

Public Health Performance Assessment - Emergency Preparedness

A. Public Health and the Department of Justice Assessment Process

In order to assess the baseline of readiness to respond to the threat of biological, chemical and radiological emergencies, CDC, in collaboration with public health partners has developed the attached **public health emergency preparedness assessment instrument**. This tool is integrated with the threat and risk assessment tool developed by the FBI and a needs/capabilities assessment instrument developed for the US Department of Justice. These instruments together form an integrated assessment instrument for state and local jurisdictions.

The public health assessment is organized according to the ten essential services of public health which were developed in 1994 by representatives of ASTHO, NACCHO, the Institute of Medicine, the Association of Schools of Public Health, the Public Health Foundation, the National Association of State Alcohol and Drug Abuse Directors, National Association of State Mental Health Program Directors, and the U.S. Public Health Service (<http://web.health.gov/phfunctions/public.htm>).

The terms **local public health system (LPHS)** and **local public health agency (LPHA)** are used frequently in the assessment.

The local public health system (LPHS) is the collection of public and private organizations contributing to public health at the local level. In some cases, organizations headquartered outside the local jurisdiction may be included in the LPHS if these organizations contribute to public health at the local level. The contribution need not be permanent or ongoing, so long as it contributes to public health at the local level. Components of the LPHS may include:

- X Governmental entities--including local public health agency (LPHA) or department, board of health, local or regional branch of state health department bearing responsibility for the delivery of any public health service to the jurisdiction
- X Hospitals serving the jurisdiction
- X Managed care organizations serving the jurisdiction
- X Clinics and physicians serving the jurisdiction
- X Social service providers
- X Civic organizations providing public health services to the jurisdiction
- X Professional organizations providing public health services to the jurisdiction
- X Local businesses providing public health services to the jurisdiction
- X Neighborhood organizations providing public health services to the jurisdiction
- X Faith institutions providing public health services to the jurisdiction
- X Transportation providers providing public health services to the jurisdiction
- X Educational institutions providing public health services to the jurisdiction
- X Public safety and emergency response agencies and organizations
- X Environmental or environmental-health agencies
- X Non-profit organizations/advocacy groups providing public health services to the jurisdiction

The local public health agency (LPHA) may vary in different jurisdictions, but usually includes the local health department, local board of health, and/or other local governmental entity designed to provide public health services to the jurisdiction.

In many communities, the LPHA is one of many participants--although a major player--in the LPHS. The State may provide services, which comprise a part of the local public health system. These concepts should be discussed by the team that will complete the assessment instrument.

B. Completing the Assessment

1. Defining the jurisdiction - The jurisdiction under assessment may be a city, a county, multiple counties, a metropolitan area or a region. All are acceptable for assessment purposes. To facilitate analysis, please provide a list of all geographic areas included in the surveyed jurisdiction.
2. Identifying the team of respondents - A single person or organization will not be able to adequately complete the assessment. During pilot testing, the instrument was best completed when the head of the local public health agency assembled a team from the LPHS who represented the range of services required to respond to public health emergencies. As guidance, we highly recommend that representatives from: the local public health agencies, hospitals, emergency medical services; fire department, law enforcement, media and others involved in local emergency planning be involved in the completion of the assessment. Page three of the assessment instrument contains a sign-up sheet for those person participating in the assessment.
3. Answering the questions – We have tried to make all questions answerable with a definite YES or NO. However, there will be certain questions that respondents may be uncertain how to answer. Respondents should answer YES to any question that is partially met.

C. Overview of Capabilities of Local Public Health Jurisdiction

The set of questions on page 6 titled ‘**Overview of Capabilities of Local Public Health Jurisdiction**@ are a set of consensus indicators frequently used for measuring community-level public health capacity. Because these indicators have been used in prior assessments of public health performance, completing this survey in addition to the public health emergency preparedness assessment instrument will contribute to the science-base of performance measurement in public health practice.

Performance Assessment – Public Health Emergency Preparedness Demographic Inventory

This should be completed by staff of the local public health agency or agencies being assessed

Assessment Completion Date:	
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Name of Health Agency Coordinating Completion of Assessment:		
Mailing Address:		
City:	State:	Zip Code:
Telephone:	FAX:	Website or email address:

Public Health Agency Director Coordinating Completion of Assessment:		Title:
Degree(s):	Email Address:	
Telephone:	Pager:	Cell Phone:

Emergency Response Representative Coordinating Completion of Assessment:		Title:
Degree(s):	Email Address:	
Telephone:	Pager:	Cell Phone:

Person in charge of completing and submitting this assessment to the statewide coordinator:		Title:
Email Address:	Telephone:	

Categorize your jurisdiction by selecting one of the following, or describe its structure under “other” :
<input type="checkbox"/> County <input type="checkbox"/> City/Municipal <input type="checkbox"/> City/County <input type="checkbox"/> District <input type="checkbox"/> Regional <input type="checkbox"/> State
<input type="checkbox"/> Other (Specify):

For purposes of identifying the coverage area for this assessment, please list the geographic area(s) included in this assessment e.g. Henry County. Geographic area can include one or more counties, township, individual city or town. (If more than one county is included, please list all counties.) If the description of your jurisdiction IS NOT a county, city or multiple counties, please list ALL zip codes for the geographic area the assessment covers.

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What is the most recent population of the jurisdiction reported in this assessment?	<u>Population</u>		<u>Mo./Yr.</u>	/
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Total number of employees working in the local public health agency (or agencies) being reported this assessment	Number by Category
Full time employees	
Contractual	
Part time	
Other	
Total Employees	

Public Health Emergency Preparedness Assessment Team

*Please list all persons who contributed to this assessment**

Name	Jurisdiction Represented	Job Title	Area of Expertise	Phone	Email Address
1. (Facilitator)					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12.					
13					
14					
15					
16					
17					
18					
22					
23					
24					

*NOTE: Can use hyperlink to a list.

Overview of Capabilities of Local Public Health Jurisdiction

1.	For the jurisdiction served by your local health department, is there a community needs assessment process that systematically describes the prevailing health status in the community?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	In the past three years in your jurisdiction, has the local public health agency surveyed the population for behavioral risk factors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	For the jurisdiction served by your local health agency, are timely investigations of adverse health events, including communicable disease outbreaks and environmental health hazards, conducted on an ongoing basis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Are the necessary laboratory services available to the local public health agency to support investigations of adverse health events and that meet routine diagnostic and surveillance needs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	For the jurisdiction served by your local public health agency, has an analysis been completed of the determinants and contributing factors of priority health needs, adequacy of existing health resources, and the population groups most impacted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	In the past three years in your jurisdiction, has the local public health agency conducted an analysis of age-specific participation in preventive and screening services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.	For the jurisdiction served by your local public health agency, is there a network of support and communication relationships that includes health-related organizations, the media, and the general public?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.	In the past year in your jurisdiction, has there been a formal attempt by the local public health agency at informing elected officials about the potential public health impact of decisions under their consideration?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.	For the jurisdiction served by your local public health agency, has there been a prioritization of the community health needs that have been identified from a community needs assessment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10.	In the past three years in your jurisdiction, has the local public health agency implemented community health initiatives consistent with established priorities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11.	For the jurisdiction served by your local public health agency, has a community health action plan been developed with community participation to address community health needs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12.	During the past three years in your jurisdiction, has the local public health agency developed plans to allocate resources in a manner consistent with community health action plans?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13.	For the jurisdiction served by your local public health agency, have resources been deployed as necessary to address priority health needs identified in the community health needs assessment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14.	In the past three years in your jurisdiction, has the local public health agency conducted an organizational self-assessment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15.	For the jurisdiction served by your local public health agency, are age-specific priority health needs effectively addressed through the provision of, or linkage to appropriate services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16.	Within the past year in your jurisdiction, has the local public health agency provided reports to the media on a regular basis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17.	For the jurisdiction served by your local public health agency, have there been regular evaluations of the effects of public health services on community health status?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18.	In the past three years in your jurisdiction, has the local public health agency used professionally recognized processes and outcome measures to monitor programs and to redirect resources as appropriate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
19.	In your jurisdiction, is the public regularly provided with information about current health status, health care needs, positive health behaviors, and health care policy issues?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
20.	In the past three years in your jurisdiction, has there been an instance in which the local public health agency has failed to implement a mandated program or service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Essential Service #1: Monitor health status to identify community health problems							
1.1	Indicator: Monitoring for Rapid detection						
1.1.1	Does the LPHS monitor community and health indicators which may signal biological, chemical and/or radiological incidents?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>			
DK = Don't know							
	If yes, how frequently are the following rates monitored:	Daily (D)	Weekly (W)	Monthly (M)	Other Freq (O)	Not at all (No)	Don't Know (DK)
1.1.1.1	Hospital admission	D <input type="checkbox"/>	W <input type="checkbox"/>	M <input type="checkbox"/>	O <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
1.1.1.2	ICU occupancy	D <input type="checkbox"/>	W <input type="checkbox"/>	M <input type="checkbox"/>	O <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
1.1.1.3	Unexplained deaths (including medical examiner/coroner cases)	D <input type="checkbox"/>	W <input type="checkbox"/>	M <input type="checkbox"/>	O <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
1.1.1.4	Unusual syndromes in ambulatory patients	D <input type="checkbox"/>	W <input type="checkbox"/>	M <input type="checkbox"/>	O <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
1.1.1.5	Influenza-like illness	D <input type="checkbox"/>	W <input type="checkbox"/>	M <input type="checkbox"/>	O <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
1.1.1.6	Ambulance runs	D <input type="checkbox"/>	W <input type="checkbox"/>	M <input type="checkbox"/>	O <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
1.1.1.7	911 calls	D <input type="checkbox"/>	W <input type="checkbox"/>	M <input type="checkbox"/>	O <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
1.1.1.8	Poison control centers calls	D <input type="checkbox"/>	W <input type="checkbox"/>	M <input type="checkbox"/>	O <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
1.1.1.9	Pharmaceutical demand (antimicrobial agent usage, etc.)	D <input type="checkbox"/>	W <input type="checkbox"/>	M <input type="checkbox"/>	O <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
1.1.1.10	Emergency department utilization	D <input type="checkbox"/>	W <input type="checkbox"/>	M <input type="checkbox"/>	O <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
1.1.1.11	Outpatient department utilization	D <input type="checkbox"/>	W <input type="checkbox"/>	M <input type="checkbox"/>	O <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
1.1.1.12	Absenteeism in large worksites	D <input type="checkbox"/>	W <input type="checkbox"/>	M <input type="checkbox"/>	O <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
1.1.1.13	Absenteeism in schools	D <input type="checkbox"/>	W <input type="checkbox"/>	M <input type="checkbox"/>	O <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
1.1.1.14	Others (specify)						
1.2	Indicator: Hazard Analysis and Risk Assessment						
1.2.1	Does the LPHS perform, or have access to, hazard assessments of the facilities within its jurisdiction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>			
	If yes, are hazards at the following facilities assessed:						
1.2.1.1	Academic institution and other laboratories	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>	NA <input type="checkbox"/>		
1.2.1.2	Agriculture co-op facilities	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>	NA <input type="checkbox"/>		
1.2.1.3	Chemical manufacturing and storage	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>	NA <input type="checkbox"/>		
1.2.1.4	Dams, levies, and other flood control mechanisms	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>	NA <input type="checkbox"/>		
1.2.1.5	Facilities for storage of infectious waste	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>	NA <input type="checkbox"/>		
1.2.1.6	Firework factories	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>	NA <input type="checkbox"/>		
1.2.1.7	Food production/storage plants	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>	NA <input type="checkbox"/>		
1.2.1.8	Military installations (includes National Guard units & Reserves)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>	NA <input type="checkbox"/>		
1.2.1.9	Munitions manufacturers or storage depot	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>	NA <input type="checkbox"/>		
1.2.1.10	Pesticide manufacturing/storage	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>	NA <input type="checkbox"/>		
1.2.1.11	Petrochemical refinery/storage facility	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>	NA <input type="checkbox"/>		
1.2.1.12	Pharmaceutical companies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>	NA <input type="checkbox"/>		
1.2.1.13	Radiological power plants or radiological fuel processing facilities	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>	NA <input type="checkbox"/>		
1.2.1.14	Reproductive health clinics	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>	NA <input type="checkbox"/>		
1.2.1.15	Ventilation systems for high occupancy buildings	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>	NA <input type="checkbox"/>		
1.2.1.16	Water treatment and distribution centers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>	NA <input type="checkbox"/>		
1.2.1.17	Others (Specify)						

Essential Service #2: Diagnose and investigate health problems and health hazards in the community				
2.1	Indicator: Information System Capacity			
	Some questions in Section 2.1 apply to the Emergency Response Coordinator (ERC) for your LPHA. This is the person who would lead the local health department's effort in the event of a bioterrorism incident (e.g. health officer, local health department director, environmental health director, etc.). The actual title of this person will vary from locality to locality.			
2.1.1	Does the Emergency Response Coordinator (ERC) have a computer at work (e.g. primary or exclusive use of computer)? If yes,	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.1.1	Does the ERC have a CD-ROM reader?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.1.2	Does the ERC have internet e-mail? If yes,	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.1.2.1	Does the ERC (or someone they authorize) check his/her e-mail at least once each workday?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.1.2.2	Has the internet email system for this jurisdiction failed for more than 5 consecutive working hours during the last month (excluding scheduled downtime)? If yes,	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.1.2.2.1	Was the Internet e-mail system repaired within one (1) working day the last time it failed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.1.3	Does the ERC have an internet connection of at least 56 kbps speed to his/her desktop?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.1.4	Does the ERC have CONTINUOUS Internet access at work (e.g. "always on", not dial-up)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.1.5	Has the Internet connection for this jurisdiction failed for more than 5 consecutive hours during the last month (excluding scheduled downtime)? If yes,	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.1.5.1	Was the Internet connection for this jurisdiction repaired within one (1) working day the time it last failed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.1.6	Can the ERC browse the World Wide Web? If yes,	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.1.6.1	Is this browser Netscape Communicator v4.07 or newer or Microsoft Internet Explorer v4.04 or newer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.2	Can your local health jurisdiction receive urgent health alerts from the state department of health within one (1) working day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.2.1	Has the state used or tested the health alert system within the past three months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.2.2	By what technology (or technologies) do you receive health alerts from your state health department?			
2.1.2.2.1	Telephone (individual call)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.2.2.2	Auto-dial (computer generated telephone call)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.2.2.3	E-mail	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.2.2.4	None	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.2.2.5	Other (please specify)			
2.1.3	Does the local jurisdiction have a system for broadcasting health alerts to targeted community groups? If yes,	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.3.1	What technology (or technologies) does the local health jurisdiction currently use to broadcast health alerts?			
2.1.3.1.1	Telephone (Individual call)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.3.1.2	Auto-dial (computer generated telephone call)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.3.1.3	Regular Fax	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.3.1.4	Broadcast Fax	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.3.1.5	E-mail	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.3.1.6	None	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.3.1.7	Other			

2.1.3.2	Can the system be used 24 hrs. a day, 7 days a week, if necessary?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.3.3	Has someone tested or used the system to send health alerts to members of the community within the last 3 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.3.4	Is the system adequately maintained (at least one person assigned to maintain and update at least quarterly the list of community health alert recipients)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.4	Does the LPHA have written computer security policies? If yes, do the policies address the following:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.4.1	Intruder detection	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.4.2	Virus scanning	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.4.3	Digital certificate or other means for authentication	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.4.4	Firewall(s) to the Internet	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.5	Does the LPHA have systems for safeguarding against data loss? If yes, do they include:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.5.1	Backup electrical power	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.5.2	On-site data backup arrangements	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.5.3	Off-site data backup arrangements	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.5.4	Power surge protection systems in place	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2	Indicator: Epidemiologic capacity to assess, investigate and analyze a biological, chemical or radiological threat or emergency			
2.2.1	Does the LPHS have access to Masters or Doctoral level epidemiologists for on-site consultation? If yes:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.1.1	Do the epidemiologists have access to portable computers with modem access during their fieldwork?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.1.2	Can data be entered into a centralized database from the field?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.2	Does the LPHA transmit reportable disease information electronically to the state health department?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.3	Do community health professionals receive reportable disease summary information at least quarterly from the State or LPHA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.4	Does the LPHS receive electronic surveillance reports at least quarterly from the state health department?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.5	Are computer-based statistical tools used by the LPHA to detect changes in disease patterns?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.6	Are sample epidemiologic case investigation protocols available for the investigation of possible terrorist incidents? If yes, do they address:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.6.1	Biological incidents	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.6.2	Chemical incidents	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.6.3	Radiological incidents	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.7	Are sample protocols available that integrate human and veterinary epidemiologic investigations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.8	Has a roster of personnel with the technical expertise to respond to a potential biological, chemical, or radiological terrorist event been developed? If yes, do you have access to the following personnel within 1 hour:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.8.1	Chemists	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.8.2	Emergency management	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.8.3	Emergency Medical Technicians / paramedics	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.8.4	Environmental health scientists	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.8.5	State Epidemiologist (or designee)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.8.6	Hazardous Material Response Teams	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.8.7	Health physicist	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.8.8	Industrial hygienists	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>

2.2.8.9	Infectious disease specialists	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.8.10	Law enforcement	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.8.11	Medical examiners/Coroner	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.8.12	Microbiologists	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.8.13	National Guard	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.8.14	Occupational health physicians	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.8.15	State Public Health Laboratory director (or designee)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.8.16	Toxicologists	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.8.17	Veterinarians	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.8.18	Other (Specify)			
2.3	Indicator: Laboratory capacity, both public and commercial, to investigate and identify the cause of biological, chemical, or radiological threat or public health emergency.			
2.3.1	Are laboratory services available to investigate emergency incidents within 4 hours of notification. If yes, are laboratory services available to investigate the following incidents:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.1.1	Biological	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.1.2	Chemical	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.1.3	Radiological	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.2	Does the LPHS have guidelines or protocols in place to address the handling of laboratory specimens in the event of a biological, chemical or radiological incident? If yes, do they include:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.2.1	Collection	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.2.2	Transportation/storage	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.2.3	Safe disposal	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.2.4	Labeling	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.2.5	Chain of custody	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.2.6	Referral to State Public Health Laboratory	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.2.7	Referral to a Federal Laboratory	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.3	Do you have at least one microbiology laboratory available to your jurisdiction that can rule-out agents of possible terrorist acts? If yes, is the laboratory able to rule-out by culture methodology:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.3.1	<i>Bacillus anthracis</i> – agent of anthrax	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.3.2	<i>Brucella sp.</i> – agent of brucellosis	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.3.3	<i>Francisella tularensis</i> – agent of tularemia	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.3.4	<i>Yersinia pestis</i> – agent of plague	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.4	Is there at least one microbiology laboratory available to your jurisdiction that can confirm identification of agents of possible terrorist acts? If yes, is the laboratory able to confirm the following:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.4.1	<i>Bacillus anthracis</i> – agent of anthrax	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.4.2	<i>Brucella sp.</i> – agent of brucellosis	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.4.3	<i>Francisella tularensis</i> – agent of tularemia	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.4.4	<i>Yersinia pestis</i> – agent of plague	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.5	Is there at least one microbiology laboratory available to your jurisdiction that can use molecular diagnostic methodologies (i.e. PCR, or other DNA-based methodologies) to make a rapid and accurate diagnosis of agents of possible terrorist acts? If yes, is the laboratory able to diagnose the following:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.5.1	<i>Bacillus anthracis</i> - agent of anthrax	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.5.2	<i>Brucella sp.</i> – agent of brucellosis	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.5.3	<i>Francisella tularensis</i> – agent of tularemia	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.5.4	<i>Yersinia pestis</i> – agent of plague	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>

2.3.6	Are guidelines in place to indicate when laboratory results require attention of LPHS medical, epidemiology, or laboratory personnel (i.e., for human anthrax, brucellosis, tularemia or plague)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.7	Does the LPHS receive electronic laboratory reports from diagnostic service providers? If yes, are reports received from:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.7.1	Private laboratories	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.7.2	Commercial laboratories	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.7.3	Hospitals	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.7.4	Veterinary diagnostic laboratories	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>

Essential Service #3: Inform, educate, and empower people about health issues				
3.1	Indicator: Public Information			
3.1.1	Have protocols been established for releasing information to the community on potential hazards resulting from a biological, chemical or radiological release? If yes:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.1.1.1	Does this protocol have provisions for informing the public of population prevention measures? If yes do these measures include:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.1.1.1.1	Hazards to expect	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.1.1.1.2	Precautions to take	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.1.1.1.3	Requirements for evacuation or shelter-in-place	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.1.1.2	Has the protocol for the release of public information been discussed in advance with the press/media?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.1.1.3	In the event of a possible terrorist incident, does the LPHS have a designated public information officer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.2	Indicator: Communication Systems for Responders and Agencies			
3.2.1.	Can the LPHA disseminate information to the LPHS on a threat or event within two hours? If yes, can information be disseminated to:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.2.1.1	Ambulatory care facilities	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.2.1.2	First responders	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.2.1.3	Health care providers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.2.1.4	Hospitals	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.2.1.5	Laboratories	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.2.1.6	Pharmacies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.2.1.7	Community decision-makers, (i.e. Mayor or county health officials)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.2.1.8	Veterinarians	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.2.1.9	Others (specify)			
3.2.2	Does a protocol exist for communicating with the local Emergency Operations Center (EOC)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.2.3	Have radio systems been established for communication among organizations (including the LPHS) ? If yes:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.2.3.1	Have radio frequencies been established?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.2.3.2	Is back-up power in place to operate these systems?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.2.3.3	Is staff trained in the use of these systems?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.2.4	Is 24-hour contact information for all critical local/state public health, medical, law-enforcement, and emergency management personnel updated at least monthly by the LPHA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.2.5	Does the LPHS have medical management protocols to disseminate to health care providers who are caring for patients with illnesses due to biological, chemical, or radiological agents?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.3	Indicator: Communication Systems and Equipment			

3.3.1	Has a communication link with the Emergency Alert System been established?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.3.2	Has a protocol for notification of the LPHS been developed in the 911 activation system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.3.3	Has the LPHS arranged with an emergency telecommunications service to receive calls when phone circuits are overloaded in an emergency or disaster?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.3.4	Have back-up systems/methods of communications been identified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.3.5	Are emergency communications networks/equipment tested at least quarterly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>

Essential Service #4: Mobilize community partnerships to identify and solve health problems

4.1	Indicator: Mobilize Community Partnerships for Emergency Preparedness and Response			
4.1.1	Do entities within the LPHS participate in a task force or coalition of community partners that addresses emergency preparedness and response issues? If yes:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
4.1.1.1	Does the LPHA have a designated representative to this task force?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
4.1.2	Has an organization(s) been given the command and control responsibility for emergency preparedness, response, and recovery efforts in your jurisdiction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
4.1.3	Have facilities within the jurisdiction been identified that are suitable for command centers (Emergency Operations Center)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
4.1.4	Have individual organizations' responsibilities been determined for emergency management? If yes, do those organizations include:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
4.1.4.1	LPHA	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
4.1.4.2	City/County/State Government (other than the LPHA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
4.1.4.3	Education system: public education, public information	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
4.1.4.4	Emergency Management Agency	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
4.1.4.5	Environmental agencies with responsibilities for fire, health, water, air quality, and consumer safety	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
4.1.4.6	Health organizations other than the LPHA (including urgent care centers, private physicians offices, nursing homes, custodial care facilities, home health care provider agencies, hospitals, poison centers, pharmacies, mental health and occupational health)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
4.1.4.7	Local Emergency Planning Committee	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
4.1.4.8	National Guard	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
4.1.4.9	Private sector: trade and business organizations, industry and labor	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
4.1.4.10	Public information office for local jurisdiction	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
4.1.4.11	Public safety: fire, police	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
4.1.4.12	Public Works/Sanitation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
4.1.4.13	Transportation systems	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
4.1.4.14	Volunteer Organizations (e.g. Red Cross)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
4.1.4.15	Veterinarians	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
4.1.5	Does the LPHS have procedures for both organizing and coordinating volunteers during a disaster? If yes,	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
4.1.5.1	Is insurance coverage extended to volunteers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
4.1.6	Have local organizations been identified (e.g. chemical manufacturers, radiological sites, commercial cleanup contractors) that may be of technical assistance once an emergency public health response is required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>

Essential Service #5: Develop policies and plans that support individual and community health efforts

5.1	Indicator: Policies and plans related to emergency preparedness			
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5.1.1	Does your jurisdiction have an emergency preparedness and response plan? If yes, does the plan include the following:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.1	Organizational responsibilities and relationships among local, district, State, and Federal response agencies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.2	Identification of community organizations that have a role in responding to biological, chemical, or radiological exposure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.3	Alternative treatment facilities to accommodate increased patient loads in the event of a mass casualty incident	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.4	Roster of local medical facilities capable of handling laboratory specimens	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.5	Roster of local medical facilities capable of handling victims of exposure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.6	Roster of local veterinary facilities capable of handling laboratory specimens	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.7	Roster of local veterinary facilities capable of handling affected animals	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.8	Coordination with the local poison control center	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.9	Procedures for updating the emergency preparedness and response plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.9.1	If yes, have plans been reviewed within the past 12 months	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.10	Guidelines for addressing environmental decontamination issues	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.11	Guidelines for worker safety for those dealing with humans and animals exposed to biological, chemical, or radiological agents (e.g., the use of personal protective equipment and documentation of adequate antimicrobial chemoprophylaxis)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.12	Guidelines for reviewing activities conducted during a response or exercise to correct deficiencies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.13	Protocol for convening police, fire, EMS, local hospitals, public health officials, members of the local emergency planning committee, Emergency Operations Centers, and other relevant parties on a periodic basis to review the content of the plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.14	Protocol for coordinating public health responsibilities with law enforcement responsibilities	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.15	Protocol for mutual aid agreements	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.16	Protocol for implementing an emergency epidemiological investigation for human and animal exposures	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.17	Protocol for implementing evacuation and mass casualty transportation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.18	Protocol for initiating the public health response when a device is found that may contain a biological, chemical, or radiological agent	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.19	Protocol for critical incident stress counseling for victims or response personnel, including public health and medical professionals	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.20	Protocol for protecting care-providers and victims from secondary exposures	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.21	Protocol for decontamination of patients upon their arrival at the treatment facility	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.22	Protocol for ensuring that contamination of treatment facilities does not occur when patients are evaluated or treated	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.23	Protocol for decontaminating mass casualties (pre-hospital)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.24	Protocol for instituting mass isolation within a health facility	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.25	Protocol for transferring patients outside of the LPHS	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>

5.1.1.26	Protocol for incorporating state and federal assets into the local response efforts (ie. National Disaster Medical System (NDMS), Disaster Medical Assistance teams (DMAT), etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.27	Protocol for instituting mass vaccinations or medication distribution. If yes:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.27.1	Does it address distribution of vaccines and medications to the first responders?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.27.2	Does it address distribution of vaccines and medications to the medical/health care providers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.28	Protocol for responding to mass mortuary needs	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.2	If the LPHS has an emergency response plan, has it been implemented or exercised within the past 12 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.2.1	If yes, was the local emergency management agency (or Local Emergency Planning Committee) involved in the process?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.3	Is the LPHS emergency response plan integrated with the state emergency response plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.4	Is the local public health agency integrated into a community-wide emergency response plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>

Essential Service #6: Enforce laws and regulations that protect health and ensure safety				
6.1	Indicator: Review and evaluate laws and regulations including statutory basis for action			
6.1.1	Does the LPHS have a current compilation of Federal, State, and local laws and regulations regarding emergency preparedness and response in the event of biological, chemical agents, or radiological incidents? If yes, has there been a review of regulations addressing:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.1.1.1	"State of emergency" declarations	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.1.1.2	Clean air	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.1.1.3	Exposure-related disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.1.1.4	Food handling	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.1.1.5	Injury prevention	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.1.1.6	Mortuary services	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.1.1.7	Toxic waste and chemical treatment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.1.1.8	Water quality	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.1.1.9	Worker safety	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.2	Indicator: Involvement in improvement and enforcement of laws and regulations			
6.2.1	Does the LPHS have the legal authority to enforce public health laws and regulations? If yes, does it include authority to:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.2.1.1	Close facilities in a health emergency	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.2.1.2	Declare appropriate procedures for the management of fatalities and safe handling of dead bodies (both human and animal)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.2.1.3	Detain persons exposed to a biological agent	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.2.1.4	Establish quarantine in the event of a suspected biological, chemical, or radiological release (Federal, State, county and local laws, ordinances and policies),	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.2.1.5	Order evacuation of the community	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.2.1.6	Require exposed persons to accept mandatory vaccinations and/or drug therapy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.2.1.7	Require mandatory medical examination of exposed persons	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.2.1.8	Require mandatory tracking and follow-up of exposed persons	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>

6.2.1.9	Require the collection of specimens and the performance of tests on exposed persons and animals	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.2.1.10	Require the decontamination of exposed property	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.2.1.11	Require the reporting of new diseases and illness clusters	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.2.1.12	Seize and destroy contaminated property	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.2.2	Does the LPHS identify local public health issues (related to emergency preparedness and response) that are not adequately addressed through existing laws and regulations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.2.3	Does the LPHS participate in the modification of existing laws and regulations designed to protect health and ensure safety in case of a public health emergency or hazardous biological, chemical, or radiological event?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.2.4	Does the LPHS participate in the formulation of new laws and regulations designed to protect health and ensure safety in case of a public health emergency or hazardous biological, chemical, or radiological event? If so, does the LPHS:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.2.4.1	Draft proposed legislation or regulations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.2.4.2	Get involved in public hearings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.2.4.3	Communicate with legislators and regulatory officials?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>

Essential Service #7: Link people to needed personal health services and ensure the provision of healthcare when otherwise unavailable				
7.1	Indicator: Assuring community access to critical health services during a threat or event			
7.1.1	Has the LPHS identified special populations who may encounter barriers to health services during an emergency due to a biological, chemical, or radiological agent? If yes, have needs of the following groups been identified:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.1.1.1	Children	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.1.1.2	Elderly persons	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.1.1.3	Homeless population	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.1.1.4	Remote populations	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.1.1.5	Those who are chronically ill and require access to critical services, e.g. kidney dialysis and pharmacy services	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.1.1.6	Those who encounter barriers due to culture or language	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.1.1.7	Underinsured and uninsured	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.1.1.8	Physically and mentally disabled, including homebound	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.1.1.9	Others (specify)			
7.1.2	Have resources been designated to reduce barriers and meet the health needs for all these special populations within your jurisdiction in the event of a threat?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.1.3	Does the LPHS have access to logistical assets to transport mass casualties within and outside of the local jurisdiction if local hospitals become filled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2	Indicator: Assuring effective medical management during an emergency			
7.2.1	Has the LPHS assessed the ability to increase capacity in the case of a five-fold increase in patient admissions to the health care sector?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.2	Have you assessed the ability to increase capacity five-fold for the following services?			
7.2.2.1	Adult medicine beds	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.2.2	Burn unit beds	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.2.3	Intensive Care Units (ICU) beds	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.2.4	Medical treatment vehicles	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.2.5	Mortuary Space	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>

7.2.2.6	Multiple trauma beds	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.2.7	Pediatric beds	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.2.8	Respiratory isolation units	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.2.9	Respiratory ventilators	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.3	Has the LPHS assessed pharmaceutical inventories at area pharmacies, pharmaceutical supply vendors or treatment facilities (including hospitals)? If yes, have the inventories been assessed for the following:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.3.1	Bacterial agents: e.g. Ciprofloxacin, Doxycycline, Penicillin, Chloramphenicol, and Azithromycin	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.3.2	Botulinum toxin: Mechanical respiratory ventilators and associated supplies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.3.3	Burn care / Vesicants: Sterile bandages, intravenous fluids, and broad spectrum antibiotics	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.3.4	Cyanides: Cyanide antidote kits containing amyl nitrite, sodium nitrite, and sodium thiosulfate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.3.5	Lewisite: British Anti-Lewisite	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.3.6	Nerve agents: e.g. Atropine, Pralidoxime chloride, and Diazepam (or lorazepam)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.3.7	Pulmonary agents: Oxygen ventilators, and respiratory care supplies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.3.8	Radiological exposure: Potassium iodide	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.3.9	All agents: Resuscitation equipment and supplies; vasopressors	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.4	Does the LPHS have access to dosage requirements for antidotes and therapies for children?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.5	Is the necessary drug administering equipment available for the on-hand quantities of antidotes and therapies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.6	Has the LPHS established protocols for requesting State or Federal (civilian or military) pharmaceutical stockpiles?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.7	Do you now have, or will you have within the next 12 months, a person in charge that will be officially designated to accept deliveries from the National Pharmaceutical Stockpile if there is a bioterrorist event?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.8	Does your LPHS have mutual aid agreements with other localities (in or outside your state) to share pharmaceuticals and medical devices?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.9	Does the LPHS have procedures in place for people needing medical care? If yes:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.9.1	Does the LPHS have a procedure to triage patients to appropriate treatment facilities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.9.2	Do procedures address the need for confidentiality?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.10	Do the majority of the hospitals in your jurisdiction have the following respiratory protective equipment available?			
7.2.10.1	Self-contained breathing apparatus (with tank and full mask)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.10.2	Supplied air respirators (full mask and air line from hospital air System)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.10.3	Chemical cartridge air purifying respirators	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.10.4	HEPA masks (OSHA/NIOSH-approved High efficiency particulate)			
7.2.10.5	Chemical protective clothing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.11	Does the local medico-legal death investigation system have responsibility to investigate fatalities from biological, chemical and radiological terrorism? If yes, does that system have access to:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.11.1	Appropriate microbiological and toxicological testing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.11.2	Biosafety cabinets and fume hoods to handle contaminated	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>

	autopsy tissue			
7.2.11.3	Facilities where autopsies can be performed on contaminated victims	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.11.4	Established Links to the local and state health department	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.11.5	Medical records of victims	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.12	Are medical examiners/coroners included in the LPHS hazardous materials emergency preparedness activities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>

Essential Service #8: Assure a competent public and personal health care workforce				
8.1	Indicator: Workforce Capacity and Assessment			
8.1.1	Has the LPHS assessed the workforce for emergency preparedness and response capabilities in the past two years? If yes, provide the numbers below in 8.1.2 in column 1.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.1.2	Has the LPHS estimated the numbers of practicing public health and personal healthcare workers trained 8 hours or more in the last year in emergency preparedness and response? If yes, please provide numbers in Column 2 :	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
		Column 1	Column 2	
		# In Workforce	# Trained(>8 hrs)	
8.1.2.1	Physicians			DK <input type="checkbox"/>
8.1.2.2	Nurses			DK <input type="checkbox"/>
8.1.2.3	Physician assistants			
8.1.2.4	Environmental health workers			DK <input type="checkbox"/>
8.1.2.5	Mental health/Social workers			DK <input type="checkbox"/>
8.1.2.6	Epidemiologists			DK <input type="checkbox"/>
8.1.2.7	Laboratory personnel qualified to analyze biological, radiological, or chemical agents			DK <input type="checkbox"/>
8.1.2.8	Respiratory therapists			DK <input type="checkbox"/>
8.1.2.9	Medical examiners			DK <input type="checkbox"/>
8.1.2.10	Pharmacists			DK <input type="checkbox"/>
8.1.2.11	Emergency medical technicians (EMTs)/paramedics			DK <input type="checkbox"/>
8.1.2.12	Veterinarians			DK <input type="checkbox"/>
8.1.2.13	Health administrators/managers			DK <input type="checkbox"/>
				DK <input type="checkbox"/>
8.2	Indicator: Training and Continuing Education			
8.2.1	Does the LPHS have a method for assessing training and continuing education needs based on roles/responsibilities of response personnel? If yes,	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.1.1	Does the LPHA have a method for assessing training and continuing education needs based on roles/responsibilities of response personnel?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.2	Have resources to provide training been identified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.3	Have organizations to provide training been identified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.4	Have the first responders had training on selection and use of appropriate Personal Protective Equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>

8.2.5	Has the LPHS implemented activities to educate health care providers (including EMS) and laboratory workers in your jurisdiction on topics regarding radiological, biological, and chemical incidents? If yes, do the training topics include:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.5.1	Acquisition and handling of laboratory specimens	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.5.2	Contact telephone numbers for reporting/consultation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.5.3	Guidelines for immediate reporting/consultation with public health officials	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.5.4	Medical management of patients	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.5.5	Patient decontamination procedures (including those to be used when outside temperatures are extreme)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.5.6	Identification of hazardous biological agents	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.5.7	Identification of hazardous chemical agents	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.5.8	Identification of radiological hazards	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.5.9	Role of the healthcare providers in recognizing/suspecting the beginning of an outbreak	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.6	Does the LPHS ensure provision of training to prepare response personnel for decontamination procedures and contagion hazards that may accompany a biological, chemical, or radiological incident? If yes, is training for the following personnel addressed:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.6.1	First responder community (EMS, fire, law enforcement)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.6.2	Emergency department personnel	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.6.3	Health care providers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.6.4	Laboratory workers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.6.5	Medical examiners/Coroners	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.6.6	Morgue personnel	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.6.7	Mortuary professionals	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.6.8	Pathologists	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.6.9	Veterinarians	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.7	Is the public health workforce cross-trained with other organizations within the emergency response system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.8	Do training programs for first responders include preparation for the emotional and mental health impacts of a terrorism event?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.9	Do training programs for first responders include description of the incident command system, i.e. organizations involved in response actions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.10	Do participants evaluate training and continuing education activities? If yes:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.10.1	Is this feedback used to identify future training needs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.11	Does your LPHS use distance based learning technology for training and continuing education?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.12	Are Continuing Education Units (or equivalent) available for emergency preparedness training?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>

Essential Service #9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services				
9.1	Indicator: Drills/Simulations/ "Tabletop exercises"			
9.1.1	In the last 12 months, has the LPHS participated in tabletop exercises to assess response readiness, responder continuity, and overall integration of services? If yes, did these exercises address:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.1.1	Biologic terrorism or incidents	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.1.2	Chemical terrorism or incidents	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.1.3	Radiological terrorism or incidents	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.2	In the last 12 months, has the LPHS participated in functional exercises to assess response readiness, responder coordination and overall integration of services and responsibilities? If yes, did these exercises address:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.2.1	Biological terrorism or incident	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.2.2	Chemical terrorism or incidents	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.2.3	Radiological terrorism or incidents	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3	If the LPHS has participated in tabletop or functional exercises in the past 12 months, did multiple organizations and individuals participate? If yes, were the following included:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.1	Local Public Health Agency (LPHA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.2	911 centers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.3	Acute care hospitals	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.4	Centers for Disease Control and Prevention (CDC)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.5	City/county government officials	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.6	Civilian amateur radio groups	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.7	Community health centers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.8	County emergency management	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.9	Education system	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.10	Emergency Management Association	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.11	Emergency Medical Services	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.12	Environmental Protection Agency	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.13	FBI	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.14	Federal Emergency Management Agency (FEMA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.15	Fire department	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.16	Funeral directors	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.17	Laboratories (clinical / public health)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.18	Law enforcement (local, county, and State)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.19	Long-term care facilities	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.20	Managed care organizations	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.21	Media	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.22	Medical examiners/coroner	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.23	Mental health agency / services	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.24	Military personnel	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.25	National Guard	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.26	Physicians/health care providers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.27	Poison control	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.28	Public works	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.29	Red Cross	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.30	State Emergency Management	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.31	State Environmental Health	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.32	State Health Department	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>

9.1.3.33	Veterinarians	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.34	Volunteer medical and rescue groups	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.35	Others (Specify)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.4	Does the LPHS have a mechanism to review the experiences and knowledge gained from exercises to correct deficiencies in the emergency preparedness plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.5	Is a formal mechanism in place to disseminate knowledge gained from exercises to participants and other colleagues within the jurisdiction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.2	Indicator: Presence of Continuous Quality Improvement for Evaluation of Services 1-9			
9.2.1	Is there a plan to revise the LPHS emergency response plan at least once every 12 months to keep procedures current?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.2.2	Has your LPHS responded to a “hoax” bioterrorist event, such as a letter or package threatening to contain anthrax or another potentially harmful biological agent, within the past 12 months? If yes,	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.2.2.1	Do current policies reflect the lessons learned from the event?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>

Essential Service #10: Research for new insights and innovative solutions to health problem				
10.1	Indicator: Capacity to Conduct Research/Surveillance for Potential Health Threats			
10.1.1	Does the LPHS have researchers on staff or ready access to researchers? If yes, are one or more of these researchers trained in:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
10.1.1.1	Basic sciences	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
10.1.1.2	Epidemiologic research methods	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
10.1.1.3	Health services research methods	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
10.1.1.4	Veterinary research	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
10.1.2	Does the LPHS have links with academic, healthcare, and/or research institutions that conduct research in emergency preparedness for terrorism?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
10.2	Indicator: Access to and Sharing Research and Innovation			
10.2.1	Does the LPHS have a designated individual responsible for researching, collecting and updating information on emergency preparedness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
10.2.2	Has the LPHS disseminated research information in the field of emergency preparedness? If yes, has this been:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
10.2.2.1	Throughout the local LPHS	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
10.2.2.2	To colleagues outside the jurisdiction	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>