

*Alabama Department
of Public Health
ESF-8 All Hazards
Assessment
2015*

*Prepared by
Alabama Department of Public Health's
Center for Emergency Preparedness
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OVERVIEW

The following report is a summation of the data submitted in the ESF-8 Assessment by the EP Teams for each of the 11 Public Health Areas. The assessment was active from August 12 - October 31, 2015. It included 105 questions and was 25 pages in length. The first section of the report through page 12 includes the data submitted for the 2015 reporting period. The next section of the report is the comparison data for 2014 /2015. There were improvements in quite a few areas as well as some areas that seem to have declined.

Capability 1 – Community Preparedness / Healthcare System Preparedness

Have the vulnerable and at-risk population groups such as pregnant women, youth and young adults, people with functional access needs, mentally ill, chronic diseases, homeless, substance abusers, seniors, and low income/socio-economic been identified?

Yes	No
57 (85%)	9

Forty-nine counties (73%) have plans in place to both assess the social and psycho-social needs of vulnerable and at-risk population groups as well as including provisions for or referrals to community social services.

Sixty-two counties (93%) have established collaborative partnerships with community social service organizations, faith based groups, and state agencies to assist in addressing the needs of at-risk and vulnerable population groups.

Has the Healthcare Coalition developed a strategic plan with participation from its membership?

Yes	No
44 (66%)	21

List the number of Healthcare Coalition members for each sector below:

Sectors	Number of Organizations
Businesses:	51
Community Leadership:	34
Cultural & Faith-Based Groups & Organizations	19
Education & Childcare Settings:	32
Emergency Management:	131
Healthcare:	343
Housing & Sheltering:	19
Media:	3
Mental & Behavioral Health	22
Social Services:	52
Senior Services:	63

Sixty-five counties (97%) answered yes as to having an overall EOP.

If yes, please answer the following:

	Number of counties
Number of counties in which the ADPH county staff has been consulted in the formation of the ESF-8 portion of the EOP	57 (85%)
Number of counties in which the county EOP includes all ESF-8 functions	57 (85%)

Sixty-four counties (96%) have discussed the needs of healthcare providers along with the expectations regarding public health and the emergency medical response with the health care providers within their counties. All – hazards evacuation planning has been discussed with the healthcare providers within 60 (90%) counties.

Fifty-nine counties (88%) report having one or more hospitals.

The ESF-8 portion of the County EOP includes input from the healthcare coalition members in 53 counties (79%).

The ESF portion of the County EOP includes provisions for the following:

	Yes	No
Criteria for isolation and quarantine	43 (64%)	22
Procedures and legal authorities responsible for implementing and enforcing containment measures	51 (76%)	14
Appropriate monitoring of those affected by containment measures	43 (64%)	22
Collection and data entry of countermeasures used (vaccine/prophylaxis administration, isolation, quarantine, and even death)?	44 (66%)	21
Redundant access to information systems(e.g. ALNBS, CRA, AIMS,ALERT, CEM Planner)	60 (90%)	5

The legal authorities in fifty-five counties (82%) have participated in planning efforts.

Twenty-four counties (35%) report having a local Health Officer.

Does a formalized MOU/MOA exist:

	Yes	No
For the support of the SNS Plan?	57 (85%)	10
With neighboring jurisdictions for mutual aid support of the ESF-8 portion and all annexes?	54 (81%)	13
If yes, does the mutual aid MOU/MOA address communication?	56 (84%)	1

Forty – seven counties (70%) have determined what will constitute a “law enforcement” medical emergency.

The following groups have participated in planning efforts:

	Number of Counties
Local law enforcement	56 (84%)
County EMA	67 (100%)
County elected officials	39 (58%)

The EMA EOP ESF-8 portion includes provisions for security related to movement restrictions in 46 counties (69%).

The ESF-8 planning in 66 counties (99%) includes procedures for coordinating, approving, and requesting resources.

Sixty-six counties (99%) have or an adjacent county will have access to at least one bus conversion kit.

The general public/community has been informed about specific preparedness actions that they may need to take during a medical disaster in 64 counties (96%).

Has all CHD staff

	Number of Counties
been trained on general preparedness (personal, emergency, disaster, etc.)?	67 (100%)
been cross- trained for another essential position?	52 (78%)

Capability 2- Community Recovery/Healthcare System Recovery

Sixty-six counties (99%) have consulted with the county staff in the formation of the CHD All Hazards COOP.

The Pandemic portion of the CHD All Hazards COOP includes provisions for:

	Yes	No
Support for detection of and response to pandemic influenza	58 (87%)	9
Communications measures specific for pandemic influenza	55 (82%)	12
Pandemic Severity Index (PSI), WHO Alert Phases, USG Stages, and CDC Influenza Intervals (Federal Pandemic Influenza Intervals)	50 (75%)	17
Nonpharmaceutical interventions (NPI)	51 (76%)	16
Reporting influenza-related fatalities to ADPH on a daily basis, outside of the death certificate system	48 (72%)	19
How decedents should be handled/stored (home deaths, institutional deaths) if timely pickup is not available	33 (49%)	34

County Continuity of Government (COG) Plans have been developed in 53 counties (79%).

The county agency COOPs have been included as part of the County EOP in 41 counties (61%).

Of those counties including COOPs as part of the County EOP

	Yes	No
Did the county EMA serve as lead for the County COG development?	41 (61%)	
Were healthcare coalition members involved?	35 (52%)	

Are there provisions for the following (in addressing human capital):

	Is this included in the Co. COG?	All-Hazards COOP
	Yes	Yes
Plans and Procedures	51 (76%)	40 (60%)
Essential Functions	49 (73%)	38 (57%)
Essential Staff	49 (73%)	39 (58%)
Delegation of Authority	53 (79%)	40 (60%)
Orders of Succession	49 (73%)	39 (58%)
Primary & Alternate Operating Facilities	49 (73%)	38 (57%)
Communications	50 (75%)	38 (57%)
Vital Records & Databases	47 (70%)	38 (57%)
Employee-Labor Relations	41 (61%)	35 (52%)
Pay and leave Policy	41 (61%)	33 (49%)
Hiring Policies	37 (55%)	31 (46%)
Telework & Information Technology Capabilities	41 (61%)	34 (51%)
Safety & Health for Employees & their families	41 (61%)	33 (49%)
Test, Training & Exercise of CHD COOP	39 (58%)	28 (42%)
Recovery	39 (58%)	34 (51%)
Supply Chain & Other Resources	44 (65%)	34 (51%)

The Area Administrators have assigned county ADPH staff to address COOP in all 67 counties.

All-Hazard COOPs have also been developed in 64 counties (96%).

Are there provisions for the following?

	Is this included in the CHD COOP?	All-Hazards COOP
	Yes	Yes
Plans and Procedures	56 (84%)	49 (73%)
Essential Functions	63 (94%)	49 (73%)
Essential Staff	62 (93%)	49 (73%)
Delegation of Authority	63 (94%)	48 (72%)
Orders of Succession	63 (94%)	49 (73%)
Primary & Alternate Operating Facilities	63 (94%)	49 (73%)
Communications	63 (94%)	49 (73%)
Vital Records & Databases	61 (91%)	46 (69%)
Employee-Labor Relations	46 (69%)	38 (57%)

Pay and leave Policy	51 (76%)	45 (67%)
Hiring Policies	45 (67%)	38 (57%)
Telework & Information Technology Capabilities	52 (78%)	44 (66%)
Safety & Health for Employees & their families	47 (70%)	38 (57%)
Test, Training & Exercise of CHD COOP	37 (55%)	28 (42%)
Recovery	49 (73%)	46 (69%)
Supply Chain & Other Resources	59 (88%)	46 (69%)

Capability 3- Emergency Operations Coordination

All 67 counties reported their populations.

Capability 4 – Emergency Public Information and Warning

Capability 5 – Fatality Management

In 99% of the counties (66) Coroners/Deputy Coroners/Medical Examiners/Alabama Department of Forensic Science (ADFS) and Mortuary Services participants are included in planning for a mass fatality response.

The Healthcare Coalition, in 39 counties (58%), has adopted the Mass Fatality Plan.

Local hospital/nursing homes

Local hospital/nursing home staff included in mass fatality planning	56 (84%)
Hospitals/nursing homes having an organizational mass fatality plan	34 (51%)
If yes, were the hospital/nursing home plans coordinated with EMA and coroner during plan development.	32 (94%)

Mortuary facilities, funeral homes and crematoriums in the county

	Load totals –59 counties reporting
What is the normal daily load?	493
What is the max daily load?	1868

The ESF-8 portion of the EMA EOP includes provisions for mass fatality/fatality surge management or a Mass Fatality/Fatality Surge Annex in 50 counties (75%).

If **yes**, does it address the following?

	Number of Counties
Decedent Recovery (e.g. responsible agency, documenting location, transportation to morgue, etc.)	45 (90%)
Family Relations Management (e.g. notification, grief services, collecting ante mortem data, etc.)	44 (88%)
Victim ID	47 (94%)
Response Personnel Needs (e.g. mental, medical, financial)	41 (80%)
Management of Decedent Personal Effects	42 (84%)

Morgue Staff/Location/Operations	41 (80%)
Collection of and data entry for deaths	38 (76%)
Methods for Requesting State/Federal Assets	41 (80%)
How State/Federal Assets would be incorporated into the response	42 (84%)
Family Assistance Centers (set up, staffing, collecting ante mortem data, etc.)	40 (80%)
Availability of a death reporting system outside of normal death certificate system	35 (70%)
Decedent Decontamination	36 (72%)
Chain of Custody/Forensic Evidence	41 (82%)
Identification of fatality surge capabilities and resources (e.g. cold storage, non cold storage, transportation assets, etc.)	42 (84%)
Does the coroner/medical examiner use the Alabama Coroner Association (ACA) software system Coroner ME?	39 (78%)
PPE for responders	39 (78%)
Needed supplies for morgue and FAC operations	37 (74%)
Responsibilities should state/federal assistance not be available,	40 (80%)
Local mental/behavioral health resources,	41 (82%)
Training/exercise,	40 (80%)
Cultural sensitivity,	37 (74%)
Procedures for surge of concerned citizens/family	41 (82%)

The Mass Fatality/Fatality Surge Annex has been coordinated with previously developed plans, procedures, protocols, and systems in forty-four counties (66%).

Capability 6- Information Sharing

The ESF-8 portion of the EMA EOP includes the following regarding communications:

	Number of Counties
How to access information systems that can exchange data	40 (60%)
A plan for providing regular updates to healthcare providers	47 (70%)
A plan for providing updates to the community /general public needing medical information	47 (70%)
A plan for providing regular updates to healthcare coalition members	51 (76%)
Redundant communications	58 (87%)
Prioritized preferred method of communications specific to the county	53 (79%)

Healthcare agencies in all 67 counties have been educated about the ADPH communication systems (Southern LINC, HAM radio, & AIMS). Hospitals in 53 counties (79%) reported having HAM radios.

Capability – 7- Mass Care

Sixty –six counties (99%) have identified an environmental health responder to participate in the EOC/ICS.

County emergency response plans and protocols incorporate general environmental health activities in 64 counties, or 96%.

Counties have made contact with ADEM representatives for their counties in regard to:

	Number of Counties
Public water supplies?	62 (93%)
Regulated water systems?	61 (91%)
Public waste water management?	61 (91%)
Hazardous material?	59 (88%)

Sixty-six counties (99%) have developed procedures to incorporate the availability of potable water during an emergency event. All 67 counties have developed public information and have it readily available for distribution during “boil water” and “do not drink” notices.

The county environmental health staff has been identified to perform “food risk assessment inspections” during an emergency response in 65 counties (97%).

Forty-nine counties (73%) have an accurate database of the food supply and delivery system including detail and processing establishments.

Plans and procedures are in place to activate alternative wastewater disposal measures in forty-eight counties (72%).

Vector Control

	Number of counties
Number of counties that have developed vector control response plans (pre & post)	34 (51%)
Number of counties that have county environmental staff trained to execute vector control duties	65 (97%)
Number of counties that have public information developed and readily available for vector control response.	65 (97%)

The environmental staff in all 67 counties (100%) participate in EPI training and response, are trained to work closely with EPI staff to conduct investigations and monitoring, and share information on food-borne related complaints and illness with EPI staff.

The county environmental staff in 55 counties (82%) has been trained on how to recognize the aftermath of a chemical, biological, or radiological incident, including the restrictions to their role contingent upon the type of incident.

Sixty-two counties (93%) have trained their environmental staff on their specific role within ICS during a hazardous material incident.

County staff has access to the ADPH Employee Manual for Emergency Response in 65 counties (97%).

Capability 8- Medical Countermeasure Dispensing

Capability 9 – Medical Materiel Management & Distribution (Strategic National Stockpile (SNS))

The EP Teams have reviewed, provided feedback (annually), and assisted in the annual update of the County SNS Plan during the Budget Period July 1, 2014- June 30, 2015 in sixty-six counties (99%).

The County SNS Plan:

	Number of counties
Covers the population with an appropriate number of Open PODs	57 (85%)
Ensures that the Open PODS in the county will have adequate staffing (paid staff plus volunteers)	58 (87%)
Ensures alternate methods of dispensing (e.g. closed POD, drive-in-clinic, etc.) are developed to augment Open POD shortages and supplement the Open POD system.	65 (97%)
Ensure procedures are in place to provide prophylaxis to local public health responders, local first responders, and other local critical infrastructure staff	65 (97%)

The EP Teams in all Eleven Public Health Areas provide feedback to the EMA to improve the county Open POD coverage.

PODs

Total number of Open PODs in the counties	243
Total number of Open POD sites in the counties	288

There have been 7 new POD sites added since June 30, 2014.

Forty-four counties reported having a yearly dispensing /Open POD training for BP14 (July 1, 2014 - June 30, 2015).

The Counties have reported that 35 Closed PODS have been approved and established.

Included in the County SNS Plan:

	Number of counties
Updated SNS terminology (i.e. MPTS to Open POD)	66 (99%)
Provisions for Cold Chain Management	58 (87%)
Vaccine distribution, use and monitoring	60 (90%)
Use of antiviral drugs during a pandemic	59 (88%)
Plans for supply distribution to healthcare sector facilities that will administer to them to priority groups that their facility serves (i.e. employees and patients)	55 (82%)
Investigational New Drug (IND) or Emergency use Authorization (EUA)	61 (91%)
Adverse Events from pharmaceuticals administered from the SNS	59 (88%)
Storage of SNS supplies (i.e. prepositioned SNS supply kits, vaccines and antivirals).	67 (100%)
Tracking number and priority of SNS recipients (how many doses available to dispense and if the recipient is in a priority group such as Law Enforcement)	59 (88%)
Security during transport, storage, and administration (ADPH must work with EMA on this requirement. This is an EMA coordination function.)	67 (100%)
At Risk Individuals (i.e. Non-English, hearing impaired, homebound)	65 (97%)
Distribution of SNS supplies (e.g. vaccines, pharmaceuticals, etc.) to the community	67 (100%)

Staff has been identified in all 67 counties (100%) to receive SNS supplies.

Twelve counties reported having an EMS or hospital CHEMPACK placement. Ten of the counties have a CHEMPACK plan for dispersal of the antidotes.

There are seven counties designated as CRI counties. All 7 have adopted either the Central Alabama CRI Annex or the Jefferson County Annex.

Seventeen counties reported being designated MMRS counties. The catchment area counties have been included in the development of the MMRS/SNS plans in all seventeen.

Fifty-nine counties (88%) reported having a location to store vaccines and the storage cooler(s) have temperature alarms.

Capability 10 – Medical Surge

Levels of care that the county can support:

	Number of counties
Mass Care Shelter	64 (96%)
Comfort Care Shelter	55 (82%)
Medical Needs Shelter	36 (54%)
Alternative Care Site	31 (46%)

The CHD Response Team members have been trained to respond in all 67 counties, and all Team rosters are up to date.

Countermeasures for reporting medical resources and information are included in the ESF-8 portion of the EOP in 45 counties (67%).

Capability 11 – Non-Pharmaceutical Interventions

Capability 12 - Public Health Laboratory Testing

Thirty-eight counties (57%) reported having a sentinel lab.

Sentinel labs

	Number of counties
The number of sentinel labs that have been included in planning efforts	29 (43%)
The number of counties in which all persons listed in the Sentinel Lab table completed training for the packaging and shipment of biological samples?	25 (37%)
Have all persons listed in the table completed SCPAS training and can adhere to the CDC/NCEH guidelines, Inc., IATA & DOT rules for shipment of specimens to the BCL Chemical Terrorism/Biomonitoring Lab for analysis?	19 (28%)

Designated EP team member have been trained on current protocols for safe specimen packaging and submission procedures for biological and chemical samples in all 67 counties (100%).

Number of counties that have CHD staff with access to specimen kits and collection instructions

	EP Surveillance Nurse assigned to the county	Alternate CHD Nurse	Other ADPH Staff
Has employee completed training for the packaging and shipment of biological samples?	66 (99%)	56 (84%)	60 (90%)
Has employee completed SCPAS training and can adhere to the CDC/NCEH guidelines, Inc. IATA & DOT rules for proper shipment of such specimens to the BCL Chemical Terrorism/Biomonitoring Lab for analysis?	41 (61%)	47 (70%)	49 (73%)

Sixty-six counties (99%) received a Radiological Emergency Assistance Contacts list.

12 counties (18%) reported being part of the Emergency Planning Zone (EPZ) for a Radiological Emergency Plan (REP) for Nuclear Power Plants.

If yes, have the following participated in Basic Radiation Training for first responders

	Number of counties
CHD staff	12 (18%)
Local first responders	12 (18%)
EMA	11 (16%)

Twelve counties (18%) are part of the Waste Isolation Pilot Plant (WIPP) route.

If yes, have the following participated in Modular Emergency Radiological Response Transportation Training (MERRTT)

	Number of counties
CHD staff	5 (7%)
Local first responders	10 (15%)
EMA	10 (15%)

CHD staff and County EMA Directors in all 67 counties are aware of the Expanded Radiological Emergency Response Team (ERERT).

Fourteen counties reported having other agencies within their county with radiological response capabilities. Twelve counties reported that the Office of Radiation Control is aware of their radiological capability.

Twenty-six counties (39%) have participated in a radiological oriented exercise, e.g. “dirty bomb”. The Office of Radiation Control was involved in 21 of those exercises.

Capability 13 - Public Health Surveillance & Epidemiological Investigation

Thirty-eight counties (57%) have the Field Surveillance Staff (FSS) contact information listed in the County EOP. The FSS are involved in all types of outbreaks, environmental, exposures, terroristic events, communicable disease investigations (except STD’s, TB, HIV, and IMM diseases) and related exercises in 97% of the counties (65).

Thirty- seven counties (55%) list All ADPH PHA staff and planning and response partners trained in DETECT TEST, and REPORT (DTR) in the County EOP.

Capability 14- Responder Safety and Health

Capability 15- Volunteer Management

Volunteers

The number of County health departments active in recruiting ADPH volunteers	64 counties
The number of volunteers in the ADPH Volunteer database (Alabama Responds) for the county	854
The number of volunteers affiliated with the Medical Reserve Corp	930
The number of volunteers affiliated with the national Disaster Medical System (NDMS)	0

Does CHD staff:

	Number of Counties
Regularly attend meetings with local volunteer coordinating organizations such as Volunteer Organizations Active in Disasters (VOAD), Medical Reserve Corp, (MRC) or other volunteer coordinating organizations	53
Participate in local planning process to develop plans, processes and procedures to address volunteer management and volunteer coordination efforts with local healthcare organizations	58

Thirty-nine (58%) CHD’s conduct volunteer needs assessments with local healthcare organizations to determine situations in which volunteers may be needed and the type and quantity of volunteers that may be used by healthcare organizations.

Comparison data: 2014 – 2015

Capability 1 – Community Preparedness / Healthcare System Preparedness

1. Have vulnerable and at-risk population groups been identified? (i.e. pregnant women, youth and young adults, people with functional access needs, mentally ill, chronic diseases, homeless, substance abusers, seniors, low income/socio-economic status, etc.)?

2014	2015
41 (61%)	57 (85%)

2. Is a plan in place to assess the social and psycho-social needs of vulnerable and at-risk population groups?

2014	2015
40 (60%)	49 (73%)

3. Does the plan include the provision for or referral to community social services?

2014	2015
40 (60%)	49 (73%)

4. Are collaborative partnerships established with community social service organizations, faith based groups, and state agencies to assist with addressing the needs of at-risk and vulnerable population groups?

2014	2015
53 (79%)	62 (93%)

5. Has the HCC developed a strategic plan with participation from its membership?

2014	2015
8 (12%)	44 (66%)

6. List the number of Healthcare Coalition members for each sector below:

Sectors	Number of Orgs. For 2014	Number of Orgs. For 2015
Businesses:	38	51
Community Leadership:	35	34
Cultural & Faith-Based Groups & Organizations	11	19
Education & Childcare Settings:	28	32
Emergency Management:	71	131
Healthcare:	234	343
Housing & Sheltering:	13	19
Media:	8	3

Mental & Behavioral Health	18	22
Social Services:	31	52
Senior Services:	53	63

7. EOP

	Number of counties 2014	Number of counties 2015
Has the ADPH county staff been consulted in the formation of the ESF-8 portion of the EOP?	58 (87%)	57 (85%)
Does the county EOP include all ESF-8 functions?	56 (84%)	57 (85%)

8. Have the needs of healthcare providers along with the expectations regarding public health and the emergency medical response been discussed with healthcare providers within the county?

2014	2015
62 (93%)	64 (96%)

9. Is all-hazards evacuation planning discussed with the healthcare providers within the county?

2014	2015
59 (88%)	60 (90%)

10. Does the county have a hospital?

2014	2015
60 (90%)	59 (88%)

11. Does the ESF-8 portion of the County EOP include input from the healthcare coalition members?

2014	2015
44 (66%)	53 (79%)

12. Does the ESF-8 portion of the County EOP include provisions for the following?

	2014	2015
Criteria for isolation and quarantine	35 (52%)	43 (64%)
Procedures and legal authorities responsible for implementing and enforcing containment measures	43 (64%)	51 (76%)
Appropriate monitoring of those affected by containment measures	33 (49%)	43 (64%)
Collection and data entry of countermeasures used (vaccine/prophylaxis administration, isolation, quarantine, and even death)?	34 (51%)	44 (66%)
Redundant access to information systems(e.g. ALNBS, CRA, AIMS,ALERT)	46 (69%)	60 (90%)

13. Have the county legal authorities participated in planning efforts?

2014	2015
49 (73%)	55 (82%)

14. Do you have a local Health Officer?

2014	2015
17 (25%)	24 (36%)

15. Does a formalized MOU/MOA exist:

	2014	2015
For the support of the SNS Plan?	52 (78%)	57 (85%)
With neighboring jurisdictions for mutual aid support of the ESF-8 portion and all annexes	47 (70%)	54 (81%)

If yes, does the mutual aid MOU/MOA address communication?

2014	2015
41 (61%)	56 (84%)

17. Has the county determined what will constitute a "law enforcement" medical emergency?

2014	2015
42 (63%)	47 (70%)

18. Have any of the following groups participated in planning efforts:

	# of Counties - 2014	# of Counties - 2015
Local law enforcement	19 (28%)	56 (84%)
County EMA	67 (100%)	67 (100%)
County elected officials	40 (60%)	39 (58%)

19. Does the EMA EOP ESF-8 portion include provisions for security related to movement restrictions?

2014	2015
44 (66%)	46 (69%)

20. Does ESF-8 county planning include procedures for coordinating, approving, & requesting resources?

2014	2015
67 (100%)	67 (100%)

21. Does this county or an adjacent county have access to at least one bus conversion kit?

2014	2015
67 (100%)	66 (99%)

22. Has the general public/community been informed about specific preparedness actions that they may need to take during a medical disaster?

2014	2015
64 (96%)	64 (96%)

23/24 Has all CHD staff:

	# of Counties - 2014	# of Counties - 2015
Been trained on general preparedness (personal, emergency, disaster, etc.)	66 (99%)	67 (100%)
Been cross trained for another essential position	56 (84%)	52 (78%)

Capability 2 - Community Recovery/Healthcare System Recovery

25. Has the ADPH county staff been consulted in the formation of the COOP?

2014	2015
59 (88%)	66 (99%)

26. Does the Pandemic portion of the CHD All Hazards COOP include provisions for the following?

	2014	2015
Support for detection of and response to pandemic influenza	57 (85%)	58 (87%)
Communications measures specific for pandemic influenza	53 (79%)	55 (82%)
Pandemic Severity Index (PSI), WHO Alert Phases, USG Stages, and CDC Influenza Intervals (Federal Pandemic Influenza Intervals)	50 (75%)	50 (75%)
Nonpharmaceutical interventions (NPI)	50 (75%)	51 (76%)
Reporting influenza-related fatalities to ADPH on a daily basis, outside of the death certificate system	38 (57%)	48 (72%)
How decedents should be handled/stored (home deaths, institutional deaths) if timely pickup is not available	32 (48%)	33 (49%)

27. Has the county developed County Continuity of Government plan (COG)?

2014	2015
52 (78%)	53 (79%)

28. Is the county agency COOP included as part of the County EOP?

2014	2015
43 (64%)	41 (61%)

Of those counties including COOPs as part of the County EOP

	2014	2015
Did the county EMA serve as lead for the County COG development?	43 (64%)	41 (61%)
Were healthcare coalition members involved?	27 (40%)	35 (52%)

Are there provisions for the following (in addressing human capital):

	Included in the Co. COG? 2014	2015	All-Hazards COOP- 2014	2015
	Yes		Yes	
Plans and Procedures	48 (72%)	51 (76%)	41 (61%)	40 (60%)
Essential Functions	47 (70%)	49 (73%)	41 (61%)	38 (57%)
Essential Staff	44 (66%)	49 (73%)	41 (61%)	39 (58%)
Delegation of Authority	50 (75%)	53 (79%)	42 (63%)	40 (60%)
Orders of Succession	49 (73%)	49 (73%)	41 (61%)	39 (58%)
Primary & Alternate Operating Facilities	50 (75%)	49 (73%)	40 (60%)	38 (57%)

Communications	48 (72%)	50 (75%)	41 (61%)	38 (57%)
Vital Records & Databases	50 (75%)	47 (70%)	37 (55%)	38 (57%)
Employee-Labor Relations	42 (63%)	41 (61%)	33 (49%)	35 (52%)
Pay and leave Policy	41 (61%)	41 (61%)	33 (49%)	33 (49%)
Hiring Policies	39 (58%)	37 (55%)	32 (48%)	31 (46%)
Telework & Information Technology Capabilities	42 (63%)	41 (61%)	34 (51%)	34 (51%)
Safety & Health for Employees & their families	41 (61%)	41 (61%)	34 (51%)	33 (49%)
Test, Training & Exercise of CHD COOP	43 (64%)	39 (58%)	35 (52%)	28 (42%)
Recovery	39 (58%)	39 (58%)	37 (55%)	34 (51%)
Supply Chain & Other Resources	43 (64%)	44 (66%)	37 (55%)	34 (51%)

29. Has the Area Administrator assigned ADPH staff within the county to address COOP for the CHD?

2014	2015
66 (99%)	67 (100%)

30. Has a CHD All Hazard COOP been developed?

2014	2015
66 (99%)	64 (96%)

Are there provisions for the following

	Is this included in the CHD COOP?	2015	All-Hazards COOP	2015
	Yes		Yes	
Plans and Procedures	57 (85%)	56 (84%)	52 (78%)	49 (73%)
Essential Functions	65 (97%)	63 (94%)	51 (76%)	49 (73%)
Essential Staff	64 (96%)	62 (93%)	51 (76%)	49 (73%)
Delegation of Authority	63 (94%)	63 (94%)	52 (78%)	48 (72%)
Orders of Succession	62 (93%)	63 (94%)	52 (78%)	49 (73%)
Primary & Alternate Operating Facilities	65 (97%)	63 (94%)	52 (78%)	49 (73%)
Communications	64 (96%)	63 (94%)	52 (78%)	49 (73%)
Vital Records & Databases	60 (90%)	61 (91%)	46 (69%)	46 (69%)
Employee-Labor Relations	44 (67%)	46 (69%)	38 (57%)	38 (57%)
Pay and leave Policy	50 (75%)	51 (76%)	45 (67%)	45 (67%)
Hiring Policies	43 (64%)	45 (67%)	37 (55%)	38 (57%)
Telework & Information Technology Capabilities	52 (78%)	52 (78%)	46 (69%)	44 (67%)
Safety & Health for Employees & their families	47 (70%)	47 (70%)	40 (60%)	38 (57%)
Test, Training & Exercise of CHD COOP	45 (67%)	37 (55%)	39 (58%)	28 (42%)
Recovery	49 (73%)	49 (73%)	47 (70%)	46 (69%)
Supply Chain & Other Resources	59 (88%)	59 (88%)	47 (70%)	46 (69%)

Capability 3 - Emergency Operations Coordination

Capability 4 - Emergency Public Information and Warning

Capability 5 - Fatality Management

33. Are Coroners/Deputy Coroners/Medical Examiners/Alabama Department of Forensic Science (ADFS) and Mortuary Services participants included in planning for a mass fatality response?

2014	2015
66 (99%)	66 (99%)

34. Has the Mass Fatality Plan been adopted by the HCC members?

2014	2015
34 (51%)	39 (58%)

35. Is the local hospital and nursing home staff included in mass fatality planning?

2014	2015
58 (87%)	56 (84%)

36. Does each hospital/nursing home have an organizational mass fatality plan?

2014	2015
40 (60%)	34 (51%)

If yes, were the hospital/nursing home plans coordinated with EMA and coroner during plan development?

2014	2015
37 (93%)	32 (94%)

37. Mortuary facilities, funeral homes, and crematoriums in the county

	Load totals –59 counties - 2014	2015
What is the normal daily load?	465	493
What is the max daily load?	1908	1868

38. Does the EMA EOP ESF-8 portion include provisions for mass fatality/fatality surge management or a Mass Fatality /Fatality Surge Annex?

2014	2015
48 (72%)	50 (75%)

If yes, does it address the following:

	Number of Counties - 2014	2015
Decedent Recovery (e.g. responsible agency, documenting location, transportation to morgue, etc.)	45 (67%)	47 (70%)
Family Relations Management (e.g. notification, grief services, collecting ante mortem data, etc.)	44 (66%)	46 (69%)
Victim ID	47 (70%)	49 (73%)
Response Personnel Needs (e.g. mental, medical, financial)	43 (64%)	43 (64%)
Management of Decedent Personal Effects	42 (63%)	44 (66%)

Morgue Staff/Location/Operations	41 (61%)	43 (64%)
Collection of and data entry for deaths	41 (61%)	40 (60%)
Methods for Requesting State/Federal Assets	42 (63%)	43 (64%)
How State/Federal Assets would be incorporated into the response	44 (66%)	44 (66%)
Family Assistance Centers (set up, staffing, collecting ante mortem data, etc.)	39 (58%)	42 (63%)
Availability of a death reporting system outside of normal death certificate system	36 (54%)	36 (54%)
Decedent Decontamination	37 (55%)	38 (55%)
Chain of Custody/Forensic Evidence	42 (63%)	43 (64%)
Identification of fatality surge capabilities and resources (e.g. cold storage, non cold storage, transportation assets, etc.)	43 (64%)	44 (66%)
Does the coroner/medical examiner use the Alabama Coroner Association (ACA) software system Coroner ME?	41 (61%)	41 (61%)
PPE for responders	40 (60%)	41 (61%)
Needed supplies for morgue and FAC operations	38 (57%)	39 (58%)
Responsibilities should state/federal assistance not be available,	41 (61%)	42 (63%)
Local mental/behavioral health resources,	40 (60%)	42 (63%)
Training/exercise,	41 (61%)	42 (63%)
Cultural sensitivity,	37 (55%)	39 (58%)
Procedures for surge of concerned citizens/family	40 (60%)	43 (64%)

39. Has the Mass Fatality/Fatality Surge Annex been coordinated with previously developed plans, procedures, protocols, and systems?

2014	2015
42 (63%)	44 (66%)

Capability 6 - Information Sharing

40. Does the ESF-8 portion include the following regarding communications?

	Number of Counties - 2014	2015
How to access information systems that can exchange data	30 (45%)	40 (60%)
A plan for providing regular updates to healthcare providers	39 (58%)	47 (70%)
A plan for providing updates to the community /general public needing medical information	38 (57%)	47 (70%)
A plan for providing regular updates to healthcare coalition members	39 (58%)	51 (76%)
Redundant communications	45 (67%)	58 (87%)
Prioritized preferred method of communications specific to the county	46 (69%)	53 (79%)

41. 2014/2015 All 67 counties have educated the healthcare agencies within their counties about the ADPH communication systems (Southern LINC, HAM radio, & AIMS).

42. Do the hospital(s) in your county have a HAM radio?

2014	2015
52 (78%)	53 (79%)

Capability 7 - Mass Care

43. Has the county identified an environmental health responder(s) to participate in the EOC/ICS?

2014	2015
65 (97%)	66 (99%)

44. Do county emergency response plans and protocols incorporate general environmental health activities?

2014	2015
65 (97%)	64 (96%)

45. Has this county made contact with the ADEM representative for the county in regard to:

	Number of Counties - 2014	2015
Public water supplies?	62 (93%)	62 (93%)
Regulated water systems?	62 (93%)	61 (91%)
Public waste water management?	62 (93%)	61 (91%)
Hazardous material?	60 (90%)	59 (88%)

46. Have procedures been developed to incorporate the availability of potable water during an emergency event?

2014	2015
65 (97%)	66 (99%)

47. 2014/2015 All 67 counties have developed public information and have it readily available for distribution during “boil water” and “do not drink” notices.

48. Has county environmental health staff been identified to perform "food risk assessment inspections" during an emergency response?

2014	2015
65 (97%)	65 (97%)

49. Does the county have an accurate database of the food supply and delivery system including detail and processing establishments?

2014	2015
51 (76%)	49 (73%)

50. Are plans and procedures in place to activate alternative wastewater disposal measures?

2014	2015
46 (69%)	48 (72%)

51-53

	Number of counties - 2014	2015
Are vector control response plans (pre & post) developed for the county?	30 (45%)	34 (51%)
Is county environmental staff trained to execute vector control duties?	56 (84%)	65 (97%)
Has public information developed and readily available for vector control	65 (97%)	65 (97%)

response.		
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54. Have plans and procedures been developed for the county for solid waste/debris disposal, including biomedical waste?

2014	2015
49 (73%)	51 (76%)

55. Do county environmental staff participate in EPI training and response?

2014	2015
	67 (100%)

56/57 The environmental staff in all 67 counties (100%); participate in EPI training and response. They are trained to work closely with EPI staff to conduct investigations and monitoring as well as sharing information on food-borne related complaints and illness with EPI staff.

58. Has county environmental staff been trained on how to recognize the aftermath of a chemical, biological, or radiological incident; including the restrictions to their role contingent upon the type of incident?

2014	2015
47 (70%)	55 (82%)

59. Has the county environmental staff been trained on their specific role within the ICS during a hazardous material incident?

2014	2015
54 (81%)	62 (93%)

60. Does all county staff have access to the ADPH Employee Manual for Emergency Response?

2014	2015
65 (97%)	65 (97%)

Capability 8 - Medical Countermeasure Dispensing

Capability 9 - Medical Materiel Management & Distribution (Strategic National Stockpile (SNS))

61. Has the EP Team reviewed, provided feedback (annually), and assisted in the annual update of the County SNS Plan during the Budget Period (BP) 14, July 1, 2014 - June 30, 2015?

2014	2015
64 (96%)	66 (99%)

62. Does the County SNS Plan

	Number of counties 2014	2015
Covers the population with an appropriate number of Open PODs	57 (85%)	57 (85%)
Ensures that the Open PODS in the county will have adequate staffing (paid staff plus volunteers)	46 (67%)	58 (87%)
Ensures alternate methods of dispensing (e.g. closed POD, drive-in-clinic, etc.) are developed to augment Open POD shortages and supplement the Open POD system.	52 (78%)	65 (97%)

Ensure procedures are in place to provide prophylaxis to local public health responders, local first responders, and other local critical infrastructure staff	63 (94%)	65 (97%)
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63. 2014/2015 All 11 EP Teams have provided feedback to the EMA to improve the county Open POD coverage.

PODs

	2014	2015
64. Total number of Open PODs in the counties	191	243
65. Total number of Open POD sites in the counties	336	288

66. Have there been any new Open POD sites added since June 30, 2014?

2014 (Since 2013)	2015 (Since 2014)
0	7

67. Has yearly dispensing/Open POD training occurred in this county for BP14 (July 1, 2014-June 30, 2015)?

2014	2015
44 (66%)	44 (66%)

68. How many Closed PODs have been approved and established?

2014	2015
17	35

69. Are the following included in the County SNS Plan?

	Number of counties - 2014	2015
Updated SNS terminology (i.e. MPTS to Open POD)	65 (97%)	66 (99%)
Provisions for Cold Chain Management	58 (87%)	58 (87%)
Vaccine distribution, use and monitoring	58 (87%)	60 (90%)
Use of antiviral drugs during a pandemic	56 (84%)	59 (88%)
Plans for supply distribution to healthcare sector facilities that will administer to them to priority groups that their facility serves (i.e. employees and patients)	52 (78%)	55 (82%)
Investigational New Drug (IND) or Emergency use Authorization (EUA)	60 (90%)	61 (91%)
Adverse Events from pharmaceuticals administered from the SNS	57 (85%)	59 (88%)
Storage of SNS supplies (i.e. prepositioned SNS supply kits, vaccines and antivirals).	66 (99%)	67 (100%)
Tracking number and priority of SNS recipients (how many doses available to dispense and if the recipient is in a priority group such as Law Enforcement)	58 (87%)	59 (88%)
Security during transport, storage, and administration (ADPH must work with EMA on this requirement. This is an EMA coordination function.)	66 (99%)	67 (100%)
At Risk Individuals (i.e. Non-English, hearing impaired, homebound)	58 (87%)	65 (97%)
Distribution of SNS supplies (e.g. vaccines, pharmaceuticals, etc.) to the community	66 (99%)	67 (100%)

70. Have you identified staff designated to receive SNS supplies in the county?

2014	2015
66 (99%)	67 (100%)

71. Does the county have an EMS or hospital CHEMPACK placement?

2014	2015
17 (25%)	12 (18%)

If yes, does the county have a CHEMPACK plan for dispersal of the antidotes?

2014	2015
13 (76%)	10 (83%)

73. Is this county a designated MMRS county?

2014	2015
18 (27%)	17 (25%)

If yes, have the catchment area counties been included in the development of the MMRS/SNS plan?

2014	2015
17 (94%)	17 (100%)

74. Does the county site located to store vaccines have a temperature alarm?

2014	2015
57 (85%)	59 (88%)

Capability 10 - Medical Surge

75. What level of care can this county support?

	Number of counties 2014	2015
Mass Care Shelter	59 (88%)	64 (91%)
Comfort Care Shelter	49 (73%)	55 (82%)
Medical Needs Shelter	34 (51%)	36 (54%)
Alternative Care Site	23 (34%)	31 (46%)

76/77. 2014/2015 - The CHD Response Team members in all 67 counties have been trained to respond, and all Area Response Team rosters are up to date.

78. Are countermeasures for reporting medical resources and information included in the ESF-8 portion?

2014	2015
37 (55%)	45 (67%)

Capability 11- Non-Pharmaceutical Interventions

Capability 12 - Public Health Laboratory Testing

79. Does the county have a sentinel lab?

2014	2015
37 (55%)	38 (57%)

Sentinel labs

	Number of	2015

	counties 2014	
The number of sentinel labs that have been included in planning efforts	24 (36%)	29 (43%)
Have all persons listed in the Sentinel Lab table completed training for the packaging and shipment of biological samples?	22 (33%)	25 (37%)
Have all persons listed in the table completed SCPAS training and can adhere to the CDC/NCEH guidelines, Inc., IATA & DOT rules for shipment of specimens to the BCL Chemical Terrorism/Biomonitoring Lab for analysis?	20 (30%)	19 (28%)

80. Have the designated EP Team members been trained on current protocols for safe specimen packaging and submission procedures for biological and chemical samples?

2014	2015
57 (85%)	67 (100%)

81. Staff with access to specimen kits and collection instructions.

	EP Surveillance Nurse assigned to the county 2014	2015	Alternate CHD Nurse 2014	2015	Other ADPH Staff 2014	2015
Has employee completed training for the packaging and shipment of biological samples?	66 (99%)	66 (99%)	60 (90%)	56 (84%)	55 (82%)	60 (90%)
Has employee completed SCPAS training and can adhere to the CDC/NCEH guidelines, Inc. IATA & DOT rules for proper shipment of such specimens to the BCL Chemical Terrorism/Biomonitoring Lab for analysis?	45 (67%)	41 (61%)	35 (52%)	47 (70%)	32 (48%)	49 (73%)

The Radiological Emergency Contact list is updated and issued every January in order to maintain communications with the county and area on all radiological issues.

82. Did the County receive a Radiological Emergency Assistance Contacts list?

2014	2015
65 (97%)	66 (99%)

83. Is this county part of the Emergency Planning Zone (EPZ) for a Radiological Emergency Plan (REP) for Nuclear Power Plants?

2014	2015
10 (15%)	12 (18%)

If yes, have the following participated in Basic Radiation Training for first responders?

	Number of counties 2014	2015
CHD staff	10 (15%)	5 (7%)

Local first responders	10 (15%)	10 (15%)
EMA	10 (15%)	10 (15%)

84. Is this county part of the Waste Isolation Pilot Plant (WIPP) route?

2014	2015
25 (37%)	12 (18%)

If yes, have the following participated in the Modular Emergency Radiological Response Transportation Training (MERRTT)?

	Number of counties 2014	2015
CHD staff	16 (24%)	5 (7%)
Local first responders	20 (30%)	10 (15%)
EMA	21 (31%)	10 (15%)

85. 2014/2015 - 100% of the staff in all County HD's are aware of the Expanded Radiological Emergency Response Team (ERERT).

86. 2014/2015 - Also all County EMA Director's are aware of the Expanded Radiological Emergency Response Team (ERERT)

87. Are there any other agencies in the county that have radiological response capabilities?

2014	2015
19 (28%)	14 (21%)

If yes, is the Office of Radiation Control aware of their radiological capability?

2014	2015
17 (89%)	12 (86%)

88. Has the county participated in any radiological oriented exercise, e.g. dirty bomb?

2014	2015
22 (33%)	26 (39%)

If yes, was the Office of Radiation Control involved?

2014	2015
21 (95%)	24 (92%)

Capability 13 - Public Health Surveillance & Epidemiological Investigation

89. Is the Field Surveillance Staff (FSS) contact information listed in the County EOP?

2014	2015
36 (54%)	38 (57%)

90. Are FSS involved in all outbreaks of any kind, environmental exposures, terroristic events, communicable diseases investigations (except for STD's, TB, HIV and IMM diseases), and related exercises?

2014	2015
66 (99%)	65 (97%)

91. Are all ADPH PHA staff, and planning and response partners trained in DETECT TEST, and REPORT (DTR) listed in the County EOP?

2014	2015
31 (46%)	37 (55%)

Capability 14 - Responder Safety and Health

Capability 15 - Volunteer Management

Volunteers

	2014	2015
92. The number of County health departments active in recruiting ADPH volunteers	51	64
93. The number of volunteers in the ADPH Volunteer database (Alabama Responds) for the county	7,082	854
94. The number of volunteers affiliated with the Medical Reserve Corp	808	930
95. The number of volunteers affiliated with the national Disaster Medical System (NDMS)	4	0

96. Does the CHD staff:

	Number of Counties 2014	2015
Regularly attend meetings with local volunteer coordinating organizations such as Volunteer Organizations Active in Disasters (VOAD), Medical Reserve Corp, (MRC) or other volunteer coordinating organizations	43 (64%)	53 (79%)
Participate in local planning process to develop plans, processes and procedures to address volunteer management and volunteer coordination efforts with local healthcare organizations	43 (64%)	58 (87%)

97. Does the CHD conduct volunteer needs assessments with local healthcare organizations to determine situations in which volunteers may be needed and the type of and quantity of volunteers that may be used by healthcare organizations?

2014	2015
28 (42%)	39 (58%)