.</p> <p>b) Comply with PHIN Preparedness Functional Areas Connecting Laboratory Systems and Outbreak Management to enable: a) the linkage of laboratory orders and results from sentinel/Level Three and confirmatory LRN labs to relevant public health (epi) data and b) maintenance of chain of custody.</p>				ordering and reporting features with the LB DHHS new software program, NextGen.

CDC Preparedness Goal 4A:

Improve the timeliness and accuracy of information regarding threats to the public's health as reported by clinicians and through electronic early event detection in real time to those who need to know.

OUTCOME 4A: Health Intelligence Analysis and Production: To produce timely, accurate, and actionable health intelligence or information in support of prevention, awareness, deterrence, response and continuity planning operations.

Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
<p>1) Increase source and scope of health information.</p>	August 30, 2007	<p>17CCR2500 and 2505. 24/7/365 notification.</p> <p>Access to: EARS. BioSense. Visual CMR CAHAN BioWatch portal</p> <p>Paper based reports are faxed to infection control divisions of local hospitals.</p>	<p>1. Connect two hospitals, two physician groups, and one community clinic to the regional health information exchange</p> <p>2. Public health alerts disseminated to healthcare providers. Hospital utilization of electronic reporting system(s).</p>	<p>1 - HOLGUIN</p> <p>1. Continue dissemination of disease reporting policies and procedures to local healthcare providers, at least annually.</p> <p>2. Improve utilization of early event detection systems (i.e., EARS, RODS, BioSense).</p> <p>2 - LANDRY</p> <p>1. Adopt HIE standards in community.</p> <p>a. Select vendor to build LBNH HIE solution</p> <p>b. Work with CalRHIO</p>

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
				<p>to get data agreements amongst all parties signed</p> <p>c. Provide leadership to regional health exchange efforts</p> <p>d. Convene meetings of participants to ensure privacy and security of health information.</p> <p>e. 1f. Engage all community stakeholders to grow the participation in the LBNH HIE.</p>
<p>2) Increase speed of evaluating, integrating, analyzing and interpreting health data to detect aberrations in normal data patterns.</p>	<p>August 30, 2007</p>	<p>Public health access to: EARS. BioSense. Visual CMR. CAHAN. BioWatch portal.</p>	<p>1.Ability to analyze health information data via LBPBPHIS 2.Utilization of event detection systems. Generate reports, at least annually.</p>	<p>1 - HOLGUIN 1.Improve utilization of early event detection systems (i.e., EARS, RODS, BioSense). 2.Increase use of GIS mapping capabilities. 2 - LANDRY Identify and/or specify algorithms and reports for LBPBPHIS vendor to develop for aberrations in data patterns</p>
<p>3) Improve integration of existing health information systems, analysis, and distribution of information consistent with PHIN Preparedness Functional Area Early Event Detection, including those systems used for identification and tracking of zoonotic diseases.</p>	<p>August 30, 2007</p>	<p>Public health access to: EARS. BioSense. Visual CMR. CAHAN. BioWatch portal.</p> <p>LAC DHS is currently working on this capacity; DHHS does not currently have access to a PHIN compliant solution.</p>	<p>1.LBNH uses database triggers to automatically report to LBDHHS based on specified diagnosis or LOINC codes. 2LBPBPHIS Public Health Veterinary Surveillance Systems</p>	<p>1 - HOLGUIN 1.Improve access and utilization of Visual CMR (vCMR). 2.Establish vCMR providers portal for electronic reporting of diseases. 3.Implementation of EARS with Long Beach hospitals. 4.Coordinate Animal Disease Surveillance with Animal Control Program and LA County Veterinary Surveillance Program.</p>

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
<p>4) Improve effectiveness of health intelligence and surveillance activities.</p>	<p>August 30, 2007</p>	<p>Public health access to: EARS BioSense Visual CMR CAHAN BioWatch portal</p> <p>Currently, surveillance activities rely on paper-based reports.</p>	<p>1. Five community stakeholders exchanging electronic health information with LBDHHS</p> <p>2. Monthly TEW TLO meetings. CAHAN utilization.</p>	<p>1 - HOLGUIN 1. Continue participation in LA County TEW, Terrorism Liaison Officer program. 2. Increase utilization of CAHAN for reviewing and posting of public health alerts.</p> <p>2 - LANDRY Increase the amount of health information for analysis</p>
<p>5) Improve reporting of suspicious symptoms, illnesses or circumstances to the public health agency.</p> <p>a) Maintain a system for 24/7/365 reporting cases, suspect cases, or unusual events consistent with PHIN Preparedness Functional Area Early Event Detection.</p>	<p>August 30, 2007</p>	<p>Public health 24/7/365 availability for the immediate reporting of public health emergencies and unusual events.</p> <p>Broadcast FAX and email. Access to LA County vCMR web-based reporting system</p>	<p>1. Public Health Alerts to local healthcare providers, at least annually. Public Health utilization of vCMR.</p> <p>2. Availability of online disease reporting tool.</p> <p>3. Automated disease reporting via LBNH</p>	<p>1 - HOLGUIN 1. Continue dissemination of disease reporting policies and procedures to local healthcare providers, at least annually.</p> <p>2. In coordination with LA County, pursue local physician participation in vCMR; provider portal.</p> <p>3. In coordination with LA County DHS, improve hospital emergency department (ED) participation in the real-time public health surveillance system.</p> <p>4. Maintain public health 24/7/365 availability for the immediate reporting of public health emergencies and unusual events.</p> <p>2 - HOLGUIN, LANDRY 1. Specify, build, and make available an online disease reporting system. 2. Create capacity in LBNH for</p>

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
				automatic reporting based on diagnosis and results codes.
6) Increase number of local sites using BioSense for early event detection.	August 30, 2007	Public health access to BioSense	BioSense workshops/trainings LBNH providing data to BioSense via health exchange protocols	1 - HOLGUIN Improve access to BioSense 2 - LANDRY 1. Create capacity in LBNH to report all pertinent data to BioSense.

CDC PREPAREDNESS GOAL 5: Decrease the time to identify causes, risk factors, and appropriate interventions for those affected by threats to the public's health.

OUTCOME 5A: Epidemiological Surveillance and Investigation: Potential exposure and disease will be identified rapidly, reported to multiple locations immediately, investigated promptly, and accurately confirmed to ensure appropriate preventive or curative countermeasures are implemented. Additionally, public health epidemiological investigation is coordinated with law enforcement and other appropriate agencies, including tribal and federal agencies.

Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
1) Increase the use of efficient surveillance and information systems to facilitate early detection and mitigation of disease.	August 30, 2007	Public health access to: EARS BioSense Visual CMR CAHAN BioWatch portal	Trainings and workshops Utilization of electronic surveillance systems Timely reports Ability for LBNH to deliver early event detection to LBPHIS and LAPHIN	1 - HOLGUIN 1. Plans for disease surveillance and early event detection include: a. Implementation of Early Aberration Reporting Systems (EARS) b. Maintain 24/7/365 reporting systems c. Exercise and update 24/7/365 reporting systems annually. d. Increase training and utilization Biosense syndromic surveillance systems. 2 - LANDRY 1. Improve access and utilization of Visual CMR (vCMR). 2. Develop LBNH with capacity for surveillance and early

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
2) Conduct epidemiological investigations and surveys as surveillance reports warrant.		Daily epidemiologic activities.	Generate morbidity reports, at least quarterly	detection 1 - HOLGUIN 2. Continue daily epidemiologic activities. 2. Establish Public Health Response Team (PHRT); provide training for participants.
3) Coordinate and direct public health surveillance and testing, immunizations, prophylaxis, isolation or quarantine for biological, chemical, nuclear, radiological, agricultural, and food threats.	August 30, 2007	Daily epidemiologic activities. Epi Supervisor coordinates disease surveillance activities. Isolation and quarantine orders.	1. Generate morbidity reports, at least quarterly. Maintain outbreak investigation reports. After-action reports for outbreak investigations. 2. After action reports Improvement action plans Situation manuals Presentation material	1 - HOLGUIN 1. Epidemiologist Supervisor will continue to coordinate all public health surveillance activities and make recommendations for post-exposure prophylaxis (PEP). 2. Coordinate Isolation and Quarantine activities with Health Officer. 2 - PROGRAM WIDE DHHS will conduct a progressive pandemic influenza tabletop exercise series in the following areas: a. Epidemiology and animal control b. Department Operations Center (DOC) c. Isolation and quarantine d. Laboratory capacity e. JIC f. Health Alert Network/Communications g. Comprehensive exercise related to a-g. The above-mentioned exercises will test DHHS'

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
				capacity to respond to the potential activation for a mass immunization and/or prophylaxis, and isolation and quarantine issues for a biological agent.
4) Have or have access to a system for an outbreak management system that captures data related to cases, contacts, investigation, exposures, relationships and other relevant parameters compliant with PHIN preparedness functional area Outbreak Management.	August 30, 2007	CAHAN Access to vCMR. SPSS EpiInfo Microsoft Excel ArcView GIS	Utilization of outbreak management systems. Integration of OMS into LBHIS. Utilization of CDC OMS.	1 - HOLGUIN 1.Improve access and utilization of Visual CMR (vCMR). 2.Integration of CDC Outbreak Management Systems (OMS). 3.Increase utilization of currently available outbreak management systems. 2 - LANDRY 1.Specify and build PHIN-compliant outbreak management functionality into the LBPHIS and LBNH

CDC PREPAREDNESS GOAL 6: Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health.
OUTCOME 6A: Communications: A continuous flow of critical information is maintained among emergency responders, command posts, agencies, and government officials for the duration of the emergency response operation.

Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
1) Decrease the time needed to communicate internal incident response information. a) Develop and maintain a system to collect, manage, and coordinate information about the event and response activities including assignment of tasks, resource allocation, status of task performance, and barriers to task completion.	August 30, 2006	24/7/365 notification system. Public Health Emergencies Contact List. LA County HAN There are a series of forms, whiteboards, radios, and cell phones identified to be used at the department's DOC. Additionally, there is access to instant messaging and other web-based communication technology	Incident reports. After-action reports. Access to WebEOC at the DOC. Access to IC functionality in the LBPHIS	1 - HOLGUIN 1.Maintain 24/7/365 notification system. 2.Update PH Emergencies Contact list, at least annually and as needed. 3.Updated PH Emergencies list to the CA DHS and other key public health partners. 4.Continue participation in LA County HAN. 2 - LANDRY

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
				<p>1. Provide access to WebEOC for interdepartmental and interjurisdictional coordination.</p> <p>2. Specify and build IC capabilities into the LBPHIS.</p> <p>3 – PROGRAM WIDE</p> <p>1. DHHS will conduct a progressive exercise series for pandemic influenza. Seven tabletop exercises will be designed, developed and implemented to test the following:</p> <ul style="list-style-type: none"> a. Epidemiology and animal control – identification and investigation of agent and cases with linkages to animal control. This exercise will test DHHS' capacity to collect and manage surveillance data and coordinate information about the incident in order for other DHHS' divisions/functions to respond accordingly. b. DOC – This tabletop exercise will test DHHS' ability to set up an internal command post and operation

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
				<p>DOC functions for the duration of the response operation. Additionally, this exercise will also test DHHS' capacity to manage information, allocate resources staff responding to affected areas, test DOC staff performance, and prepare incident command forms.</p> <p>c. JIC – This exercise will convene City PIOs and will utilize epidemiology data to manage public information for both long and short-term impact for the duration of the event.</p> <p>d. Laboratory- This exercise will test the public health laboratory's capacity to identify and subtype the biological agent, and the protocols for specimen test, handling, shipping, and inter and intra departmental notification.</p> <p>e. Health Alert Network/Communication – This exercise will test</p>

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
				<p>DHHS' capacity to utilize newly acquired equipment.</p> <p>f. Isolation and quarantine – This exercise will test DHHS' Physician Services/Health Officer orders of isolation and quarantine for pandemic influenza. Additionally, this exercise will engage response partners (e.g., fire, police, parks and recreation, schools) about their roles and responsibilities related to enforcement, alternate treatment sites and potential school closures.</p> <p>g. Comprehensive exercise – This exercise will encompass the above-mentioned DHHS functions which will provide participants with information of public health's full range of responsibilities and countermeasures before, during and after an incident.</p>

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
				<p>2 - OBEIDI, LEW, HUNT 2.DHHS has convened meetings with the Port of Long Beach on the development of plans and protocols for potential health threats to the Port. DHHS will continue to work with Port Authorities to assist them with the development and implementation of response protocols for biological, radiological and chemical threats.</p>
<p>2) Establish and maintain response communications network.</p>	<p>August 30, 2007</p>	<p>24/7/365 notification system. Public Health Emergencies Contact List. TEW TLO LA County HAN</p> <p>The LB Emergency Operations have a robust emergency communications network that LBDHHS is a part of</p>	<p>Redundant telecommunications at DOC and other key department sites Ability to communicate with LAC DHS via LAPHIN or CWIRS Gap assessment between requirements and existing plans</p>	<p>1 - HOLGUIN 1.Maintain 24/7/365 notification system. 2.Update PH Emergencies Contact list, at least annually and as needed. 3.Provide updated PH Emergencies list to the CA DHS and other key public health partners. 4.Continue participation in LA County HAN</p> <p>2 - LANDRY 1.Work with City's technology services department to develop redundant communication systems 2.Work with LAC DHS to increase capacity for response communications.</p>
<p>3) Implement communications interoperability plans and protocols.</p>	<p>August 30, 2007</p>	<p>24/7/365 notification system. Public Health Emergencies Contact List. TEW TLO</p>	<p>Communication protocols All Hazards Plan</p>	<p>1 - HOLGUIN Incorporate Epidemiology communications plans and protocols into all-hazards plan</p>

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
		LBEOC is taking the lead on this for CLB. There is significant interoperability of radio and telecommunications with LAC OA		2 - LANDRY 1. Comply with CLB EMS communications interoperability requirements and protocols
4) Ensure communications capability using a redundant system that does not rely on the same communications infrastructure as the primary system.	August 30, 2007	LA County HAN CAHAN Public Health Emergencies Contact List. TEW TLO	Redundant telecommunications at DOC and other key department sites Ability to communicate with LAC DHS via LAPHIN or CWIRS Exercise 24/7/365 notification system	1 - LANDRY 1. Work with City's technology services department to develop redundant communication systems 2. Work with LAC DHS to increase capacity for response communications
5) Increase the number of public health experts to support incident command (IC) or unified command (UC).	August 30, 2007	LA County HAN CAHAN Public Health Emergencies Contact List. TEW TLO	Exercise 24/7/365 notification system.	1 - HOLGUIN 1. Maintain 24/7/365 notification system. 2. Exercise 24/7/365 notification system. 3. Update PH Emergencies Contact list, at least annually and as needed. 4. Provide updated PH Emergencies list to the CA DHS and other key public health partners. 2 - PROGRAM WIDE, SNS COMMITTEE, PANDEMIC INFLUENZA COMMITTEE 1. DHHS will provide NIMS IS 100 and IS 700 to all staff and ensure certification by the September 2006. A certified NIMS trainer will teach these courses to staff. The course modules for both IS 100 and IS 700 are: a. Core set of NIMS concepts, principles, terminology, and technologies

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
				addressing: b. ICS c. Multi-agency coordination systems; d. Unified command; e. Training; f. Identification and management of resources (including systems for classifying types of resources); g. Qualifications and certification; h. The collection, tracking, and reporting of incident information and incident resources.
6) Increase the use of tools to provide telecommunication and information technology to support public health response. a) Ensure that the public health agency has "essential service" designation from their telephone provider and cellular telephone provider. b) Ensure that the public health agency has priority restoration designation from their telephone provider. c) Ensure that the	August 30, 2007	The LB Emergency Operations have a robust emergency communications network that LBDHHS is a part of.	Will seek written verification of the status of the "essential service" designation from CLB Technology Services Department	1 - LANDRY 1. Work with Technology Services Department to ensure DHHS' communications have this status.

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
public health response agency's public information line can simultaneously handle call from at least 1% of the jurisdiction's households (e.g., play a recorded message to callers, transfer callers to a voice mail box or answering service).				
7) Have or have access to a system for 24/7/365 notification/alerting of the public health emergency response system that can reach at least 90% of key stakeholders and is compliant with PHIN Preparedness Functional Area Partner Communications and Alerting.	August 30, 2007	LA County HAN CAHAN Public Health Emergencies Contact List Reverse 911 implemented in May, 2006. REVERSE 911@ can deliver text message to wireless receivers, such as digital pages. The need to rapidly send messages can occur at any hour of the day or night. REVERSE 911@ lets you launch a call session from anywhere you have touch-tone telephone access. The REVERSE 911@ system is also able to launch sessions over thousands of phone lines simultaneously. This system is not PHIN compliant, but is the currently available system used by the City of Long Beach	Exercise 24/7/365 notification system. Response and after-action reports Written verification of the status of the Certification of PHIN-MS and PHIN-PCA capacity in LBPBHS	1 - HOLGUIN 1.Exercise 24/7/365 notification system. 2.Contact list - Maintain PH Emergencies 3.Contact list - Provide PH Emergencies to CA DHS, law enforcement and EMS communications, and other key PH partners, at least annually. 2- LANDRY Work with Technology Services Department to ensure LBDHHS' communications have these statuses

CDC PREPAREDNESS GOAL 6: Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health.
OUTCOME 6B: Emergency Public Information and Warning: The public is informed quickly and accurately, and updated consistently; about threats to their health, safety, and property and what protective measures they should take.

Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
1) Decrease time needed to	August 30, 2007	Reverse 911 implemented in	Plan for the best way to	1 - LANDRY

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
<p>provide specific incident information to the affected public, including populations with special needs such as non-English speaking persons, migrant workers, as well as those with disabilities, medical conditions, or other special health care needs, requiring attention.</p> <p>a) Advise public to be alert for clinical symptoms consistent with attack agent.</p> <p>b) Disseminate health and safety information to the public.</p> <p>c) Ensure that the Agency's public information line can simultaneously handle calls from at least 1% of the jurisdiction's population.</p>		<p>May, 2006. REVERSE 911@ can deliver text message to wireless receivers, such as digital pages. Allows the creation of custom geographic areas, such as "doughnut" shapes, that are defined by known factors, such as mile radius and directional progression. The need to rapidly send messages can occur at any hour of the day or night. REVERSE 911@ lets you launch a call session from anywhere you have touch-tone telephone access. The REVERSE 911@ system is also able to launch sessions over thousands of phone lines simultaneously.</p>	<p>increase capacity for dial-up information</p>	<p>Discuss the possibility of using Reverse911's Community Information Line capacity to use during events for providing community information.</p> <p>1 - BT ADMINISTRATION/PUBLIC INFORMATION OFFICE</p> <p>1. DHHS response plans include public information sections regarding providing the public with specific information about an incident. These sections are periodically reviewed and revised to include update information and new DHHS activities.</p> <p>2. DHHS will develop a locally designed plan for special needs populations. This plan will outline specific notification procedures; access to prophylaxis, public information, translation, special needs assistance, working with special needs community partner organizations. This plan will be an annex to the All-Hazards Plan.</p>
<p>2) Improve the coordination, management and dissemination of public information.</p>	<p>August 30, 2007</p>	<p>City wide PIO meetings Media contact lists Press releases and health alerts</p>	<p>JIC tabletop exercise After action report Improvement action plan</p>	<p>1 - OBEIDI</p> <p>1. The City of Long Beach Public Information Office holds monthly PIO meetings for all Department PIOs. Coordination, management and dissemination of public information and media</p>

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
				communications is discussed and reviewed with all PIOs. 2. DHHS will conduct a JIC tabletop exercise related to pandemic influenza. Relevant City Departments that may be involved in the response of a public health emergency will be invited to participate. The exercise will focus on the coordination, management and dissemination of public information. Two of the principal objectives of this exercise are to ensure that data, health information and intervention are utilized in an accurate manner. And secondly, for consistent and timely information is released from the appropriate sources.
3) Decrease the time and increase the coordination between responders in issuing messages to those that are experiencing psychosocial consequences to an event.	August 30, 2007	DHHS is building ties with first responders during exercises and showing the value of the trauma counseling provided by staff	Ability to exchange secure comments about patients or clients using the LBNH health information exchange Grand Rounds resiliency training	1 - LANDRY 1. Specify and build patient tracking into the LBNH infrastructure. Specify and build community messaging into LBNH around coordination of care issues 2 -GUTIERREZ 1. DHHS will develop protocols and procedures regarding first responder resiliency and implement training related to this issue. Participants include public health staff and behavioral health professionals. 2. DHHS will continue to coordinate mental health functions of the BT Program

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
				with LAC DHS in order to develop and coordinate consistent messages for public dissemination.
4) Increase the frequency of emergency media briefings in conjunction with response partners via the jurisdiction's Joint Information Center (JIC), if applicable.	August 30, 2007	City wide PIOs Media contact list How to prepare a press release – summary sheet How to work with the media – summary sheet Several BT and Epidemiology Committee Meeting staff have attended on camera media training	Meeting sign in sheets and agenda Situation manual After action report Improvement action plan	1 – OBEDII 1. DHHS will lead and conduct a JIC tabletop exercise with a pandemic influenza scenario. This exercise will be part of progressive exercise series. City PIOs, OA PIO and other DHHS will participate in this exercise. 2- OBEIDI, LEW Attend CSTI three day JIC/Media training
5) Decrease time needed to issue public warnings, instructions, and information updates in conjunction with response partners.	August 30, 2007	Reverse 911 implemented in May, 2006. REVERSE 911@ can deliver text message to wireless receivers, such as digital pagers. Allows the creation of custom geographic areas, such as "doughnut" shapes, that are defined by known factors, such as mile radius and directional progression. The need to rapidly send messages can occur at any hour of the day or night. REVERSE 911@ lets you launch a call session from anywhere you have touch-tone telephone access. The REVERSE 911@ system is also able to launch sessions over thousands of phone lines simultaneously.	Scripted press releases for Category A agents which include preventive measures and instructions for the public to protect their health.	1 – LANDRY 1. Discuss the possibility of using Reverse 911's Community Information Line capacity to use during events for providing community information 2 – OBEDII 1. DHHS will develop scripted messages for Category A agents which will be revised in the event of an actual incident.
6) Decrease time needed to disseminate domestic	August 30, 2007	Physician alerts Travel advisories	Documentation of alerts, releases and advisories	1 – PROGRAM WIDE Through the City Health

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
and international travel advisories.		Health advisories BT and Epidemiology Committee Meetings	Protocols and procedures developed for agencies and/or with agencies (e.g., Port of Long Beach, Long Beach Airport, Isolation and Quarantine forms)	<p>Officer, DHHS will issue advisories and alerts related to any public health issue that may impact the greater population for events occurring domestically and/or internationally.</p> <p>2 - HOLGUIN, LEW, OBEIDI DHHS will work with CDC representatives stationed at Los Angeles International Airport, Long Beach Airport officials and Port of Long Beach officials on matters related to identifying potential public health emergencies. This includes, but is not limited to identifying incoming and outgoing passengers (air, sea) that may be exposed and/or infected with a communicable disease; assisting Port of Long Beach with protocols and procedures to protect their staff and incoming goods.</p>
7) Decrease the time needed to provide accurate and relevant public health and medical information to clinicians and other responders.	August 30, 2007	Currently DHHS uses Infection Control officers and faxed health alerts to update community clinicians and emergency responders to health threats	<p>LBNH is a mechanism to be used throughout the region for delivery of clinician information.</p> <p>The LBNH portal will be available to EMS agencies</p>	<p>1 - LANDRY 1. Develop LBNH infrastructure</p> <p>2. Develop information dissemination capabilities in the clinical and patient tracking portal(s)</p> <p>3. Develop PHIN-PCA functions in LBPHIS</p>

CDC PREPAREDNESS GOAL 6: Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health.
OUTCOME 6C: Responder Safety and Health: No further harm to any first responder, hospital staff member, or other relief provider due to preventable exposure to secondary trauma, chemical release, infectious disease, or physical and emotional stress after the initial event or during decontamination and event follow-up.

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
<p>7) Increase the availability of worker crisis counseling and mental health and substance abuse behavioral health support.</p>	<p>August 30, 2007</p>	<p>Assisted with the organization and development of two mental health fairs in Long Beach including hosting the 2005 event.</p>	<p>Protocols and procedures Presentation material Mental Health Fair Proclamation</p>	<p>1 – GUTIERREZ 1. DHHS will develop protocols to increase worker crisis counselors and mental health and substance abuse behavioral health support. 2. DHHS will assist in the development and implementation of a community wide mental health fair. This will be the third fair DHHS has taken a leading role in organizing. Other partners include treatment centers, community based organizations and local hospitals.</p>
<p>8) Increase compliance with public health personnel health and safety requirements.</p> <p>a) Provide Personal Protection Equipment (PPE) based upon hazard analysis and risk assessment.</p> <p>b) Develop management guidelines and incident health and safety plans for public health responders (e.g.; heat stress, rest cycles, PPE).</p> <p>c) Provide technical advice on worker health and safety for IC and UC.</p>	<p>August 30, 2007</p>	<p>DHHS convenes periodic meetings with the City's Safety Office. DHHS currently conducts fit testing for N95 masks through the City's Safety Office.</p>	<p>Management guidelines and incident safety plans of PPE for public health responders List of staff that are fit testing and type of PPE</p>	<p>1 – LEW 1. DHHS will increase the percentage of public health staff that receives fit testing for PPE through the City's Safety Office and/or through a private vendor.</p> <p>f. Coordinate with the City's Safety Office to establish a train the trainer program for fit testing of N95 and/or P100 respirator program</p> <p>g. DHHS will be trained according to fit testing guidelines on how to perform fit testing of respirators on other staff</p>

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
				<ul style="list-style-type: none"> h. members Staff will be tracked according to classification, working title, size of PPE, and date of last fit testing and training when applicable. i. If applicable, tracking will be maintained by type of PPE and potential agent (e.g., infectious diseases, aerosolized anthrax, etc.). j. Fit testing activity will be logged and maintained in accordance with City regulations, and will be coordinated through DHHS' Occupational Health Division if applicable.
<p>3) Increase the number of public health responders that receive hazardous material training.</p>		<p>Six DHHS hazardous material staff received hazardous material training on an on-going basis. They attend Continuing Challenge HazMat Workshop, as well as yearly HAZWOPER training.</p>	<p>Hazardous Material Training Plan</p>	<p>1 - POINTER, HUNT, LEWIS, LEW 1. DHHS will identify staff that requires hazardous material training. 2. DHHS will develop the hazardous material training plan which will include training matrix. 3. DHHS will continue to collaborate with St. Mary Medical Center and the Disaster Resource Center on</p>

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
				issues regarding hazardous material training for public health staff and health care providers.

CDC PREPAREDNESS GOAL 6: Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health.
OUTCOME 6D: Isolation and Quarantine: Successful separation, restriction of movement, and health monitoring of individuals and groups who are ill, exposed, or likely to be exposed, in order to stop the spread of a contagious disease outbreak. Legal authority for these measures is clearly defined and communicated to the public. Logistical support is provided to maintain measures until danger of contagion has elapsed.

Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
1) Assure legal authority to isolate and/or quarantine individuals, groups, facilities, animals and food products.	August 30, 2007	Completed isolation and quarantine orders that have been reviewed by the City Attorney's Office	Ongoing review and evaluation of orders Tabletop exercise material regarding physician services and isolation and quarantine After action report Improvement action plan	1 - LEW 1.DHHS will continue to work with the City Attorney's office regarding matters related to isolation and quarantine. 2.Existing orders will be updated based on any new information and guidelines regarding isolation and quarantine. 3.DHHS will work with the Animal Control Division and local veterinarians on issues regarding animals to develop protocols and guidelines regarding animals. 4.DHHS will work its Environmental Health Bureau to develop guidelines on issues regarding food products.
2) Coordinate quarantine activation and enforcement with public safety and law enforcement.	August 30, 2007	City Health Officer and Long Beach Police Department convened a series of meetings to discuss law's enforcement of isolation and quarantine orders	Tabletop exercise material related to isolation and quarantine. Revisions made to current isolation and quarantine orders based new developments	1 - LEW 1.DHHS will continue to meeting with law enforcement officials regarding isolation and quarantine issues, including enforcement. Long Beach Police Department will be among the invited participants of this tabletop

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
3) Improve monitoring of adverse treatment reactions among those who have received medical countermeasures and have been isolated or quarantined.	August 30, 2007	Isolation and quarantine orders	Development of tracking forms	exercise scheduled later in the grant period. 1 - LEW 1. DHHS will develop a monitoring system, which captures adverse treatment reactions among those who have received medical countermeasures and have been isolated and quarantined. 2. DHHS will train staff on the utilization and functionality of the tracking form and method.
4) Coordinate public health and medical services among those who have been isolated or quarantined.	August 30, 2007	DHHS has convened meetings with local hospitals regarding isolation and quarantine. Additional meetings and protocols are required to coordinate functional procedures for local events.	Protocols and procedures related to the coordination of services between public health and medical services.	1 - LEW 1. DHHS will continue to meet with hospitals and medical services providers in Long Beach to ensure that these local partners understand public health plans regarding isolation and quarantine. Additionally, DHHS will develop protocols that may be utilized by both public health and medical service providers in the event wide scale isolation and quarantine orders are activated.
5) Improve comprehensive stress management strategies, programs, and crisis response teams among those who have been isolated or quarantined.	August 30, 2007	DHHS' Employee Assistance Program Resiliency information	Stress management tools Resiliency training material	1 - GUTIERREZ 1. DHHS will develop stress management tools and strategies and programs for the public that have been isolated or quarantined. 2. DHHS will develop stress management tools and strategies and programs for public health staff, first responders and essential personnel that work with

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
				individuals that have been isolated and quarantined.
6) Direct and control public information releases about those who have been isolated or quarantined.	August 30, 2007	City wide PIOs coordinating a community wide release with DHHS Media contacts Website Information line	Draft press releases regarding isolation and quarantine Protocols to disseminate these press releases to hard to reach population	1 - OBEIDI, LEW 1. DHHS will develop press releases (prior to an event) regarding isolation and quarantine. 2. DHHS will develop protocols to direct and control public information releases about individuals and to individuals that have been isolated or quarantined.
7) Decrease time needed to disseminate health and safety information to the public regarding risk and protective actions.	August 30, 2007	City wide PIOs coordinating a community wide release with DHHS Media contacts Website Information line	JIC tabletop exercise Isolation and quarantine tabletop exercise After action reports Improvement action plans Draft press releases Protocols on dissemination of information to hard to reach populations regarding isolation and quarantine	1 - OBEIDI, LEW 1. DHHS will develop and improvement a pandemic influenza exercise series which covers a JIC and isolation and quarantine
8) Have or have access to a system to collect, manage, and coordinate information about isolation and quarantine, compliant with PHIN Preparedness Functional Area Countermeasure and Response Administration.	August 30, 2007	No current capacity	Newly designed plans to develop system to collect, manage and coordinate information about isolation and quarantine.	1 - LEW, LANDRY 1. DHHS will research the efficacy of developing versus utilizing existing systems which collect, manage and coordinate information. These findings will lead DHHS to either utilize existing systems or acquire a system and design the system to meet local needs regarding information gathering and management.

CDC PREPAREDNESS GOAL 6: Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health.
OUTCOME 6E: Mass Prophylaxis and Vaccination: Appropriate prophylaxis and vaccination strategies are implemented in a timely manner upon the onset of an event, with an emphasis on the prevention, treatment, and containment of the disease. Prophylaxis and vaccination campaigns are integrated with corresponding public information strategies.

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
<p>4) Decrease the time needed to dispense mass therapeutics and/or vaccines.</p> <p>a) Implement local, (tribal, where appropriate), regional and State prophylaxis protocols and plans.</p> <p>b) Achieve and maintain the Strategic National Stockpile (SNS) preparedness functions described in the current version of the Strategic National Stockpile guide for planners.</p> <p>c) Ensure that smallpox vaccination can be administered to all known or suspected contacts of cases within 3 days and, if indicated, to the entire jurisdiction within 10 days.</p> <p>d) Have or have access to a system to collect, manage, and coordinate information about the administration of countermeasures, including isolation and quarantine, compliant with PHIN Preparedness Functional Area</p>	<p>August 30, 2007</p>	<p>Training, tabletop, functional and full-scale exercise series conducted in Long Beach for Operation Chimera.</p> <p>Situation manual, after action report and improvement action plan completed for this exercise.</p> <p>DHHS is currently making revisions to the SNS Plan based on the improvement action plan.</p>	<p>Revised plans and protocols</p> <p>Revised job action sheets</p> <p>Tabletop exercise material</p> <p>After action report</p> <p>Improvement action plan</p>	<p>1 – SNS COMMITTEE</p> <p>1.DHHS is currently in the process of revising the SNS Plan and its annexes based on the after action report and improvement action plan of Operation Chimera. This includes, but is not limited to revising client screening forms; triage protocols; dispensing algorithms; medical evaluation protocols; job action sheets and position resource guides.</p> <p>2.DHHS is enhancing protocols to dispense medicine to first responders, public health staff and essential personnel.</p> <p>3.DHHS is working with LAC DHS on revising the SNS/Mass Prophylaxis Plan and annexes to follow State DHS SNS Plan template, as well as CDC guidelines of the SNS.</p> <p>4.The Smallpox Vaccination Plan has been revised based on State DHS and Federal guidelines. Additional revisions will be made pending reintroduction of the Federal government's Smallpox Vaccination Program.</p> <p>5.DHHS will maintain dispensing records to collect manage and coordinate information about the</p>

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
Countermeasure and Response Administration..				administration of countermeasures, including isolation and quarantine. 6.DHHS will conduct an isolation and quarantine tabletop exercise that will include information management.
5) Decrease time to provide prophylactic protection and/or immunizations to all responders, including non-governmental personnel supporting relief efforts.	August 30, 2007	Mass prophylaxis and vaccination plans include sections on prophylaxis of first responders as well as the general public.	Revised plans and protocols	1 - SNS COMMITTEE 1.DHHS is enhancing protocols to dispense medicine to volunteers, all first responders and essential personnel that assist in the response of a POD activation.
3) Decrease the time needed to release information to the public regarding dispensing of medical countermeasures via the jurisdiction's JIC (if JIC activation is needed)	August 30, 2007	City PIO Meetings Clinical and drug information for Category A Agents Press releases Press briefings Physician alerts Job action sheets	JIC tabletop exercise After Action Report Improvement Action Plan Press releases Press briefings Physician alerts	1-SNS COMMITTEE 1.DHHS has developed public information job action sheets for dispensing operations and for the DOC. These functions were exercised for Operation Chimera. A press conference was conducted as part of the exercise. 2.Revisions to these job actions will be made based on the improvement action plan. 3.Clinical and drug information sheets have been developed for Category A Agents. DHHS will develop public information campaigns will be developed with the assistance of LAC DHS. 4.DHHS currently works with City's Public Information Office, which coordinates

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
				<p>local media for the dissemination of public information for the City. DHHS regularly issues press releases and press briefings for a broad range of public health issues to the public. And disseminates information for reportable diseases to local health care providers through physician alerts.</p> <p>5. DHHS will conduct a JIC tabletop exercise as part of the pandemic influenza exercise series.</p> <p>6. All dispensing/vaccination plans include a public information section and are updated and revised on an ongoing basis.</p>

CDC PREPAREDNESS GOAL 6: Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health.
 OUTCOME 6F: Medical and Public Health Surge: Cases are investigated by public health to reasonably minimize morbidity and mortality rates, even when the numbers of casualties exceed the limits of the normal medical infrastructure for an affected community.

Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
<p>1) Improve tracking of cases, exposures, adverse events, and patient disposition.</p> <p>a) Have or have access to a system that provides these capabilities consistent with PHIN Preparedness Functional Area Outbreak Management.</p>		<p>CAHAN vCMR Epidemiology case and contact investigations.</p>	<p>Outbreak Management System (OMS).</p>	<p>1 - HOLGUIN</p> <p>1. Increase utilization of CAHAN for information sharing, posting of public health alerts, and cross-jurisdiction outbreak management.</p> <p>2. Improve access and utilization of Visual CMR (vCMR).</p> <p>3. Integration of CDC Outbreak Management Systems (OMS).</p> <p>4. Improve participation in</p>

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
				Epi-X. 5. Increase utilization of ReddiNet system.
2) Decrease the time needed to execute medical and public health mutual aid agreements.	August 30, 2007	CAHAN LA County HAN	After action report	1- HOLGUIN 1. Establish Public Health Response Team (PHRT); provide training for participants. 2 - SNS COMMITTEE 1. DHHS will conduct a tabletop exercise to test SNS request and public health mutual aid.
3) Improve coordination public health and medical services. a) Ensure epidemiology response capacity consistent with hospital preparedness guidelines for surge capacity. b) Participate in the development of plans, procedures, and protocols to identify and manage local, tribal, and regional public health and hospital surge capacity.	August 30, 2007	BT and Epidemiology Committee Meetings	List of PHRT participants Epidemiological protocols and procedures Training material	1 - HOLGUIN Establish Public Health Response Team (PHRT); provide training for participants. 2 - BT ADMINISTRATION, HOLGUIN, LEW 1. BT Administration will lead the development of an All-Hazards Plan for DHHS. This plan will include the development of epidemiological response protocols and procedures. 2. Epidemiology Supervisor and Public Health Physician will provide training to DHHS staff, public health clinics personnel, potential volunteers, and treatment center staff on these epidemiological protocols and procedures. 3. The tabletop exercise for epidemiology and animal

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
4) Increase the proficiency of volunteers and staff performing collateral duties in performing epidemiology investigation and mass prophylaxis support tasks.	August 30, 2007	Tabletop, full scale exercise after action plans and improvement action plans Training material for volunteers and staff NIMS compliance courses to be conducted in July 2006	Evaluations Certification	control will test the protocols and procedures stated above. 1- BT ADMINISTRATION, HOLGUIN, POINTER, LEW, HUNT 1. DHHS will develop an exercise and training plan, which will include core public health preparedness and response competencies, including environmental health/hazardous material issues, epidemiology and surveillance, mass prophylaxis support, nursing competencies. DHHS will provide training via web portal and/or 1 class presentations. 2. DHHS will utilize contractor support to develop a portal for web-based training.
5) Increase the number of physicians and other providers with experience and/or skills in the diagnosis and treatment of infectious, chemical, or radiological diseases or conditions possibly resulting from a terrorism-associated event who may serve as consultants during a public health emergency.	August 30, 2007	Disease investigation trainings Physician/health care professional surveys Train and utilize MRC physicians for Operation Chimera	Sign in sheets of physicians and other providers that attended trainings conducted by DHHS Training material	1 - HOLGUIN 1. Establish Public Health Response Team (PHRT); provide training for participants. 2. Exercise PH response to catastrophic events. 2 - LEW 1. DHHS has conducted surveys of physicians and other health care providers interested in assisting DHHS in the response of biological and/or other public health emergencies. DHHS will continue to outreach and train these professionals interest in increasing their

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
				<p>skill level to diagnose and treat persons exposed and/or infected with a biological, chemical and/or radiological agent.</p> <p>2.-DHHS will develop a cohesive unit (network) of physicians and other health care professionals in Long Beach to increase the number of providers with experience and enhanced skills to identify individuals exposed to manmade attack agents and/or natural occurring infections.</p> <p>3.DHHS will develop a <i>standardized training</i> to train health care providers and treatment center personnel on matters related to public health response to a biological event. These trainings will include public health's role in responding to an event requiring mass prophylaxis.</p>

CDC PREPAREDNESS GOAL 6: Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health.
OUTCOME 6G: Mass Care: Cases are investigated by public health to reasonably minimize morbidity and mortality rates, even when the numbers of casualties exceed the limits of the normal medical infrastructure for an affected community.

Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
1) Develop plans, policies, and procedures for the provision of mass care services to general populations and companion animals in coordination with all responsible agencies.	August 30, 2007	Animal Control Division is part of DHHS Two LAC city's animal control functions are contracted through the City of Long Beach Animal Control Division Manager attends Epidemiology Committee	Plans, policies and procedures established for this activity Meeting sign in sheets and agendas	1 - BT ADMINISTRATION, LEW, ANIMAL CONTROL, EPIDEMIOLOGY 1.Develop All Hazards Plan, which includes provisions of mass care services to the general public and companion animals. 2. DHHS will examine issues

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
				<p>affecting animal care during disasters and address concerns identified that impact animal owners, animal industries, emergency management, and the general public.</p> <p>3.DHHS will develop plans, policies and procedures for mass care of companion animals in collaboration with Animal Control</p>
<p>2) Develop processes and criteria for conducting an assessment (cultural, dietary, medical) of the general population registering at the shelter to determine suitability for the shelter, identify issues to be addressed within the shelter, and the transference of individuals and caregivers/family members, to medical needs shelters if appropriate</p>	<p>August 30, 2007</p>	<p>Draft MOU with American Red Cross</p>	<p>Protocols, policies and procedures for DHHS activity in shelters</p>	<p>1 – PROGRAM WIDE, POINTER 1.DHHS will develop protocols, policies and procedures for public health services in shelters. This includes, but is not limited to providing rapid health assessments; referral services to clients; and coordinating culturally and linguistically appropriate services with the American Red Cross.</p> <p>2.DHHS will train staff on these protocols in conjunction with other public health emergency trainings provided to staff.</p>
<p>3) Develop plans, policies, and procedures to coordinate delivery of mass care services to medical shelters</p>	<p>August 30, 2007</p>	<p>Draft MOU with American Red Cross</p>	<p>Meeting sign in sheets and agendas Training material for treatment centers Protocols developed for treatment centers</p>	<p>1 – PROGRAM WIDE 1.DHHS will coordinate with local hospitals public health preparedness activities regarding issues requiring mass prophylaxis/vaccination and/or referral services. This includes but is not limited to</p>

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
				training and education of DHHS activities mass medicine dispensing/vaccination, public safety and emergency management.

CDC PREPAREDNESS GOAL 6: Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health.
OUTCOME 6H: Citizen Evacuation and Shelter-In-Place: Cases are investigated by public health to reasonably minimize morbidity and mortality rates, even when the numbers of casualties exceed the limits of the normal medical infrastructure for an affected community.

Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
1) Develop plans and procedures to identify in advance populations requiring assistance during evacuation/shelter-in-place	August 30, 2007	Previous experience working in shelters with Hurricane Katrina and Rita victims	Plans, policies and procedures established for this activity Meeting sign in sheets and agendas	1- BT ADMINISTRATION, SNS COMMITTEE, PROGRAM WIDE 1.DHHS will develop protocols, policies and procedures to identifying populations that require assistance with evacuation This includes, but is not limited to, identifying a central authority responsible for evacuation; ensure that personnel and material resources required for an effective evacuation are listed in protocols and are available to staff for reference; ensure agencies participating in the evacuation and/or care of population are designated to make and take requests for receipt and control of resources during an emergency; work with skilled nursing facilities, hospitals and nursing homes staff have evacuation procedures; cross train agencies on evacuation responsibilities. 2.DHHS will work with City Attorney's Office regarding

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
				legal issues of forced evacuation and other ethical/legal issues. 3.DHHS will build a temporary management ICS structure of shelter operations.
2) Develop plans and procedures for coordinating with other agencies to meet basic needs during evacuation	August 30, 2007	Previous experience working in shelters with Hurricane Katrina and Rita victims	Plans, policies and procedures established for this activity Meeting sign in sheets and agendas	1- PROGRAM WIDE 1.DHHS will develop protocols, policies and procedures for public health services in shelters. This includes, but is not limited to providing rapid health assessments; referral services to clients; and coordinating culturally and linguistically appropriate services with the American Red Cross.
3) Develop plans and procedures to get resources to those who have sheltered in place (Long term—3 days or more)	August 30, 2007	Previous experience working in shelters with Hurricane Katrina and Rita victims	Plans, policies and procedures established for this activity Meeting sign in sheets and agendas	2 – BT ADMINISTRATION, POINTER 1.DHHS will identify a central authority responsible for evacuation in each participating agency to ensure that personnel and material resources required for an effective evacuation are listed and protocols are available to carry out evacuation of population in an ethical manner. 2.DHHS will work with participating agencies to ensure that the evacuation and/or care of population are handled by agencies that are designated to make and take requests for receipt and

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
				control of resources during an emergency

CDC PREPAREDNESS GOAL 7: Decrease the time needed to restore health services and environmental safety to pre-event levels.

OUTCOME 7A: Environmental Health: TBA

Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
1) Conduct post-event planning and operations to restore general public health services.	August 30, 2007	Contractor support to develop COOP, which will include components that address post event planning and operations to restore public health services.	COOP Plan	1 - BT ADMINISTRATION 1.DHHS has hired a contractor to develop a COOP plan designed to address the following areas: a. Initial response team b. Damage assessment team c. Recovery team
2) Decrease the time needed to issue interim guidance on risk and protective actions by monitoring air, water, food, and soil quality, vector control, and environmental decontamination, in conjunction with response partners.	August 30, 2007	DHHS Environmental Health Bureau and Hazardous Waste Division programs and services include water monitoring, food/restaurant inspections, hazardous waste management, vector control and environmental health decontamination oversight management.	Development of protocols regarding risk and protective actions by category	1 - HUNT 1.DHHS will develop protocols to issue guidance on risk and protective actions for a broad range of environmental health and hazardous waste services and operations. 2.Ensure all Environmental Health Bureau staff are trained to the established protocols.

CDC PREPAREDNESS GOAL 8: Increase the long-term follow-up provided to those affected by threats to the public's health.

OUTCOME 8A: Economic and Community Recovery: Recovery and relief plans are implemented and coordinated with the nonprofit sector and nongovernmental relief organizations and with all levels of government. Economic impact is estimated. Priorities are set for recovery activities. Business disruption is minimized. Individuals and families are provided with appropriate levels and types of relief with minimal delay.

Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
1) Develop and coordinate plans for long-term tracking of those affected by the event.	August 30, 2007	Paper-based tracking system is the existing methodology.	Ability to identify and track patients longitudinally using the LBNH	1- LANDRY 1. Develop patient tracking in the LBNH infrastructure. 2. Develop interface between LBNH and LBPHIS to allow enhanced tracking functions

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
2) Improve systems to support long-term tracking of cases, exposures, and adverse events.	August 30, 2007	Paper-based tracking system is the existing methodology.	Ability to identify and track patients longitudinally using the LBNH	1- LANDRY 1. Develop patient tracking in the LBNH infrastructure 2. Develop interface between LBNH and LBPHIS to allow enhanced tracking functions.
3) Increase availability of information resources and messages to foster community's return to self-sufficiency	August 30, 2007	Contractor support for the development of continuity of operations plan, training and exercise.	COOP plan Exercise material Training material	1 - BT ADMINISTRATION, POINTER 1. DHHS has identified and hired a contractor to develop a COOP plan for public health in Long Beach and the LAC OA. This plan will include components designed to ensure that public health is able to provide essential services to the population and to limit economic loss by maintaining essential services so that the community is able to return to self-sufficiency in the shortest amount of time possible.

CDC PREPAREDNESS GOAL 9: Decrease the time needed to implement recommendations from after-action reports following threats to the public's health.
OUTCOME 9A: Improve: Improve planning

Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
1) Exercise plans to test horizontal and vertical integration with response partners at the federal, State, tribal, and local level.	December 31, 2006	Periodic meetings with law enforcement, fire and USPS	Meeting sign in sheets and agendas Exercise situation manual Evaluation material After action report Improvement action plan	1 - LEW 1. DHHS will plan, design and implement a biohazard detection system exercise with response partners including the United States Postal Services, City of Long Beach Fire Department and Police Department, as well as the LAC DHS.
2) Decrease the time needed to identify deficiencies in personnel, training, equipment, and	August 30, 2006	Ongoing public health preparedness trainings and exercises.	Training plan Portal Training material Certification	1 - BT ADMINISTRATION 1. DHHS will outline public health preparedness and response competencies for all

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
organizational structure, for areas requiring corrective actions.				staff which will emphasize a system wide approach, describing how DHHS and its staff will fulfill their roles and carry out responsibilities in public health emergencies and other disasters. These competencies will provide a foundation from which to build locally relevant training, exercises and drills.
3) Decrease the time needed to implement corrective actions.	August 30, 2007	Weekly meetings, which address making corrective actions to previous, exercises and plans. DHHS currently assigns responsible staff to make revisions as needed.	Revised plans, protocols and procedures.	<p>1 – BT ADMINISTRATION 1. DHHS will utilize HSEEP for all exercises and drills. This will include evaluating all activities and developing after action reports and improvement action plans. HSEEP will be utilized for the pandemic influenza exercise series and the COOP exercises.</p> <p>2. Weekly meetings will be conducted to ensure that responsible staff that are assigned corrective action implement fulfill their roles to oversee and ensure completion.</p>
4) Decrease the time needed to re-test areas requiring corrective action.	August 30, 2007	Weekly meetings, which address making corrective actions to previous, exercises and plans. DHHS currently assigns responsible staff to make revisions as needed.	Revised plans, protocols and procedures.	<p>1 – BT ADMINISTRATION 1. DHHS will convene weekly meetings following any exercise and review the after action report and improvement action plans.</p> <p>2. DHHS will assign corrective action responsibility to appropriate staff and a due date for corrective action to be completed.</p>

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CDC PREPAREDNESS GOAL CRI: Cities Readiness Initiative
 OUTCOME 1.1A: Cities Readiness Initiative: Cities Readiness Initiative

Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
1) Summarize progress from year one of the pilot project or, for new awardees, progress on SNS activities over the last year. This should include updates on items 2 and 3 below.	August 30, 2007	Version 1 of the CRI Plan Exercise material from Operation Chimera which was based on the CRI	Revised plan and protocols	1 – SNS COMMITTEE 1. DHHS is currently making revisions to the SNS and CRI Plans based on the after action report and improvement action plan from Operation Chimera, which tested DHHS' SNS and CRI Plans.
2) Summarize the current status of plans for antibiotic distribution within the designated city – indicating the number of Points of Distribution (PODs) that the city currently is able to establish, the number of personnel (paid staff and volunteers) that are likely to be available for this purpose, and the estimated number of individuals to whom the PODs can provide antibiotic prophylaxis over a 48-hour period.	August 30, 2007	Exercised and evaluated SNS and CRI Plans including thru put.	Revised plan and protocols SNS/CRI POD staffing changes Exercise material After action report Improvement action plan	1 – SNS COMMITTEE 1. Long Beach is a Metropolitan Medical Response System (MMRS) city and maintains antibiotic cache for at least 10,000 people at all times. 2. DHHS will continue to manage pharmaceutical cache purchased through various Homeland Security Grants. This includes but is not limited to working with local hospitals on cache storage and rotation. 3. DHHS will conduct a tabletop exercise on the request of the SNS. 4. DHHS is updating the SNS Plan to enhance components on first responder and essential personnel prophylaxis. 5. DHHS will conduct a BDS exercise with City of Long Beach Fire and Police

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
				<p>Departments, USPS, and FBI to test DHHS' BDS dispensing protocols and unified command with partnering agencies.</p> <p>6.DHHS will utilize newly awarded Urban Area Security Initiative funding for POD improvements.</p> <p>7.DHHS is currently working to identify additional POD and alternative care sites.</p> <p>8.DHHS is currently making revisions to the SNS and CRI Plans based on the after action report and improvement action plan from Operation Chimera, which tested DHHS' SNS and CRI Plans. These revisions are designed to increase thru put and dispensing efficiency and maximize utilization of staff.</p>
<p>3) Describe actions that will be taken over the next budget year to ensure that antibiotics can be dispensed to the entire jurisdiction over a 48-hour period. Included in these actions are non-traditional PODs including the postal plan or other local option developed to meet the 48-hour dead line.</p>	<p>August 30, 2007</p>	<p>Exercised and evaluated SNS and CRI Plans including thru put.</p>	<p>Revised plan and protocols SNS/CRI POD staffing changes</p>	<p>1 – SNS COMMITTEE</p> <p>1.DHHS is working to streamline the dispensing operations protocols including client screening form, triage protocols, dispensing algorithms; education station function; and medical evaluation protocols.</p> <p>2.DHHS will be working with the USPS on matters related to delivery of prophylaxis to residential households.</p> <p>3.DHHS is making revisions</p>

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
				per the Operation Chimera improvement action plan to modify and clarify various POD job action sheets.
4) Describe actions that will be taken over the next budget year to ensure that jurisdictions within an MSA will have coordinated mass prophylaxis activities and health communication messaging across the MSA.	August 30, 2007	DHHS' SNS/CRI Plans were developed through the coordinated effort with LAC DHS.	Coordinated health communication messages	1 - SNS COMMITTEE 1. DHHS will continue to coordinate SNS/CRI Planning efforts with LAC DHS. This includes revisions to the Plans, annexes, coordination of force protection; coordination of health messages related to Category A agents, and other messages to be disseminated to the public.

CDC PREPAREDNESS GOAL L2: Level 2 Lab

OUTCOME 14A: Level 2 Chemical Lab: Level 2 Chemical Lab

Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
1) Accept clinical specimens and begin analysis within 24 hours of receiving the call for assistance from CDC.	August 30, 2007	LBPHL maintains regular contact with CDHS and participates in conference calls, workshops, trainings offered by its Environmental Laboratory Branch.	Utilize CDHS protocol in processing, packaging, and shipping human clinical specimens for chemical agent testing.	1. LACHICA 1. Although LBPHL is not a Level 2 Chemical Lab, it will act as an intermediary lab and receive specimens for referred testing of chemical agents of terrorism. LBPHL will follow approved and recommended guidelines in processing, packaging, and shipping of said specimens to California Department of Health Services (CDHS) Environmental Health Laboratory Branch.
2) Demonstrate proficiency to rapidly detect and measure Level-Two chemical agents (such as cyanide-based compounds, heavy metals, and nerve agents) in CLINICAL specimens within 24	May 31, 2007	Method applications are being developed for certain chemical substances on the GC-MS instrument.	Commercially available known substances will be included in the validation procedure to verify the validity of method applications.	1 - LACHICA 1. LBPHL is in the process of developing method applications for some of the chemicals it will be testing using the GC-MS instrument. In addition to an in-house training provided by the vendor, two of LBPHL's staff

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
<p>hours of the request from CDC. Currently, CDC methods for Level-Two chemical agents use the analytical techniques of inductively coupled plasma mass spectrometry and gas chromatography mass spectrometry. The list of Level-Two chemical agents will expand as methods are developed or modified. Tandem mass spectrometry methods are not required for Level-Two chemical agents.</p>				<p>members, a Public Health Microbiologist Supervisor and a Chemist will be receiving formal applications training.</p>
<p>3) Develop and maintain plans and procedures for adequate and secure : clinical specimen transport and handling, worker safety, appropriate Bio-Safety Level (BSL) conditions for working with clinical specimens, staffing and training of personnel, quality control and assurance, triage procedures for prioritizing intake and testing of specimens or samples before analysis, secure storage of critical agents and samples of forensic value, appropriate levels of supplies and equipment needed to respond to chemical terrorism</p>	<p>July 1, 2007</p>	<p>LBPHL maintains all types of communication with LACPHL regarding specimen transport for referred and confirmatory testing.</p>	<p>LBPHL will coordinate drills/exercise with LACPHL pertaining to a chemical terrorism event.</p>	<p>1 - LACHICA 1. As an intermediary laboratory, LBPHL has adopted a Standard Operating Procedure (SOP) on <i>Terrorism Response for Submitting Clinical Specimens for Chemical Agent Testing</i>. This includes contact information of appropriate personnel at CDHS, different specimens for testing, collection procedure, specimen labeling, packaging, document manifests, and shipping.</p>

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Required Tasks	Timeline	Current Capability	Evaluation Plan	Activity
events, securing facilities, reagents, and equipment, and special requirements.				
4) Maintain one Ph.D. chemist, or an individual with equivalent experience (M.S. with 5 years experience), and multiple laboratory support personnel.	August 30, 2007	Staff chemist	Utilization of instrumentation with formative evaluation of tests performed.	1 - LACHICA 1.LBPHL has a Chemist in its staff of 21. This Chemist currently runs all environmental Lead testing on the laboratory's flame atomic absorption instrument. LBPHL plans to use the instrument on other metals and chemicals.
5) Procure and maintain the following equipment: ICP-MS, GC-MSD	May 31, 2007	Newly renovated lab with new instrumentation. An on-going research for different method applications is underway. Controls, reagents, and additional instrument components are being acquired in preparation for the training and validation of method applications that have already been chosen.	Utilization of instrumentation with formative evaluation of tests performed. Once method applications are developed, subscription to an approved proficiency testing agency will be made to determine our competency in performing GC-MS assays.	1 - LACHICA 1.LBPHL has acquired a GC-MS instrument to implement chemical testing. A dual-licensed staff (PH Microbiologist and Clinical Laboratory Scientist) and a Chemist will be receiving training on instrument operation and validation.

CITIES READINESS INITIATIVE

OUTCOME: CRI

Specifically, the Cities Readiness Initiative is designed to significantly improve the operational capability of 21 large metropolitan areas to receive, distribute and dispense SNS assets. Each designated city should be able, in the wake of a bioterrorism event for which antibiotics are an appropriate countermeasure, to provide such prophylaxis to the known and potentially affected population within 48 hours of the time of the decision to do so.

The local SNS plan should be designed so that it can accommodate an influx of federal government assets – especially the United States Postal Service – in any particular instance wherein the combined assets of the city and State are likely to be inadequate to dispense the antibiotics in sufficient time to protect their citizens.

Critical Capacities	Timeline	Current Capability	Evaluation Plan	Activity
Required Critical Tasks: 1. Developing an SNS Plan. Includes	August 30, 2007	SNS Plan Job action sheets	Revised SNS Plan (version 10) Revised Mass Prophylaxis section.	1 - SNS COMMITTEE 1.DHHS has developed an SNS

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Critical Capacities	Timeline	Current Capability	Evaluation Plan	Activity
<p>having a specific SNS Preparedness Plan incorporated into the overall State Emergency Response Plan that is updated at least annually. Both Plans feature clear points of interface with potential federal government assets such as the United States Postal Service, the U.S. Public Health Service Commissioned Corps Readiness Force, and the National Disaster Medical System.</p>			Revised job action sheets	<p>Plan and is currently making revisions for the 10th revision based on the after action report and improvement action plan developed by SRA International, Inc. for Operation Chimera conducted on February 2, 2006.</p> <p>2. The future version of the SNS Plan will make concise differences between SNS and Mass Prophylaxis Planning, and interface with the LAC OA SNS and Mass Prophylaxis Plans. These Plans interface with agencies stated in the required critical tasks. Any State and Federal requirements will be incorporated into Long Beach's Plans.</p>
<p>2. Command and Control. Includes using an Incident Command System structure coordinated with essential state and local agencies and departments and with the federal government when necessary. An Incident Commander and back-up are identified, procedures for apportionment of SNS materiel have been developed, and agreements are in place between appropriate agencies and organizations.</p>	August 30, 2007	NIMS training compliance	Revised ICS structure NIMS certification Tabletop exercise material	<p>1 - BT ADMINISTRATION, SNS COMMITTEE</p> <p>1. DHHS will train all staff on IS 100 and IS 700 to ensure Federal NIMS compliance by September 2006.</p> <p>2. DHHS will incorporate ICS into all plans and ensure that staff are identified for each position within the SNS ICS with back ups.</p> <p>3. DHHS will test the procedures to request the SNS during this grant period. This will be conducted through a tabletop exercise.</p>
<p>3. Requesting SNS assets. Includes a procedure for the governor or designee to request SNS materiel, request justification guidelines, and a signed MOU between CDC and the State.</p>	August 30, 2007	SNS request forms SNS Plan	Evaluation of the tabletop exercise to test procedures to request the SNS	<p>1 - SNS COMMITTEE</p> <p>1. DHHS will test the procedures to request the SNS during this grant period. This will be conducted through a tabletop exercise.</p>
<p>4...Management of SNS Operations.</p>	August 30, 2007	NIMS training	Revised ICS structure	1 - SNS COMMITTEE

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Critical Capacities	Timeline	Current Capability	Evaluation Plan	Activity
Includes identification of critical position leads with back-up and contact information. A current call-down roster is maintained.		compliance - July 2006		1.DHHS has developed an SNS ICS structure with specific staff listed for critical positions. Back up staff are identified for these positions. DHHS will maintain current call-down roster for both initial and back up staff at all times.
5. Tactical Communication. Includes development of a job action sheet and training for the Communications Lead, having networks and a back-up system between command and control locations, a plan for rapid communications network repair, and maintenance of call-down lists.	August 30, 2007	SNS Plan Job action sheets Operation Chimera situation manual; after action report; improvement action plan	Revised job action sheets Inventory management system Job action sheets for inventory leads and workers	<p>1 – SNS COMMITTEE</p> <p>1.DHHS developed job action sheets and training material for the communications lead and support positions. Additionally, just in time training material was also developed and implemented for Operation Chimera.</p> <p>2.DHHS will develop networks and back up systems between command and control locations.</p> <p>3.DHHS will develop a plan for rapid communications network repair and maintenance of call down lists.</p> <p>4.DHHS will develop job action sheets for communications leads and support staff which include the above-mentioned SNS/CRI/mass prophylaxis operations and for the DOC.</p>
6. Public Information. Includes development of a job action sheet and training for the Public Information Lead. Clinical and drug information has been compiled and public CRI 7 of 8 information campaigns have been developed. There are plans for coordinating local media efforts and disseminating information to the public and health care professionals.	August 30, 2007	City PIO Meetings Clinical and drug information for Category A Agents Press releases Press briefings Physician alerts Job action sheets	JIC tabletop exercise After Action Report Improvement Action Plan Press releases Press briefings Physician alerts	<p>1-SNS COMMITTEE</p> <p>1.DHHS has developed public information job action sheets for dispensing operations and for the DOC. These functions were exercised for Operation Chimera. A press conference was conducted as part of the exercise.</p> <p>2.Revisions to these job actions will be made based on the</p>

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Critical Capacities	Timeline	Current Capability	Evaluation Plan	Activity
				<p>improvement action plan.</p> <p>3. Clinical and drug information sheets have been developed for Category A Agents. DHHS will develop public information campaigns will be developed with the assistance of LAC DHS.</p> <p>4. DHHS currently works with City's Public Information Office, which coordinates local media for the dissemination of public information for the City. DHHS regularly issues press releases and press briefings for a broad range of public health issues to the public. And disseminates information for reportable diseases to local health care providers through physician alerts.</p> <p>5. DHHS will conduct a JIC tabletop exercise as part of the pandemic influenza exercise series.</p> <p>6. All dispensing/vaccination plans include a public information section and are updated and revised on an ongoing basis.</p>
<p>7. Security. Includes development of a job action sheet and training for the Security Lead and a plan for securing SNS assets in the receiving warehouse (including coordination with the US Marshals Service). Security plans for the warehouse, dispensing sites and treatment centers must include protection of staff and volunteers, crowd control, and credentialing staff. Security arrangements are consistent with</p>	<p>August 30, 2007</p>	<p>Attend LAC OA Force Protection Meetings Convened meetings with Long Beach Police regarding POD security Long Beach Police conducted security assessments for</p>	<p>Security plan Additional assessments where applicable Meeting sign in sheets and agendas</p>	<p>1-SNS COMMITTEE 1. DHHS has developed a job action sheet for a safety officer and security personnel. These positions were utilized in the Operation Exercise series on February 2, 2006. Revisions to these positions will be made based on the improvement action plan. 2. DHHS will develop a security plan for PODs based on the Long</p>

SCOPE OF WORK 2006-2007
 BIOTERRORISM PREPAREDNESS PROGRAM
 CITY OF LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES

Critical Capacities	Timeline	Current Capability	Evaluation Plan	Activity
<p>security arrangements associated with any federal government assets, such as the United States Postal Service, that may be needed to augment local and State capabilities.</p>		<p>each POD site</p>		<p>Beach Police Department assessments of Long Beach PODs. DHHS will develop the POD security plan with consultation of law enforcement. This plan will also include security considerations for transportation of materiel from the RSS warehouse to PODs.</p> <p>3. Security considerations for the USPS personnel will be arranged when agreements for USPS to deliver pharmaceuticals to households are finalized. Any security agreement made with the Federal government for this service is to be decided at this time. And is under further review by health jurisdictions in the OA.</p>
<p>8. Warehouse for Receipt, Staging and Storing of SNS materiel. Includes development of job action sheets and training of Leads and back-ups, identification and training of volunteers, and maintenance of call-down rosters. Appropriate office and material handling equipment is available. Facilitates the work of postal officials, who will be responsible for picking up SNS materiel at the Warehouse and managing the subsequent delivery and distribution of this SNS materiel in those instances when the United States Postal Service is called upon to effect residential delivery of antibiotics,</p>	<p>August 30, 2007</p>	<p>SNS Plan Job action sheets Operation Chimera situation manual; after action report; improvement action plan</p>	<p>Job action sheets for RSS warehouse Liaison Officer</p>	<p>1-SNS COMMITTEE 1. DHHS has developed a job action sheet for a Liaison Officer to work between the PODs and the RSS warehouse. 2. DHHS will develop a LAC OA RSS warehouse Liaison Officer and back up personnel job action sheet. These positions will be responsible delivery of the SNS materiel at the RSS warehouse and managing the subsequent delivery and distribution of this to PODs in Long Beach. 3. If applicable based on Federal government negotiations, the role of these positions stated above will include working with USPS to ensure that SNS materiel will be</p>

SCOPE OF WORK 2006-2007
 BIOTERRORISM PREPAREDNESS PROGRAM
 CITY OF LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES

Critical Capacities	Timeline	Current Capability	Evaluation Plan	Activity
				delivered to residential households.
<p>9. Controlling SNS Inventory Includes development of a job action sheet and training for an Inventory Lead, an inventory management system is in place with back-up, staff are identified and trained, and a call-down roster is maintained.</p>	<p>August 30, 2007</p>	<p>SNS Plan Job action sheets Operation Chimera situation manual; after action report; improvement action plan</p>	<p>Revised job action sheets Inventory management system Job action sheets for inventory leads and workers</p>	<p>1-SNS COMMITTEE 1.DHHS developed a job action sheets for supply leader and worker positions, which serve to provide tracking of pharmaceuticals during POD operations. 2.DHHS will develop a POD inventory management system to track pharmaceuticals at the PODs. 3.Job action sheets for inventory leads and workers that track the pharmaceuticals will be developed. 4.Both lead and back up staff will be identified and trained accordingly. 5.The names of the staff identified for these positions will be added to the call-down roster for POD operations.</p>

SCOPE OF WORK 2006-2007
 BIOTERRORISM PREPAREDNESS PROGRAM
 CITY OF LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES

Critical Capacities	Timeline	Current Capability	Evaluation Plan	Activity
<p>10. Distribution. Includes development of a job action sheet and training for a Distribution Lead, a plan is in place for coordinating delivery of SNS materiel to treatment facilities and dispensing sites. Agreements are in place with organizations, including the United States Postal Service that will perform this function, there is a plan for recovery and repair of vehicles, and the appropriate material handling equipment is available.</p>	<p>August 30, 2007</p>	<p>SNS Plan Job action sheets Operation Chimera situation manual; after action report; improvement action plan</p>	<p>Job action sheets Plans and/or documentation regarding USPS role in delivery of prophylaxis to residential households.</p>	<p>1 – SNS COMMITTEE 1. DHHS will develop a LAC OA RSS warehouse Liaison Officer and back up personnel job action sheet. These positions will be responsible delivery of the SNS materiel at the RSS warehouse and managing the subsequent delivery and distribution of this to PODs in Long Beach. 2.If applicable based on Federal government negotiations, the role of these positions stated above will include working with USPS to ensure that SNS materiel will be delivered to residential households.</p>
<p>11. Dispensing Oral Meds. Includes development of a job action sheet and training for Dispensing Site Managers and back-up for each dispensing site. Leads and back-ups are identified for safety, security, communications, and logistics. There is a plan to dispense medications to the public, including standard operating procedures and protocols, requesting and receiving SNS materiel, and providing interpretation/translation services. Call-down rosters are maintained and core personnel have been identified and trained for each site.</p>	<p>August 30, 2007</p>	<p>SNS Plan Job action sheets Operation Chimera situation manual; after action report; improvement action plan</p>	<p>Revised job action sheets Training plan Training material After action sheets Improvement action plan</p>	<p>1-SNS COMMITTEE 1.DHHS has developed job action sheets and training material for Dispensing Site Managers and staff. 2.DHHS will develop back-up plans for personnel for each dispensing site. 3.DHHS has identified two layers of leads and back-ups for safety, security, communications, and logistics. 4.DHHS has developed and exercised plans to dispense medications to the public, including standard operating procedures and protocols. DHHS is currently revising its SNS Plan based on the improvement action plan of Operation Chimera. These</p>

SCOPE OF WORK 2006-2007
BIOTERRORISM PREPAREDNESS PROGRAM
CITY OF LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES

Critical Capacities	Timeline	Current Capability	Evaluation Plan	Activity
				<p>revisions will improve the function of standard operating procedures of medicine dispensing in Long Beach.</p> <p>5. DHHS will conduct a tabletop for requesting and receiving SNS materiel.</p> <p>6. Based on the Operation Chimera improvement action plan, DHHS is identifying volunteers and staff to fill interpretation/translation services at dispensing sites.</p> <p>7. DHHS will ensure that staff contact information for those identified to work at dispensing sites are on updated call-down rosters and are trained for each site.</p>
<p>12. Treatment Center Coordination. Includes development of a job action sheet and training for a Treatment Center Lead and contact persons have been identified and are documented in the SNS Plan.</p>	<p>August 30, 2007</p>	<p>SNS Plan Smallpox Vaccination Plan Pandemic Influenza Plan Previous meetings with treatment</p>	<p>Meeting sign in sheets and agendas Training material for treatment centers Protocols developed for treatment centers</p>	<p>1 - SNS COMMITTEE 1. DHHS will coordinate with local hospitals public health preparedness activities regarding issues requiring mass prophylaxis/vaccination. This includes but is not limited to training and education of DHHS activities mass medicine dispensing/vaccination, public safety and emergency management.</p> <p>2. DHHS will meet with St. Mary Medical Center Disaster Resource Center and other area hospitals to coordinate all matters regarding area cache. This includes, but is not limited to the pre-positioning of cache, request for cache in</p>

SCOPE OF WORK 2006-2007
BIOTERRORISM PREPAREDNESS PROGRAM
CITY OF LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES

Critical Capacities	Timeline	Current Capability	Evaluation Plan	Activity
				response to an event, training and education, rotation of cache, and updates on all of DHHS planning and response efforts that impact treatment centers.
13. Training, Exercise and Evaluation. Includes development of a job action sheet and training for a Training/Exercise/Evaluation Lead, development and implementation of plans for Training, Exercise and Evaluation.	August 30, 2007	SNS Plan Job action sheets Operation Chimera situation manual; after action report; improvement action plan	Revised job action sheets Training plan Website portal Evaluation forms Training material After action sheets Improvement action plan	<p>1 – SNS COMMITTEE, POINTER</p> <p>1. DHHS developed job action sheets and training material for medicine dispensing. These documents are currently being revised based on Operation Chimera evaluations and the improvement action plan.</p> <p>2. DHHS will develop an exercise and training plan, which will include core public health preparedness and response competencies, as well as training to meet all Federal emergency response compliance.</p> <p>3. DHHS will utilize contractor support to develop a portal for web-based training.</p> <p>4. All DHHS exercises that will be conducted in the 2006-2007-grant period including pandemic influenza exercise series and COOP trainings and exercises will be evaluated according to HSEEP. After action reports and improvement action plans will be developed for each exercise. Revisions to plans and future trainings and exercises will be incorporated based on the outcome of these activities.</p>

**CITY OF LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH PREPAREDNESS & RESPONSE FOR BIOTERRORISM CONTRACT
DETAIL BUDGET
August 31, 2006 - August 30, 2007**

Budgeted Items

PERSONNEL

Focus Area	Full-Time Equivalent Staff	Percent	Name	Total Budget
A, F	Bioterrorism Preparedness Coordinator/PIO	100	Hanan Obeldi	\$63,504
G	Public Health Associate II	100	Sue Reveche	\$34,227
C and D	Microbiologist II	100	Marietta T. Jones	\$59,913
C and D	Laboratory Assistant	100	Mithua Ghosh	\$34,545
C and D	Public Health Associate II	100	Ami Gojit	\$34,227
E	HAN Coordinator	100	Laura Landry	\$53,267
A, F	Public Health Physician	100	Clarke Lew, MD	\$109,180
G	Health Educator II	100	Moniek Pointer	\$40,789
Total Full-Time Equivalent Staff Costs				\$429,652

Focus Area	Part-Time Equivalent Staff	Percent	Name	Total Budget
A	Medical Social Worker	25	Rosa Velazquez-Gutierrez	\$13,358
B	Epidemiologist Supervisor	50	John Holguin	\$26,634
B	Public Health Associate III/Epidemiology Analyst	50	Vacant	\$26,634
F	Hazardous Materials Specialist I	50	Robert Hunt	\$29,461
F	Public Health Nurse or Registered Nurse	50	Vacant	\$27,644
Total Part-Time Equivalent Staff Costs				\$123,731

SUBTOTAL FTE AND PTE STAFF COSTS

\$553,383

EMPLOYEE BENEFITS FOR FTE AND PTE STAFF

47%

\$260,090

TOTAL FTE AND PTE COSTS

\$813,473

OPERATING EXPENSES

EQUIPMENT

A through G	Programming/PC Support			\$37,593
Total Equipment Costs				\$37,593

SUPPLIES

A through G	Office Supplies and General Office Equipment			\$22,500
Total Supplies Costs				\$22,500

Travel

A through G	Bioterrorism Preparedness Conferences			\$2,000
A through G	UCLA CPHD Annual Conference			\$2,000
A through G	Southern California Public Health Association			\$1,000
A	National Bioterrorism Coordinator's Conference			\$1,000
A	State Bioterrorism Coordinator's Conference			\$1,000
A	American Public Health Association			\$1,100
B	Syndromic Surveillance			\$1,000
C and D	Laboratory Biological/Chemical Capacity Conference			\$2,000
E	Public Health Information Network/Communications			\$1,500
F	Risk Communication Conferences/Media Training			\$1,500
G	General Bioterrorism Preparedness Trainings			\$1,500
Total Travel Costs				\$15,600

TOTAL OPERATION EXPENSES

\$75,693

TOTAL DIRECT COSTS

\$889,166

Indirect Costs

14.33%

\$116,571

GRAND TOTAL

\$1,005,737

**CITY OF LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CITIES READINESS INITIATIVE
 DETAIL BUDGET
 August 31, 2006 - August 30, 2007**

Budgeted Items

PERSONNEL	Full-Time Equivalent Staff	Percent	Name	Total Budget
1	Accountant	25	Justina Francisco	\$22,397
2	Clerk Typist	25	Mable Goss	\$10,108
3	Public Health Associate III	100	Vacant	\$51,694

Total Full-Time and Part-Time Equivalent Staff Costs \$84,199

EMPLOYEE BENEFITS FOR FTE AND PTE STAFF 47% \$39,574

TOTAL FTE AND PTE COSTS \$123,773

PERSONNEL	Professional Consultant Staff		Name	Total Budget
1	Nurse Consultant		Nancy Lewis	\$42,000
2	Pharmacist Consultant		Tom Poehler	\$23,583
3	Intern/Clerical Assistance		Vacant	\$12,000

Total Professional Consultant Staff \$77,583

TOTAL PERSONNEL COSTS OF PROFESSIONAL CONSULTANTS \$77,583



OPERATING EXPENSES

CONSULTANT COSTS				Total Budget
1	TBA Consultant planning, exercise and training			\$100,000
2	TBA Consultant special populations planning			\$60,000

Total Consultant Costs \$160,000

TRAINING AND TRAVEL

	CRI Conferences			\$2,500
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Total Travel Costs \$2,500

TOTAL OPERATION EXPENSES \$363,856

TOTAL DIRECT COSTS \$363,856

INDIRECT COSTS 14.33% \$17,738

GRAND TOTAL \$381,593