

**DOJ/CDC Public Health Performance Assessment for Emergency Preparedness**

**Results for State A and Jurisdiction # XX**

**Report Date: December 13, 2001**

	Results for Jurisdiction #			Results for State A	
	Areas Needing Immediate Attention (Jurisdiction Result = "No" or <=60%)	For Yes/No Qs: Jurisdiction Result	For Qs on scale 0-100: Jurisdiction Result	For Yes/No Qs: % Jurisdictions Reporting "Yes"	For Qs on scale 0-100: State Mean
<b>ES #1: Monitoring for Rapid Detection</b>					
1.1 <i>Monitoring for rapid detection</i>					
1.1.1 Health outcome monitoring		--	77	--	sm
1.2 <i>Hazard analysis and risk assessment</i>					
1.2.1 Hazard assessment		--	89	--	sm
<b>ES #2: Diagnose and investigate health problems/hazards</b>					
2.1 <i>Information system capacity</i>					
2.1.1 Emergency Response Coordinator's computer	X	--	0	--	sm
2.1.2 LPHS receives health alerts from SPHA	X	--	50	--	sm
2.1.3 LPHS broadcasts alerts to community		Yes	--	%y	--
2.1.4 LPHA written computer security policies		--	85	--	sm
2.1.5 LPHA safeguards data		--	100	--	sm
2.2 <i>Epidemiologic capacity to assess, investigate, and analyze</i>					
2.2.1 LPHS access to epidemiologist		--	85	--	sm
2.2.2 LPHA transmits disease info electronically to SPHA	X	No	--		--
2.2.3 LPHA/SPHA transmits disease info to community		Yes	--	%y	--
2.2.4 SPHA transmits disease info to LPHS at least quarterly	X	No	--	%y	--
2.2.5 LPHA uses statistical tools	X	No	--	%y	--
2.2.6 sample epi protocols (biol/chem/rad) available	X	--	0	--	sm
2.2.7 sample epi protocols integrate human and veterinary	X	No	--	%y	--
2.2.8 developed roster of technical experts	X	--	0	--	sm
2.3 <i>Laboratory capacity to investigate and identify the cause</i>					
2.3.1 laboratory services available within 4 hours		--	100	--	sm
2.3.2 guidelines for handling lab specimens		--	100	--	sm
2.3.3 laboratory available: rule-out		--	100	--	sm
2.3.4 laboratory available: confirm		--	100	--	sm
2.3.5 laboratory available: molecular diag. methods		--	100	--	sm
2.3.6 guidelines for laboratory action levels		Yes	--	%y	--
2.3.7 LPHS receives electronic lab. reports	X	No	--	%y	--

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<b>ES #3: Inform, educate, empower people about health issues</b>					
<i>3.1 Public information</i>					
3.1.1 protocols for informing community	<b>X</b>	--	0	--	sm
3.1.2 (survey ques. 3.1.1.3) LPHS has public information officer	<b>X</b>	No	--	%y	--
<i>3.2 Communication systems for responders and agencies</i>					
3.2.1 LPHA can disseminate info to LPHS within 2 hours		--	100	--	sm
3.2.2 protocol for communicating with local EOC		Yes	--	%y	--
3.2.3 radio systems established		--	100	--	sm
3.2.4 updated contact info		Yes	--	%y	--
3.2.5 medical management protocols	<b>X</b>	No	--	%y	--
<i>3.3 Communication system and equipment</i>					
3.3.1 communication link with Emergency Alert System	<b>X</b>	No	--	%y	--
3.3.2 911 notification of LPHS	<b>X</b>	No	--	%y	--
3.3.3 emergency telecommunications service identified		Yes	--	%y	--
3.3.4 back-up communications		Yes	--	%y	--
3.3.5 emergency communications tested at least quarterly		Yes	--	%y	--
<b>ES #4: Mobilize community partnerships to identify and solve health problems</b>					
<i>4.1 Mobilize community partnerships for emerg. preparedness/response</i>					
4.1.1 LPHS on community task force		--	100	--	sm
4.1.2 command and control responsibility identified		Yes	--	%y	--
4.1.3 suitable EOC facilities identified		Yes	--	%y	--
4.1.4 organizations' responsibilities identified		--	100	--	sm
4.1.5 procedures for volunteers		Yes	--	%y	--
4.1.6 local organizations identified for tech. assistance		Yes	--	%y	--
<b>ES #5: Develop policies/plans that support individual and community health efforts</b>					
<i>5.1 Policies and plans related to emergency preparedness</i>					
5.1.1 local emergency preparedness and response plan		--	79	--	sm
5.1.2 local plan exercised or implemented within past 12 months		Yes	--	%y	--
5.1.3 local plan integrated with State plan		Yes	--	%y	--
5.1.4 local plan integrated with community-wide plan		Yes	--	%y	--

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<b>ES #6: Enforce laws and regulations that protect health and ensure safety</b>					
<i>6.1 Review and evaluate laws and regulations</i>					
6.1.1 current compilation of laws and regulations		--	100	--	sm
<i>6.2 Involvement in improvement and enforcement of laws and regulations</i>					
6.2.1 LPHS legal enforcement authority		--	100	--	sm
6.2.2 local legal issues identified		Yes	--	%y	--
6.2.3 LPHS participates in modification of existing laws/regs		Yes	--	%y	--
6.2.4 LPHS participates in formulation of new laws/regs		--	100	--	sm
<b>ES #7: Link people to needed personal health services</b>					
<i>7.1 Assuring community access to health services during threat or event</i>					
7.1.1 special populations identified	X	--	60	--	sm
7.1.2 resources to reduce barriers to health services	X	No	--	%y	--
7.1.3 logistical assets to transport mass casualties		Yes	--	%y	--
<i>7.2 Assuring effective medical management during an emergency</i>					
7.2.1 (no question)					
7.2.2 assessed ability to increase health care capacity 5-fold	X	--	0	--	sm
7.2.3 assessed pharmaceutical inventories	X	--	0	--	sm
7.2.4 access to dosage requirements for children		Yes	--	%y	--
7.2.5 drug administering equipment available		Yes	--	%y	--
7.2.6 protocols for requesting pharmaceutical stockpile		Yes	--	%y	--
7.2.7 person designated to accept deliveries from NPS		Yes	--	%y	--
7.2.8 mutual aid agreements to share pharmaceuticals/med. devices		Yes	--	%y	--
7.2.9 (+ 7.2.9.1) medical triage procedures		Yes	--	%y	--
7.2.10 hospitals have respiratory protective equipment		--	100	--	sm
7.2.11 responsibility to investigate fatalities from biol/chem/rad events		--	100	--	sm
7.2.12 involvement of medical examiners/coroners	X	No	--	%y	--

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<b>ES#8: Assure a competent public and personal health care workforce</b>					
<i>8.1 Workforce capacity and assessment</i>					
8.1.1 PH workforce assessed for emerg. response		Yes	--	%y	--
8.1.2 number of trained workforce (>0 trained in various categories) *Data not reported due to data entry problem.					
<i>8.2 Training and continuing education</i>					
8.2.1 method for assessing training needs		--	100	--	sm
8.2.2 training resources identified		Yes	--	%y	--
8.2.3 organizations to provide training identified		Yes	--	%y	--
8.2.4 first responders training on PPE		Yes	--	%y	--
8.2.5 education of health care providers/lab workers		--	100	--	sm
8.2.6 training on decontamination procedures	X	--	0	--	sm
8.2.7 PH workforce cross-trained with emerg. response system		Yes	--	%y	--
8.2.8 training on emotional/mental health aspects	X	No	--	%y	--
8.2.9 training on incident command system		Yes	--	%y	--
8.2.10 participants evaluate training		--	100	--	sm
8.2.11 distance based learning for training		Yes	--	%y	--
8.2.12 continuing education credits for training		Yes	--	%y	--
<b>ES #9: Evaluate personal and population-based health services</b>					
<i>9.1 Drills/simulations/"tabletop exercises"</i>					
9.1.1 tabletop exercises in past 12 months	X	--	0	--	sm
9.1.2 functional exercises in past 12 months	X	--	0	--	sm
9.1.3 organizations involved in exercises	X	--	0	--	sm
9.1.4 LPHS reviews exercises	X	No	--	%y	--
9.1.5 disseminate knowledge from exercises	X	No	--	%y	--
<i>9.2 Presence of Continuous Quality Improvement for evaluation of services</i>					
9.2.1 plan to revise response plan at least every 12 months		Yes	--	%y	--
9.2.2 LPHS responded to hoax in past 12 months		No	--	%y	--

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<b>ES #10: Research for new insights and innovative solutions for health problems</b>					
<i>10.1 Capacity to conduct research/surveillance for potential health threats</i>					
10.1.1 LPHS access to researchers	X	--	0	--	sm
10.1.2 LPHS links to preparedness research		Yes	--	%y	--
<i>10.2 Access to and sharing research and innovation</i>					
10.2.1 designated individual responsible for research		Yes	--	%y	--
10.2.2 LPHS disseminates research information	X	--	0	--	sm

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