

Subject: Fw: Cruse, Michael shared the folder "PRR 2020-063 American Oversight" with you.
Date: Friday, April 30, 2021 at 2:42:05 PM Eastern Daylight Time
From: Christine Monahan
To: AO Records
Attachments: 2af02102-5621-40ff-9b69-c4a62cb7f129, 0247eb0e-da03-4c8e-87a3-2270bd3becd1, bf63210f-7082-4895-8734-29155a8aff43, 8d9ef32c-98d6-467a-b172-869122c226fa

Hi team,

We received a production in response to FL-DEM-20-0674. Since the link would only work for me (and I'm working from my personal laptop at the moment), I downloaded the files in a zip file and have uploaded them here. 

[Documents as Received](#)

Could you all take it from here as far as processing goes? (Monday is fine.)

Thanks,

Christine

From: Cruse, Michael <no-reply@sharepointonline.com>
Sent: Friday, April 30, 2021 2:26 PM
To: Christine Monahan <christine.monahan@americanoversight.org>
Cc: Cruse, Michael <Michael.Cruse@em.myflorida.com>
Subject: Cruse, Michael shared the folder "PRR 2020-063 American Oversight" with you.

EXTERNAL SENDER



Cruse, Michael shared a folder with you

Hi Christine. Responsive records to FDEM PRR 2020-063 are included in this SharePoint folder. Please let me know if you have any trouble opening. Thank you. Michael



PRR 2020-063 American Oversight



This link only works for the direct recipients of this message.

Open



[Privacy Statement](#)

From: Cintron, Morgan <Morgan.Cintron@em.myflorida.com>
Sent: Tuesday, March 17, 2020 9:52 AM EDT
To: Gracia, Szczech (FEMA) <Gracia.Szczech@fema.dhs.gov>
Subject: Accepted: [EXTERNAL] RA/State Director - COVID-19 touch base call

From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Sent: Tuesday, February 25, 2020 4:15 PM EST
To: Patrick, Robert <robert.patrick@fema.dhs.gov>
Subject: All Hazards Incident

Bob,

First round of position specific testing in Florida – should be updating you every two (2) weeks with this information – please advise if you need additional information, I would like to recommend the attached list be placed back on the EMI registry – I confirm that have attended the appropriate Train-the-Trainer course and meets criterial to be lead instructors. Several on the list are no longer affiliated with active IMTs and until that directive is released will be okay with them continuing to provide training in the State of Florida.

Last Name	First Name	Primary Telephone #	950	951	954	955	956	957	958	959	960	962	963	964	965	967	968	970	971	973	974	975	978	984
Davis	Cynthia (Cindy)	904-237-2006																		X				
Hall	Shawn	904-255-3129	X						X			X		X	X									X
Pendley	James	904-233-4862							X		X	X		X										X
Money	Jeffrey	321-537-3954			X		X					X		X	X	X		X	X					
Lamb	Ken	904-514-7312												X	X									
Morgan	Karl	850-251-5979					X																	
Maxwell	Ervanian	904-708-5979																						
Wright	James (Judd)	352-551-8876	X		X		X		X						X	X								
Baker	Nigel	561-308-4102					X		X			X		X										X
King	Robert "Bob"	321-624-6140					X		X															X
Tear	Judith	352-246-4785							X															X

Linda J. McWhorter
Preparedness Bureau Chief
(850) 815-4301

From: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>
Sent: Wednesday, February 26, 2020 3:03 PM EST
To: DEM XCOMM List <DEM_XCOMM_List@em.myflorida.com>
Subject: All supervisors - Thunderbolt Exercise on 2/27 and 28

Good afternoon,

When allowing personnel to complete this exercise each of you should manage meeting schedules, User Acceptance Testing, and other functions that are currently happening over the next two days. It is NOT acceptable for personnel to miss a meeting or miss user acceptance testing or other functions during this exercise.

Kevin Guthrie, MA MEP CEM FPEM | Deputy Director

Office of the Director
Florida Division of Emergency Management
2555 Shumard Oak Blvd
Tallahassee, FL 32399-2100
Office: (850) 815-4101
Cell: (850) 294-8250
Kevin.Guthrie@em.myflorida.com
www.floridadisaster.org



From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Sent: Monday, March 23, 2020 9:12 AM EDT
To: covid19-cbts-supply@fema.dhs.gov <covid19-cbts-supply@fema.dhs.gov>
CC: stephen.chase@fema.dhs.gov <stephen.chase@fema.dhs.gov>
Subject: Barcodes for Patient Specimens
Attachment(s): "Jacksonville Supply List.pdf"

Good afternoon,

Per my conversation with Mr. Chase, I am requesting barcodes for specimens at all three Florida testing sites. I have received confirmation from all on-scene coordinators that in the initial push packets items were not shipped. We currently have two (2) of the three (3) sites open with the third one opening Wednesday, March 25th. We will work with the labs to provide barcodes for the specimens until receipt from your supplier. The following sites are projected for Florida:

•

Linda J. McWhorter
Preparedness Bureau Chief
2555 Shumard Oak Blvd
Tallahassee, FL 32399-21000
Office: (850) 815-4301
Mobile: (850) 528-7528
Linda.mcwhorter@em.myflorida.com

Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.



Bill of Lading

BOL ID: 203381798001



Carrier: Freight Collect

Routing:

Date: 03/17/2020

Time: 07:51 PM

Page: 1 of 1

Whse: G6

Cust#: 17797371

PO: 31720

Order #: 35139579

DO #: 203381798001

Terms: FREIGHT COLLECT

Ship From: ULINE - GEORGIA

705 Braselton Industrial Boulevard

Braselton, GA 30517

706-824-3700

Ship To: BRIAN PETERSON

909 HAINES ST

JACKSONVILLE, FL 32206

404-271-1333

Special Instructions:

BRIAN PETERSON

904-412-8903

** DO NOT BREAKDOWN SKID **

PRO#:

235552774



CARRIER : UPS FREIGHT

PHONE : 0

HM	Skid/Loose	PC	PKG	Freight ID Description	NMFC	Class	Weight(lb)
	S	12	CTN	INSULATED SHIPPER	157320-02	300	125
	S	10	CTN	COLD PACKS	050125-00	55	195
	S	10	UNT	PLASTIC GARBAGE CONTAINER	156600-05	125	153
	S	6	CTN	MISC	098390-08	100	34
	S	1	CTN	POLYBAGS / PLASTIC FILM	020480-03	60	36
	S	1	CTN	TAPE NOI	154360-00	55	12

of Skids: 4

of Loose: 0

Total Pieces: 4

Sub Weight: 555

Skid Weight: 180

Total Weight: 735 lb

Subject to section 7 of conditions, the carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Signature:

Collected By:

Collected Date:

Collected Time:

Driver Signature:

[Signature] 3/18/2020
Cody Hellum EPD Warehouse
[Signature] *[Signature]*

FL-DEM-20-0674-A-000005

STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE

This form contains only the information necessary for the motor carrier to deliver, rate, and invoice the shipment described below.

Shipper: Ship Date 3/17/2020

HENRY SCHEIN BULK W/H
5445 Gulon Road
INDIANAPOLIS, IN 46254
Tammy/Barb (317) 876-7800
Reference Number:

Carrier:	Millhouse Express LLC
Pro#:	6
Load#:	319055944
Ship ID#:	test kits

Consignee: Due Date 3/18/2020

City of Jacksonville
909 Haines St
Jacksonville, FL 32206
Brian Petterson (904) 412-8903
Reference Number:

All Freight charges PPD/3rd party bill to:

CHRLTL
14800 Charlson Road
Suite 2100
Eden Prairie, MN 55347

Type/ Reference #	SKU/ UPC	Description	QTY/ UOM	Pallets	Weight	Category/ Temp	NMFC/ Class
		Med. Supplies 70	4 Boxes	4.00	1334	Dry	56828 sub 9 70
			4	4	1334		

Shipper Special Instructions:**Consignee Special Instructions:****Comments:**

For problems on this shipment, please contact CH Robinson at 888-686-2733

The Shipper certifies that the above named materials are properly classified, described, marked, labeled and packaged, and are in proper condition for transportation, according to the applicable regulations of the Department Of Transportation.

Shipper Signature X [Signature] Date: 3-18-20 Trailer# _____
Consignee Signature X _____ Date: _____ Sea # _____
Driver Signature X _____ Date: _____ Seal _____

Permanent post-office address of shipper.

Cody Hellum 3/18/20
EPP Warehouse
@ 3:30 pm

From: Henry Schein Inc 5315 W 74th St Indianapolis IN 46268	City of Jacksonville 909 Haines St Jacksonville, FL 32206
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Pallet 1

Product	Cases Shipped	Loose amount	Total Units Shipped
Gloves, large, non-sterile, powder free, latex Total	5	7 boxes (100)	5700
Gloves, medium, non-sterile, powder free, latex Total	5	7 boxes (100)	5700
Gloves, small, non-sterile, powder free, latex Total	5	7 boxes (100)	5700
Gloves, Large, non-sterile, powder free, Nitrile Total	3	0	3000
Gloves, medium, non-sterile, powder free, Nitrile Total	3	0	3000
Gloves, small, non-sterile, powder free, Nitrile Total	3	0	3000
PAPR	5	0	5
Face shields	4	0	384
Ear loop masks	1	3 boxes (50)	650
Battery	1	0	1

From: Henry Schein Inc 5315 W 74th St Indianapolis IN 46268	City of Jacksonville 909 Haines St Jacksonville, FL 32206
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Pallet 2

Product	Cases Shipped	Loose amount	Total Units Shipped
Gown, Surgical, Sterile, Large Total	4	0	120
Gown, Surgical, Sterile, XL Total	4	0	120
Gown, Surgical, Sterile, XXL Total	7	0	126
UVT or Swab	8	0	2400

From: Henry Schein Inc 5315 W 74th St Indianapolis IN 46268	City of Jacksonville 909 Haines St Jacksonville, FL 32206
---	---

Pallet 3

Product	Cases Shipped	Loose amount	Total Units Shipped
Tyvec Suits - Large	8	0	200
Tyvec Suits -xxl	8	0	200
N-95	17	0	4080

From: Henry Schein Inc 5315 W 74th St Indianapolis IN 46268	City of Jacksonville 909 Haines St Jacksonville, FL 32206
---	---

Pallet 4

Product	Cases Shipped	Loose amount	Total Units Shipped
Hoods S/M	7	0	140
Hoods M/L	12	0	240

From: Mahon, Jason <Jason.Mahon@em.myflorida.com>

Sent: Wednesday, March 04, 2020 6:50 PM EST

CC: tiffany.vause@deo.myflorida.com <tiffany.vause@deo.myflorida.com>; Alberto.Moscoso@flhealth.gov <Alberto.Moscoso@flhealth.gov>; Helen.Ferre@eog.myflorida.com <Helen.Ferre@eog.myflorida.com>; Meredith.M.Beatrice@eog.myflorida.com <Meredith.M.Beatrice@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>; cody.mccloud@eog.myflorida.com <cody.mccloud@eog.myflorida.com>; Marquez, Jonas <Jonas.Marquez@eog.myflorida.com>

Subject: Call Summary

Good afternoon everyone,

As discussed on the call, thank you for supporting FDOH as they provide information on COVID-19. To support us in this effort, please send 3-5 bullet points on actions your agency has taken to myself and Tiffany Vause by 10:30 a.m. tomorrow. Please also include 5-10 social media messages and proactive strategies that could be utilized over the following week.

If you receive any media inquiries that should be referred to the Department of Health, please send them to NewsMedia@flhealth.gov.

Additionally, for our joint visibility, please send answered inquiries to media@eog.myflorida.com as well as NewsMedia@flhealth.gov.

Best,

Jason

Jason Mahon

Communications Director

Florida Division of Emergency Management

941-457-0457

Jason.Mahon@em.myflorida.com

Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Sent: Monday, March 09, 2020 11:18 AM EDT
To: NETCAdmissions@fema.dhs.gov <NETCAdmissions@fema.dhs.gov>
CC: Miller, Carly <carly.miller@em.myflorida.com>
Subject: Cancellation of Course Attendance

Good Morning,

Request cancellation of the below listed individuals scheduled to attend the **E0208 State Coordinating Officer, March 16-19, 2020**, due to the State of Florida's response to COVID-19:

Kevin Guthrie SID 0000431353

Jon Bussey SID 0005366174

Thanks in advance for consideration of this request and please feel free to contact me if additional discussion is needed.

Linda J. McWhorter
Preparedness Bureau Chief
(850) 815-4301

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From: Sayler, Erik <Erik.Sayler@em.myflorida.com>
Sent: Monday, March 23, 2020 1:02 PM EDT
To: Davis, Ashley <Ashley.Davis@em.myflorida.com>; County Emergency Management Directors <CountyEmergencyManagementDirectors@em.myflorida.com>; DEM ESF Leads and Partners <ECO_ESF@em.myflorida.com>
CC: Lock, Ryan <Ryan.Lock@em.myflorida.com>
Subject: DBPR Emergency Order pertaining to expired PPE
Attachment(s): "DBPR EO 2020-02, issued 3-23-20 (Re expired PPE).pdf"

The Division of Business and Professional Regulation (DBPR) issued the attached Emergency Order pertaining to expired PPE. It suspends provisions of section 499.006(9), Florida Statutes, as it relates to expired PPE for the duration of the declaration of a state of emergency as described in Executive Order 20-52.

Erik L. Sayler

Deputy General Counsel
Florida Division of Emergency Management
Direct: (850) 815-4154 | Mobile: (850) 694-6620 | Erik.Sayler@em.myflorida.com



Florida has a very broad public records law. Written communications to or from state officials regarding state business constitute public records. Public records are available to the public and media upon request, unless the information is subject to a specific statutory exemption. Therefore, any information that you send to this address, including your contact information, may be subject to public disclosure.

From: Davis, Ashley <Ashley.Davis@em.myflorida.com>
Sent: Monday, March 23, 2020 12:49 PM
To: County Emergency Management Directors <CountyEmergencyManagementDirectors@em.myflorida.com>; DEM ESF Leads and Partners <ECO_ESF@em.myflorida.com>
Cc: DEM All Staff <DEM@em.myflorida.com>
Subject: CDC guidance on PPE, checklist, and communication resources

Team, good afternoon:

CDC guidance on PPE, checklist, and communication resources:

- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>

CDC Healthcare Supply of Personal Protective Equipment:

- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/healthcare-supply-ppe-index.html>

CDC Communication Resources:

- <https://www.cdc.gov/coronavirus/2019-ncov/communication/index.html>

CDC vendor and product name for N95s:

- https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/N95list1-e.html

Attachments – hand sanitizer, optimizing N95s, and cloth masks.

Ashley H. Davis, FPEM, CEM | Bureau Chief of Response
Florida Division of Emergency Management
Ashley.Davis@em.myflorida.com

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**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

EMERGENCY ORDER 2020-02

WHEREAS, Novel Coronavirus Disease 2019 (COVID-19) is a severe acute respiratory illness that can spread among humans through respiratory transmission and presents with symptoms similar to those of influenza; and

WHEREAS, the Governor issued Executive Order 20-52 on March 9, 2020, pursuant to the authority vested in him by Article IV, Section 1(a) of the Florida Constitution, the State Emergency Management Act, s. 252.31, Florida Statutes, *et al.*, as amended, and all other applicable laws, and declared a state of emergency for the State of Florida; and

WHEREAS, the Governor, in Executive Order Number 20-52, authorized each State agency to suspend the provisions of any regulatory statute of that agency, if strict compliance with that statute would in any way prevent, hinder, or delay necessary action in coping with this emergency;

WHEREAS, the Secretary of the United States Department of Health and Human Services (HHS) declared on March 2, 2020, that circumstances exist justifying the authorization of emergency use of personal respiratory protective devices during the COVID-19 outbreak;

WHEREAS, the United States Food and Drug Administration thereafter issued an Emergency Use Authorization (EUA) for emergency use of certain disposable filtering facepiece respirators (FFRs) approved by the National Institute for Occupational Safety and Health (NIOSH) that have passed the manufacturers' recommended shelf-life, for use in healthcare settings by healthcare personnel to prevent wearer exposure to pathogenic biological airborne particulates during FFR shortages resulting from the COVID-19 outbreak;

WHEREAS, Personal protective equipment (or “PPE”) is equipment worn to minimize exposure to hazards that cause serious workplace injuries or illnesses. Such equipment includes FFRs such as N-95 respirators and surgical masks.

WHEREAS, PPE for which the expiration date has passed is ordinarily considered an adulterated device. § 499.006(9), Fla. Stat. (2019). Such an adulterated device is barred from distribution, sale, or delivery. §§ 499.005(1) & (3), Fla. Stat. (2019).

WHEREAS, Given the ongoing state of emergency and the dangers posed by the outbreak of COVID-19, it is reasonable to believe that the known and potential benefits of PPE, when used consistently with the EUA issued by the Food and Drug Administration, outweigh the known and potential risks of such a product even when the expiration date has passed.

NOW, THEREFORE, I, HALSEY BESHEARS, Secretary of Florida’s Department of Business and Professional Regulation, pursuant to the authority granted by Executive Order No. 20-52, find the timely execution of the mitigation, response, and recovery aspects of the State’s emergency management plan, as it relates to COVID-19, is negatively impacted by the application of certain regulatory statutes related to the Department of Business and Professional Regulation (“the Department”). Therefore, I order the following:

1. Accordingly, the provisions of section 499.006(9), Florida Statutes, as they relate to PPE are hereby **SUSPENDED** for the duration of the declaration of a state of emergency as described in Executive Order 20-52.

Executed this 23rd day of March, 2020, in Tallahassee, Leon County, Florida.

FLORIDA DEPARTMENT OF BUSINESS
AND PROFESSIONAL REGULATION



Halsey Beshears, Secretary
2601 Blair Stone Road
Tallahassee, Florida 32399

Filed on this date, with
the designated Agency Clerk,
receipt of which is hereby
acknowledged.



Rando Bryan
Agency Clerk's Office

Date: March 23, 2020

From: Cintron, Morgan <Morgan.Cintron@em.myflorida.com>
Sent: Tuesday, March 03, 2020 1:34 PM EST
To: usfa-publications@fema.dhs.gov <usfa-publications@fema.dhs.gov>
Subject: Fire safety order
Attachment(s): "Fire safety order form.pdf"

Please see attached, let me know if there any questions. Thank you!

Morgan L. Cintron
External Affairs Director
Florida Division of Emergency Management
2555 Shumard Oak Boulevard
Tallahassee, FL 32399
C-850-755-2722
O-850-815-4013
Morgan.Cintron@em.myflorida.com
www.floridadisaster.org



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Publications Request Form

The U.S. Fire Administration (USFA) is pleased to make available the publications, handouts and kits listed **free of charge**. Fire and public safety education specialists are encouraged to incorporate these materials into their presentations. Items are available in limited quantities. **Please allow three to four weeks for delivery.**

Publications Ordering Options

- **U.S. Mail**

U.S. Fire Administration
Publications Center, Room I-120
16825 South Seton Ave.
Emmitsburg, MD 21727

- **Website**

www.usfa.fema.gov/publications/

- **Phone**

(301) 447-1189 or (800) 561-3356
7:30 am - 5:00 pm EST/EDT

- **Fax**

(301) 447-1213

- **Email**

USFA-Publications@fema.dhs.gov

- **Comments**

Ship To: (Please write legibly to ensure delivery.)

Morgan Cintron

Name

Florida Division of Emergency Management

Organization

Station Number

Organization Type

- | | |
|--|--|
| ☐ Community-Based Organization | ☐ None |
| ☐ Fire/EMS Dept. or Org. (Career) | ☐ Private Industry |
| ☐ Fire/EMS Dept. or Org. (Vol.) | ☒ Public Safety Agency |
| | ☐ School or Daycare |

Organization P.O. Box

2555 Shumard Oak Blvd

Organization Street Address

Tallahassee

City

Florida

32399

State

Zip

850-815-4013

Daytime Telephone No.

morgan.cintron@em.myflorida.com

E-Mail Address

Manuals and Reports

FA Number	Title	Quantity
FA-264	America Burning	
FA-352	Critical Health and Safety Issues in the Volunteer Fire Service	
FA-266	Fire Data Analysis Handbook (1st edition)	
FA-342	National Safety Culture Change Initiative	
FA-355	Emerging Health and Safety Issues Among Women in the Fire Service	

Children's Publications

FA Number	Title	Quantity
FA-327	Kids Firetruck Foldup Activity Sheet	
FA-327S	Kids Firetruck Foldup Activity Sheet - Spanish	
FA-348	Let's Have Fun with Fire Safety Activity Book	
FA-348S	Let's Have Fun with Fire Safety Activity Book - Spanish	
FA-340	Sesame Street Fire Safety Program Color and Learn - English	2,000
FA-340S	Sesame Street Fire Safety Program Color and Learn - Spanish	1,000
FA-338	Sesame Street Fire Safety Program Educators Guide Kit - English	See website for ordering details
FA-338S	Sesame Street Fire Safety Program Educators Guide Kit - Spanish	
FA-339	Sesame Street Fire Safety Program Family Guide - English	
FA-339S	Sesame Street Fire Safety Program Family Guide - Spanish	

Brochures and Handouts

FA Number	Title	Quantity
FA-46	After the Fire: Returning to Normal	
FA-46S	After the Fire: Returning to Normal - Spanish	
FA-221	Fire Safety for Older Adults	
FA-221S	Fire Safety for Older Adults - Spanish	
FA-354	Home Fire Safety (Brochure/Poster)	
FA-354S	Home Fire Safety (Brochure/Poster) - Spanish	
FA-346S	Home Fire Safety Tips for Caregivers - Spanish	
FA-345	Home Fire Safety Tips for Older Adults	
FA-345S	Home Fire Safety Tips for Older Adults - Spanish	
FA-344	Home Fire Safety Tips for Smokers	
FA-344S	Home Fire Safety Tips for Smokers - Spanish	
FA-351	Prevent Home Fires Bilingual Door Hanger for Caregivers - English and Spanish	
FA-350	Prevent Home Fires Bilingual Door Hanger for Older Adults - English and Spanish	
FA-337	Wildfires: Protect Yourself and Your Community	1,000

[Email Form](#)
[Save](#)

From: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>

Sent: Thursday, March 19, 2020 7:24 AM EDT

To: Gracia, Szczech (FEMA) <Gracia.Szczech@fema.dhs.gov>; Samaan, Robert <Robert.Samaan@fema.dhs.gov>; Keenan, Gwen (FEMA) <Gwen.Keenan@fema.dhs.gov>

Subject: FIT Team Members to 12/7 activation status.

I would like to request the full utilization of Amy Peterson, FEMA Response FIT Planner and Gwen Keenan (when available to be in the EOC) in the COVID-19 Response. As you know, this is the first time SERT Plans has conducted contingency planning during an activation, and the nature of this event requires direct coordination with federal partners, specifically HHS, DHS, and CDC. To maximize efficiency, I would like to utilize Amy Peterson to streamline our coordination with federal partners; which is the standard role our FEMA partners fulfill in the Florida SEOC. Gwen's 12 hour per day participation is critical considering the only federal partner that has responded to our level 1 activation is the US Coast Guard. Currently Linda McWhorter is handling all interface with Federal agencies and I would request that Gwen support, not supplant, these activities 12/7 please. This coordination will take place 7 days a week during the full operational period.

Kevin Guthrie, MA MEP CEM FPED | Deputy Director

Office of the Director

Florida Division of Emergency Management

2555 Shumard Oak Blvd

Tallahassee, FL 32399-2100

Office: (850) 815-4101

Cell: (850) 294-8250

Kevin.Guthrie@em.myflorida.com

www.floridadisaster.org



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From: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>

Sent: Tuesday, March 24, 2020 12:43 AM EDT

To: Carruthers, Robert G COL USARMY NG FLARNG (USA) <robert.g.carruthers.mil@mail.mil>; Ladd, Michael A COL USARMY NG FLARNG (USA) <michael.a.ladd10.mil@mail.mil>; Deleon, Melissa (FLNG) <Melissa.e.deleon.mil@mail.mil>

Subject: FW: [EXTERNAL] EO 20-80

Attachment(s): "EO 20-80.pdf", "Airport Traveler Form.pdf", "COVID-19 Traveler Card_032320.pdf", "JAX Flights.docx", "NYC Arrivals March 23 - April 12, 2020 (LGA, JFK, EWR, HPN, ISP) All Airline Arrivals to TPA.XLSX", "FLL Schedule_Daily_Bank_Structure_Report_NY-NJ metro.xlsx", "Scheduled Arrivals 032420 to 032820.pdf", "Orlando Flights.docx"

Kevin Guthrie | Deputy Director

Office: (850) 815-4101

Cell: (850) 294-8250

Kevin.Guthrie@em.myflorida.com

From: Coppola, Courtney <Courtney.Coppola@flhealth.gov>

Sent: Tuesday, March 24, 2020 12:42 AM

To: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>

Cc: Thibault, Kevin <kevin.thibault@dot.state.fl.us>; Cooksey, Samantha <samantha.cooksey@flhealth.gov>; LCRAVEN@miami-airport.com; MNONNEMACHER@broward.org; Draper, Tom <tdraper@goaa.org>; terry.dlugos@flyjax.com; gevens@TampaAirport.com; St Laurent, Louise R <Louise.StLaurent@flhealth.gov>

Subject: [EXTERNAL] EO 20-80

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Good evening,

Today Governor Ron DeSantis issued Executive Order 20-80 directing all persons whose point of departure originates from outside the State of Florida in an area with substantial community spread, to include the New York Tri-State Area (Connecticut, New Jersey and New York), and entering the State of Florida through airports to isolate or quarantine for a period of 14 days from the time of entry into the State of Florida or the duration of the person's presence in the State of Florida, whichever is shorter.

This Order shall not apply to persons employed by the airlines and those performing emergency or health response. This Order shall take effect on March 24, 2020 at 12:01 a.m. All persons isolating or quarantining under this Section, shall be responsible all costs associated with that person's isolation or quarantine, including transportation, lodging, food, medical care and any other expenses to sustain the person during the period of isolation or quarantine.

Beginning with the flights from the New York Tri-State Area (Connecticut, New Jersey and New York), all travelers must complete the form attached (*see Airport Traveler Form*), and will be provided the COVID-19 Traveler Form (*attached*) at the following airports:

1. Miami International – MIA
2. Fort Lauderdale/Hollywood International – FLL
3. Orlando International – MCO
4. Jacksonville International Airport – JAX
5. Tampa International – TPA

All airport screening task force members should report to their respective airports at 07:00am. FLNG and DOH-MQA will meet with their on-site airport point of contact below.

MIA

Lony Craven

Cell: (305)-979-9662

LCRAVEN@miami-airport.com

FLL

Michael Nonnemacher

Aviation Chief Operating Officer

Cell: (954)-817-0241

MNONNEMACHER@broward.org

MCO

Thomas W. Draper

Cell: (407)-247-8184

TDraper@goaa.org

JAX

Terry Dlugos, AAE, IAP

Cell: (904) 477-1501

terry.dlugos@flyjax.com

TPA

Gina Evans

Cell: (813) 579-0995

gevans@TampaAirport.com

Thank you,

Courtney F. Coppola

Chief of Staff

& Marijuana Coordinator

Florida Department of Health

Florida Department of Health | 4052 Bald Cypress Way | Tallahassee, FL 32399



Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

COVID-19 DEPARTMENT OF HEALTH MANDATORY SELF-ISOLATION AIRPORT TRAVEL

Each arriving traveler or responsible family member must provide the following information:

One written declaration per family is required.

The term "family" is defined as "members of a family residing in the same household who are related by blood, marriage, domestic relationship, or adoption."

Name: (First / Middle / Last)			
Birth Date (Month / Day / Year):			
Cellular Telephone Number:		E-Mail Address:	
Residential Address:			
Residential Address (Line 2):			
(City / State / Zip):			

Airline:		Flight Number:	
Airport traveled from:			
Purpose of the trip (Select One):	Business	Personal	
Is your travel related to providing emergency or health services?	YES	NO	

Description of Trip:

Length of Stay:			
Addresses of Florida stay:			
Addresses of Florida stay (Line 2):			
(City / State / Zip):			

Do you already have a return flight?	YES	NO
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If YES, provide:

Airline:		Flight Number:	
Departure Date (Month / Day / Year):			

List of all family members traveling with you (name and date of birth)			
Name: (First / Middle / Last)			
Birth Date (Month / Day / Year):			
Name: (First / Middle / Last)			
Birth Date (Month / Day / Year):			
Name: (First / Middle / Last)			
Birth Date (Month / Day / Year):			
Name: (First / Middle / Last)			
Birth Date (Month / Day / Year):			
Name: (First / Middle / Last)			
Birth Date (Month / Day / Year):			
Name: (First / Middle / Last)			
Birth Date (Month / Day / Year):			
Name: (First / Middle / Last)			
Birth Date (Month / Day / Year):			

I UNDERSTAND THAT ANY INDIVIDUAL IN MY FAMILY WHO VIOLATES THE SELF-ISOLATION OR SELF-QUARANTINE BY FAILING TO REMAIN WITHIN THE CONFINES OF THE ADDRESS PROVIDED IN QUESTION 10 FOR THE MANDATORY LENGTH OF TIME, CAN BE SUBJECT TO PROSECUTION UNDER SECTIONS 252.50 OR 381.00315(6), FLORIDA STATUTES, WHICH IF CONVICTED IS PUNISHABLE UP TO 60 DAYS IMPRISONMENT, A FINE NOT MORE THAN \$500.00, OR BOTH.

I HAVE MADE A TRUTHFUL DECLARATION.

SIGNATURE: _____ DATE: _____

Pursuant to Executive Order 20-80 and the Florida Department of Health declaration of a Public Health Emergency, the State Health Officer and Surgeon General can order any individual to be examined, tested, vaccinated, treated, isolated or quarantined for COVID-19. Any isolation or quarantine order issued pursuant to section 318.00315, Florida Statutes, shall be enforceable by injunction filed in a Florida Circuit Court. Failure to follow any isolation or quarantine order by the Florida Department of Health is a second-degree misdemeanor.

Failure to fill out this form is a second-degree misdemeanor pursuant to section 252.50, Florida Statutes.

Coronavirus Disease 2019 (COVID-19)

ALL TRAVELERS ARE REQUIRED TO ISOLATE FOR A PERIOD OF 14 DAYS FROM THE TIME OF ENTRY INTO THE STATE OF FLORIDA OR THE DURATION OF THE TRAVELERS' S PRESENCE IN THE STATE OF FLORIDA, WHICHEVER IS SHORTER.

If you become ill with a fever, cough or shortness of breath:



- Avoid contact with others except for seeking medical care.
- If you need medical care, call a healthcare provider or local county health department.
- If you have difficulty accessing medical care or have questions about how to care for yourself at home, call 1 (866) 779-6121.

For more information:

go to <https://floridahealthcovid19.gov>

Call: 1 (866) 779-6121 Call Center is available 24/7

Email: COVID-19@flhealth.gov

STATE OF FLORIDA

OFFICE OF THE GOVERNOR

EXECUTIVE ORDER NUMBER 20-80

(Emergency Management - COVID-19 – Airport Screening and Isolation)

WHEREAS, Novel Coronavirus Disease 2019 (COVID-19) is a severe acute respiratory illness that can spread among humans through respiratory transmission and presents with symptoms similar to those of influenza; and

WHEREAS, on March 1, 2020, I issued Executive Order number 20-51 directing the Florida Department of Health to issue a Public Health Emergency; and

WHEREAS, on March 1, 2020, the State Surgeon General and State Health Officer declared a Public Health Emergency exists in the State of Florida as a result of COVID-19; and

WHEREAS, on March 9, 2020, I issued Executive Order 20-52 declaring a state of emergency for the entire State of Florida as a result of COVID-19; and

WHEREAS, many cases of COVID-19 in Florida have been as a result of individuals coming into the State of Florida from international travel and other states and exposing our residents; and

WHEREAS, Florida is seeing an increase in individuals fleeing to Florida from states where “shelter-in-place” orders are being implemented, including from the New York Tri-State Area; and

WHEREAS, as Governor, I am responsible for meeting the dangers presented to this state and its people by this emergency.

NOW, THEREFORE, I, RON DESANTIS, as Governor of Florida, by virtue of the authority vested in me by Article IV, Section (1)(a) of the Florida Constitution, Chapter 252,

Florida Statutes, and all other applicable laws, promulgate the following Executive Order to take immediate effect:

Section 1.

A. I hereby direct all persons whose point of departure originates from outside the State of Florida in an area with substantial community spread, to include the New York Tri-State Area (Connecticut, New Jersey and New York), and entering the State of Florida through airports to isolate or quarantine for a period of 14 days from the time of entry into the State of Florida or the duration of the person's presence in the State of Florida, whichever is shorter. This Order shall not apply to persons employed by the airlines and those performing military, emergency or health response. This Order shall take effect on March 24, 2020 at 12:01 a.m. All persons isolating or quarantining under this Section, shall be responsible for all costs associated with that person's isolation or quarantine, including transportation, lodging, food, medical care and any other expenses to sustain the person during the period of isolation or quarantine.

B. I hereby direct the Florida Department of Health, pursuant to section 381.00315(5), Florida Statutes, to immediately apply existing rules adopted pursuant to that section. The Florida Department of Health shall take any steps necessary to ensure the screening and appropriate isolation and quarantine of individuals covered by this Order.

C. I hereby direct the Florida Department of Health to coordinate with the Florida Division of Emergency Management, each aviation and airport authority in Florida, county and local governments, and law enforcement agencies to effectuate the isolation or quarantine outlined above.

D. Pursuant to section 381.0012(5), Florida Statutes, "it shall be the duty of every state and county attorney, sheriff, police officer, and other appropriate city and county officials

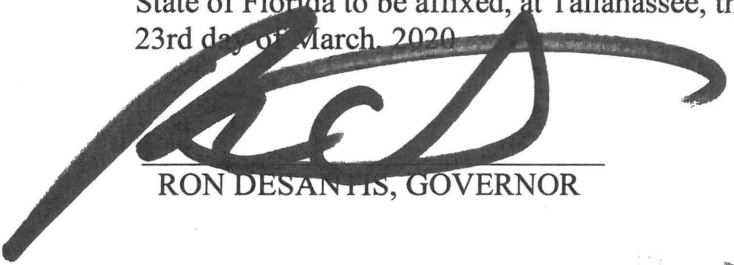
upon request to assist the [Department of Health]" in enforcing any isolation or quarantine or order of the Department of Health issued pursuant to this Order.

E. Any person who violates any isolation or quarantine directed by the Department of Health commits a misdemeanor of the second degree, which is punishable by imprisonment not to exceed 60 days, a fine not to exceed \$500, or both. *See* § 381.00315(6), Fla. Stat.

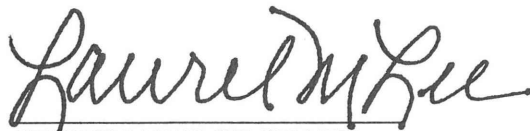
Section 2. This Executive Order shall expire upon the expiration of Executive Order 20-52, including any extensions, or upon an Executive Order lifting the isolation or quarantine after advice from the State Health Officer and Surgeon General.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Florida to be affixed, at Tallahassee, this 23rd day of March, 2020.


RON DESANTIS, GOVERNOR

ATTEST:


SECRETARY OF STATE

FILED
2020 MAR 23 PM 7:41
TALLAHASSEE, FLORIDA

	A	B	C	D	E	F	G	H	I	J	K
1	Seats	Equip	Mkt AI	Flight	Orig	Hub Time	Dest	Mkt AI	Flight	Equip	Seats
2	100	E90	B6	505	EWB	0037					
3	179	739	UA	1284	EWB	0101					
4						0600	EWB	UA	1637	739	179
5						0653	JFK	B6	502	320	162
6						0710	LGA	DL	2574	321	191
7						0715	ACY	NK	218	32B	228
8						0725	LGA	NK	604	32A	182
9						0730	JFK	DL	2683	321	191
10						0730	EWB	UA	995	320	150
11						0740	EWB	B6	2706	320	150
12						0745	HPN	B6	914	320	150
13						0755	BUF	WN	2442	73H	175
14						0800	JFK	B6	308	321	200
15	150	320	B6	601	JFK	0803					
16	228	32B	NK	521	EWB	0901					
17	179	739	UA	2097	EWB	0934		EWB	16		
18	228	32B	NK	705	LGA	0936		JFK	12		
19	162	320	B6	1505	EWB	0938		LGA	10		
20						0938	EWB	NK	1520	32B	228
21						0940	EWB	B6	605	320	150
22	191	321	DL	2335	LGA	1007		HPN	2		
23						1011	JFK	B6	1202	321	200
24						1029	EWB	UA	1688	739	179
25						1040	EWB	B6	506	E90	100
26						1055	EWB	NK	524	32B	228
27	100	E90	B6	913	HPN	1105		ISP	2		
28						1105	LGA	DL	2335	321	191
29	191	321	DL	2097	JFK	1113		SWF	1		
30						1129	LGA	NK	180	32N	182
31	179	739	UA	1078	EWB	1148					
32						1155	LGA	B6	1572	321	200
33						1205	EWB	UA	2334	739	179
34	162	320	B6	1101	JFK	1213					
35						1213	JFK	DL	2097	321	191
36	162	320	B6	205	EWB	1256					
37						1300	EWB	UA	1913	739	179
38						1306	EWB	B6	306	320	162
39	200	321	B6	2901	JFK	1312					
40						1312	JFK	B6	402	320	150
41	179	739	UA	2120	EWB	1357					
42	191	321	DL	967	LGA	1402					
43	200	321	B6	501	JFK	1406					
44						1416	ALB	B6	88	320	162
45	150	320	B6	305	EWB	1429					
46	191	321	DL	545	JFK	1435					
47						1435	ACY	NK	262	32B	228
48						1452	EWB	UA	1223	739	179
49						1500	LGA	DL	1131	321	191

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	A	B	C	D	E	F	G	H	I	J	K
50						1500	EWR	B6	6	320	150
51						1512	JFK	B6	202	320	162
52						1525	ALB	WN	835	73W	143
53	143	73W	WN	2566	ISP	1530					
54						1536	LGA	B6	1272	321	200
55						1545	JFK	DL	2456	321	191
56	182	32A	NK	197	LGA	1549					
57	191	321	DL	2519	LGA	1558					
58						1604	LGA	NK	174	32A	182
59						1620	SWF	B6	536	E90	100
60	150	320	B6	1302	EWR	1628					
61						1628	EWR	UA	2335	739	179
62	200	321	B6	1171	LGA	1655					
63						1700	LGA	DL	2208	321	191
64	200	321	B6	201	JFK	1729					
65	179	739	UA	2215	EWR	1744					
66						1745	ISP	WN	1666	73W	143
67	228	32B	NK	525	EWR	1804					
68						1829	JFK	B6	2	321	200
69	182	32N	NK	171	LGA	1852					
70	191	321	DL	2544	LGA	1852					
71	200	321	B6	1401	JFK	1858					
72						1900	EWR	B6	706	320	150
73	150	320	B6	2705	EWR	1910					
74						1920	HPN	B6	814	E90	100
75	191	321	DL	2195	JFK	1933					
76						1955	LGA	DL	2544	321	191
77						2008	TTN	F9	812	320	186
78						2014	JFK	B6	1802	321	200
79	150	320	B6	1601	JFK	2015					
80						2025	LGA	NK	710	32B	228
81	186	320	F9	2847	ISP	2028					
82						2030	BUF	WN	4385	73W	143
83						2031	JFK	DL	2195	321	191
84						2045	EWR	UA	2336	739	179
85	228	32B	NK	1529	EWR	2052					
86						2055	BUF	B6	2466	320	150
87						2059	EWR	NK	1528	32B	228
88	150	320	UA	247	EWR	2112					
89						2125	ACY	NK	268	319	145
90						2132	ISP	F9	2848	320	186
91						2138	JFK	B6	2202	320	162
92	179	739	UA	2025	EWR	2212					
93	191	321	DL	2469	LGA	2240					
94	200	321	B6	1271	LGA	2242					
95	150	320	B6	813	HPN	2249					
96	182	32A	NK	779	LGA	2259					
97						2259	PBG	NK	450	32A	182
98	191	321	DL	2910	JFK	2300					

	A	B	C	D	E	F	G	H	I	J	K
99						2304	IAG	NK	416	32A	182
100	100	E90	B6	535	SWF	2308					
101	150	320	B6	1201	JFK	2340					
102	179	739	UA	711	EWR	2342					

Airline	Flight	City	Arrival Time
Delta	5586	LGA	1054
United	4897	EWR	1108
Jetblue	677	JFK	1117
Delta	6001	LGA	1657
Jetblue	477	JFK	1742
United	5016	EWR	2112
Delta	5998	LGA	2202
Delta	5100	JFK	2255
Jetblue	1677	JFK	2318

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	Schedule Daily Extract Report for Passenger (Air - All) flights from LGA, EWR, JFK, HPN, ISP to TPA for travel between March 23, 2020 and April 12, 2020 (down)														
2															
3															
4															
5	Date	Mkt AI	Alliance	Op AI	Orig	Dest	Miles	Flight	Stops	Equip	Seats	Dep Term	Arr Term	Dep Time	Arr Time
6	Mar 23, 2020	B6	Low Cost Carriers	B6	EWR	TPA	998	573	0	320	150	A		0725	1020
7	Mar 23, 2020	B6	Low Cost Carriers	B6	EWR	TPA	998	1973	0	320	150	A		1444	1740
8	Mar 23, 2020	B6	Low Cost Carriers	B6	EWR	TPA	998	905	0	320	150	A		2145	0036
9	Mar 23, 2020	B6	Low Cost Carriers	B6	HPN	TPA	1,032	1447	0	E90	100			1110	1407
10	Mar 23, 2020	B6	Low Cost Carriers	B6	JFK	TPA	1,005	725	0	321	200	5		0710	1009
11	Mar 23, 2020	B6	Low Cost Carriers	B6	JFK	TPA	1,005	225	0	320	162	5		0929	1229
12	Mar 23, 2020	B6	Low Cost Carriers	B6	JFK	TPA	1,005	325	0	320	162	5		1435	1740
13	Mar 23, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2598	0	320	157	4		0800	1055
14	Mar 23, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2593	0	320	157	4		1132	1425
15	Mar 23, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2649	0	319	132	4		1552	1855
16	Mar 23, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2287	0	320	157	4		1925	2232
17	Mar 23, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	2280	0	321	191	D		0805	1105
18	Mar 23, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	1875	0	321	191	D		1115	1422
19	Mar 23, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	634	0	321	191	D		1545	1847
20	Mar 23, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	724	0	321	191	D		1929	2231
21	Mar 23, 2020	F9	Low Cost Carriers	F9	EWR	TPA	998	2555	0	320	186	B		0729	1031
22	Mar 23, 2020	F9	Low Cost Carriers	F9	ISP	TPA	1,034	2519	0	320	186			0600	0909
23	Mar 23, 2020	NK	Low Cost Carriers	NK	EWR	TPA	998	751	0	32A	182	B		1225	1521
24	Mar 23, 2020	NK	Low Cost Carriers	NK	LGA	TPA	1,011	921	0	32A	182	C		1117	1430
25	Mar 23, 2020	UA	Star Alliance	UA	EWR	TPA	998	1662	0	738	166	C		0627	0924
26	Mar 23, 2020	UA	Star Alliance	UA	EWR	TPA	998	1421	0	739	179	C		0829	1137
27	Mar 23, 2020	UA	Star Alliance	UA	EWR	TPA	998	1524	0	320	150	C		1000	1259
28	Mar 23, 2020	UA	Star Alliance	UA	EWR	TPA	998	1890	0	739	179	C		1429	1722
29	Mar 23, 2020	UA	Star Alliance	UA	EWR	TPA	998	1783	0	320	150	C		1529	1822
30	Mar 23, 2020	UA	Star Alliance	UA	EWR	TPA	998	1640	0	739	179	C		1800	2103
31	Mar 23, 2020	UA	Star Alliance	UA	EWR	TPA	998	1983	0	320	150	C		1921	2224
32	Mar 23, 2020	WN	Low Cost Carriers	WN	ISP	TPA	1,034	2376	0	73W	143			1500	1805
33	Mar 23, 2020	WN	Low Cost Carriers	WN	LGA	TPA	1,011	5432	0	73H	175	B		0855	1205
34	Mar 23, 2020	WN	Low Cost Carriers	WN	LGA	TPA	1,011	964	0	73W	143	B		1550	1900
35	Mar 24, 2020	B6	Low Cost Carriers	B6	EWR	TPA	998	573	0	320	150	A		0725	1020
36	Mar 24, 2020	B6	Low Cost Carriers	B6	EWR	TPA	998	1973	0	320	150	A		1444	1740
37	Mar 24, 2020	B6	Low Cost Carriers	B6	EWR	TPA	998	905	0	320	150	A		2145	0036
38	Mar 24, 2020	B6	Low Cost Carriers	B6	HPN	TPA	1,032	1447	0	E90	100			1110	1407
39	Mar 24, 2020	B6	Low Cost Carriers	B6	JFK	TPA	1,005	725	0	321	200	5		0710	1009
40	Mar 24, 2020	B6	Low Cost Carriers	B6	JFK	TPA	1,005	225	0	320	150	5		0929	1229
41	Mar 24, 2020	B6	Low Cost Carriers	B6	JFK	TPA	1,005	325	0	320	162	5		1435	1740
42	Mar 24, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2598	0	320	157	4		0800	1055
43	Mar 24, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2593	0	320	157	4		1132	1425
44	Mar 24, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2649	0	319	132	4		1552	1855
45	Mar 24, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2287	0	320	157	4		1925	2232
46	Mar 24, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	2280	0	321	191	D		0805	1105
47	Mar 24, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	1875	0	320	157	D		1110	1417
48	Mar 24, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	634	0	321	191	D		1545	1847
49	Mar 24, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	724	0	321	191	D		1929	2231

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	P	Q	R	S
1				
2				
3				
4				
5	Block Mins	Arr Flag	Orig WAC	Dest WAC
6	175	0	21	33
7	176	0	21	33
8	171	1	21	33
9	177	0	22	33
10	179	0	22	33
11	180	0	22	33
12	185	0	22	33
13	175	0	22	33
14	173	0	22	33
15	183	0	22	33
16	187	0	22	33
17	180	0	22	33
18	187	0	22	33
19	182	0	22	33
20	182	0	22	33
21	182	0	21	33
22	189	0	22	33
23	176	0	21	33
24	193	0	22	33
25	177	0	21	33
26	188	0	21	33
27	179	0	21	33
28	173	0	21	33
29	173	0	21	33
30	183	0	21	33
31	183	0	21	33
32	185	0	22	33
33	190	0	22	33
34	190	0	22	33
35	175	0	21	33
36	176	0	21	33
37	171	1	21	33
38	177	0	22	33
39	179	0	22	33
40	180	0	22	33
41	185	0	22	33
42	175	0	22	33
43	173	0	22	33
44	183	0	22	33
45	187	0	22	33
46	180	0	22	33
47	187	0	22	33
48	182	0	22	33
49	182	0	22	33

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
50	Mar 24, 2020	F9	Low Cost Carriers	F9	EWB	TPA	998	2555	0	320	186	B		0729	1031
51	Mar 24, 2020	F9	Low Cost Carriers	F9	ISP	TPA	1,034	2519	0	320	186			0600	0909
52	Mar 24, 2020	NK	Low Cost Carriers	NK	EWB	TPA	998	751	0	32A	182	B		1225	1521
53	Mar 24, 2020	NK	Low Cost Carriers	NK	LGA	TPA	1,011	921	0	32A	182	C		1117	1430
54	Mar 24, 2020	UA	Star Alliance	UA	EWB	TPA	998	1662	0	738	166	C		0627	0924
55	Mar 24, 2020	UA	Star Alliance	UA	EWB	TPA	998	1421	0	319	126	C		0829	1137
56	Mar 24, 2020	UA	Star Alliance	UA	EWB	TPA	998	1524	0	320	150	C		1000	1259
57	Mar 24, 2020	UA	Star Alliance	UA	EWB	TPA	998	1890	0	739	179	C		1429	1722
58	Mar 24, 2020	UA	Star Alliance	UA	EWB	TPA	998	1783	0	320	150	C		1529	1822
59	Mar 24, 2020	UA	Star Alliance	UA	EWB	TPA	998	1640	0	739	179	C		1800	2103
60	Mar 24, 2020	UA	Star Alliance	UA	EWB	TPA	998	1983	0	320	150	C		1921	2224
61	Mar 24, 2020	WN	Low Cost Carriers	WN	ISP	TPA	1,034	2376	0	73W	143			1500	1805
62	Mar 24, 2020	WN	Low Cost Carriers	WN	LGA	TPA	1,011	5432	0	73H	175	B		0855	1205
63	Mar 24, 2020	WN	Low Cost Carriers	WN	LGA	TPA	1,011	964	0	73W	143	B		1550	1900
64	Mar 25, 2020	B6	Low Cost Carriers	B6	EWB	TPA	998	573	0	320	150	A		0725	1020
65	Mar 25, 2020	B6	Low Cost Carriers	B6	EWB	TPA	998	1973	0	320	150	A		1444	1740
66	Mar 25, 2020	B6	Low Cost Carriers	B6	HPN	TPA	1,032	1447	0	E90	100			1110	1407
67	Mar 25, 2020	B6	Low Cost Carriers	B6	JFK	TPA	1,005	725	0	321	200	5		0710	1009
68	Mar 25, 2020	B6	Low Cost Carriers	B6	JFK	TPA	1,005	325	0	320	150	5		1435	1740
69	Mar 25, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2598	0	320	157	4		0800	1055
70	Mar 25, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2222	0	320	157	4		1132	1425
71	Mar 25, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2649	0	319	132	4		1552	1855
72	Mar 25, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2287	0	320	157	4		1925	2232
73	Mar 25, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	2280	0	321	191	D		0805	1105
74	Mar 25, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	1654	0	320	157	D		1110	1417
75	Mar 25, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	634	0	321	191	D		1545	1847
76	Mar 25, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	724	0	321	191	D		1929	2231
77	Mar 25, 2020	F9	Low Cost Carriers	F9	EWB	TPA	998	2555	0	320	186	B		0729	1031
78	Mar 25, 2020	F9	Low Cost Carriers	F9	ISP	TPA	1,034	2519	0	320	186			0600	0909
79	Mar 25, 2020	NK	Low Cost Carriers	NK	EWB	TPA	998	751	0	32A	182	B		1225	1521
80	Mar 25, 2020	NK	Low Cost Carriers	NK	LGA	TPA	1,011	921	0	32A	182	C		1117	1430
81	Mar 25, 2020	UA	Star Alliance	UA	EWB	TPA	998	1662	0	738	166	C		0627	0924
82	Mar 25, 2020	UA	Star Alliance	UA	EWB	TPA	998	1421	0	739	179	C		0829	1137
83	Mar 25, 2020	UA	Star Alliance	UA	EWB	TPA	998	1524	0	320	150	C		1000	1259
84	Mar 25, 2020	UA	Star Alliance	UA	EWB	TPA	998	1890	0	739	179	C		1429	1722
85	Mar 25, 2020	UA	Star Alliance	UA	EWB	TPA	998	1783	0	320	150	C		1529	1822
86	Mar 25, 2020	UA	Star Alliance	UA	EWB	TPA	998	1640	0	739	179	C		1800	2103
87	Mar 25, 2020	UA	Star Alliance	UA	EWB	TPA	998	1983	0	320	150	C		1921	2224
88	Mar 25, 2020	WN	Low Cost Carriers	WN	ISP	TPA	1,034	2376	0	73W	143			1500	1805
89	Mar 25, 2020	WN	Low Cost Carriers	WN	LGA	TPA	1,011	5432	0	73H	175	B		0855	1205
90	Mar 25, 2020	WN	Low Cost Carriers	WN	LGA	TPA	1,011	964	0	73W	143	B		1550	1900
91	Mar 26, 2020	B6	Low Cost Carriers	B6	EWB	TPA	998	573	0	320	150	A		0725	1020
92	Mar 26, 2020	B6	Low Cost Carriers	B6	EWB	TPA	998	1973	0	320	150	A		1444	1740
93	Mar 26, 2020	B6	Low Cost Carriers	B6	HPN	TPA	1,032	1447	0	E90	100			1110	1407
94	Mar 26, 2020	B6	Low Cost Carriers	B6	JFK	TPA	1,005	725	0	321	200	5		0710	1009
95	Mar 26, 2020	B6	Low Cost Carriers	B6	JFK	TPA	1,005	225	0	320	150	5		0929	1229
96	Mar 26, 2020	B6	Low Cost Carriers	B6	JFK	TPA	1,005	325	0	320	150	5		1435	1740
97	Mar 26, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2598	0	320	157	4		0800	1055
98	Mar 26, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2593	0	320	157	4		1132	1425

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	P	Q	R	S
50	182	0	21	33
51	189	0	22	33
52	176	0	21	33
53	193	0	22	33
54	177	0	21	33
55	188	0	21	33
56	179	0	21	33
57	173	0	21	33
58	173	0	21	33
59	183	0	21	33
60	183	0	21	33
61	185	0	22	33
62	190	0	22	33
63	190	0	22	33
64	175	0	21	33
65	176	0	21	33
66	177	0	22	33
67	179	0	22	33
68	185	0	22	33
69	175	0	22	33
70	173	0	22	33
71	183	0	22	33
72	187	0	22	33
73	180	0	22	33
74	187	0	22	33
75	182	0	22	33
76	182	0	22	33
77	182	0	21	33
78	189	0	22	33
79	176	0	21	33
80	193	0	22	33
81	177	0	21	33
82	188	0	21	33
83	179	0	21	33
84	173	0	21	33
85	173	0	21	33
86	183	0	21	33
87	183	0	21	33
88	185	0	22	33
89	190	0	22	33
90	190	0	22	33
91	175	0	21	33
92	176	0	21	33
93	177	0	22	33
94	179	0	22	33
95	180	0	22	33
96	185	0	22	33
97	175	0	22	33
98	173	0	22	33

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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
99	Mar 26, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2649	0	319	132	4		1552	1855
100	Mar 26, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2287	0	320	157	4		1925	2232
101	Mar 26, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	2280	0	321	191	D		0805	1105
102	Mar 26, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	1875	0	320	157	D		1110	1417
103	Mar 26, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	634	0	321	191	D		1545	1847
104	Mar 26, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	724	0	321	191	D		1929	2231
105	Mar 26, 2020	F9	Low Cost Carriers	F9	EWB	TPA	998	2555	0	320	186	B		0729	1031
106	Mar 26, 2020	F9	Low Cost Carriers	F9	ISP	TPA	1,034	2519	0	320	180			0600	0909
107	Mar 26, 2020	NK	Low Cost Carriers	NK	EWB	TPA	998	751	0	32A	182	B		1225	1521
108	Mar 26, 2020	NK	Low Cost Carriers	NK	LGA	TPA	1,011	921	0	32A	182	C		1117	1430
109	Mar 26, 2020	UA	Star Alliance	UA	EWB	TPA	998	1662	0	738	166	C		0627	0924
110	Mar 26, 2020	UA	Star Alliance	UA	EWB	TPA	998	1421	0	739	179	C		0829	1137
111	Mar 26, 2020	UA	Star Alliance	UA	EWB	TPA	998	1524	0	320	150	C		1000	1259
112	Mar 26, 2020	UA	Star Alliance	UA	EWB	TPA	998	1890	0	739	179	C		1429	1722
113	Mar 26, 2020	UA	Star Alliance	UA	EWB	TPA	998	1783	0	320	150	C		1529	1822
114	Mar 26, 2020	UA	Star Alliance	UA	EWB	TPA	998	1640	0	739	179	C		1800	2103
115	Mar 26, 2020	UA	Star Alliance	UA	EWB	TPA	998	1983	0	320	150	C		1921	2224
116	Mar 26, 2020	WN	Low Cost Carriers	WN	ISP	TPA	1,034	2376	0	73W	143			1500	1805
117	Mar 26, 2020	WN	Low Cost Carriers	WN	LGA	TPA	1,011	5432	0	73H	175	B		0855	1205
118	Mar 26, 2020	WN	Low Cost Carriers	WN	LGA	TPA	1,011	964	0	73W	143	B		1550	1900
119	Mar 27, 2020	B6	Low Cost Carriers	B6	EWB	TPA	998	573	0	320	162	A		0725	1020
120	Mar 27, 2020	B6	Low Cost Carriers	B6	EWB	TPA	998	1973	0	320	162	A		1444	1740
121	Mar 27, 2020	B6	Low Cost Carriers	B6	HPN	TPA	1,032	1447	0	E90	100			1110	1407
122	Mar 27, 2020	B6	Low Cost Carriers	B6	JFK	TPA	1,005	725	0	321	200	5		0710	1009
123	Mar 27, 2020	B6	Low Cost Carriers	B6	JFK	TPA	1,005	225	0	320	150	5		0929	1229
124	Mar 27, 2020	B6	Low Cost Carriers	B6	JFK	TPA	1,005	325	0	320	162	5		1435	1740
125	Mar 27, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2598	0	320	157	4		0800	1055
126	Mar 27, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2222	0	320	157	4		1132	1425
127	Mar 27, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2649	0	319	132	4		1552	1855
128	Mar 27, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2287	0	320	157	4		1925	2232
129	Mar 27, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	2280	0	321	191	D		0805	1105
130	Mar 27, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	1654	0	320	157	D		1110	1417
131	Mar 27, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	634	0	321	191	D		1545	1847
132	Mar 27, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	724	0	321	191	D		1929	2231
133	Mar 27, 2020	F9	Low Cost Carriers	F9	EWB	TPA	998	2555	0	320	186	B		0729	1031
134	Mar 27, 2020	F9	Low Cost Carriers	F9	ISP	TPA	1,034	2519	0	320	186			0600	0909
135	Mar 27, 2020	NK	Low Cost Carriers	NK	EWB	TPA	998	751	0	32A	182	B		1225	1521
136	Mar 27, 2020	NK	Low Cost Carriers	NK	LGA	TPA	1,011	921	0	32A	182	C		1117	1430
137	Mar 27, 2020	UA	Star Alliance	UA	EWB	TPA	998	1662	0	738	166	C		0630	0927
138	Mar 27, 2020	UA	Star Alliance	UA	EWB	TPA	998	1421	0	739	179	C		0829	1137
139	Mar 27, 2020	UA	Star Alliance	UA	EWB	TPA	998	1524	0	320	150	C		1000	1259
140	Mar 27, 2020	UA	Star Alliance	UA	EWB	TPA	998	1890	0	739	179	C		1430	1723
141	Mar 27, 2020	UA	Star Alliance	UA	EWB	TPA	998	1783	0	320	150	C		1530	1823
142	Mar 27, 2020	UA	Star Alliance	UA	EWB	TPA	998	1640	0	739	179	C		1800	2103
143	Mar 27, 2020	UA	Star Alliance	UA	EWB	TPA	998	1983	0	320	150	C		1921	2224
144	Mar 27, 2020	WN	Low Cost Carriers	WN	ISP	TPA	1,034	2376	0	73W	143			1500	1805
145	Mar 27, 2020	WN	Low Cost Carriers	WN	LGA	TPA	1,011	5432	0	73H	175	B		0855	1205
146	Mar 27, 2020	WN	Low Cost Carriers	WN	LGA	TPA	1,011	964	0	73W	143	B		1550	1900
147	Mar 28, 2020	B6	Low Cost Carriers	B6	EWB	TPA	998	573	0	320	150	A		0725	1020

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	P	Q	R	S
99	183	0	22	33
100	187	0	22	33
101	180	0	22	33
102	187	0	22	33
103	182	0	22	33
104	182	0	22	33
105	182	0	21	33
106	189	0	22	33
107	176	0	21	33
108	193	0	22	33
109	177	0	21	33
110	188	0	21	33
111	179	0	21	33
112	173	0	21	33
113	173	0	21	33
114	183	0	21	33
115	183	0	21	33
116	185	0	22	33
117	190	0	22	33
118	190	0	22	33
119	175	0	21	33
120	176	0	21	33
121	177	0	22	33
122	179	0	22	33
123	180	0	22	33
124	185	0	22	33
125	175	0	22	33
126	173	0	22	33
127	183	0	22	33
128	187	0	22	33
129	180	0	22	33
130	187	0	22	33
131	182	0	22	33
132	182	0	22	33
133	182	0	21	33
134	189	0	22	33
135	176	0	21	33
136	193	0	22	33
137	177	0	21	33
138	188	0	21	33
139	179	0	21	33
140	173	0	21	33
141	173	0	21	33
142	183	0	21	33
143	183	0	21	33
144	185	0	22	33
145	190	0	22	33
146	190	0	22	33
147	175	0	21	33

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
148	Mar 28, 2020	B6	Low Cost Carriers	B6	EWB	TPA	998	1973	0	320	150	A		1444	1740
149	Mar 28, 2020	B6	Low Cost Carriers	B6	HPN	TPA	1,032	1447	0	E90	100			1110	1407
150	Mar 28, 2020	B6	Low Cost Carriers	B6	JFK	TPA	1,005	725	0	321	200	5		0710	1009
151	Mar 28, 2020	B6	Low Cost Carriers	B6	JFK	TPA	1,005	225	0	320	162	5		0929	1229
152	Mar 28, 2020	B6	Low Cost Carriers	B6	JFK	TPA	1,005	325	0	320	150	5		1435	1740
153	Mar 28, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2598	0	320	157	4		0800	1053
154	Mar 28, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	1011	0	320	157	4		1132	1421
155	Mar 28, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2649	0	319	132	4		1552	1853
156	Mar 28, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2287	0	320	157	4		1925	2229
157	Mar 28, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	2280	0	321	191	D		0805	1102
158	Mar 28, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	1438	0	320	157	D		1110	1414
159	Mar 28, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	634	0	321	191	D		1555	1854
160	Mar 28, 2020	F9	Low Cost Carriers	F9	EWB	TPA	998	2555	0	320	186	B		0729	1031
161	Mar 28, 2020	F9	Low Cost Carriers	F9	ISP	TPA	1,034	2519	0	320	186			0600	0909
162	Mar 28, 2020	NK	Low Cost Carriers	NK	EWB	TPA	998	751	0	32A	182	B		1225	1521
163	Mar 28, 2020	NK	Low Cost Carriers	NK	LGA	TPA	1,011	921	0	32A	182	C		1117	1430
164	Mar 28, 2020	UA	Star Alliance	UA	EWB	TPA	998	1662	0	319	126	C		0630	0927
165	Mar 28, 2020	UA	Star Alliance	UA	EWB	TPA	998	1421	0	320	150	C		0830	1138
166	Mar 28, 2020	UA	Star Alliance	UA	EWB	TPA	998	1524	0	320	150	C		1000	1259
167	Mar 28, 2020	UA	Star Alliance	UA	EWB	TPA	998	1890	0	739	179	C		1446	1739
168	Mar 28, 2020	UA	Star Alliance	UA	EWB	TPA	998	1783	0	319	126	C		1529	1822
169	Mar 28, 2020	UA	Star Alliance	UA	EWB	TPA	998	1983	0	738	166	C		1921	2224
170	Mar 28, 2020	WN	Low Cost Carriers	WN	ISP	TPA	1,034	5144	0	73H	175			1040	1340
171	Mar 28, 2020	WN	Low Cost Carriers	WN	LGA	TPA	1,011	5961	0	73W	143	B		0640	0940
172	Mar 29, 2020	B6	Low Cost Carriers	B6	EWB	TPA	998	573	0	320	162	A		0725	1020
173	Mar 29, 2020	B6	Low Cost Carriers	B6	EWB	TPA	998	1973	0	320	162	A		1444	1740
174	Mar 29, 2020	B6	Low Cost Carriers	B6	HPN	TPA	1,032	1447	0	E90	100			1110	1407
175	Mar 29, 2020	B6	Low Cost Carriers	B6	JFK	TPA	1,005	725	0	321	200	5		0721	1020
176	Mar 29, 2020	B6	Low Cost Carriers	B6	JFK	TPA	1,005	325	0	320	150	5		1435	1740
177	Mar 29, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2598	0	320	157	4		0800	1055
178	Mar 29, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2593	0	320	157	4		1132	1425
179	Mar 29, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2649	0	319	132	4		1552	1855
180	Mar 29, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2287	0	320	157	4		1930	2237
181	Mar 29, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	1919	0	321	191	D		0805	1105
182	Mar 29, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	1875	0	320	157	D		1110	1417
183	Mar 29, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	634	0	321	191	D		1545	1847
184	Mar 29, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	724	0	321	191	D		1929	2231
185	Mar 29, 2020	F9	Low Cost Carriers	F9	EWB	TPA	998	2555	0	320	186	B		0729	1031
186	Mar 29, 2020	F9	Low Cost Carriers	F9	ISP	TPA	1,034	2519	0	320	186			0600	0909
187	Mar 29, 2020	NK	Low Cost Carriers	NK	EWB	TPA	998	751	0	32A	182	B		1225	1521
188	Mar 29, 2020	NK	Low Cost Carriers	NK	LGA	TPA	1,011	921	0	32A	182	C		1117	1430
189	Mar 29, 2020	UA	Star Alliance	UA	EWB	TPA	998	1421	0	752	169	C		0605	0902
190	Mar 29, 2020	UA	Star Alliance	UA	EWB	TPA	998	1075	0	320	150	C		0806	1103
191	Mar 29, 2020	UA	Star Alliance	UA	EWB	TPA	998	402	0	777	267	C		0900	1203
192	Mar 29, 2020	UA	Star Alliance	UA	EWB	TPA	998	1003	0	738	166	C		1430	1723
193	Mar 29, 2020	UA	Star Alliance	UA	EWB	TPA	998	996	0	738	166	C		1521	1814
194	Mar 29, 2020	UA	Star Alliance	UA	EWB	TPA	998	1190	0	738	166	C		1744	2047
195	Mar 29, 2020	UA	Star Alliance	UA	EWB	TPA	998	2340	0	738	166	C		1954	2257
196	Mar 29, 2020	WN	Low Cost Carriers	WN	ISP	TPA	1,034	5594	0	73H	175			1430	1725

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	P	Q	R	S
148	176	0	21	33
149	177	0	22	33
150	179	0	22	33
151	180	0	22	33
152	185	0	22	33
153	173	0	22	33
154	169	0	22	33
155	181	0	22	33
156	184	0	22	33
157	177	0	22	33
158	184	0	22	33
159	179	0	22	33
160	182	0	21	33
161	189	0	22	33
162	176	0	21	33
163	193	0	22	33
164	177	0	21	33
165	188	0	21	33
166	179	0	21	33
167	173	0	21	33
168	173	0	21	33
169	183	0	21	33
170	180	0	22	33
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174	177	0	22	33
175	179	0	22	33
176	185	0	22	33
177	175	0	22	33
178	173	0	22	33
179	183	0	22	33
180	187	0	22	33
181	180	0	22	33
182	187	0	22	33
183	182	0	22	33
184	182	0	22	33
185	182	0	21	33
186	189	0	22	33
187	176	0	21	33
188	193	0	22	33
189	177	0	21	33
190	177	0	21	33
191	183	0	21	33
192	173	0	21	33
193	173	0	21	33
194	183	0	21	33
195	183	0	21	33
196	175	0	22	33

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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
197	Mar 29, 2020	WN	Low Cost Carriers	WN	LGA	TPA	1,011	5580	0	73H	175	B		1330	1635
198	Mar 30, 2020	B6	Low Cost Carriers	B6	EWB	TPA	998	573	0	320	162	A		0725	1020
199	Mar 30, 2020	B6	Low Cost Carriers	B6	EWB	TPA	998	1973	0	320	162	A		1444	1740
200	Mar 30, 2020	B6	Low Cost Carriers	B6	EWB	TPA	998	905	0	320	150	A		2145	0036
201	Mar 30, 2020	B6	Low Cost Carriers	B6	HPN	TPA	1,032	1447	0	E90	100			1110	1407
202	Mar 30, 2020	B6	Low Cost Carriers	B6	JFK	TPA	1,005	725	0	321	200	5		0721	1020
203	Mar 30, 2020	B6	Low Cost Carriers	B6	JFK	TPA	1,005	325	0	321	200	5		1435	1740
204	Mar 30, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2598	0	320	157	4		0800	1055
205	Mar 30, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2222	0	320	157	4		1132	1425
206	Mar 30, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2649	0	319	132	4		1552	1855
207	Mar 30, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2287	0	320	157	4		1930	2237
208	Mar 30, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	2280	0	321	191	D		0805	1105
209	Mar 30, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	1654	0	320	157	D		1110	1417
210	Mar 30, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	634	0	321	191	D		1545	1847
211	Mar 30, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	724	0	321	191	D		1929	2231
212	Mar 30, 2020	F9	Low Cost Carriers	F9	EWB	TPA	998	2555	0	320	180	B		0729	1031
213	Mar 30, 2020	F9	Low Cost Carriers	F9	ISP	TPA	1,034	2519	0	320	186			0600	0909
214	Mar 30, 2020	NK	Low Cost Carriers	NK	EWB	TPA	998	751	0	32A	182	B		1225	1521
215	Mar 30, 2020	NK	Low Cost Carriers	NK	LGA	TPA	1,011	921	0	32A	182	C		1117	1430
216	Mar 30, 2020	UA	Star Alliance	UA	EWB	TPA	998	1421	0	752	169	C		0605	0902
217	Mar 30, 2020	UA	Star Alliance	UA	EWB	TPA	998	1075	0	320	150	C		0759	1056
218	Mar 30, 2020	UA	Star Alliance	UA	EWB	TPA	998	402	0	777	267	C		0900	1203
219	Mar 30, 2020	UA	Star Alliance	UA	EWB	TPA	998	1003	0	738	166	C		1430	1723
220	Mar 30, 2020	UA	Star Alliance	UA	EWB	TPA	998	996	0	320	150	C		1530	1823
221	Mar 30, 2020	UA	Star Alliance	UA	EWB	TPA	998	1190	0	738	166	C		1744	2047
222	Mar 30, 2020	UA	Star Alliance	UA	EWB	TPA	998	2340	0	738	166	C		1954	2257
223	Mar 30, 2020	WN	Low Cost Carriers	WN	ISP	TPA	1,034	2376	0	73W	143			1500	1805
224	Mar 30, 2020	WN	Low Cost Carriers	WN	LGA	TPA	1,011	5432	0	73H	175	B		0855	1205
225	Mar 30, 2020	WN	Low Cost Carriers	WN	LGA	TPA	1,011	964	0	73W	143	B		1605	1915
226	Mar 31, 2020	B6	Low Cost Carriers	B6	EWB	TPA	998	573	0	320	162	A		0725	1020
227	Mar 31, 2020	B6	Low Cost Carriers	B6	EWB	TPA	998	1973	0	320	162	A		1444	1740
228	Mar 31, 2020	B6	Low Cost Carriers	B6	EWB	TPA	998	905	0	320	162	A		2145	0036
229	Mar 31, 2020	B6	Low Cost Carriers	B6	HPN	TPA	1,032	1447	0	E90	100			1110	1407
230	Mar 31, 2020	B6	Low Cost Carriers	B6	JFK	TPA	1,005	725	0	321	200	5		0721	1020
231	Mar 31, 2020	B6	Low Cost Carriers	B6	JFK	TPA	1,005	325	0	320	150	5		1435	1740
232	Mar 31, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2598	0	320	157	4		0800	1055
233	Mar 31, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2593	0	320	157	4		1132	1425
234	Mar 31, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2649	0	319	132	4		1552	1855
235	Mar 31, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2287	0	320	157	4		1930	2237
236	Mar 31, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	2280	0	321	191	D		0805	1105
237	Mar 31, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	1875	0	320	157	D		1110	1417
238	Mar 31, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	634	0	321	191	D		1545	1847
239	Mar 31, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	724	0	321	191	D		1929	2231
240	Mar 31, 2020	F9	Low Cost Carriers	F9	EWB	TPA	998	2555	0	320	186	B		0729	1031
241	Mar 31, 2020	F9	Low Cost Carriers	F9	ISP	TPA	1,034	2519	0	320	186			0600	0909
242	Mar 31, 2020	NK	Low Cost Carriers	NK	EWB	TPA	998	751	0	32A	182	B		1225	1521
243	Mar 31, 2020	NK	Low Cost Carriers	NK	LGA	TPA	1,011	921	0	32A	182	C		1117	1430
244	Mar 31, 2020	UA	Star Alliance	UA	EWB	TPA	998	1421	0	752	169	C		0605	0902
245	Mar 31, 2020	UA	Star Alliance	UA	EWB	TPA	998	1075	0	320	150	C		0759	1056

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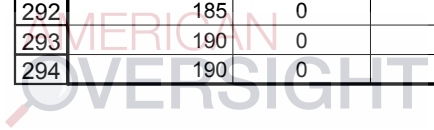
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243	193	0	22	33
244	177	0	21	33
245	177	0	21	33

AMERICAN
OVERSIGHT

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
246	Mar 31, 2020	UA	Star Alliance	UA	EWR	TPA	998	402	0	777	267	C		0900	1203
247	Mar 31, 2020	UA	Star Alliance	UA	EWR	TPA	998	1003	0	738	166	C		1430	1723
248	Mar 31, 2020	UA	Star Alliance	UA	EWR	TPA	998	1097	0	320	150	C		1530	1823
249	Mar 31, 2020	UA	Star Alliance	UA	EWR	TPA	998	1190	0	738	166	C		1744	2047
250	Mar 31, 2020	WN	Low Cost Carriers	WN	ISP	TPA	1,034	2376	0	73W	143			1500	1805
251	Mar 31, 2020	WN	Low Cost Carriers	WN	LGA	TPA	1,011	5432	0	73H	175	B		0855	1205
252	Mar 31, 2020	WN	Low Cost Carriers	WN	LGA	TPA	1,011	964	0	73W	143	B		1605	1915
253	Apr 1, 2020	B6	Low Cost Carriers	B6	EWR	TPA	998	573	0	320	150	A		0725	1020
254	Apr 1, 2020	B6	Low Cost Carriers	B6	EWR	TPA	998	1973	0	320	150	A		1444	1740
255	Apr 1, 2020	B6	Low Cost Carriers	B6	HPN	TPA	1,032	1447	0	E90	100			1110	1407
256	Apr 1, 2020	B6	Low Cost Carriers	B6	JFK	TPA	1,005	725	0	321	200	5		0721	1020
257	Apr 1, 2020	B6	Low Cost Carriers	B6	JFK	TPA	1,005	325	0	320	162	5		1435	1740
258	Apr 1, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2598	0	320	157	4		0800	1055
259	Apr 1, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2222	0	320	157	4		1132	1425
260	Apr 1, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2649	0	319	132	4		1552	1855
261	Apr 1, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2287	0	320	157	4		1930	2237
262	Apr 1, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	2280	0	321	191	D		0805	1105
263	Apr 1, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	1654	0	320	157	D		1110	1417
264	Apr 1, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	634	0	321	191	D		1545	1847
265	Apr 1, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	724	0	321	191	D		1929	2231
266	Apr 1, 2020	F9	Low Cost Carriers	F9	EWR	TPA	998	2555	0	320	186	B		0729	1031
267	Apr 1, 2020	F9	Low Cost Carriers	F9	ISP	TPA	1,034	2519	0	320	186			0600	0909
268	Apr 1, 2020	NK	Low Cost Carriers	NK	EWR	TPA	998	751	0	32A	182	B		1225	1521
269	Apr 1, 2020	NK	Low Cost Carriers	NK	LGA	TPA	1,011	921	0	32A	182	C		1105	1418
270	Apr 1, 2020	UA	Star Alliance	UA	EWR	TPA	998	402	0	73G	126	C		0930	1238
271	Apr 1, 2020	UA	Star Alliance	UA	EWR	TPA	998	1003	0	738	166	C		1424	1717
272	Apr 1, 2020	WN	Low Cost Carriers	WN	ISP	TPA	1,034	2376	0	73W	143			1500	1805
273	Apr 1, 2020	WN	Low Cost Carriers	WN	LGA	TPA	1,011	5432	0	73H	175	B		0855	1205
274	Apr 1, 2020	WN	Low Cost Carriers	WN	LGA	TPA	1,011	964	0	73W	143	B		1605	1915
275	Apr 2, 2020	B6	Low Cost Carriers	B6	EWR	TPA	998	573	0	320	162	A		0725	1020
276	Apr 2, 2020	B6	Low Cost Carriers	B6	EWR	TPA	998	1973	0	320	162	A		1444	1740
277	Apr 2, 2020	B6	Low Cost Carriers	B6	HPN	TPA	1,032	1447	0	E90	100			1110	1407
278	Apr 2, 2020	B6	Low Cost Carriers	B6	JFK	TPA	1,005	725	0	321	200	5		0721	1020
279	Apr 2, 2020	B6	Low Cost Carriers	B6	JFK	TPA	1,005	325	0	320	150	5		1435	1740
280	Apr 2, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2794	0	320	157	4		0800	1106
281	Apr 2, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2649	0	320	157	4		1530	1840
282	Apr 2, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2287	0	319	132	4		1930	2238
283	Apr 2, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	2280	0	320	157	D		0745	1042
284	Apr 2, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	634	0	320	157	D		1555	1902
285	Apr 2, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	724	0	320	157	D		1958	2312
286	Apr 2, 2020	F9	Low Cost Carriers	F9	EWR	TPA	998	2555	0	320	186	B		0729	1031
287	Apr 2, 2020	F9	Low Cost Carriers	F9	ISP	TPA	1,034	2519	0	320	186			0600	0909
288	Apr 2, 2020	NK	Low Cost Carriers	NK	EWR	TPA	998	751	0	32A	182	B		1225	1521
289	Apr 2, 2020	NK	Low Cost Carriers	NK	LGA	TPA	1,011	921	0	32A	182	C		1105	1418
290	Apr 2, 2020	UA	Star Alliance	UA	EWR	TPA	998	402	0	73G	126	C		0930	1238
291	Apr 2, 2020	UA	Star Alliance	UA	EWR	TPA	998	1003	0	738	166	C		1424	1717
292	Apr 2, 2020	WN	Low Cost Carriers	WN	ISP	TPA	1,034	2376	0	73W	143			1500	1805
293	Apr 2, 2020	WN	Low Cost Carriers	WN	LGA	TPA	1,011	5432	0	73H	175	B		0855	1205
294	Apr 2, 2020	WN	Low Cost Carriers	WN	LGA	TPA	1,011	964	0	73W	143	B		1605	1915

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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
295	Apr 3, 2020	B6	Low Cost Carriers	B6	EWB	TPA	998	573	0	320	150	A		0725	1020
296	Apr 3, 2020	B6	Low Cost Carriers	B6	EWB	TPA	998	1973	0	320	150	A		1444	1740
297	Apr 3, 2020	B6	Low Cost Carriers	B6	HPN	TPA	1,032	1447	0	E90	100			1110	1407
298	Apr 3, 2020	B6	Low Cost Carriers	B6	JFK	TPA	1,005	725	0	321	200	5		0721	1020
299	Apr 3, 2020	B6	Low Cost Carriers	B6	JFK	TPA	1,005	325	0	320	150	5		1435	1740
300	Apr 3, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2794	0	320	157	4		0800	1106
301	Apr 3, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2649	0	320	157	4		1530	1840
302	Apr 3, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2287	0	319	132	4		1930	2238
303	Apr 3, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	2280	0	320	157	D		0745	1042
304	Apr 3, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	634	0	320	157	D		1555	1902
305	Apr 3, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	724	0	320	157	D		1958	2312
306	Apr 3, 2020	F9	Low Cost Carriers	F9	EWB	TPA	998	2555	0	320	180	B		0729	1031
307	Apr 3, 2020	F9	Low Cost Carriers	F9	ISP	TPA	1,034	2519	0	320	186			0600	0909
308	Apr 3, 2020	NK	Low Cost Carriers	NK	EWB	TPA	998	751	0	32A	182	B		1225	1521
309	Apr 3, 2020	NK	Low Cost Carriers	NK	LGA	TPA	1,011	921	0	32A	182	C		1105	1418
310	Apr 3, 2020	UA	Star Alliance	UA	EWB	TPA	998	402	0	73G	126	C		0930	1238
311	Apr 3, 2020	UA	Star Alliance	UA	EWB	TPA	998	1003	0	738	166	C		1424	1717
312	Apr 3, 2020	WN	Low Cost Carriers	WN	ISP	TPA	1,034	2376	0	73W	143			1500	1805
313	Apr 3, 2020	WN	Low Cost Carriers	WN	LGA	TPA	1,011	5432	0	73H	175	B		0855	1205
314	Apr 3, 2020	WN	Low Cost Carriers	WN	LGA	TPA	1,011	964	0	73W	143	B		1605	1915
315	Apr 4, 2020	B6	Low Cost Carriers	B6	EWB	TPA	998	573	0	320	150	A		0725	1020
316	Apr 4, 2020	B6	Low Cost Carriers	B6	EWB	TPA	998	1973	0	320	150	A		1444	1740
317	Apr 4, 2020	B6	Low Cost Carriers	B6	HPN	TPA	1,032	1447	0	E90	100			1110	1407
318	Apr 4, 2020	B6	Low Cost Carriers	B6	JFK	TPA	1,005	725	0	321	200	5		0721	1020
319	Apr 4, 2020	B6	Low Cost Carriers	B6	JFK	TPA	1,005	325	0	320	162	5		1435	1740
320	Apr 4, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2794	0	739	180	4		0800	1101
321	Apr 4, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2649	0	320	157	4		1500	1802
322	Apr 4, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2287	0	319	132	4		2036	2341
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325	Apr 4, 2020	F9	Low Cost Carriers	F9	EWB	TPA	998	2555	0	320	186	B		0729	1031
326	Apr 4, 2020	F9	Low Cost Carriers	F9	ISP	TPA	1,034	2519	0	320	186			0545	0854
327	Apr 4, 2020	NK	Low Cost Carriers	NK	EWB	TPA	998	751	0	32A	182	B		1225	1521
328	Apr 4, 2020	NK	Low Cost Carriers	NK	LGA	TPA	1,011	921	0	32A	182	C		1105	1418
329	Apr 4, 2020	UA	Star Alliance	UA	EWB	TPA	998	402	0	73G	126	C		0930	1238
330	Apr 4, 2020	UA	Star Alliance	UA	EWB	TPA	998	1003	0	738	166	C		1424	1717
331	Apr 4, 2020	WN	Low Cost Carriers	WN	ISP	TPA	1,034	5144	0	73H	175			1040	1340
332	Apr 4, 2020	WN	Low Cost Carriers	WN	LGA	TPA	1,011	5961	0	73W	143	B		0640	0940
333	Apr 5, 2020	B6	Low Cost Carriers	B6	EWB	TPA	998	573	0	320	162	A		0725	1020
334	Apr 5, 2020	B6	Low Cost Carriers	B6	EWB	TPA	998	1973	0	320	162	A		1444	1740
335	Apr 5, 2020	B6	Low Cost Carriers	B6	EWB	TPA	998	905	0	320	150	A		2145	0036
336	Apr 5, 2020	B6	Low Cost Carriers	B6	HPN	TPA	1,032	1447	0	E90	100			1110	1407
337	Apr 5, 2020	B6	Low Cost Carriers	B6	JFK	TPA	1,005	725	0	321	200	5		0721	1020
338	Apr 5, 2020	B6	Low Cost Carriers	B6	JFK	TPA	1,005	325	0	320	162	5		1435	1740
339	Apr 5, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2794	0	320	157	4		0800	1106
340	Apr 5, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2649	0	320	157	4		1530	1840
341	Apr 5, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2287	0	319	132	4		1929	2237
342	Apr 5, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	2280	0	320	157	D		0745	1042
343	Apr 5, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	634	0	320	157	D		1555	1902

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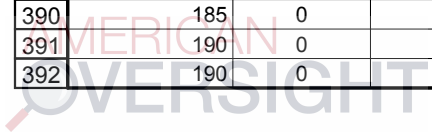
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336	177	0	22	33
337	179	0	22	33
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340	190	0	22	33
341	188	0	22	33
342	177	0	22	33
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AMERICAN
OVERSIGHT

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
344	Apr 5, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	724	0	320	157	D		1958	2312
345	Apr 5, 2020	F9	Low Cost Carriers	F9	EWB	TPA	998	2555	0	320	186	B		0729	1031
346	Apr 5, 2020	F9	Low Cost Carriers	F9	ISP	TPA	1,034	2519	0	320	186			0545	0854
347	Apr 5, 2020	NK	Low Cost Carriers	NK	EWB	TPA	998	751	0	32A	182	B		1225	1521
348	Apr 5, 2020	NK	Low Cost Carriers	NK	LGA	TPA	1,011	921	0	32A	182	C		1105	1418
349	Apr 5, 2020	UA	Star Alliance	UA	EWB	TPA	998	402	0	73G	126	C		0930	1238
350	Apr 5, 2020	UA	Star Alliance	UA	EWB	TPA	998	1003	0	738	166	C		1424	1717
351	Apr 5, 2020	WN	Low Cost Carriers	WN	ISP	TPA	1,034	5594	0	73H	175			1430	1725
352	Apr 5, 2020	WN	Low Cost Carriers	WN	LGA	TPA	1,011	5580	0	73H	175	B		1330	1635
353	Apr 6, 2020	B6	Low Cost Carriers	B6	EWB	TPA	998	573	0	320	150	A		0725	1020
354	Apr 6, 2020	B6	Low Cost Carriers	B6	EWB	TPA	998	1973	0	320	150	A		1444	1740
355	Apr 6, 2020	B6	Low Cost Carriers	B6	HPN	TPA	1,032	1447	0	E90	100			1110	1407
356	Apr 6, 2020	B6	Low Cost Carriers	B6	JFK	TPA	1,005	725	0	321	200	5		0721	1020
357	Apr 6, 2020	B6	Low Cost Carriers	B6	JFK	TPA	1,005	325	0	320	162	5		1435	1740
358	Apr 6, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2794	0	320	157	4		0800	1106
359	Apr 6, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2649	0	320	157	4		1530	1840
360	Apr 6, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2287	0	319	132	4		1930	2238
361	Apr 6, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	2280	0	320	157	D		0745	1042
362	Apr 6, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	634	0	320	157	D		1555	1902
363	Apr 6, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	724	0	320	157	D		1958	2312
364	Apr 6, 2020	F9	Low Cost Carriers	F9	EWB	TPA	998	2555	0	320	186	B		0729	1031
365	Apr 6, 2020	F9	Low Cost Carriers	F9	ISP	TPA	1,034	2519	0	320	180			0545	0854
366	Apr 6, 2020	NK	Low Cost Carriers	NK	EWB	TPA	998	751	0	32A	182	B		1225	1521
367	Apr 6, 2020	NK	Low Cost Carriers	NK	LGA	TPA	1,011	921	0	32A	182	C		1105	1418
368	Apr 6, 2020	UA	Star Alliance	UA	EWB	TPA	998	402	0	73G	126	C		0930	1238
369	Apr 6, 2020	UA	Star Alliance	UA	EWB	TPA	998	1003	0	738	166	C		1424	1717
370	Apr 6, 2020	WN	Low Cost Carriers	WN	ISP	TPA	1,034	2376	0	73W	143			1500	1805
371	Apr 6, 2020	WN	Low Cost Carriers	WN	LGA	TPA	1,011	5432	0	73H	175	B		0855	1205
372	Apr 6, 2020	WN	Low Cost Carriers	WN	LGA	TPA	1,011	964	0	73W	143	B		1605	1915
373	Apr 7, 2020	B6	Low Cost Carriers	B6	EWB	TPA	998	573	0	320	162	A		0725	1020
374	Apr 7, 2020	B6	Low Cost Carriers	B6	EWB	TPA	998	1973	0	320	162	A		1444	1740
375	Apr 7, 2020	B6	Low Cost Carriers	B6	HPN	TPA	1,032	1447	0	E90	100			1110	1407
376	Apr 7, 2020	B6	Low Cost Carriers	B6	JFK	TPA	1,005	725	0	321	200	5		0721	1020
377	Apr 7, 2020	B6	Low Cost Carriers	B6	JFK	TPA	1,005	325	0	320	150	5		1435	1740
378	Apr 7, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2794	0	320	157	4		0800	1106
379	Apr 7, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2649	0	320	157	4		1530	1840
380	Apr 7, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2287	0	319	132	4		1929	2237
381	Apr 7, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	2280	0	320	157	D		0745	1042
382	Apr 7, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	634	0	320	157	D		1555	1902
383	Apr 7, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	724	0	320	157	D		1958	2312
384	Apr 7, 2020	F9	Low Cost Carriers	F9	EWB	TPA	998	2555	0	320	186	B		0729	1031
385	Apr 7, 2020	F9	Low Cost Carriers	F9	ISP	TPA	1,034	2519	0	320	186			0545	0854
386	Apr 7, 2020	NK	Low Cost Carriers	NK	EWB	TPA	998	751	0	32A	182	B		1225	1521
387	Apr 7, 2020	NK	Low Cost Carriers	NK	LGA	TPA	1,011	921	0	32A	182	C		1105	1418
388	Apr 7, 2020	UA	Star Alliance	UA	EWB	TPA	998	402	0	73G	126	C		0930	1238
389	Apr 7, 2020	UA	Star Alliance	UA	EWB	TPA	998	1003	0	738	166	C		1424	1717
390	Apr 7, 2020	WN	Low Cost Carriers	WN	ISP	TPA	1,034	2376	0	73W	143			1500	1805
391	Apr 7, 2020	WN	Low Cost Carriers	WN	LGA	TPA	1,011	5432	0	73H	175	B		0855	1205
392	Apr 7, 2020	WN	Low Cost Carriers	WN	LGA	TPA	1,011	964	0	73W	143	B		1605	1915

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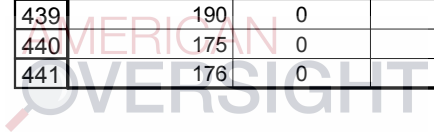
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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
393	Apr 8, 2020	B6	Low Cost Carriers	B6	EWB	TPA	998	573	0	320	162	A		0725	1020
394	Apr 8, 2020	B6	Low Cost Carriers	B6	EWB	TPA	998	1973	0	320	162	A		1444	1740
395	Apr 8, 2020	B6	Low Cost Carriers	B6	HPN	TPA	1,032	1447	0	E90	100			1110	1407
396	Apr 8, 2020	B6	Low Cost Carriers	B6	JFK	TPA	1,005	725	0	321	200	5		0721	1020
397	Apr 8, 2020	B6	Low Cost Carriers	B6	JFK	TPA	1,005	325	0	320	162	5		1435	1740
398	Apr 8, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2794	0	320	157	4		0800	1106
399	Apr 8, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2649	0	320	157	4		1530	1840
400	Apr 8, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2287	0	319	132	4		1929	2237
401	Apr 8, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	2280	0	320	157	D		0745	1042
402	Apr 8, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	634	0	320	157	D		1555	1902
403	Apr 8, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	724	0	320	157	D		1958	2312
404	Apr 8, 2020	F9	Low Cost Carriers	F9	EWB	TPA	998	2555	0	320	186	B		0729	1031
405	Apr 8, 2020	F9	Low Cost Carriers	F9	ISP	TPA	1,034	2519	0	320	186			0545	0854
406	Apr 8, 2020	NK	Low Cost Carriers	NK	EWB	TPA	998	751	0	32A	182			1100	1347
407	Apr 8, 2020	UA	Star Alliance	UA	EWB	TPA	998	1075	0	739	179	C		0759	1056
408	Apr 8, 2020	UA	Star Alliance	UA	EWB	TPA	998	402	0	777	267	C		0900	1203
409	Apr 8, 2020	UA	Star Alliance	UA	EWB	TPA	998	1003	0	752	169	C		1430	1723
410	Apr 8, 2020	UA	Star Alliance	UA	EWB	TPA	998	1032	0	320	150	C		1525	1818
411	Apr 8, 2020	UA	Star Alliance	UA	EWB	TPA	998	1190	0	738	166	C		1745	2048
412	Apr 8, 2020	UA	Star Alliance	UA	EWB	TPA	998	2340	0	738	166	C		1955	2258
413	Apr 8, 2020	WN	Low Cost Carriers	WN	ISP	TPA	1,034	2376	0	73W	143			1500	1805
414	Apr 8, 2020	WN	Low Cost Carriers	WN	LGA	TPA	1,011	5432	0	73H	175	B		0855	1205
415	Apr 8, 2020	WN	Low Cost Carriers	WN	LGA	TPA	1,011	964	0	73W	143	B		1605	1915
416	Apr 9, 2020	B6	Low Cost Carriers	B6	EWB	TPA	998	573	0	320	150	A		0725	1020
417	Apr 9, 2020	B6	Low Cost Carriers	B6	EWB	TPA	998	1973	0	320	150	A		1444	1740
418	Apr 9, 2020	B6	Low Cost Carriers	B6	HPN	TPA	1,032	1447	0	E90	100			1110	1407
419	Apr 9, 2020	B6	Low Cost Carriers	B6	JFK	TPA	1,005	725	0	321	200	5		0721	1020
420	Apr 9, 2020	B6	Low Cost Carriers	B6	JFK	TPA	1,005	325	0	320	162	5		1435	1740
421	Apr 9, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2794	0	320	157	4		0800	1106
422	Apr 9, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2649	0	320	157	4		1530	1840
423	Apr 9, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2287	0	319	132	4		1929	2237
424	Apr 9, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	2280	0	320	157	D		0745	1042
425	Apr 9, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	634	0	320	157	D		1555	1902
426	Apr 9, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	724	0	320	157	D		1958	2312
427	Apr 9, 2020	F9	Low Cost Carriers	F9	EWB	TPA	998	2555	0	320	186	B		0729	1031
428	Apr 9, 2020	F9	Low Cost Carriers	F9	ISP	TPA	1,034	2519	0	320	186			0545	0854
429	Apr 9, 2020	NK	Low Cost Carriers	NK	EWB	TPA	998	751	0	32A	182			1100	1347
430	Apr 9, 2020	NK	Low Cost Carriers	NK	LGA	TPA	1,011	921	0	32A	182	C		1110	1423
431	Apr 9, 2020	UA	Star Alliance	UA	EWB	TPA	998	1075	0	739	179	C		0759	1056
432	Apr 9, 2020	UA	Star Alliance	UA	EWB	TPA	998	402	0	777	267	C		0900	1203
433	Apr 9, 2020	UA	Star Alliance	UA	EWB	TPA	998	1003	0	738	166	C		1430	1723
434	Apr 9, 2020	UA	Star Alliance	UA	EWB	TPA	998	1032	0	320	150	C		1530	1819
435	Apr 9, 2020	UA	Star Alliance	UA	EWB	TPA	998	1190	0	738	166	C		1745	2048
436	Apr 9, 2020	UA	Star Alliance	UA	EWB	TPA	998	2340	0	738	166	C		1959	2302
437	Apr 9, 2020	WN	Low Cost Carriers	WN	ISP	TPA	1,034	2376	0	73W	143			1500	1805
438	Apr 9, 2020	WN	Low Cost Carriers	WN	LGA	TPA	1,011	5432	0	73H	175	B		0855	1205
439	Apr 9, 2020	WN	Low Cost Carriers	WN	LGA	TPA	1,011	964	0	73W	143	B		1605	1915
440	Apr 10, 2020	B6	Low Cost Carriers	B6	EWB	TPA	998	573	0	320	150	A		0725	1020
441	Apr 10, 2020	B6	Low Cost Carriers	B6	EWB	TPA	998	1973	0	320	150	A		1444	1740

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	P	Q	R	S
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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
442	Apr 10, 2020	B6	Low Cost Carriers	B6	HPN	TPA	1,032	1447	0	E90	100			1110	1407
443	Apr 10, 2020	B6	Low Cost Carriers	B6	JFK	TPA	1,005	725	0	321	200	5		0721	1020
444	Apr 10, 2020	B6	Low Cost Carriers	B6	JFK	TPA	1,005	325	0	320	162	5		1435	1740
445	Apr 10, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2794	0	320	157	4		0800	1106
446	Apr 10, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2649	0	320	157	4		1530	1840
447	Apr 10, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2287	0	319	132	4		1929	2237
448	Apr 10, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	2280	0	320	157	D		0745	1042
449	Apr 10, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	634	0	320	157	D		1555	1902
450	Apr 10, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	724	0	320	157	D		1958	2312
451	Apr 10, 2020	F9	Low Cost Carriers	F9	EWB	TPA	998	2555	0	320	186	B		0729	1031
452	Apr 10, 2020	F9	Low Cost Carriers	F9	ISP	TPA	1,034	2519	0	320	186			0545	0854
453	Apr 10, 2020	NK	Low Cost Carriers	NK	EWB	TPA	998	751	0	32A	182			1100	1347
454	Apr 10, 2020	NK	Low Cost Carriers	NK	LGA	TPA	1,011	921	0	32A	182	C		1110	1423
455	Apr 10, 2020	UA	Star Alliance	UA	EWB	TPA	998	1075	0	739	179	C		0759	1056
456	Apr 10, 2020	UA	Star Alliance	UA	EWB	TPA	998	402	0	777	267	C		0900	1203
457	Apr 10, 2020	UA	Star Alliance	UA	EWB	TPA	998	1003	0	738	166	C		1430	1723
458	Apr 10, 2020	UA	Star Alliance	UA	EWB	TPA	998	1032	0	738	166	C		1526	1815
459	Apr 10, 2020	UA	Star Alliance	UA	EWB	TPA	998	1190	0	738	166	C		1745	2048
460	Apr 10, 2020	UA	Star Alliance	UA	EWB	TPA	998	2340	0	738	166	C		2049	2352
461	Apr 10, 2020	WN	Low Cost Carriers	WN	ISP	TPA	1,034	2376	0	73W	143			1500	1805
462	Apr 10, 2020	WN	Low Cost Carriers	WN	LGA	TPA	1,011	5432	0	73H	175	B		0855	1205
463	Apr 10, 2020	WN	Low Cost Carriers	WN	LGA	TPA	1,011	964	0	73W	143	B		1605	1915
464	Apr 11, 2020	B6	Low Cost Carriers	B6	EWB	TPA	998	573	0	320	150	A		0725	1020
465	Apr 11, 2020	B6	Low Cost Carriers	B6	EWB	TPA	998	1973	0	320	150	A		1444	1740
466	Apr 11, 2020	B6	Low Cost Carriers	B6	HPN	TPA	1,032	1447	0	E90	100			1110	1407
467	Apr 11, 2020	B6	Low Cost Carriers	B6	JFK	TPA	1,005	725	0	321	200	5		0721	1020
468	Apr 11, 2020	B6	Low Cost Carriers	B6	JFK	TPA	1,005	325	0	320	162	5		1435	1740
469	Apr 11, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2794	0	738	160	4		0800	1103
470	Apr 11, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2649	0	320	157	4		1500	1802
471	Apr 11, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2287	0	319	132	4		2036	2341
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474	Apr 11, 2020	F9	Low Cost Carriers	F9	EWB	TPA	998	2555	0	320	186	B		0729	1031
475	Apr 11, 2020	F9	Low Cost Carriers	F9	ISP	TPA	1,034	2519	0	320	186			0545	0854
476	Apr 11, 2020	NK	Low Cost Carriers	NK	EWB	TPA	998	751	0	32A	182			1100	1347
477	Apr 11, 2020	NK	Low Cost Carriers	NK	LGA	TPA	1,011	921	0	32A	182	C		1110	1423
478	Apr 11, 2020	UA	Star Alliance	UA	EWB	TPA	998	1075	0	320	150	C		0759	1056
479	Apr 11, 2020	UA	Star Alliance	UA	EWB	TPA	998	402	0	777	267	C		0900	1203
480	Apr 11, 2020	UA	Star Alliance	UA	EWB	TPA	998	1003	0	738	166	C		1430	1723
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482	Apr 11, 2020	UA	Star Alliance	UA	EWB	TPA	998	1190	0	738	166	C		1745	2048
483	Apr 11, 2020	UA	Star Alliance	UA	EWB	TPA	998	2340	0	320	150	C		1955	2258
484	Apr 11, 2020	WN	Low Cost Carriers	WN	ISP	TPA	1,034	5144	0	73H	175			1040	1340
485	Apr 11, 2020	WN	Low Cost Carriers	WN	LGA	TPA	1,011	5961	0	73W	143	B		0640	0940
486	Apr 12, 2020	B6	Low Cost Carriers	B6	EWB	TPA	998	573	0	320	162	A		0725	1020
487	Apr 12, 2020	B6	Low Cost Carriers	B6	EWB	TPA	998	1973	0	320	162	A		1444	1740
488	Apr 12, 2020	B6	Low Cost Carriers	B6	HPN	TPA	1,032	1447	0	E90	100			1110	1407
489	Apr 12, 2020	B6	Low Cost Carriers	B6	JFK	TPA	1,005	725	0	321	200	5		0721	1020
490	Apr 12, 2020	B6	Low Cost Carriers	B6	JFK	TPA	1,005	325	0	320	150	5		1435	1740

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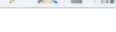
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465	176	0	21	33
466	177	0	22	33
467	179	0	22	33
468	185	0	22	33
469	183	0	22	33
470	182	0	22	33
471	185	0	22	33
472	175	0	22	33
473	192	0	22	33
474	182	0	21	33
475	189	0	22	33
476	167	0	21	33
477	193	0	22	33
478	177	0	21	33
479	183	0	21	33
480	173	0	21	33
481	173	0	21	33
482	183	0	21	33
483	183	0	21	33
484	180	0	22	33
485	180	0	22	33
486	175	0	21	33
487	176	0	21	33
488	177	0	22	33
489	179	0	22	33
490	185	0	22	33

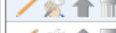


	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
491	Apr 12, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2794	0	320	157	4		0800	1106
492	Apr 12, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2649	0	320	157	4		1530	1840
493	Apr 12, 2020	DL	SkyTeam Alliance	DL	JFK	TPA	1,005	2287	0	319	132	4		1929	2237
494	Apr 12, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	2280	0	320	157	D		0745	1042
495	Apr 12, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	634	0	320	157	D		1555	1902
496	Apr 12, 2020	DL	SkyTeam Alliance	DL	LGA	TPA	1,011	724	0	320	157	D		1958	2312
497	Apr 12, 2020	F9	Low Cost Carriers	F9	EWB	TPA	998	2555	0	320	186	B		0729	1031
498	Apr 12, 2020	F9	Low Cost Carriers	F9	ISP	TPA	1,034	2519	0	320	186			0545	0854
499	Apr 12, 2020	NK	Low Cost Carriers	NK	EWB	TPA	998	751	0	32A	182			1100	1347
500	Apr 12, 2020	NK	Low Cost Carriers	NK	LGA	TPA	1,011	921	0	32A	182	C		1110	1423
501	Apr 12, 2020	UA	Star Alliance	UA	EWB	TPA	998	1075	0	739	179	C		0759	1056
502	Apr 12, 2020	UA	Star Alliance	UA	EWB	TPA	998	402	0	777	267	C		0900	1203
503	Apr 12, 2020	UA	Star Alliance	UA	EWB	TPA	998	1003	0	752	169	C		1430	1723
504	Apr 12, 2020	UA	Star Alliance	UA	EWB	TPA	998	1032	0	738	166	C		1515	1808
505	Apr 12, 2020	UA	Star Alliance	UA	EWB	TPA	998	1190	0	738	166	C		1745	2048
506	Apr 12, 2020	UA	Star Alliance	UA	EWB	TPA	998	2340	0	738	166	C		1955	2258
507	Apr 12, 2020	WN	Low Cost Carriers	WN	ISP	TPA	1,034	5594	0	73H	175			1430	1725
508	Apr 12, 2020	WN	Low Cost Carriers	WN	LGA	TPA	1,011	5580	0	73H	175	B		1330	1635
509															
510															
511															
512															
513	Schedule Daily Extract Report run on March 23, 2020 by TPA-AB with Parameters:														
514		Marketing Airlines													
515		Operating Airlines													
516		Trip Origin					LGA, EWB, JFK, HPN, ISP								
517		Trip Destination					TPA								
518		Stage Length					0 To 25000 Miles								
519		Stops					0								
520		Seats Lower Bound					0 Seats Upper Bound 999								
521		Show Seats By Cabin?					No								
522		Include Restricted Flights?					Yes, without Codes								
523		Include Both Directions?					No								
524		Show Full Routing?					No								
525		Show Eff and Disc Dates?					No								
526		Use Data Loaded					This Week								
527		Service Type					Passenger (Air - All)								
528		Travel Period					between March 23, 2020 and April 12, 2020 (down)								
529		Show overlapping markets in both directions?					No (Half Alpha)								

	P	Q	R	S
491	186	0	22	33
492	190	0	22	33
493	188	0	22	33
494	177	0	22	33
495	187	0	22	33
496	194	0	22	33
497	182	0	21	33
498	189	0	22	33
499	167	0	21	33
500	193	0	22	33
501	177	0	21	33
502	183	0	21	33
503	173	0	21	33
504	173	0	21	33
505	183	0	21	33
506	183	0	21	33
507	175	0	22	33
508	185	0	22	33
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	AC	FltNo	ADI	Scheduled Time	Estimated Time	Gate	Claim	Passengers	Cleared	Public Status	IATA	Claim FIS
	WN	2497	A	Mon 08:45	Mon 08:30	127	12			Arrived	ISP	
	F9	1097	A	Mon 09:34	Mon 09:13	17	9			Arrived	ISP	
	WN	600	A	Mon 14:20	Mon 14:10	123	12			Arrived	ISP	
	WN	894	A	Mon 22:55	Mon 22:55	127	13			On Time	ISP	

	AC	FltNo	ADI	Scheduled Time	Estimated Time	Gate	Claim	Passengers	Cleared	Public Status	IATA	Claim FIS
	B6	2989	A	Mon 00:36	Mon 00:17	23	4			Arrived	JFK	
	B6	583	A	Mon 09:19	Mon 09:05	23	4			Arrived	JFK	
	B6	2083	A	Mon 10:42	Mon 10:53	9	5			Arrived	JFK	
	DL	2634	A	Mon 14:17	Mon 14:22	74	30			Arrived	JFK	
	B6	789	A	Mon 14:54	Mon 15:09	5	5			Arrived	JFK	
	B6	383	A	Mon 16:23	Mon 16:53	9	5			Arrived	JFK	
	DL	869	A	Mon 16:37	Mon 16:23	74	31			Arrived	JFK	
	B6	183	A	Mon 18:38	Mon 18:10	9	5			On Time	JFK	
	B6	283	A	Mon 20:43	Mon 20:43	9	5			On Time	JFK	
	DL	608	A	Mon 23:00	Mon 22:41	75	32			On Time	JFK	

	AC	FltNo	ADI	Scheduled Time	Estimated Time	Gate	Claim	Passengers	Cleared	Public Status	IATA	Claim FIS
	NK	423	A	Mon 00:46	Mon 00:44	33	21			Arrived	LGA	
	B6	1099	A	Mon 08:57	Mon 09:52	6	4			Arrived	LGA	
	AA	2645	A	Mon 10:57	Mon 11:19	50	24			Arrived	LGA	
	DL	1126	A	Mon 12:43	Mon 12:29	73	32			Arrived	LGA	
	B6	199	A	Mon 12:59	Mon 12:40	9	5			Arrived	LGA	
	F9	1111	A	Mon 14:11	Mon 14:43	12	9			Arrived	LGA	
	AA	2832	A	Mon 14:35	Mon 14:38	58	24			Arrived	LGA	
	DL	2181	A	Mon 14:49	Mon 14:45	73	31			Arrived	LGA	
	B6	299	A	Mon 19:01	Mon 18:35	7	5			On Time	LGA	
	DL	3015	A	Mon 21:54	Mon 23:18	76	31			Delayed	LGA	
	DL	3031	A	Mon 23:44	Mon 23:44	77	31			On Time	LGA	

	AC	FltNo	ADI	Scheduled Time	Estimated Time	Gate	Claim	Passengers	Cleared	Public Status	IATA	Claim FIS
	UA	1149	A	Mon 00:22	Mon 00:06	42	23	5		Arrived	EWR	
	B6	27	A	Mon 08:30	Mon 08:13	4	4			Arrived	EWR	
	F9	1259	A	Mon 09:55	Mon 10:52	16	9			Arrived	EWR	
	UA	1587	A	Mon 10:45	Mon 10:55	48	22	28		Arrived	EWR	
	B6	927	A	Mon 12:07	Mon 11:49	3	5			Arrived	EWR	
	B6	2327	A	Mon 14:26	Mon 14:42	9	5			Arrived	EWR	
	UA	1527	A	Mon 14:50	Mon 14:56	40	23	12		Arrived	EWR MIA	
	B6	1827	A	Mon 16:17	Mon 16:08	4	5			Arrived	EWR	
	UA	380	A	Mon 17:19	Mon 17:10	44	23	26		Arrived	EWR	
	UA	2248	A	Mon 19:04	Mon 18:58	43	22	11		On Time	EWR PDX	
	UA	434	A	Mon 21:07	Mon 21:03	35	23	29		On Time	EWR	
	B6	2227	A	Mon 21:24	Mon 21:22	4	4			On Time	EWR	
	UA	1417	A	Mon 22:47	Mon 22:36	40	22	166		On Time	EWR	
	B6	127	A	Mon 23:01	Mon 23:01	7	5			On Time	EWR	
	NK	1159	A	Mon 23:41	Mon 23:41	30	21			On Time	EWR	

	AC	FltNo	ADI	Scheduled Time	Estimated Time	Gate	Claim	Passengers	Cleared	Public Status	IATA	Claim FIS
	AA	2114	A	Mon 09:09	Mon 08:48	56	24			Arrived	CLT	
	AA	1849	A	Mon 11:01	Mon 10:56	39	24			Arrived	CLT	
	AA	1695	A	Mon 12:49	Mon 12:31	50	24			Arrived	CLT	
	AA	1963	A	Mon 16:30	Mon 16:12	55	24			Arrived	CLT	
	NK	1101	A	Mon 16:30	Mon 16:08	34	21			Arrived	CLT	
	AA	1939	A	Mon 18:21	Mon 18:01	36	24			On Time	CLT	
	AA	1879	A	Mon 21:40	Mon 21:40	39	24			On Time	CLT	

	AC	FltNo	ADI	Scheduled Time	Estimated Time	Gate	Claim	Passengers	Cleared	Public Status	IATA	Claim FIS
	DL	1585	A	Mon 00:04	Sun 23:50	73	32			Arrived	ATL	
	B6	1153	A	Mon 13:33	Mon 13:22	1	5			Arrived	ATL	
	NK	1565	A	Mon 14:14	Mon 13:44	36	21			Arrived	ATL	
	DL	897	A	Mon 14:25	Mon 14:10	75	31			Arrived	ATL	
	F9	1010	A	Mon 15:43	Mon 15:11	10	9			Arrived	ATL	
	WN	4113	A	Mon 17:00	Mon 16:35	127	14			Arrived	ATL	
	DL	746	A	Mon 17:15	Mon 16:55	73	31			Arrived	ATL	
	F9	101	A	Mon 18:02	Mon 17:28	10	9			Arrived	ATL SJU	
	DL	889	A	Mon 19:59	Mon 19:59		30			On Time	ATL	
	WN	2841	A	Mon 20:45	Mon 20:45	123	14			On Time	ATL	
	DL	2104	A	Mon 20:57	Mon 21:00	73	31			On Time	ATL	
	WN	268	A	Mon 22:00	Mon 22:00	129	14			On Time	ATL	
	NK	251	A	Mon 22:29	Mon 22:26	85	21			On Time	ATL CLE	

MIA Arrival Schedules Report

3/24/2020 - 3/28/2020

Flight#	Aircraft	I/D	STA	Stand	City	City Name	Turn	Flt#	Op Days	Begin	End
American Airlines											
AA 309	7378W	D	10:00	D	JFK	New York - JFK	AA 1502	1-345--	3/23/20	3/27/20	
AA 309	7378W	D	10:00	D	JFK	New York - JFK		-2-----	3/24/20	3/24/20	
AA 487	7378W	D	22:35	D	JFK	New York - JFK	AA 795	-----6-	3/28/20	3/28/20	
AA 970	7378W	D	11:52	D	LGA	New York - LGA	AA 1501	12345--	3/23/20	3/27/20	
AA 970	7378W	D	11:52	D	LGA	New York - LGA	AA 1101	-----6-	3/28/20	3/28/20	
AA 1060	7378W	D	14:13	E	EWK	Newark	AA 293	123456-	3/23/20	3/28/20	
AA 1101	7378W	D	20:49	D	EWK	Newark		-----6-	3/28/20	3/28/20	
AA 1165	7673W	D	16:03	D	JFK	New York - JFK		123456-	3/23/20	3/28/20	
AA 1194	B777	D	18:16	D	JFK	New York - JFK		-----6-	3/28/20	3/28/20	
AA 1196	7378W	D	09:10	D	EWK	Newark	AA 2705	1---5--	3/23/20	3/27/20	
AA 1196	7378W	D	09:10	D	EWK	Newark	AA 1407	-2-----	3/24/20	3/24/20	
AA 1196	7378W	D	09:10	D	EWK	Newark	AA 2243	--34---	3/25/20	3/26/20	
AA 1196	7378W	D	09:10	D	EWK	Newark	AA 1321	-----6-	3/28/20	3/28/20	
AA 1249	7378W	D	09:11	E	LGA	New York - LGA	AA 759	12345--	3/23/20	3/27/20	
AA 1249	A321W	D	09:11	D	LGA	New York - LGA	AA 1089	-----6-	3/28/20	3/28/20	
AA 1311	A321W	D	15:50	E	LGA	New York - LGA	AA 332	12345--	3/23/20	3/27/20	
AA 1311	7378W	D	15:50	E	LGA	New York - LGA	AA 332	-----6-	3/28/20	3/28/20	
AA 1389	7378W	D	20:50	E	LGA	New York - LGA	AA 2803	12345--	3/23/20	3/27/20	
AA 1389	7378W	D	20:50	E	LGA	New York - LGA	AA 2362	-----6-	3/28/20	3/28/20	
AA 1506	7378W	D	20:49	D	EWK	Newark	AA 2230	-2345--	3/24/20	3/27/20	
AA 1530	7378W	D	10:49	D	LGA	New York - LGA	AA 1613	1--4---	3/23/20	3/26/20	
AA 1530	7378W	D	10:49	E	LGA	New York - LGA	AA 1989	-23-5--	3/24/20	3/27/20	
AA 1554	7378W	D	14:48	E	LGA	New York - LGA	AA 2232	123456-	3/23/20	3/28/20	
AA 1571	7378W	D	14:18	D	JFK	New York - JFK	AA 158	-2-----	3/24/20	3/24/20	
AA 1571	7378W	D	14:18	D	JFK	New York - JFK	AA 2217	--3----	3/25/20	3/25/20	
AA 1571	7378W	D	14:18	D	JFK	New York - JFK	AA 837	---45--	3/26/20	3/27/20	
AA 1610	7378W	D	11:19	D	JFK	New York - JFK	AA 1519	12345--	3/23/20	3/27/20	
AA 1626	7378W	D	18:52	E	LGA	New York - LGA	AA 360	12-45--	3/23/20	3/27/20	
AA 1626	7378W	D	18:52	D	LGA	New York - LGA	AA 2421	--3----	3/25/20	3/25/20	
AA 1626	7378W	D	18:52	E	LGA	New York - LGA	AA 2648	-----6-	3/28/20	3/28/20	
AA 1851	7378W	D	09:43	D	EWK	Newark	AA 1592	1--4---	3/23/20	3/26/20	
AA 1851	7378W	D	09:43	D	EWK	Newark	AA 1479	-23--6-	3/24/20	3/28/20	
AA 1851	7378W	D	09:43	D	EWK	Newark	AA 1321	----5--	3/27/20	3/27/20	
AA 2213	A321W	D	17:48	D	LGA	New York - LGA	AA 2889	123-5--	3/23/20	3/27/20	
AA 2213	A321W	D	17:48	D	LGA	New York - LGA	AA 2289	---4---	3/26/20	3/26/20	
AA 2268	7572W	D	09:24	D	JFK	New York - JFK	AA 2295	12345--	3/23/20	3/27/20	
AA 2268	7572W	D	09:16	D	JFK	New York - JFK	AA 2295	-----6-	3/28/20	3/28/20	
AA 2392	A321W	D	19:52	D	LGA	New York - LGA	AA 897	12345--	3/23/20	3/27/20	
AA 2452	7378W	D	21:52	D	JFK	New York - JFK	AA 795	-2345--	3/24/20	3/27/20	
AA 2452	7378W	D	21:52	D	JFK	New York - JFK	AA 1921	-----6-	3/28/20	3/28/20	
AA 2510	7378W	D	09:48	E	LGA	New York - LGA	AA 1312	123456-	3/23/20	3/28/20	

American Eagle

MQ 4563	E175	D	14:04	D60	LGA	New York - LGA	MQ 4476	12345--	3/23/20	3/27/20	
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Delta Air Lines

Flight#	Aircraft	I/D	STA	Stand	City	City Name	Turn	Flt#	Op Days	Begin	End
DL 352	A321W	D	18:46	H5	LGA	New York - LGA	DL 2385	12345-7	3/12/20	3/27/20	
DL 688	A321W	D	10:33	H15	LGA	New York - LGA	DL 688	12345-7	3/12/20	3/27/20	
DL 688	A321W	D	10:29	H15	LGA	New York - LGA	DL 688	-----6-	3/14/20	3/28/20	
DL 842	A321W	D	18:58	H7	JFK	New York - JFK	DL 1982	12345-7	3/12/20	3/27/20	
DL 842	A321W	D	18:56	H9	JFK	New York - JFK		-----6-	3/14/20	3/28/20	
DL 894	A321W	D	14:57	H7	LGA	New York - LGA	DL 894	12345-7	3/12/20	3/27/20	
DL 894	A321W	D	14:51	H7	LGA	New York - LGA	DL 894	-----6-	3/14/20	3/28/20	
DL 951	A321W	D	20:49	H	LGA	New York - LGA		12345-7	3/12/20	3/27/20	
DL 951	A321W	D	20:30	H9	LGA	New York - LGA		-----6-	3/14/20	3/28/20	
DL 995	A321W	D	16:13	H7	LGA	New York - LGA	DL 1224	-----6-	3/14/20	3/28/20	
DL 1982	A321W	D	18:43	H5	LGA	New York - LGA	DL 2385	-----6-	3/14/20	3/28/20	
DL 2175	A321W	D	15:32	H15	JFK	New York - JFK	DL 2175	12345-7	3/12/20	3/27/20	
DL 2175	A321W	D	15:37	H15	JFK	New York - JFK	DL 2175	-----6-	3/14/20	3/28/20	
DL 2190	A321W	D	11:12	H9	JFK	New York - JFK	DL 2190	12345-7	3/12/20	3/27/20	
DL 2190	A321W	D	11:10	H9	JFK	New York - JFK	DL 2190	-----6-	3/14/20	3/28/20	
DL 2756	A321W	D	00:02	H15	JFK	New York - JFK		12345-7	3/12/20	3/27/20	
DL 2756	A321W	D	23:59	H11	JFK	New York - JFK		-----6-	3/14/20	3/28/20	
DL 3073	A321W	D	00:01	H9	LGA	New York - LGA		12345-7	3/12/20	3/27/20	

Frontier

F9 2879	A20N	D	01:52	F10	LGA	New York - LGA	F9 2958	-234567	3/19/20	3/25/20
F9 2879	A20N	D	01:52	F10	LGA	New York - LGA	F9 2958	---456-	3/26/20	3/28/20
F9 2959	A20N	D	16:46	F18A	EWB	Newark	F9 1594	---4--7	3/19/20	3/26/20
F9 2959	A20N	D	16:46	F18A	EWB	Newark	F9 2159	1-3-56-	3/20/20	3/27/20
F9 2959	A20N	D	16:46	F18A	EWB	Newark	F9 1594	-2-----	3/24/20	3/24/20
F9 2959	A20N	D	16:46	F10	EWB	Newark		-----6-	3/28/20	3/28/20
F9 2961	A20N	D	09:46	F10	EWB	Newark	F9 2934	-2-4---	3/19/20	3/26/20
F9 2961	A20N	D	09:46	F10	EWB	Newark	F9 2950	1-3-56-	3/20/20	3/28/20

Miami Air

LL 527	7378W	D	07:05	871	EWB	Newark		----5--	3/27/20	3/27/20
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United

UA 683	7379W	D	09:03	H14	EWB	Newark	UA 2435	1234---	3/17/20	3/26/20
UA 683	A320W	D	09:03	H14	EWB	Newark	UA 2435	----5--	3/20/20	3/27/20
UA 683	A319W	D	09:03	H10	EWB	Newark	UA 2435	-----6-	3/21/20	3/28/20
UA 1109	A320W	D	10:32	H14	EWB	Newark	UA 426	-----6-	3/21/20	3/28/20
UA 1109	7379W	D	10:32	H17	EWB	Newark	UA 1077	123-5--	3/23/20	3/27/20
UA 1109	7379W	D	10:32	H14	EWB	Newark	UA 1077	---4---	3/26/20	3/26/20
UA 1204	7379W	D	22:15	J4	EWB	Newark		123-567	3/17/20	3/27/20
UA 1204	7379W	D	22:15	J4	EWB	Newark		---4---	3/26/20	3/26/20
UA 1204	7379W	D	22:15	J4	EWB	Newark		-----6-	3/28/20	3/28/20
UA 1415	7379W	D	13:57	H14	EWB	Newark	UA 2288	12345--	3/23/20	3/27/20
UA 1415	7572W	D	13:34	H17	EWB	Newark	UA 2288	-----6-	3/28/20	3/28/20
UA 1710	7572W	D	14:33	H17	EWB	Newark	UA 1791	1234567	3/17/20	3/27/20
UA 1710	7572W	D	14:33	H17	EWB	Newark	UA 1791	-----6-	3/28/20	3/28/20
UA 1923	7379W	D	20:24	H17	EWB	Newark	UA 1157	12345--	3/17/20	3/27/20
UA 1923	A320W	D	20:44	H17	EWB	Newark	UA 664	-----6-	3/28/20	3/28/20
UA 2009	7379W	D	16:18	H14	EWB	Newark	UA 1174	12-4---	3/17/20	3/26/20
UA 2009	7379W	D	16:18	H14	EWB	Newark	UA 1174	--3---7	3/18/20	3/25/20
UA 2009	A320W	D	16:18	H14	EWB	Newark	UA 1174	----5--	3/20/20	3/27/20

<u>Flight#</u>	<u>Aircraft</u>	<u>I/D</u>	<u>STA</u>	<u>Stand</u>	<u>City</u>	<u>City Name</u>	<u>Turn Flt#</u>	<u>Op Days</u>	<u>Begin</u>	<u>End</u>
UA 2009	7572W	D	16:49	H17	EWR	Newark	UA 1174	-----6-	3/21/20	3/28/20
UA 2318	A319W	D	17:24	H14	EWR	Newark	UA 2445	-----6-	3/21/20	3/28/20
UA 2318	7379W	D	17:24	H12	EWR	Newark	UA 2445	12345--	3/23/20	3/27/20
UA 2455	7379W	D	23:59	J3	EWR	Newark		12345-7	3/17/20	3/27/20
UA 2455	7379W	D	23:59	J3	EWR	Newark		-----6-	3/28/20	3/28/20

From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Sent: Wednesday, March 25, 2020 3:22 PM EDT
To: Kincaid, Brooke <Brooke.Kincaid@em.myflorida.com>
CC: Luddeke, R <R.Luddeke@fema.dhs.gov>
Subject: FW: [EXTERNAL] FED ENABLED CBTS Test Kit Inventory

Please confirm our numbers

Linda J. McWhorter
Preparedness Bureau Chief
2555 Shumard Oak Blvd
Tallahassee, FL 32399-21000
Office: (850) 815-4301
Mobile: (850) 528-7528
Linda.mcwhorter@em.myflorida.com

From: Luddeke, R <R.Luddeke@fema.dhs.gov>
Sent: Wednesday, March 25, 2020 12:26 PM
To: R4-phul <r4-phul@fema.dhs.gov>; R04-RRCC-ESF8 <r04-rrcc-esf8@fema.dhs.gov>; Sturrock, Lochlin (OS/ASPR/EMMO) <Lochlin.Sturrock@hhs.gov>
Cc: Gaines, Robert (FDA/CDER) <Robert.Gaines@fda.hhs.gov>; Barton, Jessie-Kate (OS/ASPR/EMMO) <Jessie-kate.Barton@hhs.gov>; McWhorter, Linda <Linda.McWhorter@em.myflorida.com>; Dawona Hough <Dawona.Hough@dph.ga.gov>; Buerkle, Eugene <Eugene.Buerkle@em.myflorida.com>
Subject: [EXTERNAL] FED ENABLED CBTS Test Kit Inventory

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

FOR SA

Based on the reporting we are getting from the Federally Supported CBTS, **Test Kit Inventory** as if COB 3/24/20 is:

Miami: 1082
Orlando: 2400
Jacksonville: 1444
Albany: TBD
Cherokee: 2323

The FEDERALLY ENABLED CBTS are limited to 250 tests per day.

R Bond Luddeke
FEMA Region IV – Logistics
Distribution Management
337-636-4751 – CELL
770-220-8882 – RIV Office
404-968-7692 – DC Atlanta

Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

From: Moskowitz, Jared <Jared.Moskowitz@em.myflorida.com>
Sent: Tuesday, March 17, 2020 8:39 PM EDT
To: Gracia, Szczech (FEMA) <Gracia.Szczech@fema.dhs.gov>
Subject: FW: [EXTERNAL] Florida Urgent Resource Requests for COVID-19
Attachment(s): "HHS Form for PPE and Sanitizer.pdf", "Various PPE - N95, gloves, coveralls, and gowns..pdf", "Mobile ICUs Signed.pdf", "RRF DMAT SIGNED.pdf", "RRF HOPE & Mercy SIGNED.pdf", "RRF Masks 3 16 2020 Signed.pdf", "RRF Ventilators SIGNED.pdf", "RRF COVID PPE 15K SIGNED.pdf", "RRF COVID Portable Field Cots.pdf", "Hand Sanitizer and COVID-19 Tests.pdf", "Resource Request for Medical Personnel.docx", "Resource Request for Intensive Care.docx", "Resource Request for Specimen Collection.docx"

Jared Moskowitz, Esq.
Director
Florida Division of Emergency Management
2555 Shumard Oak Boulevard
Tallahassee, FL 32399
Office-850-815-4000
Jared@em.myflorida.com
www.floridadisaster.org

From: Cooksey, Samantha <samantha.cooksey@flhealth.gov>
Sent: Tuesday, March 17, 2020 7:33 PM
To: Jeanne Eckes <Jeanne.Eckes@hhs.gov>
Cc: Moskowitz, Jared <Jared.Moskowitz@em.myflorida.com>; Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>; Vinson, Alonna <Alonna.Vinson@em.myflorida.com>; Davis, Ashley <Ashley.Davis@em.myflorida.com>
Subject: [EXTERNAL] Florida Urgent Resource Requests for COVID-19
Importance: High

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Jeanne,

Per our conversation attached are 4 resource request forms and the corresponding signed RRFs. Please let me know if you need anything additional to process these urgent requests. I am available 24/7.

Samantha Cooksey Strickland

COVID-19 Response Team
Bureau of Preparedness & Response
Florida Department of Health
Office| 850.617.1506
Mobile|850.251.2553
[Email|Samantha.Cooksey@flhealth.gov](mailto:Samantha.Cooksey@flhealth.gov)

From: Vinson, Alonna <Alonna.Vinson@em.myflorida.com>
Sent: Tuesday, March 17, 2020 7:26 PM
To: Cooksey, Samantha <Samantha.Cooksey@flhealth.gov>
Cc: Davis, Ashley <Ashley.Davis@em.myflorida.com>; Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>
Subject: RRF Forms

Attached are the RRF forms and the one HHS form.

Let me know if you need anything else – thank you

Respectfully,

Alonna E. Vinson
Mutual Aid Branch Director & EMAC Coordinator
Florida Division of Emergency Management
Bureau of Response | Logistics Section
Alonna.Vinson@em.myflorida.com
Office: 850-815-4280 | Mobile: 850-901-8456

pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
RESOURCE REQUEST FORM (RRF)

O.M.B. No. 1660-0002
Expires May 31, 2017

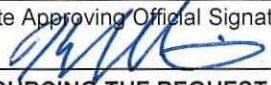
PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 20 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0047). **NOTE: Do not send your completed form to this address.**

I. REQUESTING ASSISTANCE (To be completed by Requestor)

1. Requestor's Name (Please print) Eugene Buerkle	2. Title Logistics Chief	3. Phone No. 850-363-5427
4. Requestor's Organization Florida Division of Emergency Management	5. Fax No.	6. E-Mail Address eugene.buerkle@em.myflorida.com

II. REQUESTING ASSISTANCE (To be completed by Requestor)

1. Description of Requested Assistance: Requesting Capability for 500,000 COVID-19 tests. See attached for additional details.			
2. Quantity 500,000	3. Priority ☒ Lifesaving ☐ Life Sustaining ☐ Normal ☐ High	4. Date and Time Needed 3/16/2020	
5. Delivery Site Location See attached for delivery locations and points of contact.		6. Site Point of Contact (POC) 850-597-1413	
		7. 24 Hour Phone No.	8. Fax No.
9. State Approving Official Signature  KEVIN GUZMAN			10. Date and Time 3/14/2020 @ 1735

III. SOURCING THE REQUEST - REVIEW/COORDINATION (Operations Section Only)

1. ☐ OPS Review by: _____ ☐ LOG Review by: _____ ☐ Other Coordination: _____ ☐ Other Coordination: _____ ☐ Other Coordination: _____	2. Source: ☐ Donations ☐ Other (Explain) ☐ Requisitions ☐ Procurement ☐ Interagency Agreement ☐ Mission Assignment	3. Assigned to: ESF/OFA: _____ RSF/OFA: _____ Other: _____ Date/Time: _____
4. Immediate Action Required ☐ Yes ☐ No		

IV. STATEMENT OF WORK (Operations Section Only)

1. OFA Action Officer	2. 24 Hour Phone #	3. Fax #
4. FEMA Project Manager	5. 24 Hour Phone #	6. Fax #
7. Statement of Work ☐ See Attached		
8. Estimated Completion Date		9. Estimated Cost

V. ACTION TAKEN (Operations Section Only)

☐ Accepted	☐ Rejected	☐ Requestor Notified
Reason / Disposition		

RESOURCE REQUEST FORM (RRF)

TRACKING INFORMATION (FEMA Use Only)			
ECAPS/NEMIS Task ID:	Resource Request #	Program Code/Event #	
Received by (Name and Organization)	State	Date/Time Received	☐ Originated as verbal

INSTRUCTIONS

Items on the Resource Request form that are not specifically listed are self-explanatory. Indicate "see attached" in any field for which additional space or more information is required.

I. Who is requesting assistance? Completed by requestor.

II. What needs to be done? Completed by requestor.

Description of Requested Assistance: Detail of resource shortfalls, statement of deliverable, or simply state problem/need.

Priority: The requestor's priority, which may differ from the priority in BOX III.

Site POC: The person at the delivery site coordinating reception and utilization of the requested resources. 24-hour contact information required.

If for Direct Federal Assistance (DFA), State Approving Official: Signature certifies that:

(1) State and local governments cannot perform, nor contract for the performance of the requested work;

(2) Work is required as a result of the event, not a pre-existing condition; and

(3) The State is providing the required assurances found in 44 CFR, Section 206.208.

III. Action Review/Coordination (OPS Section Use Only): Completed by the Operations Section Chief or Resource Capability Branch Director.

Accept/Reject: Operations Section Chief or Resource Capability Branch Director accepts or rejects the request; provide reason if rejection. If request accepted, coordinates with others, i.e., Branch Directors or Group Supervisors, begins to determine best means of fulfilling request. All involved in coordination should check appropriate box and initial or print their name.

Assigned to: Operations Section Chief or Resource Capability Branch Director assigns tasks origination, may indicate the OFA Action Officer. Operations Section Chief may also indicate the Action Officer if known, or tasked organization may make this assignment. This may be Emergency Support Function, internal FEMA Organization (i.e.; Logistics), or other organization.

Date/Time Assigned: Operations Section Chief or Resource Capability Branch Director provides date and time of when sourcing should begin.

IV. Statement of Work (OPS Section Use Only): Completed by the Operations Section Chief or Resource Capability Branch Director.

OFA Action Officer: Ops Section Chief obtains from OFA if request fulfilled by a MA; 24-hr phone/fax required. Information used in eCAPS.

FEMA Project Manager: Provided by Operations Section Chief; a Region PFT; 24-hr phone/fax required. Information used in eCAPS.

Statement of Work: Description of tasks to be performed. Could be to assess a problem and report back, or could be to proceed with a specific action. If 40-1 or MA, this goes in "justification" tab in eCAPS.

V. Action Taken (OPS Section Use Only): Completed by Operations Section Chief, Resource Capability Branch Director, MA Unit or Logistics.

Resource Request Results: Ops Section Chief, Resource Support Section Chief, MA Unit, or LOG should note what type of document the action resulted in by "checking" the appropriate box i.e., Mutual Aid, Donations, Requisition, Procurement, IA, MA, Other. If "Other" is selected write in appropriate response or state "see below" and give detail description in "Disposition" field. "Disposition" field should note steps taken to complete the Action, and personnel, sub-tasked agencies, contracts and other resources utilized.

TRACKING INFORMATION. Completed by Action Tracker. Required for all requests.

State of Florida Federal Resource Request

24-Hour contact for request: LTC Knox - 850-597-1413

Collection Kit:	Immediate need for 500,000 Collection Kits Universal Viral Transport System: Two swabs and a Transport Tube Delivery Location: Department of Health Pharmacy 125 Hamilton Park Tallahassee, FL 32304 On-site POC: Daryl Mitchell – 850-405-2615
COVID-19 Lab Reaction Kit:	Immediate need for 2,500 kits if each kit tests 500 reactions Need to test 500,000 reactions Delivery Location: Department of Health Warehouse 104-2 Hamilton Park Tallahassee, FL 32304 On-site POC: Daryl Mitchell – 850-405-2615
Hand Sanitizer:	100,000 16 oz bottles 50,000 2 oz bottles Delivery Location: State Logistics Response Center 2702 Directors Row Orlando, FL 32809 On-site POC: Jeff Egan 850-591-4699

For all resources, there is limited private sector availability. Reached out to at least 3 vendors on contract as well as other manufacturers and distributors with limited success.

COVID-19 –STATE / LOCAL RESOURCE REQUEST FORM

A. REQUEST FOR ASSISTANCE (To be completed by requesting State DOH) ALL FIELDS REQUIRED					
1. Requestor's Name (Please print)		2. Title		3. Phone No.	
Samantha Cooksey on behalf of Jared Moskowitz		Florida Department of Health Emergency Coordinating Officer		850-251-2553	
4. Requestor's Organization		5. Cell Phone No.		6. Email Address	
Florida Department of Health		850-245-4878		samantha.cooksey@flhealth.gov	
7. Description of Requested Assistance (describe resource type and need in plain language – no acronyms)					
The State of Florida is requesting additional PPE for patient care in healthcare facilities, Assisted Living Facilities, and Long Term Care Facilities. Some of these facilities typically do not use these types of PEE so their current stock is limited. The State of Florida has reached out to private vendors with limed availability. Most vendors had delivery dates more than one month out. We were able to obtain about 1,500 N95 Masks, 27,000 gloves, 27,000 goggles. However,based on the State of Florida's burn rate 350,000 per day, at this rate we expect to depleat all of our resources within 48 hours. We have requested from the Strategic National Stockpile, but have quickly depleted those assets. Our county health departments, hospitals, and other critical facilities are requesting PPE to prevent the spread of COVID-19. The State of Florida is requesting 100,000 16oz bottles of hand sanitizer, 50,000 bottles of 2oz hand sanitizer, 2,000,000 N95 masks, 400,000 Tyvek Coveralls, 650,000 gowns, 500,000 gloves, and 150,000 goggles.					
8. Requested Item		☒ N-95 Masks ☒ Goggles ☒ Gowns ☒ Gloves: ☒ Small ☒ Medium ☒ Large ☒ X-Large ☐ Medical Providers ☐ Technical SME			
10. Date and Time Needed By		3/18/2020		11. Estimated Duration of Need (days)	
12. Delivery Site Location (Address, City, Zip)		13. Site Point of Contact (POC) Name and Title			
State Logistics Response Center - 2702 Directors Row Orlando, FL 32809		Jeff Egan - 850-591-4699			
14. Delivery Site Location (☐ USNG or ☐ Decimal Degrees)		15. Site 24 Hour Phone No.		16. Site email Address	
B. HHS REGIONAL REVIEW (To be completed by HHS Region where request was initiated)					
Reviewed By (Name & Title)				Date and Time	
Disposition		☐ Sent to IMTNAT ☐ Sent to SOC/IST ☐ ASPR/FEMA RSP POCs notified			
Priority		☐ High ☐ Medium ☐ Low			
Regional Approving Official (Name, Title, Date, Time)					
ASPR Region Request Number					
		HHS RFR ID Number			
C. HHS RCB/SNS REVIEW (To be completed by RCB/SNS Section only)					
Received By (Name & Title)				Date and Time	
1. Resource Typing/Adjustment					
2. Special Instructions					
Entered in EMPortal by (Name & Title)				Date and Time	
Disposition		☐ New Request ☐ Assigned ☐ Tasked to: _____ ☐ In Process ☐ Need More Information ☐ Out for Delivery ☐ En-route ☐ On Hold ☐ Complete ☐ Cancelled ☐ Request Withdrawn ☐ Demobilized			
Assigned To (Name and Title)					
Point of Contact (Name and Title)				24-Hr. POC Phone	
Approved By (Name & Title)				Date and Time	
3. Cost Estimate					
4. Priority		☐ High ☐ Medium ☐ Low			
		State Government Tracking Number			
D. STATE GOVERNMENT REVIEW (To be completed by requesting State - Department of Health Agency)					
Received By (Name & Title)				Date and Time	
Disposition		☐ Requested Federal Resources ☐ Filled with Local Resource(s) ☐ Filled with State Resources ☐ Denied			
Assigned To (Department Name)					
Point of Contact (Name and Title)				24-Hr. POC Phone	
Approved By (Name & Title)				Date and Time	
F. REQUESTOR NOTIFIED (To be handled by HHS RCB/SNS Logistics)					
Region Notified By (Name & Title)				Date and Time	
State Notified By (Name & Title)				Date and Time	
Other Notes:					

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
RESOURCE REQUEST FORM (RRF)

O.M.B. No. 1660-0002
Expires May 31, 2017

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 20 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0047). **NOTE: Do not send your completed form to this address.**

I. REQUESTING ASSISTANCE (To be completed by Requestor)

1. Requestor's Name (Please print) Eugene Buerkle	2. Title Logistics Chief	3. Phone No. 850-363-5427
4. Requestor's Organization Florida Division of Emergency Management	5. Fax No.	6. E-Mail Address eugene.buerkle@em.myflorida.com

II. REQUESTING ASSISTANCE (To be completed by Requestor)

1. Description of Requested Assistance: 5 Mobile ICUs			
2. Quantity 5	3. Priority ☒ Lifesaving ☐ Life Sustaining ☐ Normal ☐ High	4. Date and Time Needed 3/17/2020	
5. Delivery Site Location To Be Determined		6. Site Point of Contact (POC) Eugene Buerkle - 850-363-5427	
		7. 24 Hour Phone No. 850-597-1413	8. Fax No.
9. State Approving Official Signature  KEVIN GUTHRIE			10. Date and Time 3/17/2020 @ 1702

III. SOURCING THE REQUEST - REVIEW/COORDINATION (Operations Section Only)

1. ☐ OPS Review by: _____ ☐ LOG Review by: _____ ☐ Other Coordination: _____ ☐ Other Coordination: _____ ☐ Other Coordination: _____	2. Source: ☐ Donations ☐ Other (Explain) _____ ☐ Requisitions ☐ Procurement ☐ Interagency Agreement ☐ Mission Assignment	3. Assigned to: ESF/OFA: _____ RSF/OFA: _____ Other: _____ Date/Time: _____
4. Immediate Action Required ☐ Yes ☐ No		

IV. STATEMENT OF WORK (Operations Section Only)

1. OFA Action Officer	2. 24 Hour Phone #	3. Fax #
4. FEMA Project Manager	5. 24 Hour Phone #	6. Fax #
7. Statement of Work ☐ See Attached		
8. Estimated Completion Date		9. Estimated Cost

V. ACTION TAKEN (Operations Section Only)

☐ Accepted	☐ Rejected	☐ Requestor Notified
Reason / Disposition		

RESOURCE REQUEST FORM (RRF)

TRACKING INFORMATION (FEMA Use Only)			
ECAPS/NEMIS Task ID:	Resource Request #	Program Code/Event #	
Received by (Name and Organization)	State	Date/Time Received	☐ Originated as verbal

INSTRUCTIONS

Items on the Resource Request form that are not specifically listed are self-explanatory. Indicate "see attached" in any field for which additional space or more information is required.

I. Who is requesting assistance? Completed by requestor.

II. What needs to be done? Completed by requestor.

Description of Requested Assistance: Detail of resource shortfalls, statement of deliverable, or simply state problem/need.

Priority: The requestor's priority, which may differ from the priority in BOX III.

Site POC: The person at the delivery site coordinating reception and utilization of the requested resources. 24-hour contact information required.

If for Direct Federal Assistance (DFA), State Approving Official: Signature certifies that:

(1) State and local governments cannot perform, nor contract for the performance of the requested work;

(2) Work is required as a result of the event, not a pre-existing condition; and

(3) The State is providing the required assurances found in 44 CFR, Section 206.208.

III. Action Review/Coordination (OPS Section Use Only): Completed by the Operations Section Chief or Resource Capability Branch Director.

Accept/Reject: Operations Section Chief or Resource Capability Branch Director accepts or rejects the request; provide reason if rejection. If request accepted, coordinates with others, i.e., Branch Directors or Group Supervisors, begins to determine best means of fulfilling request. All involved in coordination should check appropriate box and initial or print their name.

Assigned to: Operations Section Chief or Resource Capability Branch Director assigns tasks origination, may indicate the OFA Action Officer. Operations Section Chief may also indicate the Action Officer if known, or tasked organization may make this assignment. This may be Emergency Support Function, internal FEMA Organization (i.e.; Logistics), or other organization.

Date/Time Assigned: Operations Section Chief or Resource Capability Branch Director provides date and time of when sourcing should begin.

IV. Statement of Work (OPS Section Use Only): Completed by the Operations Section Chief or Resource Capability Branch Director.

OFA Action Officer: Ops Section Chief obtains from OFA if request fulfilled by a MA; 24-hr phone/fax required. Information used in eCAPS.

FEMA Project Manager: Provided by Operations Section Chief; a Region PFT; 24-hr phone/fax required. Information used in eCAPS.

Statement of Work: Description of tasks to be performed. Could be to assess a problem and report back, or could be to proceed with a specific action. If 40-1 or MA, this goes in "Justification" tab in eCAPS.

V. Action Taken (OPS Section Use Only): Completed by Operations Section Chief, Resource Capability Branch Director, MA Unit or Logistics.

Resource Request Results: Ops Section Chief, Resource Support Section Chief, MA Unit, or LOG should note what type of document the action resulted in by "checking" the appropriate box i.e., Mutual Aid, Donations, Requisition, Procurement, IA, MA, Other. If "Other" is selected write in appropriate response or state "see below" and give detail description in "Disposition" field. "Disposition" field should note steps taken to complete the Action, and personnel, sub-tasked agencies, contracts and other resources utilized.

TRACKING INFORMATION. Completed by Action Tracker. Required for all requests.

STATE / LOCAL RESOURCE REQUEST FORM

A. REQUEST FOR ASSISTANCE (To be completed by requesting State DOH) ALL FIELDS REQUIRED					
1. Requestor's Name (Please print)		2. Title		3. Phone No.	
Jared Moskowitz		Director of Emergency Operations			
4. Requestor's Organization		5. Cell Phone No.		6. Email Address	
Florida Division of Emergency Management					
7. Description of Requested Assistance (describe resource type and need in plain language – no acronyms)					
The State of Florida requests expanded intensive care capabilities to treat patients with severe outcomes from the novel coronavirus (COVID-19). Florida has a population of 4.4 million residents over the age of 65 which are the most likely to require hospitalization and intensive care. Florida's hospitals are already experiencing surge of patients and anticipates the adult 5,653 ICU beds will be rapidly overwhelmed. Resource assistance is requested in the following areas: Ventilators for 5000 intensive care patients. - Florida has an existing cache of 380 ventilators and has ordered an additional 500 with an approximate delivery date of 3/31/20. These ventilators have been allocated based on a ratio for licensed beds. However, this allocation is not sufficient to support the projected needs of Florida's healthcare system. With current requests increasing and the directive to expand isolation capacities to stand alone clinics, ambulatory services, and alternate care sites we are requesting 5,000 additional ventilators. These units will be distributed using similar allocation strategies. Field intensive care units with medical staffing in order to provide expanded ICU capabilities in the field for each of Florida's five most populated counties. Florida has two state medical assistance teams and existing MOUs with volunteer medical organizations but due to widespread impact of this response, very limited personnel are available to support missions based on commitments to primary employers in the healthcare sector. Florida has contracted with nurse augmentation staff but their ability to operate an intensive care unit is limited. Medical-grade cots of field care for 5000 patients – Florida plans to fully deploy all special needs cots and capabilities with a significant gap. Alternate care facilities to include medical ships with patient care capabilities. – Florida's most populated areas are on major seaports. Using ship based hospital systems provides expanded patient care capabilities. The State of Florida is observing increasing numbers of COVID-19 cases with an expectation to see continued cases. The hospitals are currently at surge capacity and with continued support we are anticipating the need to establish community based alternate care sites. However, with limited facilities and staff to establish hard-sided services the State of Florida has a need for facilities and staff that would support the establishment of the community based alternate care sites. The State of Florida is requesting the Comfort and Mercy to include the staff to support the care of Floridians. These ships would be moored at Port Everglades.					
8. Requested Item		☐ N-95 Masks ☐ Goggles ☐ Gowns ☐ Gloves: ☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ Medical Providers ☐ Technical SME			
10. Date and Time Needed By				11. Estimated Duration of Need (days)	
12. Delivery Site Location (Address, City, Zip)		13. Site Point of Contact (POC) Name and Title			
14. Delivery Site Location (☐ USNG or ☐ Decimal Degrees)		15. Site 24 Hour Phone No.		16. Site email Address	
B. HHS REGIONAL REVIEW (To be completed by HHS Region where request was initiated)					
Reviewed By (Name & Title)				Date and Time	
Disposition		☐ Sent to IMTNAT ☐ Sent to SOC/IST ☐ ASPR/FEMA RSP POCs notified			
Priority		☐ High ☐ Medium ☐ Low			
Regional Approving Official (Name, Title, Date, Time)					
ASPR Region Request Number					

		HHS RFR ID Number			
C. HHS RCB/SNS REVIEW (To be completed by RCB/SNS Section only)					
Received By (Name & Title)				Date and Time	
1. Resource Typing/Adjustment					
2. Special Instructions					
Entered in EMPortal by (Name & Title)				Date and Time	
Disposition		☐ New Request ☐ Assigned ☐ Tasked to: _____ ☐ In Process ☐ Need More Information ☐ Out for Delivery ☐ En-route ☐ On Hold ☐ Complete ☐ Cancelled			

STATE / LOCAL RESOURCE REQUEST FORM

	☐ Request Withdrawn ☐ Demobilized		
Assigned To (Name and Title)			
Point of Contact (Name and Title)		24-Hr. POC Phone	
Approved By (Name & Title)		Date and Time	
3. Cost Estimate			
4. Priority	☐ High ☐ Medium ☐ Low		

State Government Tracking Number	
----------------------------------	--

D. STATE GOVERNMENT REVIEW (To be completed by requesting State - Department of Health Agency)			
Received By (Name & Title)		Date and Time	
Disposition		☐ Requested Federal Resources ☐ Filled with Local Resource(s) ☐ Filled with State Resources ☐ Denied	
Assigned To (Department Name)			
Point of Contact (Name and Title)		24-Hr. POC Phone	
Approved By (Name & Title)		Date and Time	

F. REQUESTOR NOTIFIED (To be handled by HHS RCB/SNS Logistics)				
Region Notified By (Name & Title)			Date and Time	
State Notified By (Name & Title)			Date and Time	
Other Notes:				

A. REQUEST FOR ASSISTANCE (To be completed by requesting State DOH) ALL FIELDS REQUIRED					
1. Requestor's Name (Please print)		2. Title		3. Phone No.	
Samantha Cooksey on behalf of Jared Moskowitz, Florida Division of Emergency Management		ESF8 Lead - Florida		850-251-2553	
4. Requestor's Organization		5. Cell Phone No.		6. Email Address	
Florida Department of Health		850-245-4878		Samantha.Cooksey@flhealth.gov	
7. Description of Requested Assistance (describe resource type and need in plain language – no acronyms)					
The State of Florida requests medical personnel experienced in acute care and infection control to provide patient care in long term care facilities experiencing outbreaks of COVID-19. Florida currently has two assisted living with active cases and over 3,000 assisted living facilities and 696 nursing homes. These facilities are not operated with skilled nursing care and do not have experience to control an outbreak of this scale. These staff would be used to rapidly deploy into long term care facilities, stabilize the situation, provide on the job training for infection control to on-site clinicians.					
8. Requested Item		☐ N-95 Masks ☐ Goggles ☐ Gowns ☐ Gloves: ☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ Medical Providers ☐ Technical SME			
10. Date and Time Needed By		03/18/2020		11. Estimated Duration of Need (days) 90 days	
12. Delivery Site Location (Address, City, Zip)				13. Site Point of Contact (POC) Name and Title	
State Logistics Response Center 2702 Directors Row Orlando, FL 32809					
14. Delivery Site Location (☐ USNG or ☐ Decimal Degrees)				15. Site 24 Hour Phone No.	
				16. Site email Address	
B. HHS REGIONAL REVIEW (To be completed by HHS Region where request was initiated)					
Reviewed By (Name & Title)				Date and Time	
Disposition		☐ Sent to IMTNAT ☐ Sent to SOC/IST ☐ ASPR/FEMA RSP POCs notified			
Priority			☐ High ☐ Medium ☐ Low		
Regional Approving Official (Name, Title, Date, Time)					
ASPR Region Request Number					
				HHS RFR ID Number	
C. HHS RCB/SNS REVIEW (To be completed by RCB/SNS Section only)					
Received By (Name & Title)				Date and Time	
1. Resource Typing/Adjustment					
2. Special Instructions					
Entered in EMPortal by (Name & Title)				Date and Time	
Disposition		☐ New Request ☐ Assigned ☐ Tasked to: _____ ☐ In Process ☐ Need More Information ☐ Out for Delivery ☐ En-route ☐ On Hold ☐ Complete ☐ Cancelled ☐ Request Withdrawn ☐ Demobilized			
Assigned To (Name and Title)					
Point of Contact (Name and Title)				24-Hr. POC Phone	
Approved By (Name & Title)				Date and Time	
3. Cost Estimate					
4. Priority		☐ High ☐ Medium ☐ Low			
				State Government Tracking Number	
D. STATE GOVERNMENT REVIEW (To be completed by requesting State - Department of Health Agency)					
Received By (Name & Title)				Date and Time	

STATE / LOCAL RESOURCE REQUEST FORM

Disposition	☐ Requested Federal Resources ☐ Filled with Local Resource(s) ☐ Filled with State Resources ☐ Denied		
Assigned To (Department Name)			
Point of Contact (Name and Title)		24-Hr. POC Phone	
Approved By (Name & Title)		Date and Time	

F. REQUESTOR NOTIFIED (To be handled by HHS RCB/SNS Logistics)			
Region Notified By (Name & Title)		Date and Time	
State Notified By (Name & Title)		Date and Time	
Other Notes:			

STATE / LOCAL RESOURCE REQUEST FORM

A. REQUEST FOR ASSISTANCE (To be completed by requesting State DOH) ALL FIELDS REQUIRED					
1. Requestor's Name (Please print)		2. Title		3. Phone No.	
Jared Moskowitz		Director of Emergency Operations			
4. Requestor's Organization		5. Cell Phone No.		6. Email Address	
Florida Division of Emergency Management					
7. Description of Requested Assistance (describe resource type and need in plain language – no acronyms)					
The State of Florida requests supplies to include nasal pharyngeal and oral pharyngeal swabs and viral transfer media to collect specimens from 500,000 people. Florida has provided diagnostic testing capability to all major hospitals and laboratories across the state but is unable to obtain additional specimen collection supplies. County Health Departments, Community Health Centers, and hospitals are unable to obtain the necessary supplies. Florida has zero remaining in state caches, despite placing orders for over 1,000,000 specimen collection supplies.					
8. Requested Item		☐ N-95 Masks ☐ Goggles ☐ Gowns ☐ Gloves: ☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ Medical Providers ☐ Technical SME			
10. Date and Time Needed By		03/18/2020		11. Estimated Duration of Need (days)	
				90 days	
12. Delivery Site Location (Address, City, Zip)				13. Site Point of Contact (POC) Name and Title	
State Logistics Response Center 2702 Directors Row Orlando, FL 32809					
14. Delivery Site Location (☐ USNG or ☐ Decimal Degrees)				15. Site 24 Hour Phone No.	
				16. Site email Address	
B. HHS REGIONAL REVIEW (To be completed by HHS Region where request was initiated)					
Reviewed By (Name & Title)				Date and Time	
Disposition		☐ Sent to IMTNAT ☐ Sent to SOC/IST ☐ ASPR/FEMA RSP POCs notified			
Priority		☐ High ☐ Medium ☐ Low			
Regional Approving Official (Name, Title, Date, Time)					
ASPR Region Request Number					

HHS RFR ID Number	
--------------------------	--

C. HHS RCB/SNS REVIEW (To be completed by RCB/SNS Section only)			
Received By (Name & Title)		Date and Time	
1. Resource Typing/Adjustment			
2. Special Instructions			
Entered in EMPortal by (Name & Title)		Date and Time	
Disposition		☐ New Request ☐ Assigned ☐ Tasked to: _____ ☐ In Process ☐ Need More Information ☐ Out for Delivery ☐ En-route ☐ On Hold ☐ Complete ☐ Cancelled ☐ Request Withdrawn ☐ Demobilized	
Assigned To (Name and Title)			
Point of Contact (Name and Title)		24-Hr. POC Phone	
Approved By (Name & Title)		Date and Time	
3. Cost Estimate			
4. Priority		☐ High ☐ Medium ☐ Low	

State Government Tracking Number	
---	--

D. STATE GOVERNMENT REVIEW (To be completed by requesting State - Department of Health Agency)			
Received By (Name & Title)		Date and Time	
Disposition		☐ Requested Federal Resources ☐ Filled with Local Resource(s) ☐ Filled with State Resources ☐ Denied	

Assigned To (Department Name)			
Point of Contact (Name and Title)		24-Hr. POC Phone	
Approved By (Name & Title)		Date and Time	

F. REQUESTOR NOTIFIED (To be handled by HHS RCB/SNS Logistics)			
Region Notified By (Name & Title)		Date and Time	
State Notified By (Name & Title)		Date and Time	
Other Notes:			

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
RESOURCE REQUEST FORM (RRF)

O.M.B. No. 1660-0002
Expires May 31, 2017

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 20 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0047). **NOTE: Do not send your completed form to this address.**

I. REQUESTING ASSISTANCE (To be completed by Requestor)

1. Requestor's Name (Please print) Eugene Buerkle	2. Title Logistics Chief	3. Phone No. 850-363-5427
4. Requestor's Organization Florida Division of Emergency Management	5. Fax No.	6. E-Mail Address eugene.buerkle@em.myflorida.com

II. REQUESTING ASSISTANCE (To be completed by Requestor)

1. Description of Requested Assistance: Requesting 5,000 Portable Medical Field Cots with IV Pole for patient use for COVID-19 response.			
2. Quantity 5,000	3. Priority ☒ Lifesaving ☐ Life Sustaining ☐ Normal ☐ High	4. Date and Time Needed 3/16/2020	
5. Delivery Site Location State Logistics Response Center 2702 Directors Row Orlando, FL, 32809		6. Site Point of Contact (POC) Jeff Egan - 850-591-4699	
		7. 24 Hour Phone No.	8. Fax No.
9. State Approving Official Signature  Kevin Gutierrez			10. Date and Time 3/16/20 @ 10:26

III. SOURCING THE REQUEST - REVIEW/COORDINATION (Operations Section Only)

1. ☐ OPS Review by: _____ ☐ LOG Review by: _____ ☐ Other Coordination: _____ ☐ Other Coordination: _____ ☐ Other Coordination: _____	2. Source: ☐ Donations ☐ Other (Explain) ☐ Requisitions ☐ Procurement ☐ Interagency Agreement ☐ Mission Assignment	3. Assigned to: ESF/OFA: _____ RSF/OFA: _____ Other: _____ Date/Time: _____
4. Immediate Action Required ☐ Yes ☐ No		

IV. STATEMENT OF WORK (Operations Section Only)

1. OFA Action Officer	2. 24 Hour Phone #	3. Fax #
4. FEMA Project Manager	5. 24 Hour Phone #	6. Fax #
7. Statement of Work ☐ See Attached		
8. Estimated Completion Date		9. Estimated Cost

V. ACTION TAKEN (Operations Section Only)

☐ Accepted	☐ Rejected	☐ Requestor Notified
Reason / Disposition		

RESOURCE REQUEST FORM (RRF)

TRACKING INFORMATION (FEMA Use Only)			
ECAPS/NEMIS Task ID:	Resource Request #	Program Code/Event #	
Received by (Name and Organization)	State	Date/Time Received	☐ Originated as verbal

INSTRUCTIONS

Items on the Resource Request form that are not specifically listed are self-explanatory. Indicate "see attached" in any field for which additional space or more information is required.

I. Who is requesting assistance? Completed by requestor.

II. What needs to be done? Completed by requestor.

Description of Requested Assistance: Detail of resource shortfalls, statement of deliverable, or simply state problem/need.

Priority: The requestor's priority, which may differ from the priority in BOX III.

Site POC: The person at the delivery site coordinating reception and utilization of the requested resources. 24-hour contact information required.

If for Direct Federal Assistance (DFA), State Approving Official: Signature certifies that:

(1) State and local governments cannot perform, nor contract for the performance of the requested work;

(2) Work is required as a result of the event, not a pre-existing condition; and

(3) The State is providing the required assurances found in 44 CFR, Section 206.208.

III. Action Review/Coordination (OPS Section Use Only): Completed by the Operations Section Chief or Resource Capability Branch Director.

Accept/Reject: Operations Section Chief or Resource Capability Branch Director accepts or rejects the request; provide reason if rejection. If request accepted, coordinates with others, i.e., Branch Directors or Group Supervisors, begins to determine best means of fulfilling request. All involved in coordination should check appropriate box and initial or print their name.

Assigned to: Operations Section Chief or Resource Capability Branch Director assigns tasks origination, may indicate the OFA Action Officer. Operations Section Chief may also indicate the Action Officer if known, or tasked organization may make this assignment. This may be Emergency Support Function, internal FEMA Organization (i.e.; Logistics), or other organization.

Date/Time Assigned: Operations Section Chief or Resource Capability Branch Director provides date and time of when sourcing should begin.

IV. Statement of Work (OPS Section Use Only): Completed by the Operations Section Chief or Resource Capability Branch Director.

OFA Action Officer: Ops Section Chief obtains from OFA if request fulfilled by a MA; 24-hr phone/fax required. Information used in eCAPS.

FEMA Project Manager: Provided by Operations Section Chief; a Region PFT; 24-hr phone/fax required. Information used in eCAPS.

Statement of Work: Description of tasks to be performed. Could be to assess a problem and report back, or could be to proceed with a specific action. If 40-1 or MA, this goes in "justification" tab in eCAPS.

V. Action Taken (OPS Section Use Only): Completed by Operations Section Chief, Resource Capability Branch Director, MA Unit or Logistics.

Resource Request Results: Ops Section Chief, Resource Support Section Chief, MA Unit, or LOG should note what type of document the action resulted in by "checking" the appropriate box i.e., Mutual Aid, Donations, Requisition, Procurement, IA, MA, Other. If "Other" is selected write in appropriate response or state "see below" and give detail description in "Disposition" field. "Disposition" field should note steps taken to complete the Action, and personnel, sub-tasked agencies, contracts and other resources utilized.

TRACKING INFORMATION. Completed by Action Tracker. Required for all requests.

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
RESOURCE REQUEST FORM (RRF)

O.M.B. No. 1660-0002
Expires May 31, 2017

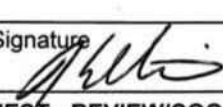
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I. REQUESTING ASSISTANCE (To be completed by Requestor)

1. Requestor's Name (Please print) Eugene Buerkle	2. Title Logistics Chief	3. Phone No. 850-363-5427
4. Requestor's Organization Florida Division of Emergency Management	5. Fax No.	6. E-Mail Address eugene.buerkle@em.myflorida.com

II. REQUESTING ASSISTANCE (To be completed by Requestor)

1. Description of Requested Assistance: Requesting 150,000 of each PPE item (Goggles, Tyvex Suits, Gowns, and Booties). Requesting medical grade items to be used for COVID-19 Response.			
2. Quantity 150K each	3. Priority ☒ Lifesaving ☐ Life Sustaining ☐ Normal ☐ High	4. Date and Time Needed 3/16/2020	
5. Delivery Site Location State Logistics Response Center 2702 Directors Row Orlando, FL, 32809		6. Site Point of Contact (POC) Jeff Egan - 850-591-4699	
		7. 24 Hour Phone No.	8. Fax No.
9. State Approving Official Signature  Kevin Guthrie			10. Date and Time 3/15/2020 @ 0747

III. SOURCING THE REQUEST - REVIEW/COORDINATION (Operations Section Only)

1. ☐ OPS Review by: _____ ☐ LOG Review by: _____ ☐ Other Coordination: _____ ☐ Other Coordination: _____ ☐ Other Coordination: _____	2. Source: ☐ Donations ☐ Other (Explain) _____ ☐ Requisitions ☐ Procurement ☐ Interagency Agreement ☐ Mission Assignment	3. Assigned to: ESF/OFA: _____ RSF/OFA: _____ Other: _____ Date/Time: _____
4. Immediate Action Required ☐ Yes ☐ No		

IV. STATEMENT OF WORK (Operations Section Only)

1. OFA Action Officer	2. 24 Hour Phone #	3. Fax #
4. FEMA Project Manager	5. 24 Hour Phone #	6. Fax #
7. Statement of Work ☐ See Attached		
8. Estimated Completion Date		9. Estimated Cost

V. ACTION TAKEN (Operations Section Only)

☐ Accepted	☐ Rejected	☐ Requestor Notified
Reason / Disposition		

RESOURCE REQUEST FORM (RRF)

TRACKING INFORMATION (FEMA Use Only)

ECAPS/NEMIS Task ID:	Resource Request #	Program Code/Event #	☐ Originated as verbal
Received by (Name and Organization)	State	Date/Time Received	

INSTRUCTIONS

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II. What needs to be done? Completed by requestor.

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- (1) State and local governments cannot perform, nor contract for the performance of the requested work;
- (2) Work is required as a result of the event, not a pre-existing condition; and
- (3) The State is providing the required assurances found in 44 CFR, Section 206.208.

III. Action Review/Coordination (OPS Section Use Only): Completed by the Operations Section Chief or Resource Capability Branch Director.

Accept/Reject: Operations Section Chief or Resource Capability Branch Director accepts or rejects the request; provide reason if rejection. If request accepted, coordinates with others, i.e., Branch Directors or Group Supervisors, begins to determine best means of fulfilling request. All involved in coordination should check appropriate box and initial or print their name.

Assigned to: Operations Section Chief or Resource Capability Branch Director assigns tasks origination, may indicate the OFA Action Officer. Operations Section Chief may also indicate the Action Officer if known, or tasked organization may make this assignment. This may be Emergency Support Function, internal FEMA Organization (i.e.; Logistics), or other organization.

Date/Time Assigned: Operations Section Chief or Resource Capability Branch Director provides date and time of when sourcing should begin.

IV. Statement of Work (OPS Section Use Only): Completed by the Operations Section Chief or Resource Capability Branch Director.

OFA Action Officer: Ops Section Chief obtains from OFA if request fulfilled by a MA; 24-hr phone/fax required. Information used in eCAPS.

FEMA Project Manager: Provided by Operations Section Chief; a Region PFT; 24-hr phone/fax required. Information used in eCAPS.

Statement of Work: Description of tasks to be performed. Could be to assess a problem and report back, or could be to proceed with a specific action. If 40-1 or MA, this goes in "justification" tab in eCAPS.

V. Action Taken (OPS Section Use Only): Completed by Operations Section Chief, Resource Capability Branch Director, MA Unit or Logistics.

Resource Request Results: Ops Section Chief, Resource Support Section Chief, MA Unit, or LOG should note what type of document the action resulted in by "checking" the appropriate box i.e., Mutual Aid, Donations, Requisition, Procurement, IA, MA, Other. If "Other" is selected write in appropriate response or state "see below" and give detail description in "Disposition" field. "Disposition" field should note steps taken to complete the Action, and personnel, sub-tasked agencies, contracts and other resources utilized.

TRACKING INFORMATION. Completed by Action Tracker. Required for all requests.

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
RESOURCE REQUEST FORM (RRF)

O.M.B. No. 1660-0002
Expires May 31, 2017

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I. REQUESTING ASSISTANCE (To be completed by Requestor)

1. Requestor's Name (Please print) Samantha Cook	2. Title Logistics Chief	3. Phone No. 8850.251.2553
4. Requestor's Organization Florida Department of Health	5. Fax No.	6. E-Mail Address Samantha.Cooksey@flhealth.gov

II. REQUESTING ASSISTANCE (To be completed by Requestor)

1. Description of Requested Assistance: Requesting DMAT Team to assist with isolation and medical concerns at an Assisted Living Facility in Broward County. Reference WebEOC Mission Number 0944.			
2. Quantity 1 DMAT Team	3. Priority ☒ Lifesaving ☐ Life Sustaining ☐ Normal ☐ High	4. Date and Time Needed 3/17/2020	
5. Delivery Site Location Wildwood 2855 W Commercial Blvd Fort Lauderdale FL 33309		6. Site Point of Contact (POC) Jermaine Frazier 954-248-8429	
		7. 24 Hour Phone No.	8. Fax No.
9. State Approving Official Signature 			10. Date and Time 3/17/2020 @ 1225

III. SOURCING THE REQUEST - REVIEW/COORDINATION (Operations Section Only)

1. ☐ OPS Review by: _____ ☐ LOG Review by: _____ ☐ Other Coordination: _____ ☐ Other Coordination: _____ ☐ Other Coordination: _____	2. Source: ☐ Donations ☐ Other (Explain) _____ ☐ Requisitions ☐ Procurement ☐ Interagency Agreement ☐ Mission Assignment	3. Assigned to: ESF/OFA: _____ RSF/OFA: _____ Other: _____ Date/Time: _____
4. Immediate Action Required ☐ Yes ☐ No		

IV. STATEMENT OF WORK (Operations Section Only)

1. OFA Action Officer	2. 24 Hour Phone #	3. Fax #
4. FEMA Project Manager	5. 24 Hour Phone #	6. Fax #
7. Statement of Work ☐ See Attached		
8. Estimated Completion Date	9. Estimated Cost	

V. ACTION TAKEN (Operations Section Only)

☐ Accepted	☐ Rejected	☐ Requestor Notified
Reason / Disposition		

RESOURCE REQUEST FORM (RRF)

TRACKING INFORMATION (FEMA Use Only)			
ECAPS/NEMIS Task ID:	Resource Request #	Program Code/Event #	
Received by (Name and Organization)	State	Date/Time Received	☐ Originated as verbal

INSTRUCTIONS

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II. What needs to be done? Completed by requestor.

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Priority: The requestor's priority, which may differ from the priority in BOX III.

Site POC: The person at the delivery site coordinating reception and utilization of the requested resources. 24-hour contact information required.

If for Direct Federal Assistance (DFA), State Approving Official: Signature certifies that:

(1) State and local governments cannot perform, nor contract for the performance of the requested work;

(2) Work is required as a result of the event, not a pre-existing condition; and

(3) The State is providing the required assurances found in 44 CFR, Section 206.208.

III. Action Review/Coordination (OPS Section Use Only): Completed by the Operations Section Chief or Resource Capability Branch Director.

Accept/Reject: Operations Section Chief or Resource Capability Branch Director accepts or rejects the request; provide reason if rejection. If request accepted, coordinates with others, i.e., Branch Directors or Group Supervisors, begins to determine best means of fulfilling request. All involved in coordination should check appropriate box and initial or print their name.

Assigned to: Operations Section Chief or Resource Capability Branch Director assigns tasks origination, may indicate the OFA Action Officer. Operations Section Chief may also indicate the Action Officer if known, or tasked organization may make this assignment. This may be Emergency Support Function, internal FEMA Organization (i.e., Logistics), or other organization.

Date/Time Assigned: Operations Section Chief or Resource Capability Branch Director provides date and time of when sourcing should begin.

IV. Statement of Work (OPS Section Use Only): Completed by the Operations Section Chief or Resource Capability Branch Director.

OFA Action Officer: Ops Section Chief obtains from OFA if request fulfilled by a MA; 24-hr phone/fax required. Information used in eCAPS.

FEMA Project Manager: Provided by Operations Section Chief; a Region PFT; 24-hr phone/fax required. Information used in eCAPS.

Statement of Work: Description of tasks to be performed. Could be to assess a problem and report back, or could be to proceed with a specific action. If 40-1 or MA, this goes in "justification" tab in eCAPS.

V. Action Taken (OPS Section Use Only): Completed by Operations Section Chief, Resource Capability Branch Director, MA Unit or Logistics.

Resource Request Results: Ops Section Chief, Resource Support Section Chief, MA Unit, or LOG should note what type of document the action resulted in by "checking" the appropriate box i.e., Mutual Aid, Donations, Requisition, Procurement, IA, MA, Other. If "Other" is selected write in appropriate response or state "see below" and give detail description in "Disposition" field. "Disposition" field should note steps taken to complete the Action, and personnel, sub-tasked agencies, contracts and other resources utilized.

TRACKING INFORMATION. Completed by Action Tracker. Required for all requests.

Mission Details

2020 COVID-19 Public Health Emergency

Last Updated: 03/17/2020 12:07:03

Created by Se Yeon Hwang on 03/17/2020 11:34:51

[« Return to List](#) [Print PDF](#) [Edit](#) [Imagery](#) [Support Missions](#) [Finance](#) [Comments](#) [Attachments](#)

Mission # 0944	Parent Mission # (If Applicable)	Incident 2020 COVID-19 Public Health Emergency	Requesting Agency/Postion Broward County CNTY Broward LOG	Approved By Jermaine Frazier Battalion Chief 954-248-8429 jfrazier@fortlauderdale.gov
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Status			
Assigned To SERT EMERGENCY SERVICES	Tasked To Untasked	Subtasked To	Status Assigned

Mission Details		
Title DMAT	Primary Contact Jermaine Frazier 954-248-8429 jfrazier@fortlauderdale.gov	Location Region 7 - Broward County 2855 W Commercial Blvd , Fort Lauderdale , FL 33309 26.187138 -80.181607 17R NJ 81774 96666
Purpose DMAT		
Lifeline Health and Medical	Secondary Contact Shane Simcox 954-663-0747 ssimcox@fortlauderdale.gov	On Scene Point of Contact Jermaine Frazier 954-248-8429 jfrazier@fortlauderdale.gov
Needed By 03/17/2020 11:34:51		
Mission Entity Not Applicable		Delivery Instructions
Description The City of Fort Lauderdale is requesting a DMAT to be setup at Willowood (2855 W Commercial Blvd, Fort Lauderdale FL 33309). Purpose possible COVID-19 outbreak at this Assisted Living Facility. (1) person was diagnosed with COVID-19 last night 3/16 and (4) more were confirmed as of this morning per the Holy Cross Hospital Medical Director. A MASH style unit is being requested to aide with testing, isolation and all medical concerns which may arise.		Expected Delivery Date

Imagery [Click to zoom on map](#)

WebEOC 8.7 has encountered an error.

WebEOC 8.7 has encountered an error.

							
Support Missions							
Mission #	Title	Assigned To	Tasked To	Subtasked To	Status	Needed By	Entry Date
Deployments							
Deployment #	Type	Resource Name		Status	FL-DEM-20-0674-A-000085		
					ETA	Entry Date	

Military Deployments

Military Deployment #	Team Size	Team Name	Status	ETA	Entry Date
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Finance

Cost Description	Category	Vendor/Provider	Amount	Entry Date
Total Mission Cost			\$0.00	

Comments

[+ Add Comment](#)

Date/Time	Position/Name	Comments	Status
03/17/2020 12:06:43	SERT OPERATIONS Taylor Cheney	Assigned to Emergency Services.	Assigned
03/17/2020 11:48:38	SERT OPERATIONS SUPPORT Jamika Jackson	Please attach req form	On Hold
03/17/2020 11:48:23	CNTY Broward LOG Se Yeon Hwang	Subject updated.	New Mission

Attachments

[+ Add Attachment](#)

Attachment	Description
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DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
RESOURCE REQUEST FORM (RRF)

O.M.B. No. 1660-0002
Expires May 31, 2017

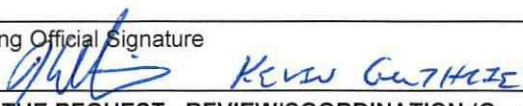
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I. REQUESTING ASSISTANCE (To be completed by Requestor)

1. Requestor's Name (Please print) Eugene Buerkle	2. Title Logistics Chief	3. Phone No. 850-363-5427
4. Requestor's Organization Florida Division of Emergency Management	5. Fax No.	6. E-Mail Address eugene.buerkle@em.myflorida.com

II. REQUESTING ASSISTANCE (To be completed by Requestor)

1. Description of Requested Assistance: Requesting USS Hope & USS Mercy to provide support to the State of Florida due to COVID-19. Ships should be prepared with medical support supplies and fully staffed.			
2. Quantity 2	3. Priority ☒ Lifesaving ☐ Life Sustaining ☐ Normal ☐ High	4. Date and Time Needed 3/17/2020	
5. Delivery Site Location Ft. Lauderdale & Tampa		6. Site Point of Contact (POC) Eugene Buerkle - 850-363-5427	
		7. 24 Hour Phone No.	8. Fax No.
9. State Approving Official Signature  KEVIN GUTHRIE			10. Date and Time 3/17/2020 @ 10:00

III. SOURCING THE REQUEST - REVIEW/COORDINATION (Operations Section Only)

1. ☐ OPS Review by: _____ ☐ LOG Review by: _____ ☐ Other Coordination: _____ ☐ Other Coordination: _____ ☐ Other Coordination: _____	2. Source: ☐ Donations ☐ Other (Explain) ☐ Requisitions ☐ Procurement ☐ Interagency Agreement ☐ Mission Assignment	3. Assigned to: ESF/OFA: _____ RSF/OFA: _____ Other: _____ Date/Time: _____
4. Immediate Action Required ☐ Yes ☐ No		

IV. STATEMENT OF WORK (Operations Section Only)

1. OFA Action Officer	2. 24 Hour Phone #	3. Fax #
4. FEMA Project Manager	5. 24 Hour Phone #	6. Fax #
7. Statement of Work ☐ See Attached		
8. Estimated Completion Date		9. Estimated Cost

V. ACTION TAKEN (Operations Section Only)

☐ Accepted	☐ Rejected	☐ Requestor Notified
Reason / Disposition		

RESOURCE REQUEST FORM (RRF)

TRACKING INFORMATION (FEMA Use Only)			
ECAPS/NEMIS Task ID:	Resource Request #	Program Code/Event #	
Received by (Name and Organization)	State	Date/Time Received	☐ Originated as verbal

INSTRUCTIONS

Items on the Resource Request form that are not specifically listed are self-explanatory. Indicate "see attached" in any field for which additional space or more information is required.

I. Who is requesting assistance? Completed by requestor.

II. What needs to be done? Completed by requestor.

Description of Requested Assistance: Detail of resource shortfalls, statement of deliverable, or simply state problem/need.

Priority: The requestor's priority, which may differ from the priority in BOX III.

Site POC: The person at the delivery site coordinating reception and utilization of the requested resources. 24-hour contact information required.

If for Direct Federal Assistance (DFA). State Approving Official: Signature certifies that:

(1) State and local governments cannot perform, nor contract for the performance of the requested work;

(2) Work is required as a result of the event, not a pre-existing condition; and

(3) The State is providing the required assurances found in 44 CFR, Section 206.208.

III. Action Review/Coordination (OPS Section Use Only): Completed by the Operations Section Chief or Resource Capability Branch Director.

Accept/Reject: Operations Section Chief or Resource Capability Branch Director accepts or rejects the request; provide reason if rejection. If request accepted, coordinates with others, i.e., Branch Directors or Group Supervisors, begins to determine best means of fulfilling request. All involved in coordination should check appropriate box and initial or print their name.

Assigned to: Operations Section Chief or Resource Capability Branch Director assigns tasks origination, may indicate the OFA Action Officer. Operations Section Chief may also indicate the Action Officer if known, or tasked organization may make this assignment. This may be Emergency Support Function, internal FEMA Organization (i.e.; Logistics), or other organization.

Date/Time Assigned: Operations Section Chief or Resource Capability Branch Director provides date and time of when sourcing should begin.

IV. Statement of Work (OPS Section Use Only): Completed by the Operations Section Chief or Resource Capability Branch Director.

OFA Action Officer: Ops Section Chief obtains from OFA if request fulfilled by a MA; 24-hr phone/fax required. Information used in eCAPS.

FEMA Project Manager: Provided by Operations Section Chief; a Region PFT; 24-hr phone/fax required. Information used in eCAPS.

Statement of Work: Description of tasks to be performed. Could be to assess a problem and report back, or could be to proceed with a specific action. If 40-1 or MA, this goes in "Justification" tab in eCAPS.

V. Action Taken (OPS Section Use Only): Completed by Operations Section Chief, Resource Capability Branch Director, MA Unit or Logistics.

Resource Request Results: Ops Section Chief, Resource Support Section Chief, MA Unit, or LOG should note what type of document the action resulted in by "checking" the appropriate box i.e., Mutual Aid, Donations, Requisition, Procurement, IA, MA, Other. If "Other" is selected write in appropriate response or state "see below" and give detail description in "Disposition" field. "Disposition" field should note steps taken to complete the Action, and personnel, sub-tasked agencies, contracts and other resources utilized.

TRACKING INFORMATION. Completed by Action Tracker. Required for all requests.

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
RESOURCE REQUEST FORM (RRF)

O.M.B. No. 1660-0002
Expires May 31, 2017

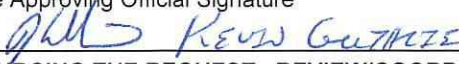
PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 20 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0047). **NOTE: Do not send your completed form to this address.**

I. REQUESTING ASSISTANCE (To be completed by Requestor)

1. Requestor's Name (Please print) Eugene Buerkle	2. Title Logistics Chief	3. Phone No. 850-363-5427
4. Requestor's Organization Florida Division of Emergency Management	5. Fax No.	6. E-Mail Address eugene.buerkle@em.myflorida.com

II. REQUESTING ASSISTANCE (To be completed by Requestor)

1. Description of Requested Assistance: Requesting an additional 1 million respirator masks (equal to the N95)			
2. Quantity 1,000,000	3. Priority ☒ Lifesaving ☐ Life Sustaining ☐ Normal ☐ High	4. Date and Time Needed 3/16/20 13:00	
5. Delivery Site Location State Logistics Response Center 2702 Directors Row Orlando, FL 32809		6. Site Point of Contact (POC) Jeff Egan 850-591-4699	
		7. 24 Hour Phone No.	8. Fax No.
9. State Approving Official Signature 			10. Date and Time 3/16/2020 @ 1306

III. SOURCING THE REQUEST - REVIEW/COORDINATION (Operations Section Only)

1. ☐ OPS Review by: _____ ☐ LOG Review by: _____ ☐ Other Coordination: _____ ☐ Other Coordination: _____ ☐ Other Coordination: _____	2. Source: ☐ Donations ☐ Other (Explain) ☐ Requisitions ☐ Procurement ☐ Interagency Agreement ☐ Mission Assignment	3. Assigned to: ESF/OFA: _____ RSF/OFA: _____ Other: _____ Date/Time: _____
4. Immediate Action Required ☐ Yes ☐ No		

IV. STATEMENT OF WORK (Operations Section Only)

1. OFA Action Officer	2. 24 Hour Phone #	3. Fax #
4. FEMA Project Manager	5. 24 Hour Phone #	6. Fax #
7. Statement of Work ☐ See Attached		
8. Estimated Completion Date	9. Estimated Cost	

V. ACTION TAKEN (Operations Section Only)

☐ Accepted	☐ Rejected	☐ Requestor Notified
Reason / Disposition		

RESOURCE REQUEST FORM (RRF)

TRACKING INFORMATION (FEMA Use Only)

ECAPS/NEMIS Task ID:	Resource Request #	Program Code/Event #	☐ Originated as verbal
Received by (Name and Organization)	State	Date/Time Received	

INSTRUCTIONS

Items on the Resource Request form that are not specifically listed are self-explanatory. Indicate "see attached" in any field for which additional space or more information is required.

I. Who is requesting assistance? Completed by requestor.

II. What needs to be done? Completed by requestor.

Description of Requested Assistance: Detail of resource shortfalls, statement of deliverable, or simply state problem/need.

Priority: The requestor's priority, which may differ from the priority in BOX III.

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- (1) State and local governments cannot perform, nor contract for the performance of the requested work;
- (2) Work is required as a result of the event, not a pre-existing condition; and
- (3) The State is providing the required assurances found in 44 CFR, Section 206.208.

III. Action Review/Coordination (OPS Section Use Only): Completed by the Operations Section Chief or Resource Capability Branch Director.

Accept/Reject: Operations Section Chief or Resource Capability Branch Director accepts or rejects the request; provide reason if rejection. If request accepted, coordinates with others, i.e., Branch Directors or Group Supervisors, begins to determine best means of fulfilling request. All involved in coordination should check appropriate box and initial or print their name.

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Date/Time Assigned: Operations Section Chief or Resource Capability Branch Director provides date and time of when sourcing should begin.

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FEMA Project Manager: Provided by Operations Section Chief; a Region PFT; 24-hr phone/fax required. Information used in eCAPS.

Statement of Work: Description of tasks to be performed. Could be to assess a problem and report back, or could be to proceed with a specific action. If 40-1 or MA, this goes in "justification" tab in eCAPS.

V. Action Taken (OPS Section Use Only): Completed by Operations Section Chief, Resource Capability Branch Director, MA Unit or Logistics.

Resource Request Results: Ops Section Chief, Resource Support Section Chief, MA Unit, or LOG should note what type of document the action resulted in by "checking" the appropriate box i.e., Mutual Aid, Donations, Requisition, Procurement, IA, MA, Other. If "Other" is selected write in appropriate response or state "see below" and give detail description in "Disposition" field. "Disposition" field should note steps taken to complete the Action, and personnel, sub-tasked agencies, contracts and other resources utilized.

TRACKING INFORMATION. Completed by Action Tracker. Required for all requests.

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
RESOURCE REQUEST FORM (RRF)

O.M.B. No. 1660-0002
Expires May 31, 2017

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 20 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0047). **NOTE: Do not send your completed form to this address.**

I. REQUESTING ASSISTANCE (To be completed by Requestor)

1. Requestor's Name (Please print) Eugene Buerkle	2. Title Logistics Chief	3. Phone No. 850-363-5427
4. Requestor's Organization Florida Division of Emergency Management	5. Fax No.	6. E-Mail Address eugene.buerkle@em.myflorida.com

II. REQUESTING ASSISTANCE (To be completed by Requestor)

1. Description of Requested Assistance: Requesting 5,000 ventilators for patient use for COVID-19 response.			
2. Quantity 5,000	3. Priority ☒ Lifesaving ☐ Life Sustaining ☐ Normal ☐ High	4. Date and Time Needed 3/16/2020	
5. Delivery Site Location State Logistics Response Center 2702 Directors Row Orlando, FL, 32809		6. Site Point of Contact (POC) Jeff Egan - 850-591-4699	
		7. 24 Hour Phone No.	8. Fax No.
9. State Approving Official Signature  KEVIN CURRAN, SGT C42CF			10. Date and Time 3/16/2020 @ 9:10

III. SOURCING THE REQUEST - REVIEW/COORDINATION (Operations Section Only)

1. ☐ OPS Review by: _____ ☐ LOG Review by: _____ ☐ Other Coordination: _____ ☐ Other Coordination: _____ ☐ Other Coordination: _____	2. Source: ☐ Donations ☐ Other (Explain) ☐ Requisitions ☐ Procurement ☐ Interagency Agreement ☐ Mission Assignment	3. Assigned to: ESF/OFA: _____ RSF/OFA: _____ Other: _____ Date/Time: _____
4. Immediate Action Required ☐ Yes ☐ No		

IV. STATEMENT OF WORK (Operations Section Only)

1. OFA Action Officer	2. 24 Hour Phone #	3. Fax #
4. FEMA Project Manager	5. 24 Hour Phone #	6. Fax #
7. Statement of Work ☐ See Attached		
8. Estimated Completion Date	9. Estimated Cost	

V. ACTION TAKEN (Operations Section Only)

☐ Accepted	☐ Rejected	☐ Requestor Notified
Reason / Disposition		

RESOURCE REQUEST FORM (RRF)

TRACKING INFORMATION (FEMA Use Only)			
ECAPS/NEMIS Task ID:	Resource Request #	Program Code/Event #	☐ Originated as verbal
Received by (Name and Organization)	State	Date/Time Received	

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DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
RESOURCE REQUEST FORM (RRF)

O.M.B. No. 1660-0002
Expires May 31, 2017

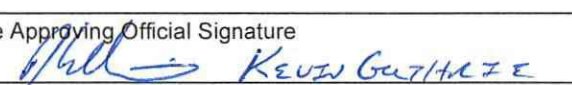
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4. Requestor's Organization Florida Division of Emergency Management	5. Fax No.	6. E-Mail Address eugene.buerkle@em.myflorida.com

II. REQUESTING ASSISTANCE (To be completed by Requestor)

1. Description of Requested Assistance: Request for various PPE: 1,000,000 N95 Respirator Masks, 500,000 gloves, 250,000 Tyvek Coveralls, 500,000 gowns. These items should be medical grade for use in hospitals and testing.			
2. Quantity Various - see request	3. Priority ☒ Lifesaving ☐ Life Sustaining ☐ Normal ☐ High	4. Date and Time Needed 3/17/2020	
5. Delivery Site Location State Logistics Response Center 2702 Directors Row Orlando, FL 32809		6. Site Point of Contact (POC) Jeff Egan - 850-591-4699	
		7. 24 Hour Phone No. 850-597-1413	8. Fax No.
9. State Approving Official Signature  KEVIN GALT			10. Date and Time 03/17/2020 1722

III. SOURCING THE REQUEST - REVIEW/COORDINATION (Operations Section Only)

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IV. STATEMENT OF WORK (Operations Section Only)

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V. ACTION TAKEN (Operations Section Only)

☐ Accepted	☐ Rejected	☐ Requestor Notified
Reason / Disposition		

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TRACKING INFORMATION (FEMA Use Only)			
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TRACKING INFORMATION. Completed by Action Tracker. Required for all requests.

From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Sent: Monday, February 03, 2020 4:52 PM EST
To: Keenan, Gwen (FEMA) <Gwen.Keenan@fema.dhs.gov>
Subject: FW: [EXTERNAL] FOR YOUR AWARENESS: Public Release of the 2020 Update to HSEEP
Attachment(s): "Information Sheet for HSEEP Revisions 20200203.docx", "HSEEP Frequently Asked Questions (FAQ) 20200203.docx", "HSEEP 2020 Revision 20200203 - final.pdf"

FYI...

Linda J. McWhorter
Preparedness Bureau Chief
(850) 815-4301

From: Pierce, Elise <Elise.Pierce@fema.dhs.gov>
Sent: Monday, February 3, 2020 1:20 PM
To: Adam Stewart <Adam.stewart@tn.gov>; Reed, Alicia <alicia.reed@ema.alabama.gov>; Anderson, Neil (nanderson@emd.sc.gov) <nanderson@emd.sc.gov>; Andrew McMillin <amcmillin@mema.ms.gov>; Bobby Gillis <bobby.j.gillis.nfg@mail.mil>; Call, Chris (chris.call@ncdps.gov) <chris.call@ncdps.gov>; Newton, Chris <chris.newton@ema.alabama.gov>; Dave Nock <david.nock@tn.gov>; Ed Westbrook (Ed.westbrook@gema.ga.gov) <Ed.westbrook@gema.ga.gov>; Gregory Weavil (Gregory.Weavil@ncdps.gov) <Gregory.Weavil@ncdps.gov>; Jason Smith <jason.smith@ema.alabama.gov>; Jenine Stevenson <jstevenson@emd.sc.gov>; Katherina Humes <katherina.humes@ky-em.org>; McWhorter, Linda <Linda.McWhorter@em.myflorida.com>; Mandy Juarez <mandy.juarez@gema.ga.gov>; Michelle Tuck (Michelle.Tuck@ncdps.gov) <Michelle.Tuck@ncdps.gov>; Terry Varney <terry.l.varney.nfg@mail.mil>; Walter, Louis (lwalter@emd.sc.gov) <lwalter@emd.sc.gov>
Cc: Fenn, John <John.Fenn@fema.dhs.gov>; Thomas, Terry <Terry.Thomas@fema.dhs.gov>; Martin, Farrell <farrell.k.martin@fema.dhs.gov>; Williams, Daphne <Daphne.Williams@fema.dhs.gov>; Brown, Terry L <Terry.Brown5@fema.dhs.gov>; Goza, Lora <Lora.Goza@fema.dhs.gov>; Williams, Paul (FEMA) <Paul.Williams6@fema.dhs.gov>; Sanders, Barbara <Barbara.Sanders@fema.dhs.gov>; Gniady Banford, Lisa <lisa.gniadybanford@fema.dhs.gov>; Haney, Jerry <Jerry.Haney@fema.dhs.gov>; James, Lorenza <Lorenza.James@fema.dhs.gov>; Denning, Keith <Keith.Denning@fema.dhs.gov>; Choi, Fredrick <fredrick.choi@fema.dhs.gov>; Sachtleben, Glen <Glen.Sachtleben@fema.dhs.gov>; Gunnin, Stacy <Stacy.Gunnin@fema.dhs.gov>; Monette, Donnie <Donnie.Monette@fema.dhs.gov>; Teague, Brian <Brian.Teague@fema.dhs.gov>; Jourdan-Walker, Canika <Canika.Jourdan-Walker@fema.dhs.gov>; Seward, Andrew <andrew.seward@fema.dhs.gov>
Subject: [EXTERNAL] FOR YOUR AWARENESS: Public Release of the 2020 Update to HSEEP
Importance: High

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Colleagues,

The National Preparedness Directorate is proud to share with you an advance copy of the new 2020 HSEEP doctrine, the Information Sheet about what is new, and the HSEEP Frequently Asked Questions. **The whole community and all our partners and stakeholders will see the public release on Wednesday, February 5th.**

As you are aware, FEMA's National Exercise Division conducted a review of the Homeland Security Exercise and Evaluation Program (HSEEP) doctrine. As you already know, HSEEP is the cornerstone of the Nation's guidance for exercise design, development, and evaluation. HSEEP is flexible, scalable, adaptable, and is for use by stakeholders across the whole community and nation-wide use of HSEEP directly supports the National Preparedness System by providing a consistent approach to exercises and measuring progress toward building, sustaining, and delivery core capabilities. The 2020 version of HSEEP continues to make HSEEP a practical and yet effective tool for exercise planners and practitioners from across the whole community. The 2020 version has incorporated feedback, suggestions, lessons learned, and best practices from the whole community to ensure that HSEEP best meets their needs.

I am asking for your support to get the message out to your state, local, tribal, territorial (SLTT) partners about the release of the new 2020 HSEEP doctrine. The relationships that you have with your SLTT partners is critical in maintaining preparedness across the whole community and engaging them of this new HSEEP doctrine will continue to support their needs for exercises.

Additionally, following the release of the new 2020 HSEEP doctrine on **February 5, 2020**, FEMA will be hosting weekly webinars to provide information, highlights, and changes as a result of the review which includes feedback and input from the whole community.

Information for these webinars **will be posted February 5th**, on the HSEEP webpage and updated periodically at: www.fema.gov/hseep.

The URL for the Webinars that **will begin on February 18th** is: <https://fema.connectsolutions.com/hseep-2019-review/> and the call-in information is: 1-800-320-4330 Pin 504024#

The new 2020 HSEEP doctrine, the Information Sheet about the update, and a Frequently Asked Questions sheet **will be posted February 5th** at: <https://www.fema.gov/hseep>. If there are any questions, email the HSEEP inbox at: HSEEP@fema.dhs.gov.

VR
Elise



Homeland Security Exercise and Evaluation Program (HSEEP)

JANUARY 2020

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Introduction

Purpose

The Homeland Security Exercise and Evaluation Program (HSEEP) provides a set of fundamental principles for exercise programs, as well as a common approach to program management, design and development, conduct, evaluation, and improvement planning. Exercises are an important component of preparedness, by providing the whole community¹ with the opportunity to shape planning, assess and validate [capabilities](#),² and address areas for improvement. An exercise is an event or activity, delivered through discussion or action, to develop, assess, or validate plans, policies, procedures, and capabilities that jurisdictions/organizations can use to achieve planned objectives.

Through HSEEP, exercise program managers can develop, execute, and evaluate exercises that address the priorities established by a jurisdiction's/organization's senior leaders. The [National Preparedness Goal](#),³ strategy documents, Threat and Hazard Identification and Risk Assessment (THIRA) processes, capability assessments, and results from previous exercises and real-world incidents impact the priorities. These priorities guide the overall direction of an exercise program where individual exercises anchor to a common set of priorities or objectives, which increase in complexity over time. These priorities guide the design and development of individual exercises and allow planners to identify and align objectives to the capabilities being evaluated. Exercise evaluation assesses the ability to meet the objectives and capabilities by documenting strengths, areas for improvement, capability performance, and corrective actions in an After-Action Report (AAR)/Improvement Plan (IP).

Through Improvement Planning, jurisdictions/organizations take the corrective actions identified during exercises to improve plans, build and sustain capabilities, and maintain readiness. Stakeholders are reminded of the importance of implementing corrective actions.

In this way, the use of HSEEP—in line with the National Preparedness Goal, the [National Preparedness System](#) (NPS),⁴ and stakeholder preparedness priorities—supports efforts across the whole community that improve the nation's capacity to build, sustain, and deliver capabilities to better respond to a real-world incident.

Role of Exercises

Exercises play a vital role in preparedness. A well-designed exercise provides a low-risk environment to familiarize personnel with roles and responsibilities; foster meaningful interaction and communication across jurisdictions/organizations; assess and validate plans, policies, procedures, and capabilities; and identify strengths and areas for improvement. Exercises bring together and strengthen the whole community to prevent, protect against, mitigate, respond to, and

¹ The whole community means involving people (individuals and families, including those with access and functional needs, businesses, faith-based and community organizations, nonprofit groups, schools and academia, media outlets, and all levels of government including state, local, tribal, territorial, and federal partners) in the development of national preparedness documents and ensuring their roles and responsibilities are reflected in the content of the materials.

² Capabilities are the means to accomplish a mission, function, or objective based on the performance of related tasks, under specified conditions, to target levels of performance. For additional information on the core capability development sheets see <https://www.fema.gov/core-capability-development-sheets>.

³ Refer to the National Preparedness Goal: <https://www.fema.gov/national-preparedness-goal>.

⁴ Refer to the National Preparedness System: <https://www.fema.gov/national-preparedness-system>.

recover from all hazards. Overall, exercises help the whole community address the priorities established by a jurisdiction's/organization's leaders; and evaluate progress towards meeting preparedness goals.

Applicability and Scope

The HSEEP doctrine is flexible, scalable, adaptable, and for use by stakeholders across the whole community and all mission areas. Using HSEEP supports the NPS by providing a consistent approach to exercises and measuring progress toward building, sustaining, and delivering capabilities. To achieve whole community preparedness goals, agencies, jurisdictions/organizations, and stakeholders (for example, public health, transportation, education, etc.) that do not use the core capabilities as outlined in the National Preparedness Goal should use their relevant capabilities and elements to better prepare for real-world incidents.

The foundation of the HSEEP doctrine incorporates lessons learned and best practices from the exercise community and current policies and plans that support training, technology systems, tools, and technical assistance. Exercise practitioners are encouraged to apply and adapt the HSEEP doctrine to meet their specific needs.

Supersession

The 2020 iteration of the HSEEP doctrine supersedes the 2013 version.

Doctrine Organization

The organization of the HSEEP doctrine follows:

- **Chapter 1, Homeland Security Exercise and Evaluation Program (HSEEP) Fundamentals**, describes the basic principles and methodology of HSEEP.
- **Chapter 2, Program Management**, provides guidance for overseeing and integrating a variety of exercises over time, conducting an Integrated Preparedness Planning Workshop (IPPW), and developing a multi-year Integrated Preparedness Plan (IPP).
- **Chapter 3, Exercise Design and Development**, describes the methodology for developing exercise objectives, conducting planning meetings, developing exercise documentation, and planning for exercise logistics, control, and evaluation.
- **Chapter 4, Exercise Conduct**, provides guidance on setup, exercise play, and wrap-up activities.
- **Chapter 5, Exercise Evaluation**, provides the approach to exercise evaluation planning and conduct through data collection, analysis, and development of an After-Action Report (AAR).
- **Chapter 6, Improvement Planning**, addresses corrective actions identified in the exercise Improvement Plan and the process of tracking corrective actions to resolution.

Revision Process

The Department of Homeland Security's Federal Emergency Management Agency's (FEMA's) National Exercise Division reviews the HSEEP doctrine and methodology every six years, or as needed.

Tools

The Preparedness Toolkit (PrepToolkit) is a web-based application that allows the whole community access to a wide variety of resources to manage preparedness activities. The system is designed to support implementation of the NPS by providing exercise planners, program managers, resource typing and mutual aid coordinators, threat and hazard planners, and other key stakeholders access to technologies that align to the six NPS elements. PrepToolkit supplies a technology platform that supports implementation of HSEEP and aids exercise planners in program management, design and development, conduct, evaluation, and improvement planning. Refer to <https://preptoolkit.fema.gov/hseep-resources> for more information.

Training

Training provides the whole community with the knowledge, skills, and abilities needed to perform key tasks required by specific capabilities. Jurisdictions/organizations should make training decisions based on information derived from the assessments, strategies, and plans developed in previous steps of the Integrated Preparedness Cycle. The National Training Program provides an organized approach to training for emergency managers and emergency response providers across the nation that supports the [National Preparedness Guidelines](#).⁵ The National Preparedness Online Course Catalog provides searchable, integrated information on courses provided or managed by FEMA's Center for Domestic Preparedness (CDP), the Emergency Management Institute (EMI), the National Fire Academy, and the National Training and Education Division (NTED).⁶

⁵ For more information on the National Preparedness Guidelines refer to: <https://www.fema.gov/media-library/assets/documents/16886>.

⁶ For more information on training refer to: <https://www.fema.gov/training>, <https://www.firstrespondertraining.gov/frts>, and <https://www.usfa.fema.gov/training/nfa/>.

1. Homeland Security Exercise and Evaluation Program (HSEEP) Fundamentals

Overview

The HSEEP doctrine consists of fundamental principles that frame a common approach to exercises. The intent is to enhance consistency in exercise conduct and evaluation while ensuring exercises remain a flexible, accessible way to improve our preparedness across the nation.

Fundamental Principles

Applying the following principles to the management of an exercise program and executing individual exercises is important to an effective evaluation of capabilities:

- **Senior Leader Guidance:** The early and frequent engagement of senior leaders is the key to the success of any exercise program. Senior leaders provide the overarching guidance and direction for the exercise and evaluation program as well as specific intent for individual exercises.
- **Informed by Risk:** Identifying and assessing risks and associated impacts helps jurisdictions/organizations identify and evaluate priorities, objectives, and capabilities through exercises.
- **Capability-Based, Objective-Driven:** Jurisdictions/Organizations can use exercises to evaluate current capability levels/targets and identify gaps. Exercises focus on assessing performance against capability-based objectives.
- **Progressive Exercise Planning Approach:** A progressive approach includes the use of various exercises aligned to a common set of program priorities and objectives with an increasing level of complexity over time. Progressive exercise planning does not always imply a linear progression of exercise types.
- **Whole Community Integration:** The use of HSEEP encourages exercise planners, where appropriate, to engage the whole community throughout program management, design and development, conduct, evaluation, and improvement planning.
- **Common Methodology:** HSEEP includes a common methodology for exercises across all mission areas. The methodology enables jurisdictions/organizations a shared understanding of program management, design and development, conduct, evaluation, and improvement planning and fosters exercise-related interoperability and collaboration.

The Homeland Security Exercise and Evaluation Program (HSEEP) Cycle

HSEEP uses a common approach for planning, conducting, and evaluating individual exercises. The following chapters contain more detailed descriptions of each phase, as depicted in **Figure 1.1**.

Program Management

Program management involves a collaborative approach that integrates resources, jurisdictions/organizations, and individuals to identify and achieve program priorities. An effective exercise program maximizes efficiency, resources, time, and funding by ensuring a coordinated and integrated approach to building, sustaining, and delivering capabilities. Through the management of an exercise program, senior leaders provide oversight for specific preparedness activities sustained over time.

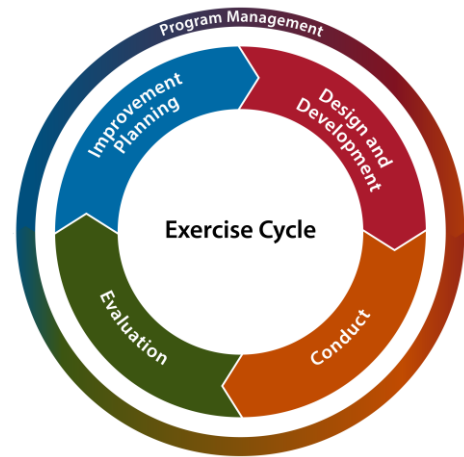


Figure 1.1: The HSEEP Cycle

Exercise Design and Development

During exercise design and development, the exercise planning team members use the intent and guidance of senior leaders and the program priorities to shape the individual or series of exercises. Involving the risk and hazard assessments, plans, policies, and procedures, grant or cooperative agreements, and relevant After-Action Reports (AARs) and Improvement Plans (IPs), exercise planners ensure that exercises assess and validate a jurisdiction's/organization's capabilities.

Exercise Conduct

Exercise conduct involves activities such as preparing for exercise play, managing exercise play, and conducting immediate exercise wrap-up activities. For a discussion-based exercise, conduct entails presentation, facilitation, and discussion. For an operations-based exercise, conduct, encompasses all operations occurring between the designated Start of the Exercise (StartEx) and End of the Exercise (EndEx).

Exercise Evaluation

An effective evaluation assesses performance against exercise objectives and identifies and documents strengths and areas for improvement relative to capabilities. Evaluation is important and considered in all phases of the exercise planning cycle, beginning when the exercise planning team meets to establish objectives and initiate exercise design through improvement planning.

Improvement Planning

Improvement Planning activities can help shape a jurisdiction's/organization's preparedness priorities and support continuous improvement. Actions identified during Improvement Planning help to strengthen elements of a jurisdiction's/organization's capability to plan, organize/equip, train, and exercise.

2. Program Management

Overview

Program management is the process of overseeing and integrating a variety of exercises over time. An effective exercise program helps jurisdictions/organizations maximize efficiency, resources, time, and funding by ensuring that exercises are part of a coordinated, integrated planning approach to building, sustaining, and delivering capabilities. This integrated planning approach begins when senior leaders, working with whole community stakeholders, identify and develop a set of multi-year preparedness priorities based on relevant threats, hazards, and risks.

Integrated Preparedness Cycle

The Integrated Preparedness Cycle of planning, organizing/equipping, training, exercising, and evaluating/improving is a continuous process that ensures the regular examination of ever-changing threats, hazards, and risks, as shown in **Figure 2.1**.

The Cycle involves the assessment of threats, hazards, and risks; new and updated plans; and improvements implemented from previously identified shortfalls or gaps. The preparedness priorities are developed to ensure that the needed preparedness elements are incorporated. This cycle provides a continual and reliable approach to support decision making, resource allocation, and measure progress toward building, sustaining, and delivering capabilities based on a jurisdiction's/organization's threats, hazards, and risks.

Through the Integrated Preparedness Cycle, the program manager understands the full breadth of preparedness activities that impact their jurisdiction/organization and allows for a more deliberate approach to multi-year preparedness activity planning. Ultimately, this integrated approach becomes a means to achieve whole community preparedness in a consistent and measurable way.



Figure 2.1: The Integrated Preparedness Cycle

Linkage of Integrated Preparedness Cycle and Homeland Security Exercise and Evaluation Program (HSEEP)

The exercise phase of the Integrated Preparedness Cycle is linked to the program management process and starts the design and development of individual exercises within HSEEP. Multi-year preparedness priorities guide the exercise program to produce quality individual exercises. These individual exercises are used to build, sustain, and deliver capabilities.

Effective program management is comprised of the following components:

- Engaging senior leaders;
- Establishing multi-year preparedness priorities;
- Conducting an Integrated Preparedness Planning Workshop (IPPW);
- Developing a multi-year Integrated Preparedness Plan (IPP);
- Maintaining program reporting of exercise outcomes; and
- Managing exercise program resources.

Through effective program management, each exercise becomes a supporting component of a larger exercise program and integrated preparedness with overarching priorities.

Figure 2.2 shows the relationship and linkage of the Integrated Preparedness Cycle and the HSEEP Cycle. Exercise practitioners are encouraged to apply and adapt HSEEP program management guidance to meet their specific needs.



Figure 2.2: The Relationship of the Integrated Preparedness Cycle and the HSEEP Cycle

Engage Senior Leaders

Involving senior leaders early and often in the exercise process is critical in providing both the strategic direction for the exercise program and specific guidance for individual exercises. In developing individual exercises, the exercise planning team should continue to engage the appropriate senior leaders throughout the exercise planning cycle to achieve the leaders' intent for the exercise.

Preparedness Priorities

Preparedness priorities should be established by senior leaders and informed by risk and capability assessments, findings, and corrective actions from previous events and external requirements like regulations and grant guidance. Preparedness priorities should be comprehensive to meet whole community needs and drive preparedness activities throughout the Integrated Preparedness Cycle. For exercises, these priorities guide the development of exercise objectives, related training, staffing, resourcing, and other planning activities to ensure individual exercises assess and validate preparedness in an integrated and coordinated way.

Integrated Preparedness Planning Workshop (IPPW)

The Integrated Preparedness Planning Workshop (IPPW) is a meeting that establishes the strategy and structure for an exercise program, in addition to broader preparedness efforts, while setting the foundation for the planning, conduct, and evaluation of individual exercises. This meeting occurs on a periodic basis depending on the needs of the program and any grant or cooperative agreement requirements.

Purpose

The purpose of the Integrated Preparedness Planning Workshop (IPPW) is to use the guidance provided by senior leaders to identify and set preparedness priorities and develop a multi-year schedule of preparedness activities.

The process confirms:

- Coordination of whole community initiatives;
- Prevention of duplication of efforts;
- Assurance of the efficient use of resources and funding; and
- Avoidance of overextending key agencies and personnel.

During the Integrated Preparedness Planning Workshop (IPPW), participation from the whole community ensures preparedness activities are included in the program's priorities.

Participation

When identifying stakeholders, program managers should consider individuals from jurisdictions/organizations throughout the whole community, including but, not limited to:

- Senior leaders responsible for providing direction and guidance for preparedness priorities, planning activities, and those responsible for providing resources to support preparedness efforts;
- Relevant planning, training, exercise, and grant program managers who would be responsible for carrying out the activities identified during the workshop;
- Individuals with knowledge of the community's/organization's risks and capabilities;
- Representatives from relevant disciplines that would be part of the exercises or any real-world incidents, including appropriate local, regional, or federal department and agency representatives;
- Individuals with administrative responsibility relevant to exercise conduct;
- Advocates for individuals with disabilities and access and functional needs⁷; and
- Community representatives to include businesses, the healthcare sector, volunteer organizations, nongovernmental organizations, nonprofits, faith-based, and social support organizations.

⁷ "Access and functional needs" includes children, seniors, racially and ethnically diverse communities, and people with limited English proficiency.

Conduct of the Integrated Preparedness Planning Workshop (IPPW)

During conduct of the Integrated Preparedness Planning Workshop (IPPW), participants review and consider various factors to develop the preparedness priorities and the multi-year schedule. Guidance from senior leaders confirms whole community involvement in this process, to include the factors listed in **Table 2.1**.

Table 2.1: Factors for Consideration in Developing Exercise Program Priorities

Focus	Factors to Consider
Threats and Hazards	▪ Jurisdictional threats and hazards ▪ National threats and hazards ▪ Hazard vulnerability analysis ▪ Risk assessments
Areas for Improvement and Capabilities	▪ Real-world incident corrective actions ▪ Exercise corrective actions ▪ Identified and/or perceived areas for improvement ▪ Validating training efforts ▪ Newly acquired capabilities and resources
External Sources and Requirements	▪ Industry reports ▪ State or national preparedness reports ▪ Homeland security strategies ▪ Grants or funding-specific requirements
Accreditation Standards and Regulations	▪ Accreditation requirements ▪ Local, state, and federal regulations

Utilizing the above factors, the workshop facilitator leads group discussions to review program priorities and develop a multi-year schedule. **Table 2.2** shows the conduct of the Integrated Preparedness Planning Workshop (IPPW).

Table 2.2: Conduct of the Integrated Preparedness Planning Workshop (IPPW)

Element	Aspects and Activities
Focus	A forum to identify priorities and the strategies employed to achieve those priorities, whether that's coordinating and integrating current activities in an organized manner or identifying areas where additional activities are needed.

Element	Aspects and Activities
Discussion Points	▪ Incorporate senior leader and stakeholder guidance ▪ Review jurisdiction/organization capabilities ▪ Collect and assemble data from the Integrated Preparedness Cycle (plan, organize/equip, train, exercise, evaluate/improve) ▪ Review new and revised plans, policies, and procedures ▪ Review corrective actions from previous exercises (AAR/IP) ▪ Consider using multiple exercise types to accomplish multi-year goals ▪ Identify funding ▪ Discuss scheduling conflicts ▪ Review program reports
Tools	▪ Read-ahead material ▪ Meeting agenda documents ▪ Presentations materials ▪ Integrated Preparedness Planning Workshop (IPPW) guide ▪ Integrated Preparedness Plan (IPP) template
Outcomes	▪ Prioritization and schedule of future preparedness activities ▪ Development of the Integrated Preparedness Plan (IPP)
Follow-up	▪ Distribution of finalized Integrated Preparedness Plan (IPP) ▪ Periodic review of current Integrated Preparedness Plan (IPP)

At the end of the Integrated Preparedness Planning Workshop (IPPW), program managers will have a clear understanding of specific multi-year preparedness priorities and any available information on previously planned preparedness activities that align to those priorities. Once the preparedness priorities are outlined, stakeholders develop the multi-year Integrated Preparedness Plan (IPP).

Integrated Preparedness Plan (IPP)

The Integrated Preparedness Plan (IPP) is a document for combining efforts across the elements of the Integrated Preparedness Cycle to make sure that a jurisdiction/organization has the capabilities to handle threats and hazards. Through effective program management, each planning, organizing/equipping, training, exercising, and evaluating/improving activity becomes a supporting component of the larger preparedness priorities. These preparedness priorities help exercise planners design and develop a multi-year exercise program of individual exercises that target resources to where they are most useful. Reference the National Preparedness Goal for information regarding how resources are critical for those responsible in delivering capabilities toward national preparedness. This progressive approach ensures jurisdictions/organizations select the appropriate exercise type as described in the following sections.

Progressive Approach

A progressive, multi-year exercise program enables jurisdictions/organizations to participate in a series of increasingly complex exercises, with each exercise building upon the previous one.

Regardless of exercise type, each exercise within the series is linked to a set of common program priorities and designed to test associated capabilities. By identifying other preparedness activities or requirements as part of the integrated preparedness planning process, jurisdictions/organizations address known shortfalls prior to exercising capabilities.

Discussion-Based Exercises

Discussion-based exercises include seminars, workshops, tabletop exercises (TTXs), and games. These types of exercises familiarize players with or develop new plans, policies, procedures, and agreements. Discussion-based exercises focus on strategic, policy-oriented issues, and facilitators or presenters lead the discussion, keeping participants moving towards meeting the exercise objectives. The following tables (**Table 2.3**,

Table 2.4, **Table 2.5**, and **Table 2.6**) provide the important information for each type of discussion-based exercise:

Table 2.3: Discussion-Based Exercise Types: Seminar

Seminar: A discussion-based exercise that orients participants to or provides an overview of authorities, strategies, plans, policies, procedures, protocols, resources, concepts, and ideas.	
Element	Considerations and Activities
Purpose	▪ Provide a common framework of understanding ▪ Provide a good starting point for developing or making major changes to existing plans, policies, or procedures
Structure	▪ Usually in the form of multiple presentations, subject-matter expert (SME) panels, or case study discussions ▪ Lecture-based ▪ Led by a seminar facilitator/presenter ▪ Limited feedback or interaction from participants
Participant Goals	▪ Gain awareness of or assess interagency capabilities or inter-jurisdictional operations ▪ Set objectives for future capabilities
Conduct Characteristics	▪ Minimal time constraints ▪ Effective for small or large groups
Outcomes	▪ A report that captures the discussion, issues raised, and (if appropriate) action items that will address these issues ▪ An After-Action Report (AAR)/Improvement Plan (IP)

Table 2.4: Discussion-Based Exercise Types: Workshop

Workshop: A discussion-based exercise often employed to develop policy, plans, or procedures.	
Element	Considerations and Activities
Purpose	- Increased participant interaction with a focus on achieving or building a product - Should have clearly defined objectives, products, or goals and focus on a specific issue
Structure	- A group of individuals in a venue conducive to discussion - Lectures, presentations, panel or case-study discussions, or decision support tools - Facilitated working breakout sessions - Led by a workshop facilitator/presenter
Participant Goals	- Develop a product as a group - Obtain consensus - Collect or share information
Conduct Characteristics	- Effective for small and large groups - Broad attendance by relevant stakeholders - Conducted based on clear objectives/goals - More participant discussion than lecture-based - Frequently uses breakout sessions to explore parts of an issue with similar groups
Outcomes	- Emergency Operations Plans - Mutual Aid Agreements - Standard Operating Procedures - Continuity of operations plans - Workshop Summary Report - An After-Action Report (AAR)/Improvement Plan (IP)

Table 2.5: Discussion-Based Exercise Types: Tabletop Exercise

Tabletop Exercise (TTX): A discussion-based exercise in response to a scenario, intended to generate a dialogue of various issues to facilitate a conceptual understanding, identify strengths and areas for improvement, and/or achieve changes in perceptions about plans, policies, or procedures.	
Element	Considerations and Activities
Purpose	- Generate discussion of various issues regarding an exercise scenario - Facilitate conceptual understanding, identify strengths and areas for improvement, and/or achieve changes in perceptions

Element	Considerations and Activities
Structure	▪ Scenario is presented to describe an event at a simulated time ▪ Players apply their knowledge and skills to a list of problems presented by the facilitator ▪ Problems are discussed as a group, and resolution may be reached and documented for later analysis ▪ Plenary or breakout session(s) ▪ Discussion led by a facilitator(s) ▪ Presentation
Participant Goals	▪ Enhance general awareness ▪ Enhance roles and responsibility understanding ▪ Validate plans and procedures ▪ Discuss concepts and/or assess types of systems in a defined incident
Conduct Characteristics	▪ Requires an experienced facilitator ▪ In-depth discussion ▪ Problem-solving environment ▪ All participants should be encouraged to contribute to the discussion and be reminded that they are making decisions in a no-fault environment
Outcomes	▪ Recommended revisions to current plans, policies, and procedures ▪ An After-Action Report (AAR)/Improvement Plan (IP)

Table 2.6: Discussion-Based Exercise Types: Game**Game:**

A discussion-based exercise that is a structured form of play designed for individuals or teams in a competitive or noncompetitive environment. It is an event players take part in and are guided by clear rules, data, and procedures for its execution. Games are designed to depict an actual or hypothetical situation to ensure that the participants make decisions and take actions that would be plausible. Games can be used to reinforce training, stimulate team building, or enhance operational and tactical capabilities.

Element	Considerations and Activities
Purpose	▪ Simulation of operations that explore the consequences of player decisions and actions ▪ Identification of critical decision-making points is a major factor in the success of evaluating a game
Structure	▪ Usually in an environment that can involve two or more teams, using rules, data, and procedures designed to depict an actual or hypothetical situation ▪ Decision-making may be either slow and deliberate or rapid and more stressful, depending on the exercise design and objectives ▪ The open, decision-based format of a game can incorporate “what if” questions that expand exercise benefits ▪ Depending on the game’s design, the consequences of player actions can be either pre-scripted or decided dynamically

Element	Considerations and Activities
Participant Goals	▪ Explore decision-making processes and consequences ▪ Conduct “what-if” analyses of existing plans ▪ Evaluate existing and potential strategies
Conduct Characteristics	▪ No actual resources used ▪ Often involves two or more teams ▪ May include models and simulations of increasing complexity as the game progresses ▪ May or may not include pre-scripted activities
Outcomes	▪ Validate plans, policies, and procedures or evaluating resource requirements ▪ An After-Action Report (AAR)/Improvement Plan (IP)

Operations-Based Exercises

Operations-based exercises include drills, functional exercises (FE), and full-scale exercises (FSE). These exercises validate plans, policies, procedures, and agreements; clarify roles and responsibilities; and identify resource gaps. Operations-based exercises include a real-time response such as initiating communications or mobilizing personnel and resources. The following tables (**Table 2.7**, **Table 2.8**, and **Table 2.9**) provide the important information for each type of operations-based exercise:

Table 2.7: Operations-Based Exercise Types: Drill

Drill: An operations-based exercise often employed to validate a single operation or function.	
Element	Considerations and Activities
Purpose	▪ Coordinated, supervised activity to validate a specific function or capability in a single agency/organization, often employed to validate a single operation or function ▪ Provide training on new equipment, validate procedures, or practice and maintain current skills
Structure	▪ Can be standalone or used as a series of drills ▪ Clearly defined plans, procedures, and protocols need to be in place
Participant Goals	▪ Evaluate new procedures, policies, and/or equipment ▪ Practice and maintain skills ▪ Prepare for future exercises
Conduct Characteristics	▪ Immediate feedback ▪ Realistic environment ▪ Narrow focus ▪ Performance in isolation ▪ Results are measured against established standards

Element	Considerations and Activities
Outcomes	- Determine if plans can be executed as designed - Assess whether more training is required - Reinforce best practices - An After-Action Report (AAR)/Improvement Plan (IP)

Table 2.8: Operations-Based Exercise Types: Functional Exercise

Functional Exercise (FE): An operations-based exercise is designed to test and evaluate capabilities and functions while in a realistic, real-time environment; however, movement of resources is usually simulated.	
Element	Considerations and Activities
Purpose	- Validate and evaluate capabilities, multiple functions and/or sub-functions, or interdependent groups of activities - Exercise plans, policies, procedures, and staffs involved in management, direction command, and control functions - Apply established plans, policies, and procedures under crisis conditions
Structure	- Events are projected through a realistic exercise scenario with event updates that drive activity typically at the management level - Controllers typically use a Master Scenario Events List (MSEL) to ensure participant activity remains within predefined boundaries - Evaluators observe behaviors and compare them against established plans, policies, procedures, and standard practices (if applicable)
Participant Goals	- Validate and evaluate capabilities - Focused on plans, policies, and procedures
Conduct Characteristics	- Conducted in a realistic environment - Usually simulated deployment of resources and personnel - Use of Simulation Cell and Master Scenario Events List (MSEL) - Simulators can inject scenario elements - Include controller and evaluators
Outcomes	- Management evaluation of Emergency Operations Center (EOCs), command post, headquarters, and staffs - Performance analysis - Cooperative relationships are strengthened - An After-Action Report (AAR)/Improvement Plan (IP)

Table 2.9: Operations-Based Exercise Types: Full-Scale Exercise

Full-Scale Exercise (FSE): An operations-based exercise that is typically the most complex and resource-intensive of the exercise types and often involves multiple agencies, jurisdictions/organizations, and real-time movement of resources.	
Element	Considerations and Activities
Purpose	- Often includes many players operating under cooperative systems such as the Incident Command System (ICS) Unified Command - Focus on implementing and analyzing the plans, policies, and procedures that may have been developed in discussion-based exercises and honed during previous, smaller exercises
Structure	- Events are projected through an exercise scenario with event updates that drive activity at the operational level - Involves multiple agencies, organizations, and jurisdictions - Use of a MSEL drives player actions - SimCell controllers inject scenario elements - The level of support needed may be greater than that needed for other types of exercises - Conducted in a realistic environment to mirror a real incident by presenting complex problems
Participant Goals	- Demonstrate roles and responsibilities as addressed in plans and procedures - Coordinate between multiple agencies, organizations and jurisdictions
Conduct Characteristics	- Rapid problem solving; critical thinking - Mobilization of personnel and resources - Exercise site is usually large with many activities occurring simultaneously - Site logistics require close monitoring - Safety issues, particularly regarding the use of props and special effects, must be monitored - Demonstrate roles and responsibilities as addressed in plans and procedures
Outcomes	- Validate plans, policies, and procedures - Evaluate resource requirements - An After-Action Report (AAR)/Improvement Plan (IP)

Program Reporting

Program reporting is intended to provide senior leaders with an analysis of issues, trends, and key outcomes from all exercises conducted as part of the exercise program, along with a continuous update on corrective actions. Reporting is a communications tool to inform senior leaders and guides the development of future preparedness activities. Program reporting, similar to the Rolling Summary Report, is not a collection of After-Action Reports, but it does feed into the Integrated Preparedness Plan (IPP) and is part of a continuous improvement process.

Information in the report should:

- Inform senior leaders on the exercise program;
- Provide data to support preparedness assessments and reporting requirements; and
- Enable exercise planners to modify objectives and the exercise schedule to reflect knowledge gathered from the exercises.

Manage Exercise Program Resources

An effective exercise program utilizes the full range of available resources. Exercise program managers should plan an exercise budget, appropriate program staffing, and other needed resources.

Exercise Budget Management

Effective budget management is essential to the success of an exercise program and for exercise managers to maintain awareness of available resources and expected expenditures. In developing and maintaining an exercise program budget, exercise program managers work with stakeholders to identify financial resources and define monitoring and reporting requirements for individual exercises.

Staffing

Exercise program managers should identify the administrative and operational staff needed to oversee the exercise program and to carry out the necessary exercises to improve capabilities across the whole community. The Integrated Preparedness Plan (IPP) is one tool for determining staffing needs, in addition to grant funds or other programmatic considerations. Exercise program managers should identify gaps between staffing availability and staffing needs and consider alternative means of obtaining needed staff.

Other Resources

Exercise program managers may consider other resources that can support exercises, such as:

- Information technology (for example, modeling and simulation capabilities, etc.);
- Subject Matter Experts (SMEs);
- Exercise tools and resources (for example, document templates, etc.);
- Materials from previous exercises;
- Training courses;
- Mutual aid agreements, Memoranda of Understanding, and Memoranda of Agreement;
- Technical assistance; and
- Equipment and props (for example, smoke machines, mannequins, moulage kits, etc.).

3. Exercise Design and Development

Overview

In the design and development phase, exercise planners use the intent and guidance of senior leaders and the program priorities to plan individual exercises. Exercise planning teams apply the guidance to shape the major concepts and planning considerations for a single exercise or series of exercises.

The steps of exercise design and development include:

- Setting the exercise foundation by reviewing senior leader guidance, the Integrated Preparedness Plan (IPP), and other factors to develop exercise-specific objectives and align capabilities within a scenario;
- Defining exercise planning activities;
- Developing the Exercise Planning Team;
- Designing the exercise to include the purpose, scope, objectives, evaluation parameters, scenario, documentation, and planning for media and public affairs; and
- Developing the exercise to include planning for discussion-based and operations-based logistics, facilitation, control, exercise evaluation, and exercise conduct.

Exercise planners apply and adapt the HSEEP doctrine to exercise design and development to meet specific needs.

Exercise Foundation

The exercise foundation is a set of components that drive the exercise design and development process. The program manager considers the preparedness priorities from the Integrated Preparedness Cycle as outlined in the Integrated Preparedness Plan (IPP) to design and develop individual, or a series of, exercises. The transition is shown in **Figure 3.1**.

The exercise planning team reviews and considers the following items before the design phase:

- The senior leader intent and guidance;
- The Integrated Preparedness Plan (IPP);
- Any relevant After-Action Reports/Improvement Plans (AARs/IPs) from real-world incidents and exercises;
- Program reports from the exercise program managers;
- The Threat and Hazard Identification and Risk Assessment (THIRA) or other threat, hazard, and risk assessments;
- The Stakeholder Preparedness Review, or other capability assessments;

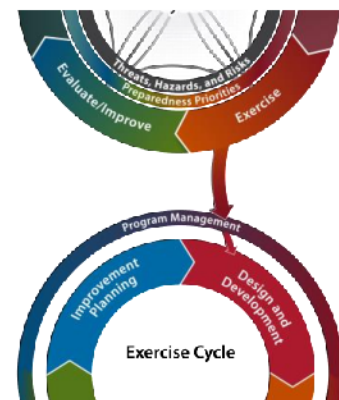


Figure 3.1: Individual Exercise Design and Development Process

- The organization/jurisdiction plans, policies, and procedures; and
- Any grant or cooperative agreement requirements.

Exercise Planning Activities

This section describes the types of planning activities most useful in exercise design and development. The primary planning activities include establishing an exercise timeline and assembling the exercise planning team. The exercise planning team is typically formed following the Concept and Objectives (C&O) Meeting. At that time, the exercise planning team members decide the type and number of additional planning meetings necessary.

Exercise Planning Meetings

Meetings serve as a structured event or forum for completing the major milestones of exercise design and development. The range of planning meetings are described in the following tables (**Table 3.1**, **Table 3.2**, **Table 3.3**, **Table 3.4**, and **Table 3.5**), though not all meetings may be used for every exercise. While the planning meetings are critical for accomplishing tasks as a planning team, much of the development work will be accomplished between formal meetings.

Table 3.1: Planning Meeting Types: Concept and Objectives (C&O) Meeting

Concept & Objective (C&O) Meeting:	
A meeting that is the formal beginning of the exercise planning process. It is held to identify the scope and exercise objectives. For less complex exercises and for organizations with limited resources, the C&O Meeting can be conducted in conjunction with the Initial Planning Meeting (IPM).	
Element	Considerations and Activities
Meeting Focus	The formal beginning of the planning process. Program priorities and objectives are determined during the C&O Meeting.
Discussion Points	▪ Exercise scope ▪ Proposed objectives and aligned capabilities linked to threats and risks ▪ Location, date, and duration ▪ Participants and anticipated extent of play ▪ Exercise Planning Team makeup ▪ Assumptions and artificialities ▪ Control and evaluation concepts ▪ Security organizations and structure ▪ Available resources ▪ Logistics ▪ Planning timeline and milestones ▪ Local issues, concerns, and sensitivities ▪ Engagement with senior leaders for guidance and intent
Exercise Tools	▪ Meeting agenda and briefing, which includes the background and rationale for conducting the exercise

Element	Considerations and Activities
Exercise Outcomes	- Exercise concept - Exercise timeline (group consensus) - Extent of participant play - Identification of planning team members - Planning timeline, milestones, and meeting dates
Follow-up	Compile and distribute the C&O Meeting minutes and include the next meeting time, date, and location.

Table 3.2: Planning Meeting Types: Initial Planning Meeting (IPM)

Initial Planning Meeting (IPM): A meeting that is held to refine the scope and exercise objectives. For less complex exercises and for organizations with limited resources, the C&O Meeting can be conducted in conjunction with the IPM.	
Element	Considerations and Activities
Meeting Focus	Formal beginning of the development phase. The IPM also focuses on refining the scope and the objectives for the exercise.
Discussion Points	- Clearly defined objectives and aligned capabilities linked to threats and risks - Evaluation requirements, including Exercise Evaluation Guide (EEG) capability targets and critical tasks - Relevant plans, policies, and procedures to be evaluated - Exercise scenario - Modeling and simulation - Participants extent of play - Optimum duration of the exercise - Exercise planners' roles and responsibilities - Decision to record exercise proceedings (audio or video) - Local issues, concerns, or sensitivities - Discussion points typically covered during a C&O Meeting, if one is not held - Consensus regarding the date, time, and location for next meeting - Re-engagement with senior leaders to ensure alignment with guidance and intent
Exercise Tools	- Read-ahead document - Agenda material - Briefing for presenting an overview of the exercise and meeting discussion points - Threat and hazard identification assessments - Proposed room layout (discussion-based) - Map of proposed venue sites (operations-based) with description of local environment - Copy of proposed timeline and milestones for design and development - Copies of presentation briefing for meeting

Element	Considerations and Activities
Exercise Outcomes	- Any outcomes from C&O Meeting; if a C&O Meeting was not conducted - Clearly defined objectives and aligned capabilities - Initial capability targets and critical tasks (reviewed and confirmed prior to the next meeting) - Scenario variables (threat, scope, venue, conditions) - List of participating organizations and extent of play - Develop exercise draft documentation (Situation Manual [SitMan], Exercise Plan [ExPlan], etc.) - Identification and availability of all source documents (plans, policies, procedures) needed for exercise documentation - Refined exercise planning timeline - Identification of available subject-matter experts (SMEs) (scenario vetting) - Preferred communication methods among planning team - Clearly identified and assigned responsibility for logistical issues - List of tasks to be accomplished by next planning meeting, to include date and responsible planning team member - Agreed-upon date, time, and location of next planning meeting
Follow-up	- Compile and distribute the IPM, meeting minutes, including the next meeting time, date, and location - Between meetings the planning team collaborates on assignments and prepares draft exercise documentation - Distribute draft documentation prior to the next scheduled meeting

Table 3.3: Planning Meeting Types: Midterm Planning Meeting (MPM)

Midterm Planning Meeting (MPM): A meeting that serves as a forum to develop exercise scenario details and timeline.	
Element	Considerations and Activities
Meeting Focus	The MPM is a continuation of the development phase. This meeting is primarily focused on scenario development and serves as a check-in for exercise product development.
Discussion Points	- Comments on draft exercise documentation - Construction of the scenario timeline - Development of the Master Scenario Events List (MSEL), if a MSEL meeting is not scheduled - Identification of exercise venue artificialities and/or limitations - Agreement on final logistical items - Assignment of additional responsibilities - Re-engage with senior leaders to ensure alignment with guidance and intent

Element	Considerations and Activities
Exercise Tools	▪ Agenda material ▪ Briefing for presenting an overview of the exercise and meeting discussion points ▪ IPM minutes ▪ Draft scenario timeline ▪ Draft documentation (Facilitator Guide, Controller/Evaluator [C/E] Handbook, etc.) ▪ Other selected documentation needed to illustrate exercise concepts and provide planning guidance
Exercise Outcomes	▪ Reviewed exercise documentation (SitMan, ExPlan, etc.) ▪ Draft Facilitator Guide or C/E Handbook, including EEGs ▪ Well-developed scenario to include injects (if no MSEL Meeting is scheduled) ▪ Agreement on the exercise site ▪ Identified logistics planning requirements ▪ Finalization of date, time, and location on the MSEL Meeting and Final Planning Meeting (FPM)
Follow-up	▪ Compile and distribute the MPM meeting minutes, including the next meeting date, time, and location ▪ Between meetings the planning team collaborates on assignments and prepares draft exercise documentation ▪ Distribute draft documentation prior to the next scheduled meeting

Table 3.4: Planning Meeting Types: Master Scenario Events List (MSEL) Meeting

Master Scenario Events List (MSEL) Meeting: A meeting for operations-based exercises that serves as a forum to build the MSEL in detail.	
Element	Considerations and Activities
Meeting Focus	The MSEL meeting focuses on reviewing the timeline and developing the MSEL. Exercise planners from participating departments, agencies, jurisdictions, and organizations are included to identify activities that must occur during the exercise.
Discussion Points	▪ Tasks, conditions, and standards required to meet objectives ▪ Key events and critical tasks ▪ Event originator, target player, expected player actions, and timeframe ▪ Contingency injects to prompt player action (if needed)
Exercise Tools	▪ Agenda material ▪ Previous meeting minutes ▪ Draft exercise documentation ▪ Applicable plans, policies, and procedures ▪ Agreed-upon template used to create the MSEL

Element	Considerations and Activities
Exercise Outcomes	▪ Key event injects and delivery timeline identified ▪ Assignment of responsibility for conducting remaining events ▪ Revisions of draft scenario-based documentation ▪ Timeline for completion
Follow-up	▪ Compile and distribute the MSEL meeting minutes, including the next meeting date, time, and location ▪ Between meetings the planning team collaborates on assignments and prepares draft exercise documentation ▪ Distribute draft documentation prior to next scheduled meeting

Table 3.5: Planning Meeting Types: Final Planning Meeting (FPM)

Final Planning Meeting (FPM): A meeting that serves as the formal end of the exercise planning process. It is held to finalize exercise documentation and logistics.	
Element	Considerations and Activities
Meeting Focus	Should be conducted for all exercises to ensure that all elements of the exercise are ready for conduct. Prior to the FPM, the planning team receives final drafts of all exercise materials. No major changes to the exercise's design, scope, or supporting documentation should take place at or following the FPM.
Discussion Points	▪ Conduct a comprehensive final review ▪ Approve all remaining draft documents (for example, SitMan, MSEL, C/E Handbook) and presentation materials ▪ Resolve any open planning issues and identify last-minute concerns ▪ Review all exercise logistical activities (for example, schedule, registration, attire, special needs) ▪ Re-engage with senior leaders to ensure alignment with guidance and intent
Exercise Tools	▪ Agenda materials ▪ Briefing for presenting an overview of the exercise and meeting discussion points ▪ Previous meeting minutes from the IPM, the MPM, and the MSEL, if needed ▪ All draft exercise documents and documentation ▪ Previously finalized documents
Exercise Outcomes	▪ Final approval of exercise documents and material for production ▪ Identified issues resolved ▪ Attendees understand and approve exercise processes and procedures ▪ Task assignments and logistical elements, including facilities, equipment, and schedules are confirmed

Element	Considerations and Activities
Follow-up	▪ Finalize all publications ▪ Prepare all supporting materials ▪ Rehearse presentations and briefings ▪ Prepare to conduct the exercise ▪ Disseminate documentation and any additional instructions to all appropriate personnel prior to the exercise

Exercise Planning Team Considerations

The exercise planning team manages and is responsible for exercise design, development, conduct, and evaluation. The membership of an exercise planning team fits the type and scope of an exercise and is a manageable size yet represents the full range of participating jurisdictions/organizations and stakeholders. For multi-jurisdictional/organizational exercises, planning team members include representatives from each functional area or relevant discipline.

Typically, planning team members are not exercise players; they are trusted agents. With limited resources, exercise planning team members may act as both planners and players but must be careful not to divulge sensitive exercise information. Planning team members also help with producing and distributing pre-exercise materials and conducting exercise planning meetings, briefing, and training sessions.

To design and develop exercises most effectively, exercise planning teams:

- Identify and understand the desired objectives and associated capabilities for the exercise;
- Adhere to a clear organizational structure with roles and responsibilities;
- Use proven project management practices, processes, and tools, such as project plans and timelines, status reports, and other communications;
- Incorporate evaluation planning and SMEs during design and development;
- Use SMEs to develop a realistic and challenging scenario; and
- Identify the type of security clearance levels needed (if required).

Community representative and individual with disabilities and access and functional needs should be invited to participate throughout the planning process. In doing so, exercise planners incorporate a broad set of perspectives and promote early understanding of roles, responsibilities, and planning assumptions.

Exercise Planning Team Positions

Regardless of the scale and complexity of an exercise, the exercise planning team should adhere to a coherent organizational structure that delineates roles and responsibilities. An Exercise Director provides strategic oversight and direction to the exercise planning team leader, who manages the exercise planning team. In developing a structure, the Exercise Director considers adequate span of control and requirements needed for the exercise type. The same personnel may fulfill multiple roles, depending on available resources. The functional organizational structure

shown in **Figure 3.2** can vary to reflect the scope of the exercise and the resources and personnel available to support the design and development, conduct, and evaluation of the exercise.

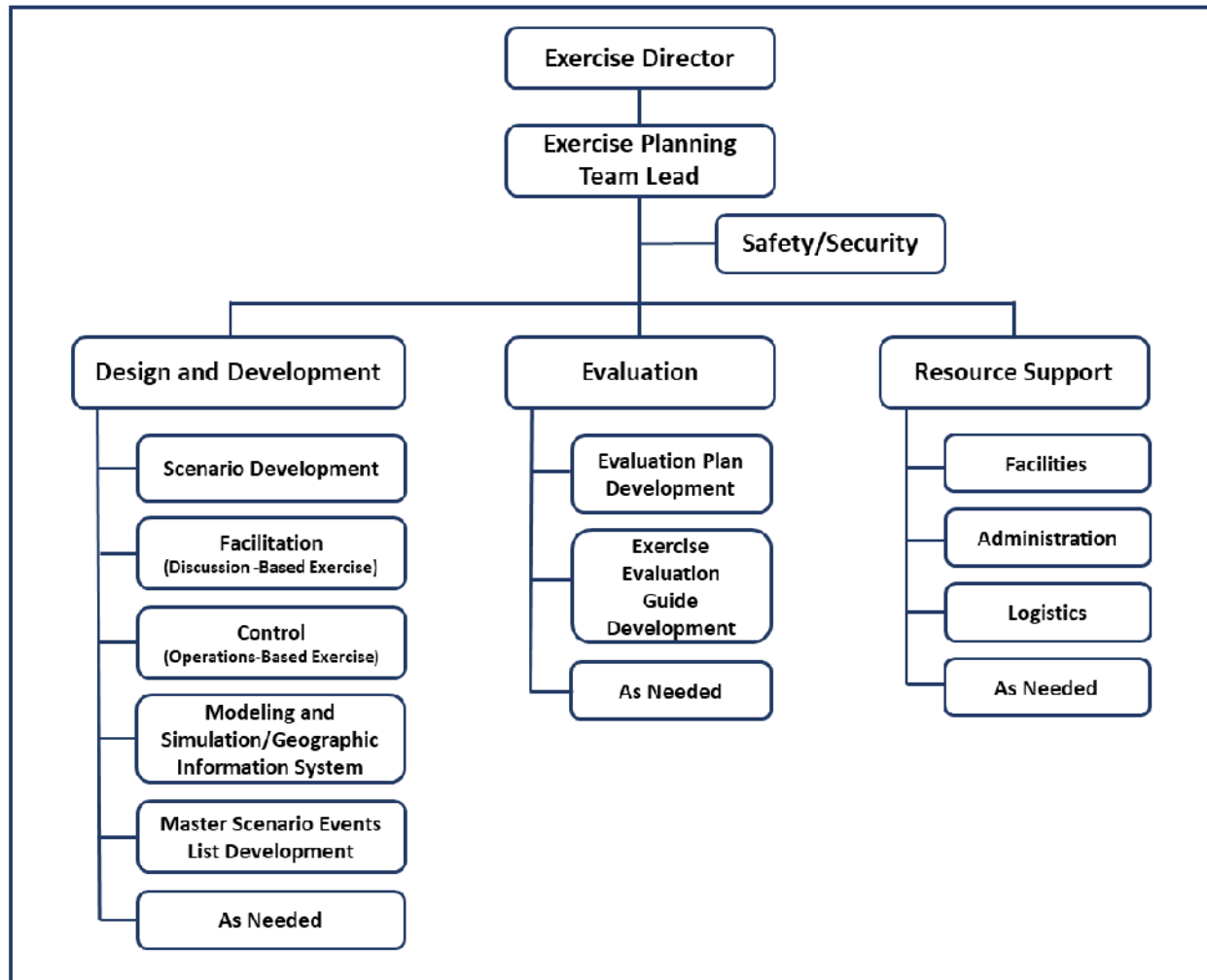


Figure 3.2: Example of a Functional Organizational Structure for an Exercise Planning Team

Table 3.6 describes the functions of an exercise planning team.

Table 3.6: Functions of an Exercise Planning Team

Functions	Description
Exercise Director	Responsible for the strategic oversight and direction on the HSEEP Cycle for an individual exercise.
Exercise Planning Team Lead	Responsible for the management of the exercise planning team and coordinates with the Exercise Director and senior leaders.
Safety/Security	Responsible to ensure that the exercise is conducted in a safe and secure environment.

Functions	Description
Design and Development	Responsible for compiling and developing all exercise background and facilitation or control, providing technical or functional expertise for scenario development, developing the simulation construct as applicable, and working with the evaluation and resource/support functions to ensure all exercise design and development needs are met.
Scenario	Responsible for developing a model or outline, either written or depicted by an event timeline, of the simulated sequence of events that drive the player's discussion or actions.
Control (Operations-Based Exercise)	Responsible for the control structure needed for an operations-based exercise. This includes the master control cell, individual venue control, and simulation and modeling requirements. Will work with the evaluation component in completing the C/E Handbook.
Facilitation (Discussion-Based Exercise)	Responsible for the facilitator guide for discussion-based exercises, once the conduct and evaluation materials have been completed; managing the recruitment and training of facilitators as necessary; and working with evaluation planners to confirm the facilitator is properly directed regarding objectives and areas of focus.
Modeling and Simulation/GIS	Responsible for coordinating the use of modeling, simulation, and GIS for both discussion- and operations-based exercises. Ensures modeling is coordinated with the scenario and ground truth elements and that simulation is coordinated with the control element during exercise design and development.
Master Scenario Events List (MSEL, Operations-Based Exercise)	Responsible for working with all other elements of exercise design and development, as well as nonparticipating jurisdictions and subject-matter experts (SMEs), to design and develop the MSEL timeline and events to properly drive exercise play.
Evaluation	Responsible for the development of the overall exercise evaluation construct and all evaluation documentation; assigns evaluation staffing in conjunction with the exercise planning team. Collects and reviews the policies, plans, and procedures to be examined during exercise conduct to finalize exercise objectives, match capability targets to exercise objectives, and determine critical tasks to be evaluated in order to complete exercise evaluation guides.
Evaluation Plan	Responsible for the development of the evaluation plan that provides guidance, instructions, and structure on evaluating and observing during an exercise.
Exercise Evaluation Guide	Responsible for the development of the Exercise Evaluation Guides (EEGs) used for the exercise.
Resource Support	Responsible for logistics, administration, facility, and finance support for planning meetings, exercise documentation, and other planning considerations.
Facilities	Responsible for coordinating the needed venue locations for exercises, including meeting rooms, conference centers, training locations, and locations for operations-based exercises.

Functions	Description
Administration	Responsible for meeting scheduling and administrative support, such as distributing meeting invitations, read-ahead materials, and meeting minutes; providing and collecting sign-in sheets; and note taking during planning meetings.
Logistics	Responsible to ensure venues are adequately equipped with audiovisual equipment, tables, and chairs and coordinates refreshments if required.

Exercise Design

The core components of design include clarifying the purpose, establishing the exercise scope, setting objectives, developing evaluation parameters, creating a scenario, developing documentation, and determining media and public affairs guidance. The exercise planning meetings serve as the principal mechanism for completing the major steps of exercise design.

Exercise Purpose

The purpose of the exercise derives from a set of key factors determined from:

- A multi-year Integrated Preparedness Plan (IPP);
- Any existing plans, policies, and procedures;
- THIRA or other threat, hazard, or risk assessments;
- Any past exercise or real-world AAR/IPs; and
- Any grant or cooperative agreement requirements.

A review of the factors ensures the exercise builds and sustains a jurisdiction's/organization's capabilities while taking prior circumstances into consideration during the exercise design process. Once the review is complete, each exercise is designed to meet the intent of the exercises within the Integrated Preparedness Plan (IPP).

Exercise Scope

Determining the exercise scope enables planners to “right-size” an exercise to meet the objectives while staying within the resource and personnel constraints of the participating jurisdictions/organizations.

Table 3.7: Elements that Define Scope

Element	Description
Exercise Type	Exercise type is based on the exercise purpose. For instance, if the intent is to review and discuss a new policy, plan, or set of procedures, a discussion-based exercise may be appropriate. If the intent is to assess the responders' ability to implement a plan, policy, or set of procedures, an operations-based exercise may be appropriate.

Element	Description
Participation Level	Participation level of jurisdictions/organizations provides information such as dates and times of participation, number of personnel involved, positions of personnel (operational, agency directors), available resources, and the intended outcomes. Participation level limitations may include scheduling conflicts, real-world incidents, or other competing requirements. Consider simulation to alleviate the participation level limitations. To ensure a successful exercise, the use of an Extent of Play Agreement outlines the agreement to participate.
Exercise Location	Exercise location is based on the exercise type. Discuss and decide suitable locations for the exercise to determine the scope or define artificialities required to simulate real-world incidents.
Exercise Duration	Exercise duration is based on resources and exercise objectives. When selecting the exercise duration, the planning team should determine how long the exercise will take to address the exercise objectives effectively.
Other Considerations	Other considerations may determine exercise activities that are useful to a jurisdiction/organization. Clearly defining the exercise scope early in the design process helps exercise planners keep the exercise to a manageable and realistic level.

Exercise Objectives

Based on direction from senior leaders, the exercise planning team selects one or more exercise program priorities on which to focus an individual exercise. These priorities drive the development of exercise objectives that a jurisdiction/organization wishes to achieve during an exercise. The objectives are aligned to a common set of capabilities which enables:

- A systematic tracking of progress throughout exercise programs and cycles;
- A standardized exercise data collection informing preparedness assessments; and
- The fulfillment of grant or funding-specific reporting requirements.

Figure 3.3 shows how the exercise program priorities are developed and the relationship between the exercise program priorities, exercise objectives, and capabilities.



Figure 3.3: Priorities, Objectives, and Capabilities

Exercise objectives should incorporate senior leaders' intent; exercise participants' plans, policies, and procedures; operating environment; corrective actions from previous exercises and real-world incidents; and desired outcomes. The exercise planning team should select a reasonable number of objectives to facilitate effective scenario design, exercise conduct, and evaluation. An objective should be specific, measurable, achievable, relevant, and time-bound (SMART), as shown in **Figure 3.4**.

SMART Guidelines for Exercise Objectives		
Specific		Objectives should address the five Ws- who, what, when, where, and why. The objective specifies what needs to be done with a timeline for completion.
Measurable		Objectives should include numeric or descriptive measures that define quantity, quality, cost, etc. Their focus should be on observable actions and outcomes.
Achievable		Objectives should be within the control, influence, and resources of exercise play and participant actions.
Relevant		Objectives should be instrumental to the mission of the organization and link to its goals or strategic intent.
Time-bound		A specified and reasonable timeframe should be incorporated into all objectives.

Figure 3.4: SMART Guidelines for Exercise Objectives

Example of a SMART Objective

Demonstrate the ability of Central City staff to receive, develop, and disseminate a public alert utilizing Central City's notification system regarding a HAZMAT spill within 15 minutes of initial notification, in accordance with the Communications Annex in the Emergency Operations Plan.

Evaluation Parameters

The development of exercise evaluation parameters begins early in the exercise process and helps to guide the development of the exercise scenario, discussion questions or event timeline, and evaluation documentation. Once the exercise objectives are aligned to capabilities, the exercise planning team identifies the linked capability targets and critical tasks. **Chapter 5: Exercise Evaluation** provides additional details regarding capability targets and critical tasks.

Scenario

A scenario is a model or outline of the simulated sequence of events that drives participant discussions or actions. The scenario can be a written narrative or depicted by an event timeline. The scenario should be plausible, realistic, and challenging so participants can meet the objectives. After developing the scope and objectives, the exercise planning team should select and develop the scenario to enable an exercise to assess objectives and capabilities.

The elements of a scenario are:

- The conditions allowing players to demonstrate their ability to meet exercise objectives;
- The technical details necessary to accurately depict scenario conditions and events (for example, the date and time of event and damage resulting from the event); and
- A general context or comprehensive narrative.

Threat, Hazard, and Risk

The type of threat, hazard, or risk defines a scenario allowing for assessment of the objectives and capabilities of the exercise. Threat, hazard, and risk identification originates from the organization's/jurisdiction's THIRA or other threats, hazards, or risk assessments. Risk analyses enable jurisdictions/organizations to identify potential events that stress preparedness capabilities.

Modeling and Simulation

Modeling and simulation bring versatility, cost savings, and fidelity to exercises when incorporated into the development of the scenario and overall exercise design. A model is a representation of a system at a point in time or space intended to expand an understanding of the real system. Simulation is a method of implementing the performance of a model, or combination of models, over time. Modeling and simulation may apply to situations where achieving reality is difficult. The use of modeling and simulation realistically replicates variables such as disease propagation, radiation, and chemical attacks.

Exercise Documentation

Exercise documentation provides the framework for exercise conduct and evaluation. The documentation helps the planning team apply the HSEEP Cycle. **Table 3.8** and **Table 3.9** list the most commonly used exercise design and development documents, identified by the exercise type and relevant audience.

Table 3.8: Discussion-Based Exercise Documentation

Document	Description	Distribution
Situation Manual (SitMan)	A document that provides background information and serves as the primary reference material for exercise participants (core document for discussion-based exercises).	All Participants
Player Handout	A document that supplements or replaces the Situation Manual and presentation, providing players a quick-reference guide, sometimes referred to as a "placemat."	Players
Facilitator Guide	A document that outlines instructions and key issues discussed and utilized by the exercise facilitator to move participants through exercise play.	Exercise Facilitator(s)
Presentation	A multimedia display that provides background information for participants during exercise conduct.	All Participants
Exercise Evaluation Guide(s) (EEG)	A document that captures information specifically related to the evaluation requirements developed by the exercise planning team. The EEG provides evaluators with a standardized tool to guide data collection and capture performance results. Since each jurisdiction/organization has unique targets and critical tasks, EEGs are developed specific to their plans, policies, procedures, and protocols.	Evaluators
Participant Feedback Form	A document that provides a mechanism to collect input from all participants following an exercise and supports the development of an After-Action Report (AAR) and Improvement Plan (IP).	All Participants

Table 3.9: Operations-Based Exercise Documentation

Document	Description	Distribution
Exercise Plan (ExPlan)	A document that provides general information to exercise participants, including exercise objectives and scope, not including the scenario information.	Players and Observers
Player Handout	A document that supplements the Exercise Plan and provides players with a quick-reference guide; sometimes referred to as “a pocket-size trifold or bifold.”	Players
Ground Truth	A document comprised of the detailed elements of a scenario that must remain consistent during exercise development and conduct to ensure that realism is maintained, and objectives can be achieved.	All Participants
Controller/ Evaluator (C/E) Handbook	A document that provides specific exercise information and guidance for controllers and evaluators, may be a standalone document or supplement to the Exercise Plan, and adjusted accordingly.	Controllers and Evaluators
Master Scenario Events List (MSEL)	A document or system that is a chronological timeline of expected actions and scripted events to be injected into exercise play by controllers to generate or prompt player activity. It ensures necessary events happen so that all objectives are met. Larger, more complex exercises may also use a procedural flow, which differs from the MSEL in that it contains only expected player actions or events. The MSEL links simulation to action, enhances the exercise experience for players, and reflects an incident or activity meant to prompt players to action.	Controllers, Evaluators, and Simulator
Extent of Play Agreement	A document that is a formal written agreement outlining the participating jurisdiction’s/organization’s level of play during an exercise.	Exercise Planning Team
Exercise Evaluation Guide(s) (EEG)	A document that captures information specifically related to the evaluation requirements developed by the exercise planning team. The EEG provides evaluators with a standardized tool to guide data collection and capture performance results. Since each jurisdiction/organization has unique targets and critical tasks, EEGs are developed specific to their plans, policies, procedures, and protocols.	Evaluators
Control Staff Instructions (COSIN)	A document for the Controller portion of the C/E Handbook for large exercises that provides detailed guidelines for control and simulation support and establishes a management structure for these activities. This section provides guidance for controllers, simulators, and evaluators on procedures and responsibilities for exercise control, simulation, and support.	Controllers, Simulators, and Exercise Support
Evaluation Plan (EvalPlan)	A document for evaluators that provides guidance, instructions, and structure on evaluating and observing during an exercise. It also provides essential materials required to perform their specific functions.	Evaluators

Document	Description	Distribution
Participant Feedback Form	A document that the exercise team uses to collect observed strengths, areas for improvement, and input about exercise conduct and logistics from participants.	All Participants

Areas to consider when developing the exercise documentation are:

- **Exercise Marking:** Documents and messages should be clearly identified as exercise-related products.
- **Classification:** Determine the importance of specific requirements for security. Documents that are sensitive or classified need to be marked according to regulations or guidance (for example, classified, For Official Use Only [FOUO], secret, etc.).
- **Accessibility:** Verify consideration and accessibility of presentations and documents (for example, large print, compact disc, Braille), closed captioning or another form of text display, or the provision of sign language interpreters.
- **Distribution:** Understanding the types of information and the dissemination of information needs to be considered (for example, the printing and circulating classified scenario details).

Table 3.10 describes other documentation used during an exercise where applicable.

Table 3.10: Other Exercise Documentation

Document	Description	Distribution
Table Tents	An item on each table identifying the functional area seated at that table.	All Tables
Name Badge	An item that each participant wears to clearly identify their name and agency/organization.	All Participants
Liability Waiver Form	A document that each actor should receive and sign prior to the start of the exercise. Signing a waiver form releases liability for all exercise planners and participants. Exercising entities should use discretion when recruiting actors under the age of 18 years because of additional challenges and concerns related to liability. If the exercise requires volunteers younger than 18 years, parents or legal guardians must sign their waiver forms.	Actors
Photo Consent Form	A document for photographs prior to the exercise. Signing the form releases permission for all exercise participants photographed, allowing their photo to be used for informational and educational purposes.	All Participants
Weapons and Safety Policy	A document for all exercises, where applicable, shall employ a written weapons and safety policy in accordance with applicable state or local laws and regulations. Exercise sponsors should coordinate the application of a weapons and safety policy with the appropriate safety and legal departments as necessary. All players are expected to fully adhere to this policy; however, site security personnel may continue to carry assigned weapons.	All Participants

Document	Description	Distribution
Symptomology Card	An item containing the signs and symptoms that an exercise actor will portray, as well as information helpful for players.	Actors and Players
Press Release	A document that the exercise planning team develops for the media and the public to inform them about the exercise.	Media and Public

Planning for Media and Public Affairs

Media and public affairs can be important participants for an exercise. The exercise planning team should work to incorporate media-related issues into exercise planning.

Press Release

Before an exercise, the exercise planning team may develop a written press release to disseminate to media outlets, including web-based and social media outlets, observers, senior leaders, and other very important persons (VIPs), as appropriate. The press release informs the media and the public about general exercise information. The press release does not contain detailed scenario information, such as the type of threat or hazard, nor contain information that might hinder meeting exercise objectives if a participant reads the release.

The contents of a media or public information release include the following:

- An introduction, including sponsor and exercise program information;
- The exercise scope and objectives;
- Any general scenario information; and
- The participating agencies or disciplines.

Public Announcement

Public announcements should occur before any exercise involving public space or space viewable to the public and help avoid public confusion. The announcement will also help the public avoid congestion near the exercise site by providing suggestions for alternate routes. Examples of announcements are local media, community alert and notification systems, and directly on signs near the exercise site.

Media Policy

The agency or jurisdiction/organization sponsoring the exercise should decide whether to invite media representatives to the exercise. If invited, media representatives conduct interviews with exercise planners and participants prior to the exercise.

At discussion-based exercises, media representatives should not be present during the discussion of any potentially sensitive information. Also, avoid the filming of exercise conduct, which may hinder discussion or the flow of play.

Exercise Development

Exercise development involves planning for the critical elements of exercise logistics, facilitation, control, and evaluation. Exercise logistics are important to create a smooth and seamless exercise.

Discussion-Based Exercise Logistics Planning

Logistics for discussion-based exercises include facility and room, audio/visual requirements, supplies, food, and refreshments, registration and badging, table and breakout identification, parking, and media, public affairs, and VIPs.

Facility and Room

Meetings, briefings, and exercises should be conducted in facilities appropriate for the exercise scope and attendance. Reserve facilities solely for exercise purposes, free from distractions, and accessible to all participants.

Exercise planners should account for the following considerations:

- Ensure enough tables and chairs for every participant;
- Arrange tables to best suit the meeting or exercise (for example, U-shaped layout for exercises requiring facilitation and participant interaction);
- A facility with room acoustics that encourage discussion;
- A facility with the accessibility of parking and restrooms for all participants, to include any special needs requirements;
- A venue consistent with the number of attendees expected; the fire marshal office or similar entity determines the maximum occupancy capacity, and this should not be exceeded; and
- Appropriate power, internet bandwidth, and cell phone reception and service to support exercise play.

Audio/Visual Requirements

Identify audio/visual requirements early, including individuals assigned to ensure equipment is properly functioning. Audio/visual equipment may include a projector, screens, microphones, and speakers.

Supplies, Food, and Refreshments

Obtain supplies such as writing utensils, notepads, easels, copies of plans and procedures, name badges, and any other necessary equipment before the exercise and provide to the participants. The exercise planning team should consider, in accordance with applicable funding guidance or venue policies, whether to provide food and refreshments for participants.

Registration and Badging

Participants should register upon arrival at the exercise venue. Participants should, at a minimum, provide their name, jurisdiction/organization, telephone number, and e-mail address. The exercise planning team retains copies of the sign-in sheets for follow-up correspondence. If appropriate for security purposes, participants should wear a form of identification such as uniforms or badges with name and jurisdiction/organization.

Table and Breakout Identification

Table tents are used to identify participants by either organizational or functional areas. Before exercise conduct, place table tents on each table to ensure that participants are sitting in the correct locations. If additional breakout rooms are needed, place signage and table tents in those areas to ensure that participants are identified.

Parking

Clearly label established parking areas for participants arriving in personally owned vehicles. If needed, law enforcement personnel may direct vehicles to proper parking areas.

Media, Public Affairs, and VIPs

Media, public affairs, and VIP personnel should always have an escort. Identify a designated location for the media prior to the start of the exercise.

Discussion-Based Exercise Facilitation Planning

Exercise facilitation is a method that uses a facilitator/presenter with an awareness of appropriate plans, policies, and procedures. This facilitation typically occurs in a plenary session or in breakout groups.

Staffing

The planning team identifies the number of facilitators/presenters needed for exercise conduct. Facilitators/Presenters deliver scenario information and maintain a focused discussion. If participants divide into groups for part of conduct, assign a table facilitator/presenter to each group.

Facilitation Structure

The facilitation structure is the framework that allows facilitators/presenters to coordinate amongst one another. This structure becomes part of a larger organizational structure during conduct. The Lead Facilitator/Presenter ensures that the discussions stay on track and objectives are being met. If breakouts are needed to further enhance the exercise, additional facilitators/presenters may be needed for each breakout session.

Configuration for the breakouts can be either by functional areas or organizational areas. Functional areas are personnel that have the same subject matter expertise in a specific field (fire and rescue, law enforcement, etc.). Organizational areas are personnel that have a particular purpose (public safety, emergency management, etc.). **Figure 3.5** shows an example of an exercise facilitation structure.

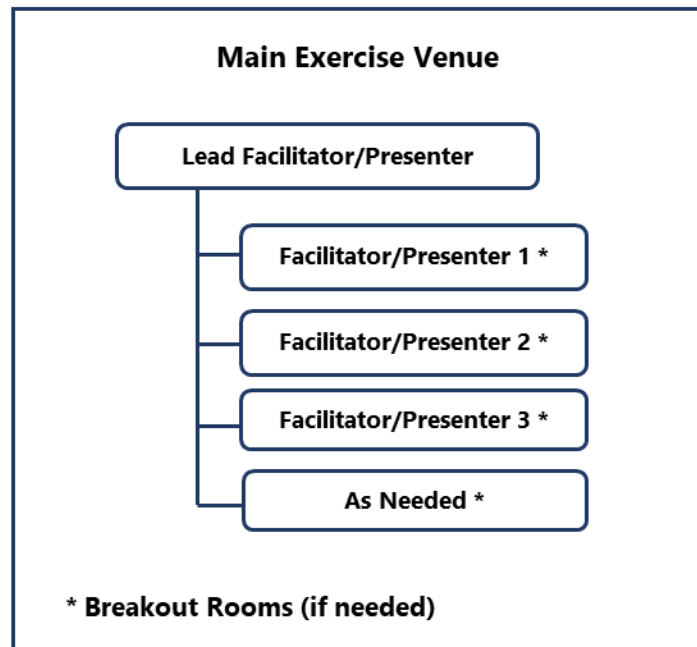


Figure 3.5: Example of a Discussion-Based Exercise Facilitation Structure

Table 3.11 describes the positions used in the exercise facilitation organization.

Table 3.11: Positions of an Exercise Facilitation Structure

Position	Description
Lead Facilitator/Presenter	An individual responsible for keeping a discussion focused on exercise objectives and exploring all issues within the time allotted during discussion-based exercises, or an individual designated to deliver information in a structured setting.
Facilitator/Presenter	Additional individual responsible for keeping a discussion focused on objectives for each of the breakout groups as needed.

Prior to the exercise, the facilitator/presenter conducts a walkthrough of the exercise design, event timeline, delivery methods, and facilitation techniques with all exercise facilitators/presenters, evaluators/note-takers, and the Exercise Director.

Operations-Based Exercise Logistics Planning

Logistics for operations-based exercises include facilities and exercise areas; audio/visual requirements; supplies, food, and refreshments; registration and badging; parking and transportation; actors; and media.

Facilities and Exercise Areas

Operations-based exercises often have several areas for exercise conduct. Ensure any special needs requirements are considered. Table 3.12 shows the facilities and exercise areas, descriptions, and types.

Table 3.12: Facilities and Exercise Areas, Descriptions, and Types

Area	Description	Type
Exercise Play Area	A location where player activities and tasks are demonstrated during an exercise.	Player Venue
Response Route	A location for responding emergency units from the assembly area to the staging area or other exercise sites during a response-focused exercise.	Player Venue
Exercise Assembly Area	A location for participants and resources to gather and dispatch, managed by controller(s).	Controller Venue
Master Control Cell	A location where overall coordination is managed between venue control cells, simulation cells, and other control areas.	Controller Venue
Venue Control Cell	A location where controllers manage individual injects designed for their relevant players.	Controller Venue
Simulation Cell	A location from which controllers deliver messages representing actions, activities, and conversations of an individual, agency, or organization that is not participating in the exercise.	Controller Venue
Emergency Medical Services Area	A location for real-world response support, such as treatment sector areas, ambulance staging, and transportation coordination points.	Controller Venue
Observer and Media Area	A location where observers and real-world media representatives can view the exercise but not interfere with exercise play.	Controller Venue

Audio/Visual Requirements

Identify audio/visual requirements early, including individuals assigned to ensure equipment is properly functioning.

Supplies, Food, and Refreshments

Exercise planners should not assume participants will bring necessary supplies with them. Obtain any supplies (for example, vests, clipboards, signage, writing utensils, notepads, easels, copies of plans and procedures, name badges, and any other necessary equipment) before the exercise conduct and ensure they are provided to participants. The exercise planning team should consider, in accordance with applicable funding guidance or venue policies, whether to provide food and refreshments for participants. Hydration and relief stations are an important logistical aspect of an operations-based exercise.

Registration and Badging

Participants should register upon arrival and for security purposes should wear a form of identification such as uniforms or badges with name and jurisdiction/organization. Participants should, at a minimum, provide their name, jurisdiction/organization, telephone number, and e-mail address. The exercise planning team retains copies of the sign-in sheets for follow-up correspondence.

Parking and Transportation

Clearly label established parking areas for participants arriving in personally owned vehicles at all venues. If needed, law enforcement personnel may direct vehicles to proper parking areas and transportation to pre-position controllers, players, and actors in advance of the exercise.

Actors

Actors add realism and prompt players to react to a scenario event. Exercise planning team members can recruit from various organizations.⁸

Prior to the exercise, actors should receive the following:

- A liability waiver form for signature;
- Actor instructions, including information on when to arrive, where to report, and other logistical details; and
- Symptomology cards, when applicable.

Media, Public Affairs, and VIPs

Media, public affairs, and VIP personnel should always have an escort. Identify a designated location for the media prior to the start of the exercise.

Operations-Based Exercise Control Planning

Exercise control maintains exercise scope, pace, and integrity during conduct under safe and secure conditions. Elements of exercise control include staffing, control structure, control cell, simulation cell, MSEL, controller training, communications, and safety and security.

Staffing

The exercise planning team identifies the number of controllers needed during the exercise to deliver and track information. As a guiding principle, place at least one controller at every venue whenever possible to help ensure a safe exercise with proper security controls. Resource constraints may make placing a controller at every site challenging; therefore, multitasking personnel as both a controller and an evaluator is an option.

Control Structure

The control structure is the framework that allows controllers and simulators to communicate and coordinate at multiple locations. The control structure ensures exercise play progresses to meet exercise objectives and deliver and track exercise information. This structure becomes part of a larger organizational structure during conduct. **Figure 3.6** shows an example of a control structure with multiple control cells.

⁸ Examples of organizations are local colleges and universities, medical and nursing schools, drama clubs, theaters, civic groups, emergency response academies, Community Emergency Response Teams, and federal and state military units. Including volunteer actors from within the access and functional needs population provides an opportunity to exercise in a variety of operational environments.

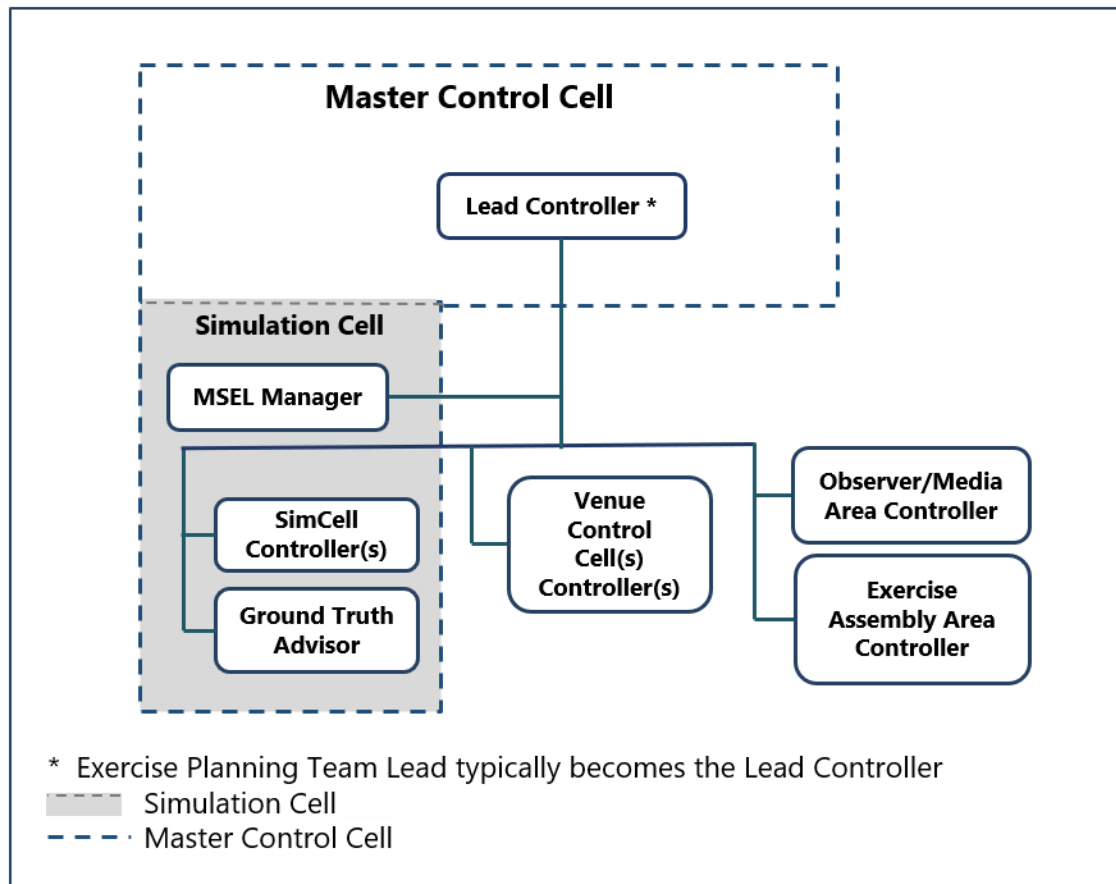


Figure 3.6: Example of an Operations-Based Exercise Control Structure

Table 3.13 describes the positions used in an operations-based exercise control structure.

Table 3.13: Positions of an Operations-Based Exercise Control Structure

Position	Description
Lead Controller	An individual that monitors exercise progression, communicates exercise activities throughout all venues, and manages the control staff.
MSEL Manager	An individual that manages the timely and accurate delivery of injects and player expected actions and decides on the need to release contingency injects.
Simulation Cell Controller	An individual that delivers scenario messages representing actions, activities, and conversations of an individual, agency, or organization that is not participating in the exercise.
Ground Truth Advisor	An individual responsible for ensuring that the scenario details remain consistent during exercise conduct.
Venue Controller	An individual that is responsible for setting up and operating a specific exercise location. Venue Controllers manage exercise play and may prompt or initiate certain players to ensure continuity and flow.
Observer/Media Area Controller	An individual responsible to ensure that observers and the media stay in their designated areas and do not interfere with the exercise.

Position	Description
Exercise Assembly Area Controller	An individual responsible for the logistical organization of the exercise assembly area, including placement locations for units entering the exercise assembly area, release of dispatched units into the field, and coordination of routes and overall safety within the assembly area.

Master Control Cell (MCC)

An MCC is a location where overall coordination is managed between venue control cells (VCCs), simulations cells, and other control areas. An MCC compiles all the information into a common operating picture for the exercise and ideally will contain a Point of Contact (POC) or a liaison representing each participating jurisdiction/organization. If an exercise contains multiple geographic locations, consider establishing several VCCs to communicate and coordinate through. When an exercise requires the establishment of multiple VCCs, defining the roles and relationships and the decision-making hierarchy is important. In smaller exercises, there may be only the MCC for which all information is shared. In exercises involving both classified and unclassified information, separate control cells with appropriate security firewalls should be set up to keep classified and unclassified information separate.

Simulation Cell (SimCell)

The SimCell is a location from which simulation controllers deliver scenario messages representing actions, activities, and conversations of an individual, agency, or jurisdiction/organization that is not participating in the exercise. Depending on the type of exercise, the SimCell may require a telephone, computer, e-mail account, radio, or other means of communication. Moreover, if an exercise uses a SimCell to drive exercise play, a determination is made on how to staff and integrate the SimCell the broader control structure.

Master Scenario Events List (MSEL)

A MSEL is a document or system that is a chronological timeline of expected actions and scripted events to be injected into exercise play by controllers to generate or prompt player activity. It ensures necessary events happen so that all objectives are met. Larger, more complex exercises may also use a procedural flow, which differs from the MSEL in that it contains only expected player actions or events. The MSEL links simulation to action, enhances the exercise experience for players, and reflects an incident or activity meant to prompt players to action.

Additional descriptive event types can be added to the MSEL to support exercise play when needed. These events are the foundation of the exercise and are the individual building blocks of the MSEL. There are three types of events that make up the MSEL and support exercise play.

Table 3.14 shows the event types that can be used in a MSEL.

Table 3.14: MSEL Event Types

Event Types	Description
Inject	A MSEL event introduced to a player by the control staff, representing non-playing entities, to build the exercise environment based on the exercise scenario and to drive operations-based exercise play.

Event Types	Description
Contingency Inject	A MSEL event introduced to a player by the control staff when a key player expected action did not occur as planned, to provide an additional opportunity to meet exercise objectives.
Expected Action	A MSEL event that represents an anticipated action to be taken by a player during the exercise.

Each MSEL entry should include the following:

- Event number;
- Designated scenario time;
- Event type;
- Inject mode;
- From (Non-playing entity delivered by the Control Staff);
- To (Intended player);
- Message;
- Expected participant response;
- Exercise objective; and
- Notes section (for controllers and evaluators to track actual events against those listed in the MSEL, with special instructions for individual controllers and evaluators).

Scenario timelines listed in the MSEL should be as realistic as possible and based on input from SMEs. If the activity occurs sooner than the MSEL writers anticipated, then controllers and evaluators should note the time the activity occurred, but play should not be interrupted.

Typically, there is one MSEL per exercise, and it may be in a short format, long format, or both. A short format lists the events in a single row in a spreadsheet and is a quick reference guide during exercise play. A long format includes more detailed descriptions of expected actions and contains scripted language for actors and simulators. The MSEL may be projected onto a large screen in a control cell or simulation cell and shared across multiple venues during the exercise.

Controller Training

Controller training includes a summary of the exercise design, including the exercise objectives, a MSEL review, delivery methods, venues, timeline, communications plan, and evaluation criteria.

Communications

The C/E Handbook or Control Staff Instructions (COSIN) provides a communication plan for controllers and instructions on whom they will communicate with, what they need to communicate, and how they will communicate. Communication can occur through many forms such as phone, radio, e-mail, face-to-face, network system, or a combination. Depending on the method used, the essential equipment should be provided to the controllers and the control cells.

Safety and Security

Controllers also play an important role in ensuring that the exercise is a safe and secure environment. In exercises involving potentially dangerous field play or the use of classified materials, the control team designates a Safety and/or Security Controller as appropriate to focus on those areas of control.

The planning team should consider the following to ensure a safe and secure environment:

- Appointing a Safety and/or Security Controller;
- Dedicating real-world medical (not involved in the exercise) and emergency procedures to contact and deploy Emergency Medical Services;
- Outlining safety requirements and policies, to include other safety issues outside the scope of the exercise (for example, weather, heat stress, hypothermia, etc.);
- Using local law enforcement to provide site security where appropriate; and
- Identifying and adhering to appropriate security standards to ensure that sensitive or classified information is not compromised.

Planning for Exercise Evaluation

Planning and organization prior to an exercise are imperative to effective and successful exercise evaluation. The exercise planning team identifies evaluation elements early in the exercise design process following the development of the exercise objectives. An evaluation team determines the appropriate structure, organizes the team, and develops a comprehensive plan to address the evaluation of the exercise. Evaluation is further explained in **Chapter 5: Exercise Evaluation**.

Preparing for Exercise Conduct

The exercise planning team finalizes all aspects of the exercise to prepare for conduct. Preparations include finalizing materials, rehearsing presentations and briefings, and training participants for the exercise. Prior to the exercise, the appropriate personnel receive documentation and additional instructions needed for conduct.

To prevent jeopardizing mission performance in response to real-world incidents, the exercise planning team should develop a contingency process to halt, postpone, or cancel an exercise as necessary. If the conduct of the exercise is put at risk, the Exercise Director and exercise planning team should convene and determine the appropriate course of action. Following a decision, the course of action should be communicated to all exercise planners, participants, and other key stakeholders through formal communications mechanisms.

4. Exercise Conduct

Overview

Exercise conduct involves activities such as preparing for exercise play, managing exercise play, and conducting immediate exercise wrap-up activities. Exercise practitioners are encouraged to apply and adapt the HSEEP doctrine during exercise conduct to meet specific needs. Throughout the exercise conduct process, the engagement of senior leaders by practitioners confirms the exercise is consistent with the original guidance and intent.

Discussion-Based Exercises

Exercise/Play Preparation

Members of the exercise planning team assigned to exercise setup should visit the exercise site to arrange the room, test the audio/visual equipment, and discuss administrative and logistical issues.

Prior to exercise conduct, the exercise planning team delivers the necessary exercise materials and equipment, which may include the following:

- Any Situational Manuals (SitMan) or other written materials for exercise participants;
- The presentations;
- The appropriate audio/visual equipment, including televisions, projectors, projection screens, microphones, and speakers;
- The table tents for each table;
- The name tents for each participant;
- The badges identifying the role of each exercise participant;
- The sign-in sheets; and
- The Participant Feedback Forms.

A rehearsal of the exercise structure and presentations helps to ensure an understanding of facilitator and evaluator roles and responsibilities, event timing, audio/visual equipment, and location-specific details, including access and security. On the day of the exercise, planning team members should arrive several hours before Start of Exercise (StartEx) to set up activities and arrange for registration.

Exercise Play/Conduct

For a discussion-based exercise, conduct entails a facilitated discussion based on a scenario, objectives, or goals. The Exercise Director provides opening statements to the participants and welcomes them to the exercise. The Facilitator/Presenter then begins the discussion by presenting the scenario and keeping the discussions on track. The Lead Evaluator is responsible to ensure that all notes and observations are taken and provided back to the Exercise Director. If any additional resource requirements are needed, the Resource Lead is responsible.

If breakouts are needed to further enhance the exercise, additional facilitators/presenters, evaluators/note takers may be added and will be responsible to their individual section leads. Additional facilities, administration, or logistics personnel, if needed, will report to the Resource Lead. **Figure 4.1** shows the relationship of a discussion-based organizational structure.

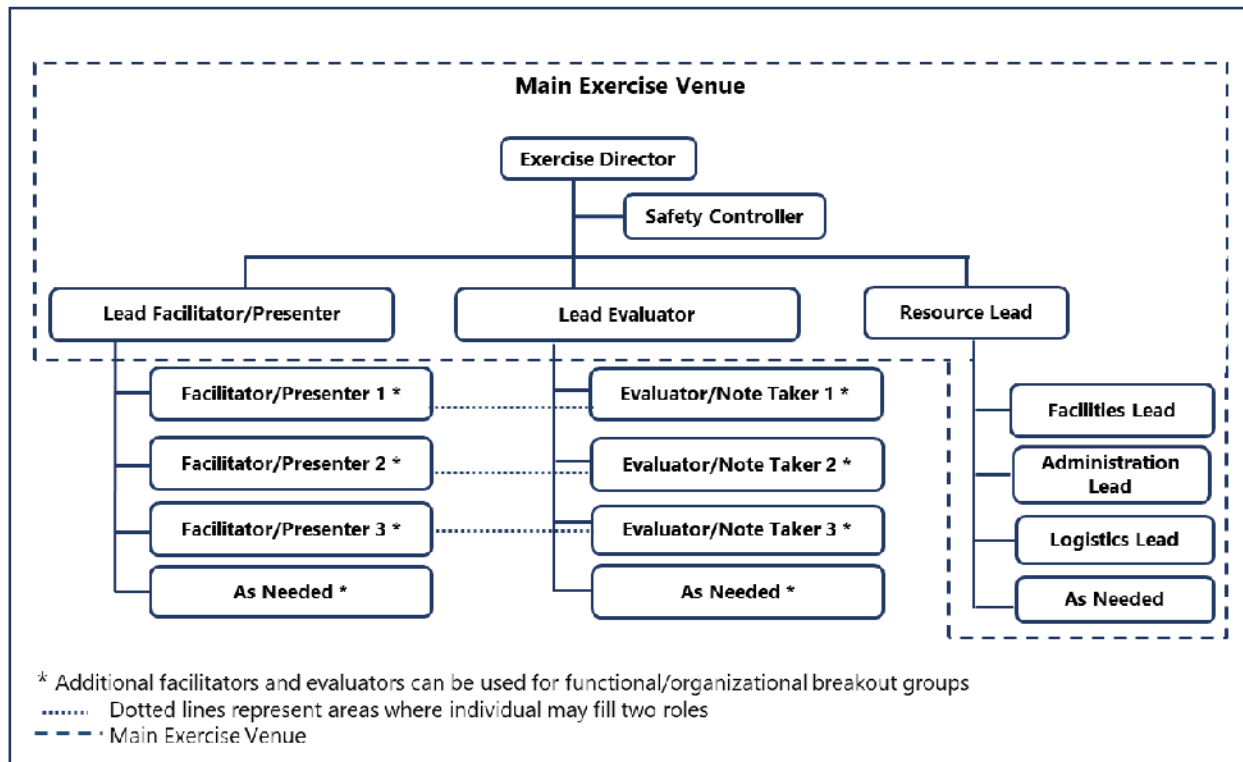


Figure 4.1: Example of a Discussion-Based Control Structure

Table 4.1 describes the positions of a discussion-based exercise control organization.

Table 4.1: Positions of a Discussion-Based Exercise Control Structure

Position	Description
Exercise Director	An individual that provides the strategic oversight and direction on the HSEEP Cycle for an individual exercise.
Safety Controller	An individual responsible to ensure that the exercise is conducted in a safe environment.
Lead Facilitator/Presenter	An individual that oversees all facets of the facilitation process or the presentation(s), to include recruiting and assigning additional facilitators or presenters.
Facilitator/Presenter	An individual responsible for keeping a discussion focused on exercise objectives and exploring all issues within the time allotted during discussion-based exercises, or an individual designated to deliver information in a structured setting.
Lead Evaluator	An individual that oversees all facets of the evaluation process, to include recruiting, assigning, and training evaluators.

Position	Description
Evaluator	An individual chosen, based on their expertise in the functional areas, to observe and collect exercise data and analyze results.
Note Taker (as needed)	An individual that records what is said during breakout groups, interviews, or hotwash discussions, allowing the facilitator, presenter, or interviewer to focus on soliciting information and asking follow-up questions, and supports data collection and data management throughout the evaluation process.
Resource Lead	An individual responsible for obtaining proper venues, equipment, and supplies for exercise conduct, as well as providing support for media and VIP observers.
Facilities Lead	An individual responsible for managing exercise venue considerations, such as set up, tear down, and table and breakout room assignments, as required.
Administration Lead	An individual responsible for managing the registration process, printed documents, sign-in sheets, and badges.
Logistics Lead	An individual responsible to ensure proper room function and set up for audio/visual requirements, as well as obtaining necessary equipment, food, and drinks; works with the facilities lead.

Conduct activities for a discussion-based exercise include the following considerations:

- Presentation is a crucial vehicle for conveying information to the players;
- Facilitators/presenters help evaluators/note takers collect useful data by keeping discussions focused on exercise objectives, capabilities, capability targets, and critical tasks;
- Facilitators/Presenters make sure all issues are explored within the time allotted; and
- Ensuring a safe and secure exercise environment.

All facilitators/presenters should take, and compile notes relevant to the groups' discussions. If multiple facilitators/presenters were used, the Lead Facilitator/Presenter will collect all notes from each of the additional facilitators/presenters. This information will be used to generate the After-Action Report/Improvement Plan (AAR/IP).

Operations-Based Exercises

Play Preparation

Depending on the scope of the exercise, the appropriate exercise planning team members should begin event setup as many days before the exercise as necessary. A communication check is important prior to the Start of Exercise (StartEx) to ensure all forms of communications are working correctly.

Prior to exercise conduct, the exercise planning team delivers the necessary exercise materials and equipment, which may include:

- Arranging the briefing rooms;
- Testing the audio/visual equipment;

- Placing props and effects;
- Marking the appropriate exercise areas and the perimeters; and
- Checking for potential safety issues.

A rehearsal of the exercise structure is vital to ensure an understanding of controller and evaluator responsibilities, transportation, event timing, audio/visual and communications equipment, and location-specific details, including access and security. On the day of the exercise, all exercise planning team members should arrive prior to Start of Exercise (StartEx) to complete any remaining logistical or administrative items and set up registration.

Exercise Play/Conduct

During conduct of operations-based exercises, the Exercise Planning Team Leader often serves as the Lead Controller. Controllers and evaluators report activities to the Lead Controller, who is responsible for monitoring exercise progression, communicating exercise activities throughout all venues, and managing the control staff. **Figure 4.2** shows an example of an operations-based exercise control organizational structure.

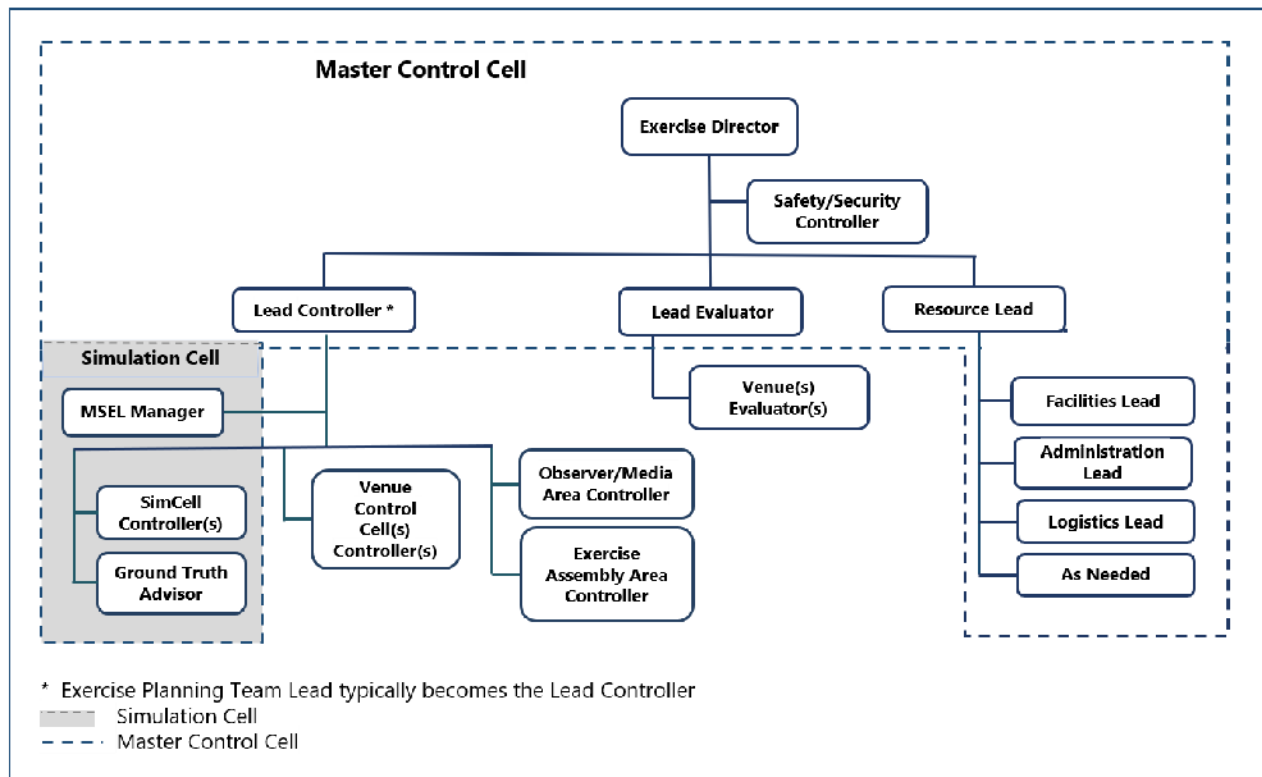


Figure 4.2: Example of an Operations-Based Exercise Control Structure

Table 4.2 4.2 describes the positions used in an operations-based exercise organization.

Table 4.2: Positions of an Operations-Based Exercise Control Structure

Position	Description
Exercise Director	An individual responsible for the strategic oversight and direction on the HSEEP Cycle phases for an individual exercise.
Safety/Security Controller	An individual responsible to ensure that the exercise is conducted in a safe and secure environment.
Lead Controller	An individual that monitors exercise progression, communicates exercise activities throughout all venues, and manages the control staff.
MSEL Manager	An individual that manages the timely and accurate delivery of injects and player expected actions and decides on the need to release contingency injects.
Simulation Cell Controller	An individual that delivers scenario messages representing actions, activities, and conversations of an individual, agency, or organization that is not participating in the exercise.
Ground Truth Advisor	An individual responsible for ensuring that the scenario details remain consistent during exercise conduct.
Venue Controller	An individual that is responsible for setting up and operating a specific exercise location. Venue Controllers manage exercise play and may prompt or initiate certain players to ensure continuity and flow.
Lead Evaluator	An individual that oversees all facets of the evaluation process, to include recruiting, assigning, and training evaluators.
Venue Evaluator	An individual responsible for observing exercise activity/play in an assigned exercise venue, area, or for a specific activity and collecting observations and data.
Resource Lead	An individual responsible for obtaining proper venues, equipment, and supplies for exercise conduct, as well as providing support for media and VIP observers.
Facilities Lead	An individual responsible to work closely with the logistics section to manage exercise venue considerations, such as set up, tear down, scheduling, and traffic.
Administration Lead	An individual responsible for managing the registration process, printed documents, sign-in sheets, and badges.
Logistics Lead	An individual responsible to ensure proper room function and set up for audio/visual requirements, as well as obtaining necessary equipment, food, and drinks; works with the facilities lead.
Exercise Assembly Area Controller	An individual responsible for the logistical organization of the exercise assembly area, including placement locations for units entering the exercise assembly area, release of dispatched units into the field, and coordination of routes and overall safety within the assembly area.
Observer/Media Area Controller	An individual responsible to ensure that observers and the media stay in their designated areas and do not interfere with the exercise.

Conduct activities for an operations-based exercise include:

- Ensuring a safe and secure exercise environment;
- Distributing exercise documents that outline roles, responsibilities, and a communication plan for the control staff;
- Communicating between the SimCell, venue controllers, and MSEL manager to ensure pace of the exercise play is appropriate;
- Ensuring the Exercise Assembly Area Controller remains in close communication with other controllers throughout the exercise; and
- The Exercise Assembly Area Controller ensures that units are deployed based on the timeline that is created by the planning team.

The Exercise Director and the planning team should have a contingency plan to pause, postpone, or cancel in the event of a real-world emergency impeding the exercise.

Briefings

Before an exercise, briefings educate participants about their roles and responsibilities. By scheduling separate briefings for senior leaders, controllers and evaluators, actors, players, and observers, exercise planning team members can avoid giving extraneous material to different groups. **Table 4.3** describes the exercise brief types.

Table 4.3: Types of Exercise Briefs

Brief	Description
Senior Leader Brief	A briefing occurs during the design and development and before the conduct of an exercise. The exercise planning team leader periodically consults with the senior leaders within the exercise planning team to ensure the exercise aligns with leader intent.
Controller and Evaluator Brief	A briefing is generally conducted before operations-based exercises. It begins with an exercise overview and then reviews the exercise location and area, schedule of events, scenario, control concept, controller and evaluator responsibilities, instructions on completing EEGs, and any miscellaneous information. Additional training for evaluators may be conducted.
Actor Brief	A briefing before the start of the exercise, prior to the actors taking their positions. The Actor Controller leads the actor briefing, a meeting generally conducted before the exercise, providing actors with an exercise overview, safety, real emergency procedures, acting instructions, schedule, identification badges, and symptomatology cards.
Player Brief	A briefing before the start of the exercise, for all players to address individual roles and responsibilities, exercise parameters, safety, security badges, and any remaining logistical exercise concerns or questions. Participant handouts and ExPlans or SitMans, depending on the type of exercise being conducted, are often distributed during this briefing. Following the exercise, controllers ensure that appropriate players attend the post-exercise hotwash in their respective functional areas.

Brief	Description
Observer Brief	A briefing before the start of the exercise that occurs the day of an exercise and informs observers and VIPs about the exercise background, scenario, schedule of events, observer limitations, and any other miscellaneous information. Often, observers are unfamiliar with public safety procedures and have questions about the activities; therefore, designating someone such as a public information officer to answer questions prevents observers from interrupting exercise participants.

Wrap-up Activities

Performing thorough exercise wrap-up ensures the collection of all relevant data to support effective evaluation and improvement planning. Immediately after the exercise, the exercise planning team members should conduct a short debrief to discuss the exercise and any issues or concerns and propose improvements. Planners should collect exercise attendance lists, provide copies to the exercise planning team leader, collect Participant Feedback Forms, and develop debrief notes.

Player Hotwash

The player hotwash is a meeting that provides an opportunity to discuss exercise strengths and areas for improvement immediately following the conduct of an exercise. An experienced facilitator leads the hotwash and ensures the discussion remains constructive. The information gathered during a hotwash contributes to the AAR/IP and any exercise suggestions can improve future exercises. A hotwash also provides an opportunity for players to provide clarification and time to fill-out Participant Feedback Forms, which helps to generate the AAR/IP.

Debrief

The Controller/Evaluator Debrief is a meeting for controllers, facilitators, and evaluators to assemble after the exercise to discuss observations and provide information to create a shared understanding of the exercise. The Controller/Evaluator Debrief allows each controller, facilitator, and evaluator an opportunity to provide an overview of the functional area observed and discuss the strengths and areas for improvement. The results captured during the debrief help develop the AAR/IP. During the debrief, controllers, facilitators, and evaluators complete and submit a Participant Feedback Form.

5. Exercise Evaluation

Overview

Through exercise evaluation, jurisdictions/organizations assess the capabilities needed to accomplish a mission, function, or objective. Evaluation ties objectives to priorities, assesses the performance of capability targets and critical tasks, and documents strengths and areas for improvement. Evaluation connects the exercise to Improvement Planning and feeds into the overall Integrated Preparedness Cycle. **Figure 5.1** shows exiting the HSEEP Cycle and entering the Integrated Preparedness Cycle. This transition is further explained in **Chapter 6: Improvement Planning**.

Effective evaluation should be integrated through the HSEEP Cycle and involves:

- Planning for exercise evaluation;
- Observing the exercise and collecting exercise data during exercise conduct;
- Analyzing collected data to identify strengths and areas for improvement; and
- Reporting exercise outcomes in an After-Action Report (AAR).



Figure 5.1: Exiting the HSEEP Cycle and Entering the Integrated Preparedness Cycle

Using a common approach to evaluation supports consistent and meaningful reporting of exercise results.

Evaluation Planning

Evaluation planning begins during the initial planning phases of the exercise, as described in **Chapter 3: Exercise Design and Development**. Identifying clear evaluation requirements early in the planning process will ensure that the design, development, and conduct of the exercise best support an effective evaluation. Exercise planners should collaborate to ensure a consistent approach for evaluating an exercise. Also, engage senior leaders early in the evaluation planning to identify any focus areas, potential concerns, and specific evaluation requirements. The Evaluation Plan (EvalPlan) and/or Controller/Evaluator (C/E) Handbook are guidance documents for evaluators that provide guidance, instructions, and structure on evaluating and observing during an exercise.

Planning an exercise evaluation includes:

- Selecting the evaluation team requirements;
- Developing and finalizing the evaluation documentation and methodology; and
- Developing the Exercise Evaluation Guides (EEGs).

Evaluation Team

Once the exercise planning team defines evaluation requirements, the Lead Evaluator oversees the recruiting, assigning, and training of evaluators.

The evaluation requirements should specify the following:

- The number of evaluators needed (for example, multiple locations or extended hours);
- The types of subject-matter expertise the evaluators should possess;
- The types of security clearance level (if required);
- The evaluator assignments; and
- The type of training or instruction needed prior to the exercise.

Team Composition

The Exercise Planning Team Lead should appoint a Lead Evaluator to oversee all facets of the evaluation process. The Lead Evaluator participates fully as a member of the exercise planning team and is familiar with the exercise objectives, mission areas, and capabilities associated with the plans, policies, and procedures, and decision-making processes. Whenever possible, evaluators/note takers should have experience and subject-matter expertise in their assigned functional area.

The Lead Evaluator determines the structure of the exercise evaluation team based on exercise scope, exercise objectives, associated capabilities, capability targets, and critical tasks. Exercises that involve multiple jurisdictions/organizations and multiple venues should consider assigning evaluators/note takers to each venue location. The exercise evaluation team becomes part of a larger organizational structure during conduct. The evaluators/note takers at each of the venues will support the Lead Evaluator at their assigned locations. **Figure 5.2** shows an example of an evaluation team organization.

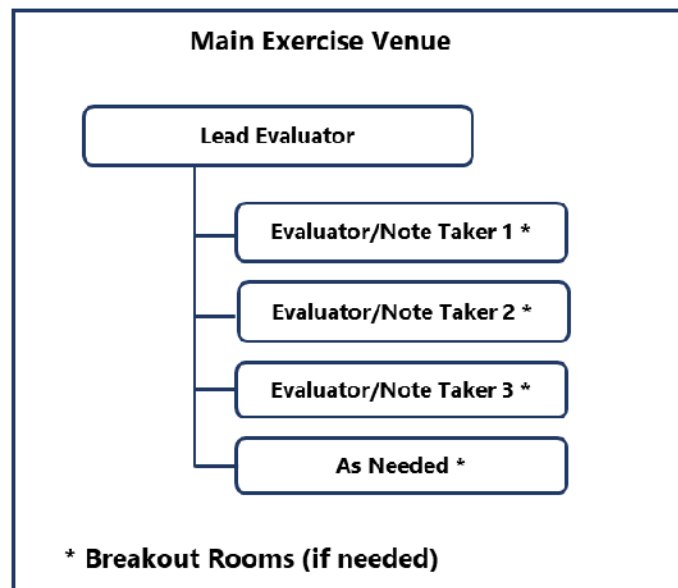


Figure 5.2: Example of an Exercise Evaluation Team

Table 5.1 Describes an Exercise Evaluation Team Organization.

Table 5.1: Positions of an Exercise Evaluation Team

Position	Description
Lead Evaluator	An individual that oversees all facets of the evaluation process, to include recruiting, assigning, and training of evaluator(s).
Evaluator	An individual chosen, based on their expertise in the functional areas, to observe and collect exercise data and analyze results.
Note Taker (as needed)	An individual that records what is said during breakout groups, interviews, or hotwash discussions, allowing the facilitator, presenter, or interviewer to focus on soliciting information and asking follow-up questions, and supports data collection and data management throughout the evaluation process.

Training

Evaluator training should include guidance on using evaluation tools, observing exercise discussions or operations, and data analysis.

Evaluator training should also include the following:

- General information about the exercise, including scope, objectives and aligned capabilities, scenario, and schedule;
- Relevant evaluator documentation (for example, Situational Manual (SitMan), C/E Handbook, evaluation tools); and
- Appropriate plans, policies, procedures, agreements, or other information.

Before exercise play begins, the Lead Evaluator should meet with all evaluators to verify roles, responsibilities, and assignments and to provide any significant updates. The briefing provides an opportunity for evaluators/note takers to ask questions and to ensure understanding of their roles and responsibilities. The briefing may occur in conjunction with the Controller/Evaluator Brief to include instructions for control staff on delivering the injects and evaluators/note takers completing EEGs. Depending on the organization of the exercise, briefings may occur at more than one exercise venue.

Evaluation Documentation

The exercise planning team and Lead Evaluator should determine the tools, data collection methods, and documentation needed based on the level of complexity and scope. **Table 5.2** provides the document, description, and distribution of evaluation documentation.

Table 5.2: Evaluation Documentation

Document	Description	Distribution
Facilitator/Evaluator Handbook	A document that provides specific exercise information and guidance for facilitators/presenters and evaluators/note takers for a discussion-based exercise.	Facilitators/Presenters and Evaluators/Note Takers

Document	Description	Distribution
Controller/ Evaluator Handbook	A document that provides specific exercise information and guidance for controllers and evaluators/note takers, may be a standalone document or supplement to the Exercise Plan, and adjusted accordingly.	Controllers and Evaluators/Note Takers
Evaluation Plan	A document for evaluators/note takers that provides guidance, instructions, and structure on evaluating and observing an exercise. It also provides essential materials required to perform their specific functions.	Controllers and Evaluators/Note Takers
Exercise Evaluation Guide (EEG)	A document that captures information specifically related to the evaluation requirements developed by the exercise planning team. The EEG provides evaluators/note takers with a standardized tool to guide data collection and capture performance results. Since each jurisdiction/organization has unique targets and critical tasks, EEGs are developed specific to their plans, policies, procedures, and protocols.	Evaluators
Participant Feedback Form	A document that the exercise team uses to collect observed strengths, areas for improvement, and input about exercise conduct and logistics from participants.	All Participants

Exercise Evaluation Guide (EEG) Development

EEGs provide a consistent tool to guide exercise observation and data collection. EEGs align to exercise objectives and capabilities and list the relevant capability targets and critical tasks. **Figure 5.3** shows the relationship of program management to the development of EEGs. Capability targets are the performance thresholds established by the jurisdiction/organization for each capability. Capability targets are composed of three parts: a critical task, an impact, and a timeframe. Identified targets are part of a jurisdiction's/organization's Threat and Hazard Identification and Risk Assessment (THIRA) or other threat and hazard identification or risk assessment processes.

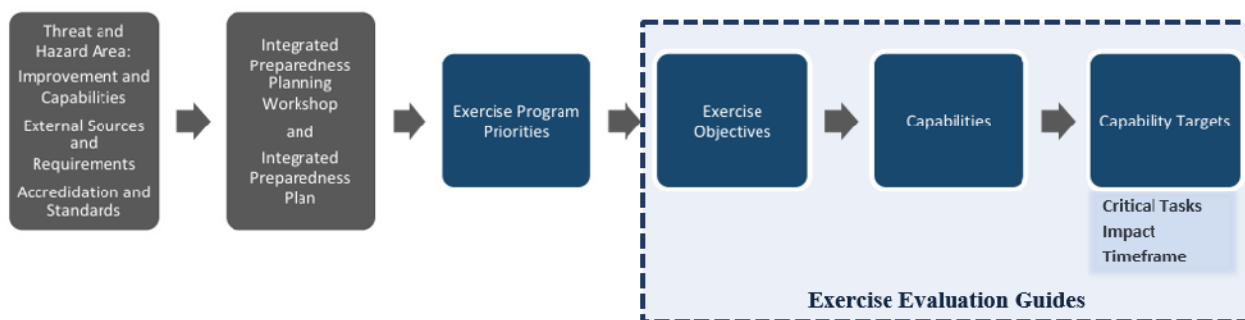


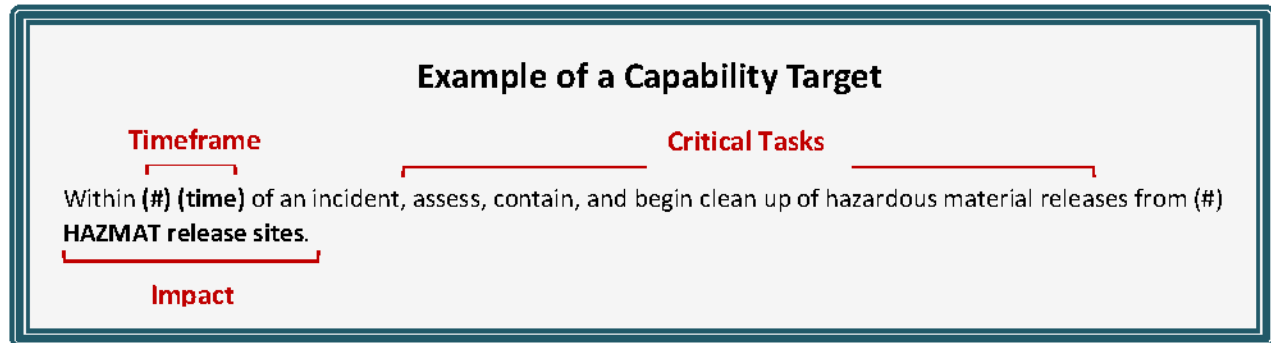
Figure 5.3: Development of an Exercise Evaluation Guide (EEG)

Critical tasks are distinct specific actions needed to achieve the capability target. Critical tasks may derive from the jurisdictional/organizational operations plans, standard operating procedures, or discipline-specific standards. These tasks reflect the types of activities emergency managers routinely plan for and are broadly applicable to a wide range of threats and hazards.

Capability targets include specific and measurable metrics that describe the capabilities. Additionally, the capability targets establish a benchmark that the whole community can use to

track progress over time such as assessing current response to threats and hazards and means of improvement. Capability targets are composed of three parts and shown below in the example provided:

- Critical Task, which represents the specific action needed to achieve the capability target;
- Impact, which represents the size of the capability requirement; and
- Timeframe, which represents the time in which the action must be performed.



The purpose of an EEG is to:

- Streamline data collection and provide a consistent process for assessing preparedness;
- Assist jurisdictions/organizations to map exercise results to exercise objectives, capabilities, capability targets, and critical tasks for additional analysis and assessment; and
- Support development of the AAR.

Exercises assess a jurisdiction's/organization's ability to meet its capability targets. Capability targets, when incorporated into planning and used as exercise evaluation criteria, can measure how effectively a plan meets the goal and how well the participants perform the tasks in the plan. The after-action and continuous improvement process can validate current capabilities already in place and describe areas for improvement. The after-action and continuous improvement process can help the whole community identify how to close capability gaps and bring them closer to meeting the target established.

Observation and Data Collection

Exercise observation and data collection can differ between discussion-based exercises and operations-based exercises. Discussion-based exercises often focus on issues involving plans, policies, and procedures. Evaluators/Note Takers collect observations from participants' discussions. Operations-based exercises focus on issues affecting the operational conduct of capabilities and critical tasks and implementation of plans, policies, and procedures. Evaluators/Note Takers collect and record participant actions, which form the analytical basis for determining the successful demonstration of critical tasks and capability targets.

Observation

Exercise evaluators/note takers should observe exercise activity in a non-attribution environment, in accordance with the EvalPlan. Evaluators/Note Takers observe many of the following:

- Activation or implementation of plans, policies, processes, and procedures, requests for resources, use of mutual aid agreements, etc.;
- Roles and responsibilities and authorities of the government agencies, jurisdictions, and private organizations;
- Pertinent decisions made or decision-making processes; and
- Information sharing with other agencies and the public.

Data Collection

Data collection is critical to providing an overall understanding of the exercise. Collecting data using a variety of methods, tools, and techniques provides the information needed for continuous improvement activities and resourcing decisions, rather than relying on assumptions. It supports root cause analysis by providing a fact-based record of what actions were taken, what key decisions were made, and the outcomes of those actions and decisions.

Evaluators and Note Takers should document relevant actions or discussions and retain their notes and records to support the development of the AAR. As necessary, the Lead Evaluator may assign evaluators/note takers to collect additional data, such as plans, policies, procedures, Incident Action Plans, and other documentation associated with the exercise. Data collection does not only come from evaluators, it can also come from observers, controllers, safety personnel, etc.

In addition to EEGs, evaluators can use a variety of data collection methods as part of their evaluation plan, including direct observation, interviews and hotwashes, document reviews, participant feedback forms, or surveys. **Table 5.3** below outlines some considerations for each collection method.

Table 5.3: Data Collection Methods

Method	Considerations
Direct Observation	▪ Offers real-time data collection ▪ Requires large resources to observe multiple venues simultaneously
Documentation Review	▪ Serves as authoritative record of activities ▪ Can be time-consuming and labor intensive to review and synthesize
Feedback Forms and Surveys	▪ Easy to administer and provides firsthand information from participants ▪ Open-ended feedback often varies in specificity and quality and offers limited opportunity for follow-up
Interviews (individual or group)	▪ Enables in-depth discussions of key issues, often involving SMEs ▪ Can be difficult to schedule during or immediately following an exercise or incident
Hotwash and Debrief	▪ Enable group discussion with participants ▪ Led by an individual to ensure open, collaborative discussion

Data Analysis

During data analysis, the exercise evaluation team first consolidates the data collected during the exercise and determines whether participants performed critical tasks and met capability targets. Evaluators consider participant performance against all targets to determine the overall ability to perform capabilities. Additionally, the exercise evaluation team documents strengths and areas for improvement over the course of exercise play. This provides the evaluators with not only what happened, but why events happened.

In both discussion-based and operations-based exercises, evaluators identify issues by comparing exercise objectives to actual performance. Through this comparison, evaluators identify which capabilities (and their associated activities, performance measures, and tasks) were successfully demonstrated in the exercise. They also identify which capabilities need improvement.

Evaluators should consider the following questions to identify issues:

- What happened? What was supposed to happen based on current plans, policies, and procedures?
- Was there a difference? What was the impact?
- Were the consequences of the action (or inaction/decision) positive, negative, or neutral?
- Do plans, policies, and procedures support activities and associated tasks?
- Are players familiar with these documents?
- What are the strengths and areas of improvement to remedy deficiencies?

After evaluators identify discrepancies between what happened and what was supposed to happen (the issues), they explore the source of these issues. Evaluators and exercise program managers can use a variety of analysis techniques to support improvement planning for each individual exercise as well as the overall exercise program, including:

- Data Synthesis;
- Event Reconstruction;
- Trend Analysis; and
- Root Cause Analysis.

Data Synthesis

Data synthesis is the process of compiling and reviewing data from multiple sources to identify issues and support analysis. This phase enables analysts to collate and analyze large amounts of information, identify potential issues requiring resolution, and examine the strength of evidence (or remaining gaps) for each issue.

Event Reconstruction

Event reconstruction is consolidating information from multiple sources into a single, fact-based account of what happened, including key decisions, actions, and communications. For each decision, action, or communication, analysts try to identify the who, what, when, where, and how. The reconstruction activity is not concerned with understanding the why of a specific action.

Trend Analysis

Trend analysis identifies patterns in strengths, areas for improvement, and major changes in observations over time. For example, a trend analysis on reoccurring trends of various threat/hazard and capability topics guides planning, training, exercise design and development, and future disaster-related efforts.

Root Cause Analysis

Root cause analysis focuses on identifying the most basic causal factor for why an expected action did not occur or was not performed as expected. Determining the underlying reason behind an identified issue allows the evaluator to direct improvement. Consider asking the following questions to narrow down the issue of concern:

- Were the objectives for each critical task met? If not, what factors contributed to this result?
- Did discussions or activities suggest the critical tasks performed sufficiently to meet the capability targets? If not, what were the resulting impacts or consequences?
- What improvements are required? Are other resources needed? If so, how will they be obtained?
- What strengths are required to carry out those tasks? What decisions would need to be made, and who would make them?

The importance of determining root cause is to understand that each step is a symptom (or effect) of the next item and a cause of the previous item. There are several different analysis tools available for determining root cause and **Figure 5.4** provides one example.

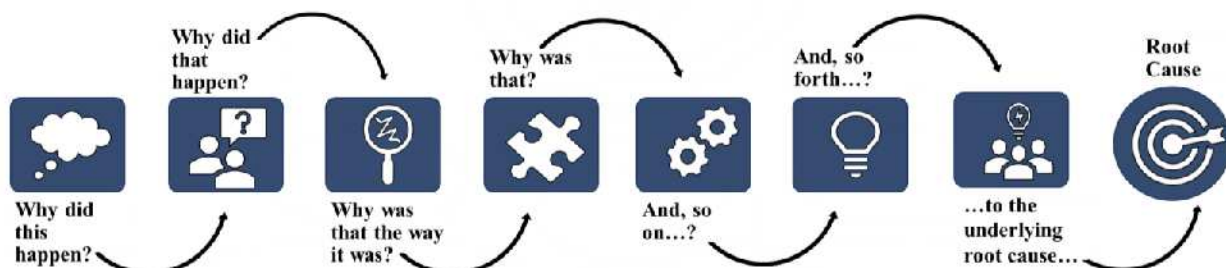


Figure 5.4: Example of a Root Cause Analysis

After identifying issues and analyzing the data, evaluators develop recommendations for improvement aimed at enhancing preparedness, which are then compiled into the draft AAR/IP.

After-Action Report (AAR)/Improvement Plan (IP)

The AAR/IP is a document that generally includes an exercise overview, analysis of capabilities, and a list of corrective actions. The length, format, and development timeframe of the AAR/IP depend on the exercise type and scope. These parameters should be determined by the exercise planning team, based on the expectations of senior leaders. The AAR/IP should include an overview of performance related to each exercise objective and associated capabilities.

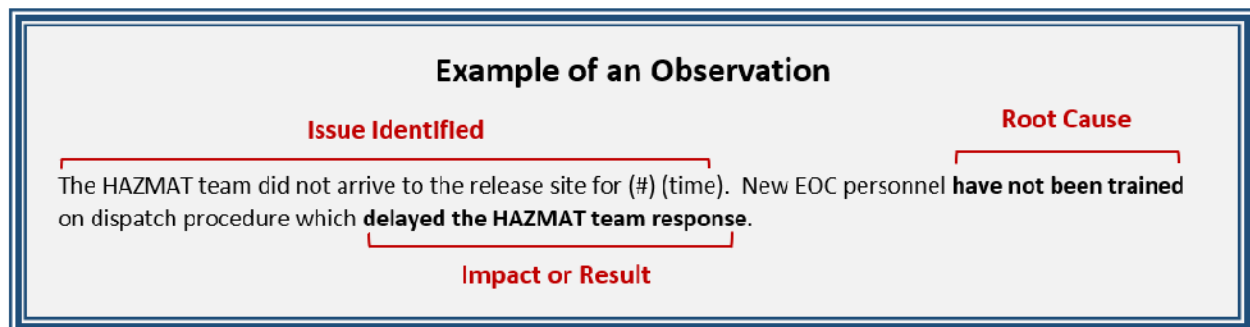
The ability to communicate exercise evaluation results to stakeholders is crucial to the improvement planning process. Time spent planning for data collection, collecting data, and

conducting analysis supports the development of clear observations and recommendations for inclusion in your AAR/IP.

The observations developed for the AAR/IP should be categorized as either strengths or areas for improvement, as explained in **Table 5.4: Categories of an AAR/IP Observation** and the example below. Observations do not have to be lengthy to be impactful. A strongly written observation includes a clear and direct statement of the issue identified, a brief description of the analysis, and the impact or result of the issue. A brief summary of the analysis completed can be included to help stakeholders understand how the evaluation team arrived at the conclusion.

Table 5.4: Categories of an AAR/IP Observation

Observation Type	Description
Strengths	- Actions that went exceptionally well given the circumstances - The impact of positive performance on desired or expected outcomes - Activities that yielded better results than could have been expected
Areas for Improvement	- Outcomes did not meet expectations or intent - The negative impact of actual performance on desired or expected outcomes - The factors that contributed to the inability to meet critical tasks, capability targets, or desired outcomes



Consider these tips when organizing your observations into the AAR/IP:

- Focus on issues that are critical to the success of a mission or represent a trend;
- Observations help guide corrective action planning by focusing time and resources on issues that have the greatest impact on preparedness;
- If possible, include data on consequences and likelihood of reoccurrences or what would happen if no action is taken; and
- A report should include the observations, but the After-Action Meeting (AAM) will give leadership a chance to further organize the observations and order the development of action plans.

The evaluation team develops and provides the draft AAR/IP to the Exercise Director, who distributes the draft to participating jurisdictions/organizations. Senior leaders or their designees review and confirm observations, strengths, and areas for improvement identified in the draft AAR/IP.

After-Action Meeting (AAM)

The purpose of the AAM is to serve as a forum to review the revised the draft AAR/IP. Participants should seek to reach final consensus on strengths, areas for improvement, draft corrective actions, concrete deadlines, and owners/assignees for implementation of corrective actions. **Table 5.5** provides the meeting focus, discussion points, tools, outcomes, and follow-up actions for an AAM:

Table 5.5: After-Action Meeting

Element	Considerations and Activities
Meeting Focus	The AAM is an interactive session providing attendees the opportunity to discuss and validate the analytical findings and corrective actions in the draft AAR/IP
Discussion Points	- Review and revise the draft AAR/IP - Discuss exercise results - Identify areas for improvement - Identify corrective actions
Tools	- Draft AAR - Draft IP
Outcomes	- Final consensus on AAR/IP - Consensus on draft corrective actions - Proposed concrete deadlines for the implementation of corrective actions - Consensus on the assigned corrective actions to preparedness stakeholders
Follow-up	- Distribute the finalized AAR/IP - Track and report corrective actions

Participant jurisdictions/organizations are responsible for developing implementation processes and timelines and keeping their senior leaders informed of the implementation status.

Improvement Plan (IP)

The IP includes all consolidated corrective actions. The IP may be an appendix to the AAR. The AAR/IP is then final and distributed to exercise planners, participants, and other preparedness stakeholders, as appropriate. **Chapter 6: Improvement Planning** describes the process in further detail.

6. Improvement Planning

Overview

Improvement Planning is a process by which the areas for improvement from the exercise are turned into concrete, measurable corrective actions that strengthen capabilities. In this way, Improvement Planning activities can help shape a jurisdiction's/organization's preparedness priorities and support continuous improvement. The Improvement Planning activities now transition from the HSEEP Cycle back to the Integrated Preparedness Cycle.

Actions identified during Improvement Planning help to strengthen elements of a jurisdiction's/organization's capability to plan, organize/equip, train, and exercise. The transition is shown in **Figure 6.1**.

Effective Improvement Planning serves as an important tool throughout the Integrated Preparedness Cycle by:

- Prioritizing corrective actions identified from individual exercises;
- Providing valuable input into strategy development and program priorities;
- Initiating a review or new development of plans, policies, and procedures; and
- Identifying and obtaining needed training, equipment, and other resources.

SMART Corrective Actions

Specific, measurable, achievable, relevant, and time-bound (SMART) corrective actions are actionable steps intended to resolve capability gaps and shortcomings identified in exercises.

Figure 6.2 depicts guidelines for developing SMART corrective actions.



Figure 6.1: Exiting the HSEEP Cycle and Entering the Integrated Preparedness Cycle

SMART Guidelines for Corrective Actions		
Specific		Corrective actions should address the five Ws – who, what, when, where, and why. The action should be tied back to an objective that was evaluated.
Measurable		Corrective actions should include numeric or descriptive measures that define quantity, quality, cost, etc. The focus should be on the outcomes of the corrective action.
Achievable		Corrective actions should be within the control, influence, and resources of the responsible owner/assignee.
Relevant		Corrective action should be instrumental to the mission of the organization and linked to its goals or strategic intent. Validation of the corrective action ensures that it meets the goals and intent.
Time-bound		Corrective actions should have a specified and reasonable timeframe to be completed

Figure 6.2: SMART Guidelines for Corrective Actions

Example of a SMART Corrective Action

Central City will hold a seminar to address the confusion that exists within the multiple organizations that respond to HAZMAT incidents within the city. The goals of the seminar will focus on eliminating this confusion between the responding organizations and will clarify the roles, responsibilities, and authorities of each. Final planning and details for the seminar should be completed by September 1, 2020 (90 days), with identification of all necessary players to be invited by September 15, 2020 (105 days).

During development of corrective actions, the jurisdiction's/organization's Point of Contact (POC) assumes the responsibility for the identified issues. Lastly, the jurisdiction's/organization's POC determines an initial list of appropriate corrective actions to resolve the identified issues.

The jurisdiction's/organization's POC may use the following questions to guide the discussion when developing corrective actions:

- What changes to plans and procedures will improve performance?
- What changes to organizational structures will improve performance?
- What changes to management processes will improve performance?
- What changes to equipment or resources will improve performance?
- Was training provided and did the training improve performance?

Corrective Action Tracking and Implementation

Corrective actions captured in the AAR/IP should be tracked and continually reported on until completion. These efforts are part of a more comprehensive continuous improvement process that applies before, during, and after an exercise. Stakeholders should also ensure a system is in place to validate previous corrective actions that were successfully implemented. Over time, corrective actions effectively integrated back into the Integrated Preparedness Cycle will yield continuous improvements.

Improvement Planning to Support Continuous Improvement

Continuous improvement is a method in which capabilities are periodically examined to make sure they are sufficient, accurate, and effective to handle the threats, hazards, and risks a jurisdiction/organization may face. Identifying strengths, areas for improvement, and corrective actions that result from exercises help jurisdictions/organizations build, sustain, and deliver capabilities as part of a continuous improvement process.

Continuous improvement includes:

- **A Consistent Approach:** Jurisdictions/Organizations should employ a consistent approach for continuous improvement-related activities across applicable mission areas—Prevention, Protection, Mitigation, Response, and Recovery. A consistent approach enables a shared understanding of terminology, functions, processes, and tools. The approach also fosters continuous improvement-related interoperability and collaboration across a jurisdiction's/organization's components.
- **Supporting Preparedness:** Jurisdictions/Organizations support the development and sustainment of capabilities across the whole community, which contributes to supporting preparedness. Continuous improvement activities also ensure that jurisdictions/organizations can support assessments of preparedness in a timely, actionable, and meaningful way.
- **Effective Issue Resolution and Information Sharing:** Through Improvement Planning, jurisdictions/organizations complete continuous improvement action items at the lowest level possible, while facilitating the sharing of strengths and areas for improvement.

Application of the above principles and the conduct of Improvement Planning ultimately support the Integrated Preparedness Cycle. By continually examining the implementation of corrective actions, jurisdictions/organizations can identify capability gaps and determine what corrective actions require validation through exercises. Improvement Planning activities can help shape a jurisdiction's/organization's preparedness priorities and support continuous improvement in the building and sustaining of capabilities.

Acronyms

Abbreviation	Description
AAM	After-Action Meeting
AAR	After-Action Report
AAR/IP	After-Action Report/Improvement Plan
C&O	Concept and Objectives
C/E	Controller/Evaluator
CDP	Center for Domestic Preparedness
COSIN	Control Staff Instructions
EEG	Exercise Evaluation Guide
EMI	Emergency Management Institute
FEMA	Federal Emergency Management Agency
FOUO	For Official Use Only
FPM	Final Planning Meeting
GIS	Geographic Information System
HAZMAT	Hazardous Materials
HSEEP	Homeland Security Exercise and Evaluation Program
IP	Improvement Plan
IPM	Initial Planning Meeting
IPP	Integrated Preparedness Plan
IPPW	Integrated Preparedness Planning Workshop
MPM	Midterm Planning Meeting
MSEL	Master Scenario Events List
NPS	National Preparedness System
NTED	National Training and Education Division
POC	Point of Contact
SMART	Specific, Measurable, Achievable, Relevant, Time-bound
SME	Subject-Matter Expert
THIRA	Threat and Hazard Identification and Risk Assessment
VIP	Very Important Person

Glossary of Terms

The table below provides a description for commonly used terms in HSEEP.

Term	Description
A	
Actor	An individual who simulates a specific role, such as a disaster casualty victim, to add realism to an exercise.
Actor Brief	A briefing before the start of the exercise, prior to the actors taking their positions. The Actor Controller leads the actor briefing, providing actors with an exercise overview, safety, real emergency procedures, acting instructions, schedule, identification badges, and symptomatology cards.
Actor Controller	An individual responsible for briefing, scheduling, and controlling the actors used during an operations-based exercise.
Administration	Responsible for meeting scheduling and administrative support, such as distributing meeting invitations, read-ahead materials, and meeting minutes; providing and collecting sign-in sheets; and note taking during planning meetings.
Administration Lead	An individual responsible for managing the registration process, printed documents, sign-in sheets, and badges.
After-Action Meeting (AAM)	A meeting that serves as a forum to review the revised AAR and the draft IP. Participants should seek to reach final consensus on strengths, areas for improvement, draft corrective actions, concrete deadlines, and owners/assignees for implementation of corrective actions.
B	
Best Practices	Peer-reviewed techniques, procedures, and solutions that prove successful and are solidly grounded in actual experience in plans, operations, equipment, training, and exercises.
C	
Capabilities-Based Planning	A process to build capabilities suitable for a wide range of threats and hazards while working within an economic framework that necessitates prioritization and choice. Capabilities-based planning is the basis for guidance such as the National Preparedness Goal.
Capability	An ability to be planned, organized, equipped, trained, and exercised through personnel or resources to achieve an intended target.
Capability Target	A performance threshold established by the jurisdiction/organization for each capability.
Concept and Objectives (C&O) Meeting	A meeting that is the formal beginning of the exercise planning process. It is held to identify the scope and exercise objectives. For less complex exercises and for organizations with limited resources, the C&O Meeting can be conducted in conjunction with the IPM.

Term	Description
Contingency Inject	A MSEL event introduced to a player by the control staff when a key player expected action did not occur as planned, to provide an additional opportunity to meet exercise objectives.
Control Staff Instructions (COSIN)	A document for the Controller portion of the C/E Handbook for large exercises that provides detailed guidelines for control and simulation support and establishes a management structure for these activities. This section provides guidance for controllers, simulators, and evaluators on procedures and responsibilities for exercise control, simulation, and support.
Controller	An individual who manages exercise play and monitors the pace of the exercise. Controllers may prompt or initiate certain player actions to maintain exercise pace and flow.
Controller/Evaluator (C/E) Brief	A meeting before an operations-based exercise that provides an exercise overview and responsibilities of controllers and evaluators, to include instructions on delivering the MSEL and completing EEGs.
Controller/Evaluator (C/E) Debrief	A meeting for controllers and evaluators to assemble after the exercise to discuss observations and provide information to create a shared understanding of the exercise.
Controller/Evaluator (C/E) Handbook	A document that provides specific exercise information and guidance for controllers and evaluators. It may be a standalone document or supplement to the Exercise Plan and adjusted accordingly.
Core Capabilities	Distinct critical elements necessary to achieve the specific mission areas of prevention, protection, mitigation, response, and recovery as outlined in the National Preparedness Goal.
Corrective Action	An item outlined in an IP that is intended to resolve areas for improvement.
Critical Tasks	An item where distinct specific actions are needed to achieve the capability target.
D	
Design and Development	Responsible for compiling and developing all exercise background and facilitation or control, providing technical or functional expertise for scenario development, developing the simulation construct as applicable, and working with the evaluation and resource/support functions to ensure all exercise design and development needs are met.
Drill	An operations-based exercise often employed to validate a single operation or function.
E	
Emergency Medical Services Area	A location for real-world response support, such as treatment sector areas, ambulance staging, and transportation coordination points.
End of Exercise (EndEx)	An event that concludes an exercise.

Term	Description
Evaluation	Responsible for the development of the overall exercise evaluation construct and all evaluation documentation; assigns evaluation staffing in conjunction with the exercise planning team. Collects and reviews the policies, plans, and procedures to be examined during exercise conduct to finalize exercise objectives, match capability targets to exercise objectives, and determine critical tasks to be evaluated to complete exercise evaluation guides.
Evaluation Plan (EvalPlan)	A document for evaluators that provides guidance, instructions, and structure on evaluating and observing during an exercise. It also provides essential material required to perform their specific functions.
Evaluator	An individual chosen based on their expertise in the functional areas to observe and collect exercise data, and analyze results.
Exercise	An event or activity delivered through discussion or action to develop, assess, or validate capabilities to achieve planned objectives.
Exercise Assembly Area	A location for participants and resources to gather and dispatch, managed by controller(s).
Exercise Assembly Area Controller	An individual responsible for the logistical organization of the exercise assembly area, including placement locations for units entering the exercise assembly area, release of dispatched units into the field, and coordination of routes and overall safety within the assembly area.
Exercise Director	An individual responsible for the strategic oversight and direction on the HSEEP Cycle phases for an individual exercise.
Exercise Evaluation Guide (EEG)	A document that captures information specifically related to the evaluation requirements developed by the exercise planning team. The EEG provides evaluators with a standardized tool to guide data collection and capture performance results. Since each jurisdiction/organization has unique targets and critical tasks, EEGs are developed specific to their plans, policies, procedures, and protocols.
Exercise Plan (ExPlan)	An operations-based exercise document for players that includes an exercise overview, objectives and aligned capabilities, roles and responsibilities, logistics, schedule, and communications plan.
Exercise Planning Team	Individuals that are responsible for the design, development, conduct, evaluation, and improvement planning for an individual exercise.
Exercise Planning Team Lead	An individual responsible for the management of the exercise planning team and coordinates with the Exercise Director and senior leaders.
Exercise Play Area	A location where player activities and tasks are demonstrated during an exercise.
Exercise Play Rules	Items that identify the parameters that exercise participants follow during an exercise.
Exercise Program Manager	An individual responsible for overseeing and integrating preparedness activities for a jurisdiction/organization over time

Term	Description
Expected Action	A MSEL event representing an anticipated action to be taken by a player during the exercise.
Extent of Play Agreement	A document that is a formal written agreement outlining the participating jurisdiction's/organization's level of play during an exercise.
F	
Facilitated Discussion	A method that uses a facilitator with functional or subject-matter expertise and awareness of appropriate plans and procedures for discussion-based exercises.
Facilities	Responsible for coordinating the needed venue locations for exercises including meeting rooms, conference centers, training locations, and locations for operations-based exercises.
Facilities Lead	An individual responsible to work closely with the logistics section to manage exercise venue considerations, such as set up, tear down, scheduling, and traffic.
Final Planning Meeting (FPM)	A meeting that serves as the formal end of the exercise planning process. It is held to finalize exercise documentation and logistics.
Full-Scale Exercise	An operations-based exercise that is typically the most complex and resource-intensive of the exercise types and often involves multiple agencies, jurisdictions/organizations, and real-time movement of resources.
Functional Exercise	An operations-based exercise designed to assess and evaluate capabilities and functions while in a realistic, real-time environment; however, movement of resources is usually simulated.
G	
Game	A discussion-based exercise that is a structured form of play designed for individuals or teams in a competitive or noncompetitive environment. It is an event experienced by the players and guided by clear rules, data, and procedures for its execution. Games are designed to depict an actual or hypothetical situation to ensure that the participants make decisions and take actions that would be plausible. Games can be used to reinforce training, stimulate team building, or enhance operational and tactical capabilities.
Ground Truth	A document comprised of the detailed elements of a scenario that must remain consistent during exercise development and conduct to ensure that realism is maintained, and objectives can be achieved.
Ground Truth Advisor	An individual responsible for ensuring that the scenario details remain consistent during exercise conduct.
H	
Homeland Security Exercise and Evaluation Program (HSEEP)	A document that provides a set of guiding principles for exercise programs, as well as a common approach to exercise program management, design and development, conduct, evaluation, and improvement planning.

Term	Description
I	
Improvement Plan (IP)	A document that includes a consolidated list of corrective actions, responsible parties, and a timeline for completion.
Initial Planning Meeting (IPM)	A meeting that is held to refine the scope and exercise objectives. For less complex exercises and for organizations with limited resources, the C&O Meeting can be conducted in conjunction with the IPM.
Inject	A Master Scenario Events List event introduced to a player by the control staff, representing non-playing entities, to build the exercise environment based on the exercise scenario and to drive operations-based exercise play.
Integrated Preparedness Plan (IPP)	A document for combining efforts across components of the Integrated Preparedness Cycle to make sure that a jurisdiction/organization has the capabilities to handle threats and hazards.
Integrated Preparedness Planning Workshop (IPPW)	A meeting that establishes the strategy and structure for an exercise program and preparedness efforts while setting the foundation for the planning, conduct, and evaluation of individual exercises.
L	
Lead Controller	An individual that monitors exercise progression, communicates exercise activities throughout all venues, and manages the control staff.
Lead Evaluator	An individual that oversees all facets of the evaluation process, to include recruiting, assigning, and training evaluators.
Lead Facilitator/Presenter	An individual responsible for keeping a discussion focused on exercise objectives and exploring all issues within the time allotted during discussion-based exercises, or an individual designated to deliver information in a structured setting.
Liability Waiver Form	A document that each actor should receive and sign prior to the start of the exercise. Signing a waiver form releases liability for all exercise planners and participants. Exercising entities should use discretion when recruiting actors under the age of 18 years because of additional challenges and concerns related to liability. If the exercise requires volunteers younger than 18 years, parents or legal guardians must sign their waiver forms.
Logistics	Responsible to ensure venues are adequately equipped with audio/visual equipment, tables, and chairs and coordinates refreshments if required.
Logistics Lead	An individual responsible to ensure proper room function and setup for audio/visual requirements, as well as obtaining necessary equipment, food, and drinks; works with the facilities lead.
M	
Main Exercise Venue	A location designated as the primary facility or geographic area where participants gather to conduct an exercise.
Master Control Cell	A location where overall coordination is managed between venue control cells, simulation cells, and other control areas.

Term	Description
Master Scenario Events List (MSEL)	A document or system that is a chronological timeline of expected actions and scripted events to be injected into exercise play by controllers to generate or prompt player activity. It ensures necessary events happen so that all objectives are met. Larger, more complex exercises may also use a procedural flow, which differs from the MSEL in that it contains only expected player actions or events. The MSEL links simulation to action, enhances exercise experience for players, and reflects an incident or activity meant to prompt players to action.
Master Scenario Events List (MSEL) Manager	An individual that manages the timely and accurate delivery of injects and player expected actions and decides on the need to release contingency injects.
Master Scenario Events List (MSEL) Meeting	A meeting for operations-based exercises that serves as a forum to build the Master Scenario Events List in detail.
Midterm Planning Meeting (MPM)	A meeting that serves as a forum to develop exercise scenario details and timeline.
Mitigation	The capabilities necessary to reduce loss of life and property by lessening the impact of disasters.
N	
National Preparedness Goal (NPG)	A document that defines what it means for the whole community to be prepared for all types of disasters and emergencies. The NPG describes 32 core capabilities that address the greatest risks to the nation.
National Preparedness System	A method that outlines an organized process for everyone in the whole community to move forward with preparedness activities and achieve the National Preparedness Goal.
Note Taker	An individual that records what is said during breakout groups, interviews, or hotwash discussions, allowing the facilitator, presenter, or interviewer to focus on soliciting information and asking follow-up questions, and supports data collection and data management throughout the evaluation process.
O	
Objectives	An item with a distinct outcome that a jurisdiction/organization wishes to achieve during an exercise. An objective should be: specific, measurable, achievable, relevant, and time-bound (SMART).
Observer	An individual that does not directly participate in but may watch selected segments of the exercise as it unfolds.
Observer Brief	A briefing before the start of the exercise that occurs on the day of an exercise and informs observers and VIPs about the exercise background, scenario, schedule of events, observer limitations, and any other miscellaneous information. Often, observers are unfamiliar with public safety procedures and have questions about the activities; therefore, designating someone, such as a public information officer, to answer questions prevents observers from interrupting exercise participants.

Term	Description
Observer/Media Area	A location where observers and real-world media representatives can view the exercise but not interfere with exercise play.
Observer/Media Area Controller	An individual responsible to ensure that observers and the media stay in their designated areas and do not interfere with the exercise.
P	
Participant	A player, facilitator/controller, evaluator, simulator, actor, observer, VIP, media, or other staff member involved in conducting an exercise.
Participant Feedback Form	A document that the exercise team uses to collect observed strengths, areas for improvement, and input about exercise conduct and logistics from participants.
Pause Exercise (PauseEx)	An event that suspends exercise play.
Photo Consent Form	A document for photographs prior to the exercise. Signing the form releases permission for all exercise participants photographed, allowing their photo to be used for informational and educational purposes.
Planning Meetings	Meetings that serve as a structured event or forum for completing the major milestones of exercise design and development.
Player	An individual that has an active role in the exercise by either discussing or performing a regular role and responsibility in response to a scenario.
Player Brief	A briefing for all players before the start of the exercise to address individual roles and responsibilities, exercise parameters, safety, security badges, and any remaining logistical exercise concerns or questions. Participant handouts and ExPlans or SitMans, depending on the type of exercise being conducted, are often distributed during this briefing. Following the exercise, controllers ensure that appropriate players attend the post-exercise hotwash in their respective functional areas.
Player Handout	A document that supplements or replaces the Situation Manual and presentation, providing players a quick-reference guide; sometimes referred to as a “placemat.”
Player Hotwash	A meeting that provides an opportunity to discuss exercise strengths and areas for improvement immediately following the conduct of an exercise.
Preparedness	The continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and taking corrective action to ensure effective coordination.
Presenter	An individual designated to deliver information in a structured setting.
Press Release	A document that the exercise planning team develops for the media and the public to inform them about the exercise.
Prevention	The capabilities necessary to avoid, prevent, or stop a threatened or actual act of terrorism.
Program Management	A process of overseeing and integrating preparedness activities for a jurisdiction/organization over time.

Term	Description
Props	Items that are nonfunctional replications of objects used during the exercise that require certain actions from players.
Protection	The capabilities necessary to secure the homeland against acts of terrorism and manmade or natural disasters.
R	
Recovery	The capabilities necessary to assist communities affected by an incident to recover effectively. Support for recovery ensures a continuum of care for individuals to maintain and restore health, safety, independence, and livelihoods, especially those who experience financial, emotional, and physical hardships.
Resource Lead	An individual responsible for obtaining proper venues, equipment, and supplies for exercise conduct, as well as providing support for media and VIP observers.
Resource/Support	Responsible for logistics, administration, facility, and finance support for planning meetings, exercise documentation, and other planning considerations.
Response	The capabilities necessary to save lives, protect property and the environment, and meet basic human needs after an incident has occurred.
Response Route	A route for responding emergency units from the assembly area to the staging area or other exercise sites during a response-focused exercise.
Rolling Summary Report	A document that provides stakeholders with an analysis of issues, trends, and key outcomes from all exercises conducted as part of the exercise program.
Root-Cause Analysis	A method used to trace the origin of an event back to earlier events and their respective causes.
S	
Safety/Security Controller	An individual responsible to ensure that the exercise is conducted in a safe and secure environment.
Scenario	A model or outline, either written or depicted by an event timeline, of the simulated sequence of events that drive the player's discussion or actions.
Scope	An item that is defined by exercise type, participation level, exercise duration, and exercise location that enables planners to meet exercise objectives while staying within the resource and personnel constraints.
Seminar	A discussion-based exercise that orients participants to or provides an overview of authorities, strategies, plans, policies, procedures, protocols, resources, concepts, and ideas.
Senior Leader	An individual that provide the overarching guidance and direction for the exercise program and intent for individual exercises.

Term	Description
Senior Leader Brief	A briefing during the design and development and before the conduct of an exercise. The exercise planning team leader periodically consults with the senior leaders on the exercise planning team to ensure the exercise aligns with leader intent.
Simulation	A method of implementing the performance of a model, or combination of models, over time.
Simulation Cell (SimCell)	A location from which controllers deliver scenario messages representing actions, activities, and conversations of an individual, agency, or organization that is not participating in the exercise.
Simulation Cell (SimCell) Controller	An individual that coordinates with the MSEL manager or may act as the MSEL manager and directs simulators and actors.
Simulators	An individual that delivers scenario messages representing actions, activities, and conversations of an individual, agency, or organization that is not participating in the exercise.
Situation Manual (SitMan)	A document that provides background information and serves as the primary reference material for exercise participants (core document for discussion-based exercises).
Span of Control	A method that defines the ideal number of functions, people, or things for which an individual or organization is responsible.
Special Effects	Items used for operations-based exercises that require trained and licensed personnel and special permission for use.
Sponsor	An individual or agency who funds and hosts the exercise.
Start of Exercise (StartEx)	An event that marks the official beginning of an exercise.
Subject-Matter Expert (SME)	An individual who has special skills and knowledge about a function or topic.
Symptomology Card	An item containing the signs and symptoms that an exercise actor will portray, as well as information helpful for players.
T	
Tabletop Exercise (TTX)	A discussion-based exercise in response to a scenario intended to generate a dialogue of various issues to facilitate a conceptual understanding, identify strengths and areas for improvement, and/or achieve changes in perceptions about plans, policies, or procedures.
Trusted Agent	An individual on the exercise planning team who is trusted not to reveal exercise and scenario details to players or third parties before exercise conduct.
V	
Venue	A location where the exercise conduct is taking place.
Venue Control Cell	A location where controllers manage individual injects designed for their relevant players.

Term	Description
Venue Controller	An individual that is responsible for setting up and operating a specific exercise location. Venue Controllers manage exercise play and may prompt or initiate certain players to ensure continuity and flow.
Venue Evaluator	An individual responsible for observing exercise activity/play in their assigned exercise venue, area, or for a specific activity.
W	
Weapons and Safety Policy	A document for all exercises, where applicable, that shall employ a written weapons and safety policy in accordance with applicable state or local laws and regulations. Exercise sponsors should coordinate the application of a weapons and safety policy with the appropriate safety and legal departments as necessary. All players are expected to fully adhere to this policy; however, site security personnel may continue to carry assigned weapons.
Whole Community	Individuals, to include families, businesses, faith-based and community organizations, nonprofit groups, schools and academia, media outlets, and all levels of government who are involved in preparedness efforts.
Workshop	A discussion-based exercise often employed to develop policy, plans, or procedures.

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Homeland Security Exercise and Evaluation Program (HSEEP)

☐ **What is meant by HSEEP compliant?**

You will not find the term HSEEP compliant/compliance within the current HSEEP version or the various FEMA Preparedness Grant requirements. FEMA discounted this terminology in 2010/2011. The language that you will see is “consistent with HSEEP” or HSEEP consistent”. HSEEP provides guidance and tools for designing and developing a successful community exercise; it does not mandate the alignment to a specific format or product.

☐ **How do I become HSEEP certified?**

There is no such thing as being “HSEEP certified”. Individuals may take the HSEEP course (L/K-0146) and receive a certification of completion.

☐ **Is it required to use the HSEEP templates when developing exercises?**

No, FEMA provides HSEEP templates to allow you to design and develop an exercise more easily and consistently. The templates allow you to focus on quality exercise content vs document construction and complicated graphic design.

☐ **Where does it spell out the requirements for an After-Action Report/Improvement Plan?**

Like all HSEEP templates, there are no accompanying instruction forms for the AAR/IP. The instructions are part of the template – the grey boxes indicate what should go in each section.

☐ **Is there one location that provides all the information for HSEEP, to include the doctrine and the templates?**

Yes. The HSEEP doctrine and additional information can be found at: www.fema.gov/hseep as well as: <https://preptoolkit.fema.gov/web/hseep-resources>.

☐ **How do I receive credit for an HSEEP course that I already took?**

Contact: netcadmissions@fema.dhs.gov.

☐ **Where do I go to get a listing of available HSEEP courses?**

A list of upcoming HSEEP courses is located on the Emergency Management Institute (EMI) Course Schedule page: <https://training.fema.gov/emcourses/schedules.aspx>. In the course field enter “0146”. For further questions regarding HSEEP course schedules please contact Steven Cardinal, the HSEEP Course Manager, at EMI: steven.cardinal@fema.dhs.gov.

☐ **How do I request an HSEEP course be provided at my location?**

Contact Steve Cardinal, the HSEEP course manager, at FEMA’s Emergency Management Institute (EMI): steven.cardinal@fema.dhs.gov. There is also information on the type of HSEEP course deliveries at: <https://training.fema.gov/programs/hseep/elk146hseepcourse/>.

☐ **Do I have to take the HSEEP course before taking the Master Exercises Practitioner Program (MEPP) course?** Yes. There are 10 prerequisites for the MEPP course, and they can be found at: <https://training.fema.gov/mepp/>. This site will also provide the instructions for how

to apply.

Rev. January 2020 HSEEP FS01



FEMA

Frequently Asked Questions

Homeland Security Exercise and Evaluation Program (HSEEP)

☐ **How do I become an HSEEP instructor?**

Contact Steve Cardinal, the HSEEP course manager, at FEMA's Emergency Management Institute (EMI): steve.cardinal@fema.dhs.gov.

☐ **What is the Integrated Preparedness Cycle?**

The *Integrated Preparedness Cycle* is a continuous process of planning, organizing/equipping, training, exercising, and evaluating/improving that ensures the regular examination of ever-changing threats, hazards, and risks. Preparedness priorities are developed to ensure that the needed preparedness elements are incorporated through this continual and reliable approach to achieve whole community preparedness.

☐ **Why did the Training and Exercise Planning Workshop (TEPW) and the Training and Exercise Plan (TEP) change?**

The TEPW/TEP model did not support integration of risk assessments, planning efforts, grant priorities, and other preparedness activities to drive exercise activities. It has been shown that many exercise sponsors do not have a plan to deliver their capabilities for the scenario and training is a frequently-cited area for improvement.

☐ **What is the Integrated Preparedness Planning Workshop (IPPW) and the Integrated Preparedness Plan (IPP)?**

The *Integrated Preparedness Planning Workshop (IPPW)* is a periodic meeting that establishes the strategy and structure for an exercise program, in addition to broader preparedness efforts, while setting the foundation for the planning, conduct, and evaluation of individual exercises. The *Integrated Preparedness Plan (IPP)* is a plan for combining efforts across the elements of the Integrated Preparedness Cycle to make sure jurisdictions/organizations have the capabilities to handle threats and hazards.

☐ **Will the HSEEP templates and the HSEEP course be updated?**

Yes, both the templates and the course will be updated and information about these will be posted at: www.fema.gov/hseep.



For more information visit:

<https://www.fema.gov/hseep>

or contact:

HSEEP@fema.dhs.gov

FL-DEM-20-0674-A-000182



Homeland Security Exercise and Evaluation Program (HSEEP) 2020 Revision

What is New in 2020

FEMA updated the Homeland Security Exercise and Evaluation Program (HSEEP) Doctrine this year with input from the whole community. The 2020 revision summarizes critical exercise information in an easier-to-reference format which will include updated templates and the HSEEP course at some point. The 2020 revision includes the following key changes:

Introduction

Whole Community: HSEEP was revised to be inclusive of the whole community to ensure better exercise outcomes by building multi-stakeholder consideration into every phase of exercise development.

Capabilities: Refers to whole community preparedness goals and not just the Core Capabilities mentioned in the National Preparedness Goal.

Senior Leaders: Involves all decision makers, not just “appointed and elected officials”.

Acronyms: Spells out all acronyms throughout the document to assist new users to adapt to exercise specific terminology.

Tools and Training: Includes references to available FEMA tools and training to make the reader aware of the entire family of support options when designing and developing an effective exercise.

Program Management

Integrated Preparedness Cycle: A continuous process of planning, organizing/equipping, training, exercising, and evaluating/improving that ensures the regular examination of ever-changing threats, hazards, and risks. Preparedness priorities are developed to ensure that the needed preparedness elements are incorporated through this continual and reliable approach to achieve whole community preparedness.

Integrated Preparedness Planning Workshop: A meeting that establishes the strategy and structure for an exercise program and preparedness efforts while setting the foundation for the planning, conduct and evaluation of individual exercises.

Integrated Preparedness Plan: A document for combining efforts across components of the Integrated Preparedness Cycle to make sure that a jurisdiction/organization has the capabilities to handle threats and hazards. The IPP allows for a more deliberate approach to multi-year preparedness activity planning.

HSEEP Fundamental Principles

The following principles frame the common approach to HSEEP:

- Guided by senior leaders;
- Informed by risk;
- Capability-based, objective-driven;
- Progressive exercise planning approach;
- Common methodology; and

Exercise Design and Development

Tables: Condenses the descriptions of planning meetings, exercise types, exercise documents, and tabular formats to provide easier access.

Organizational Charts: Provided to show examples of planning teams, conduct, evaluation, and exercise control structures. Removes the Incident Command System structure as a planning framework to allow for greater flexibility in whole community staffing.

Exercise Conduct

Discussion-Based and Operations-Based Exercises: Clarifies the important distinction between discussion-based vs operations-based exercises by describing each in separate sections.

Evaluation

Data Analysis: Includes a greater variety of analysis techniques to include Data Synthesis, Event Reconstruction, Trend Analysis, and Root Cause Analysis.

Improvement Planning

SMART Corrective Actions: Applies the SMART concept to post-exercise activities. SMART ensures that corrective actions are developed to be *Specific, Measurable, Achievable, Relevant, and Time-bound*.

From: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>
Sent: Sunday, March 08, 2020 12:56 PM EDT
To: Deleon, Melissa (FLNG) <Melissa.e.deleon.mil@mail.mil>
Subject: FW: [EXTERNAL] FW: Corona Virus response prep
Attachment(s): "DOH COVID-19 Healthcare Actions.pptx", "NPI 14-Community Based.PDF", "NPI 11-Jails and Detention Facilities with medical.PDF", "NPI 8-Enhanced Living Facilities.PDF", "NPI 5-Long Term Care Facilities.PDF", "NPI 2-Higher Education.PDF", "NPI 17-Additional info.PDF", "NPI 13 - Recommendations for Homeless Shelters.pdf", "NPI 10-Correctional Facilities.PDF", "NPI 10-Correctional Facilities.PDF", "NPI 7-Assisted Living Facilities.PDF", "NPI 4-Residential Facilities.PDF", "NPI 1 - Recommendations for Child Care & Schools.pdf", "NPI 16 - NPI Guidance and Implementation 2.29.20.pdf"

Resending.

Kevin Guthrie | Deputy Director

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From: Moskowitz, Jared <Jared.Moskowitz@em.myflorida.com>
Sent: Sunday, March 8, 2020 12:17 PM
To: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>
Subject: FW: [EXTERNAL] FW: Corona Virus response prep

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From: Eifert, James O Maj Gen USAF NG FLARNG (USA) <james.o.eifert.mil@mail.mil>
Sent: Saturday, March 7, 2020 1:00 PM
To: Ladd, Michael A COL USARMY NG FLARNG (USA) <michael.a.ladd10.mil@mail.mil>; Carruthers, Robert G COL USARMY NG FLARNG (USA) <robert.g.carruthers.mil@mail.mil>; Haas, John D BG USARMY NG FLARNG (USA) <john.d.haas.mil@mail.mil>; Valle, Michael Anthony Brig Gen USAF NG FLARNG (USA) <michael.a.valle4.mil@mail.mil>; Demarest, James T Col USAF USAF JA (USA) <james.t.demarest.mil@mail.mil>; Croxton, Christopher S (Scotty) Brig Gen USAF NG FLARNG (US) <christopher.s.croxton.mil@mail.mil>; Lanham, David CSM USARMY NG FLARNG (USA) <david.lanham.mil@mail.mil>; Moskowitz, Jared <Jared.Moskowitz@em.myflorida.com>; Moulton, Diane <Diane.Moulton@eog.myflorida.com>; Strum, Shane <Shane.Strum@eog.MyFlorida.com>; Warfel, Tad (DHS) <michael.t.warfel.mil@mail.mil>; Johnson, Gray A Jr COL USARMY NG FLARNG (USA) <gray.a.johnson.mil@mail.mil>; Kendrick, James B CSM USARMY NG FLARNG (USA) <james.b.kendrick.mil@mail.mil>; Hunt, Jason <jason.m.hunt.mil@mail.mil>; French, Matthew J (Butcher) Col USAF 125 FW (USA) <matthew.j.french4.mil@mail.mil>; Boyette, Sean T COL USARMY 10 AAMDC (USA) <sean.t.boyette.mil@mail.mil>; Acosta, Julio COL USARMY NG FLARNG (USA) <julio.acosta1.mil@mail.mil>; Roig, Ricardo R COL USARMY NG FLARNG (USA) <ricardo.r.roig.mil@mail.mil>; Temple, William E V COL USARMY NG FLARNG (USA) <william.e.temple2.mil@mail.mil>; Brown, George V Jr COL USARMY NG FLARNG (USA) <george.v.brown10.mil@mail.mil>; Lord, James D COL USARMY NG FLARNG (USA) <james.d.lord2.mil@mail.mil>; John Pelleriti <john.a.pelleriti.mil@mail.mil>; gregory.krane@us.af.mil; Jones, Matthew E Col USAF 601 AOC (USA) <matthew.jones.1@us.af.mil>; Froehlich, Erik J LTC USARMY NG FLARNG (USA) <erik.j.froehlich.mil@mail.mil>; Adler, Michael C LTC USARMY NG FLARNG (USA) <michael.c.adler.mil@mail.mil>; Glass, Jerry B LTC USARMY NG FLARNG (USA) <jerry.b.glass.mil@mail.mil>; Coffey, Richard L III Col USAF (USA) <richard.l.coffey.mil@mail.mil>; Elam, Richard E COL USARMY NG FLARNG (USA) <richard.e.elam.mil@mail.mil>; Keating, Robert C COL USARMY NG NGB (USA) <robert.c.keating2.mil@mail.mil>; Canady, Tracey D CMSgt USAF 125 FW (USA) <tracey.d.canady.mil@mail.mil>
Cc: Reinwald, Allison NFG NG FLARNG (USA) <allison.reinwald2.nfg@mail.mil>
Subject: [EXTERNAL] FW: Corona Virus response prep

Team,

Info below is from TAG-WA regarding that state's response to COVID-19. It is interesting reading from the state which is furthest along on this path. I think we may not be far behind and could catch up quickly given our state's elderly population.

I am pleased with the DOMS current progress in OPLAN development, and we need to continue our preparations for any eventuality which the Governor may decide requires Guard assistance.

Thanks for all you are doing...

TAG

JAMES O. EIFERT
Major General

AMERICAN
OVERSIGHT

FL-DEM-20-0674-A-000185

Florida National Guard
The Adjutant General

DSN: 822-0101, Comm: (904) 823-0101
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SIPR: james.o.eifert.mil@mail.smil.mil

From: Daugherty, Bret D MG USARMY (US) <bret.d.daugherty.mil@mail.mil>

Sent: Friday, March 6, 2020 9:29 PM

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Subject: Corona Virus response prep

General Lengyel, LTG Hokanson, Lieut. Gen Rice, Maj Gen Nordhaus, and fellow TAGs,

Here is the news from Washington regarding what I have learned about managing the COVID19 epidemic. It's not as bad as what we originally feared, but for our senior citizens it is deadly. It appears that the virus spreads quickly and the number of cases doubles every few days. Young, healthy people below the age of 60 catch the virus easily and will have symptoms similar to a cold, or they may not have noticeable symptoms at all. Thankfully, kids are especially safe. Unfortunately, they are the suspected carriers of the disease. If young people who have the disease come into contact with senior citizens or people with compromised immune systems, it can result in death from pneumonia – like symptoms.

The health community is focused on protecting the elderly and those with impaired immune systems since they are the people most likely to be killed by the virus. Their strategy is to implement up to thirteen Non-Pharmaceutical Interventions (NPIs) in order to slow the spread of disease and avoid overwhelming the healthcare system. The strategy calls for isolating the elderly and weak from contact with those who have the disease. Testing is key to this. We will need to test large numbers of people and keep those with COVID19 from infecting the elderly and weak. I've attached analysis of the implementation of the NPIs that need to be provided to local and state health officers and elected officials who will make decisions about which NPIs to implement and when. They start out easy with washing your hands and progress through isolating sick individuals, canceling large events, closing schools, and cordoning off an infected community. The end of the spectrum carries financial and societal consequences. I believe that our state is moving toward canceling large events and possibly closing schools. I'll keep you posted.

Initially, I was concerned that as the number of new cases rapidly grew, we would overwhelm our hospitals. I've attached a PowerPoint briefing that demonstrated to me that our health community has this largely under control. I also spoke with one of our Air Guard Flight Surgeons who works in the hospital where we have had most of our fatalities from COVID19. The hospitals are at

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capacity right now because of the large number of patients with the flu. But they have the capability to increase capacity within the existing hospitals by bringing in more beds, equipment, and staff. They have plans in place to do that. I can't find anyone in the medical field who believes that the hospitals will not be able to handle the patient load, but we are reviewing plans for that contingency.

While we have not yet needed to place any National Guard units on State Active duty, that may change over the next few weeks as local jurisdictions start implementing the NPIs. At the upper end, those interventions will potentially disrupt the workforce and could result in logistics missions coming our way. I hope not, but we will be prepared in case we are needed. We're pretty good at conducting DOMOPS, but we've never dealt with a pandemic before and aren't sure what to expect at this point. Rest assured that I will share any lessons learned with you. We aren't going to stop the spread of COVID19. In fact, most of your states already have it. You just don't know it yet. When it is discovered, I recommend that you activate your State EOC in support of your state's Department of Health, which will be the lead agency. Get LNOs to your DOH command centers and have Department of Health representatives occupy ESF8 at the State EOC. We've collocated two fairly senior DoH employees within the State EOC to interact with the EMD staff and me. Have your EOC link up quickly with local Emergency Management, Local Health officials, and State agencies that have their own Incident Management Teams. Get everyone on a common understanding of the disease and the DoH strategy. Get your battle rhythm going. Get the NPIs down to local officials and state officials right away so that they can start thinking about decision points. You might have to explain what a decision point is. J Stand up a Joint Information Center and staff it with PIOs from Health, EM, and other agencies. You might want to ask for a FEMA representative who knows how a truly large JIC must operate. Try to get the locals and the state on the same message. Good luck with that; we're not there yet.

I'll send you anything else that I learn that may help you when it gets to your location. Good luck to all.

Bret

Bret D. Daugherty
Major General
Adjutant General-Washington
(253) 512-8201

From: Quinn, Matthew <mquinn@mt.gov>

Sent: Friday, February 28, 2020 6:44 AM

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Subject: [Non-DoD Source] TAG Extra Duty Roster

All active links contained in this email were disabled. Please verify the identity of the sender, and confirm the authenticity of all links contained within the message prior to copying and pasting the address to a Web browser.

Good morning. Thanks to Jemal Beale for taking the first stab at updating the TAG extra duty roster. We are looking to capture those additional duties we have as Adjutants General at the Federal/state level. We are not looking to list a bunch of state committees we may be on but rather those programs and committees other TAGs may be able to reach out and share experiences.

Please take a look and update as necessary, let me know any significant changes.

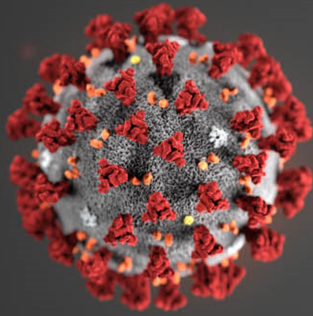
Thanks

Matt

Major General Matt Quinn
Montana Adjutant General
Director, Department of Military Affairs
406.324.3010

Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

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COVID-19 Healthcare Actions

Healthcare System Readiness
presentation with WA EMD and National Guard
February 26, 2020

Agenda

- £ Welcome and Introductions
- £ Medical surge
- £ Current actions
- £ Progressive actions to maximize patient outcomes
- £ Next Steps, Continued Collaboration
- £ Collaboration for this presentation: Health and Human Services, ASPR, Washington State Hospital Association

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Today, I am going to give you an update on []

The charge: plan to open an ACF

- £ When we activate an ACF is key to our success.
 - Credibility, perception
 - Competing for resources (staff, equipment, etc)
- £ Working closely with the medical community, we need to have exhausted all possible strategies to avoid going there.
- £ This a community-led decision.
 - Hospitals should tell us when it's time to pull this lever.
 - We need to be ready when they tell us.
- £ Why open an ACF?
 - To protect hospitals by taking overflow patients.
 - Surge support for low-acuity patients.

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Medical surge

£ Focus on prevention of medical surge with **everyday strategies**

- Nurse triage lines; telemedicine
- PPE conservation & appropriate use
- Extend clinic hours
- Rapid discharge of patients
- Change staffing models, shift lengths
- Cohorting patients
- Non-pharmaceutical interventions

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Medical surge

£ Focus on prevention of medical surge with **waiver strategies**

- Use temporary beds
- Provide care in non-clinical areas
- Provide in-patient care in non-traditional spaces (PACU, etc)
- Postpone non-urgent surgical procedures
- Non-pharmaceutical interventions
- MANY more approaches that shift into “crisis” strategies
 - We are nowhere near these strategies today.
 - *Waivers are granted by the state or by the federal government depending on the hospital designation, services, insurance types, etc.

Current actions

- £ Hospitals in Washington State were preparing for COVID-19 prior to known cases
 - Hospitals plan and train
 - Hospitals care for patients with infectious illnesses
 - They have activated their emergency response plans
 - Implementing screening at hospital entrances
 - Ordering and conserving supplies
 - Opening alternative spaces for patient care; creating more isolation beds
 - Planning for staff coverage
 - Coordinating with public health and healthcare coalitions
 - NO HOSPITALS ARE DIVERTING PATIENTS

6

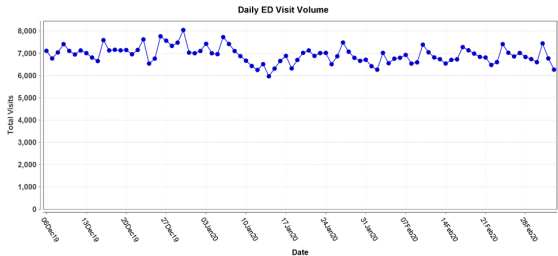
Current actions

£ WA DOH actions

- "Call to Action" with local health officers, healthcare executives and payers
- Education with long-term care, clinics, tribes & others
- Increasing call center capacity to educate & triage
- Public education about appropriate use of healthcare
- Developing/sharing guidance for providers & public
- Working with labs to increase testing capacity
- Fulfilling PPE requests using SNS (currently 184,000 N95s)
- ~~Monitoring healthcare system for impacts~~
 - data & discussions

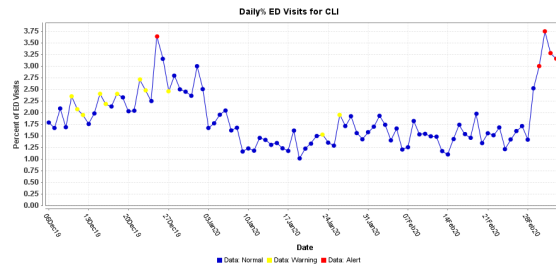
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Daily ED Visit Volume



The graph above shows the total Emergency Department (ED) visits by day in Washington State. Currently, 81% (81/100) of EDs send data to RHINO.

COVID-19-like Illness

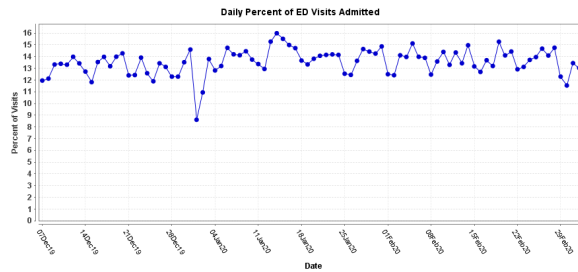


This graph captures the daily percent of ED visits for CLI.

CLI includes subsyndromes of: Fever or Chills **AND** Cough/Shortness of Breath/Difficulty breathing. Subsyndromes are based entirely on initial chief complaint and look for key words in the chief complaint that match with the concept (e.g., "feeling hot").

Data alerts indicate proportion exceeded expected value: red ($p < 0.01$) or yellow ($p < 0.05$).

Proportion of ED Visits Admitted



The graph shows the proportion of ED visits that turn into admissions by day.

Data Notes

Analyses are based on information reported to the Rapid Health Information NetwOrk (RHINO). At the date of this report, 81/100 (81%) Emergency Departments in the state submit data to RHINO. Data are preliminary and may change.

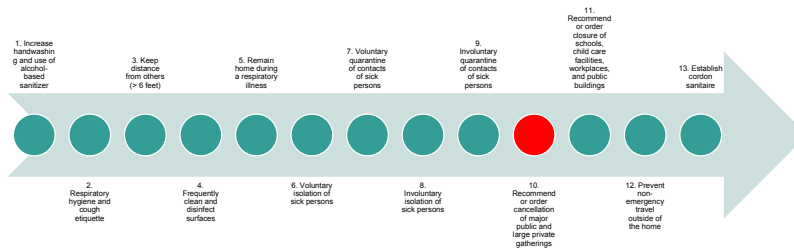
These data are intended to be used for surveillance purposes only. While some visits of interest may be missed and others that are not of interest included, the intent is to monitor trends in syndromes that may be sensitive to circulation of COVID-19 in the community.

Predictive modeling (many assumptions)

- £ Staff availability could decrease to 73% docs, 44% nurses, 33% auxiliary personnel
- £ Infection rate around 35% of population
 - Can break down by population groups
 - 14.8% 70 years+
- £ Potential needing medical care (visit to hospitalization)
 - 1,000,000 – 1,556,000
- £ Potential serious cases
 - 177,000 – 266,000
- £ Overall fatality rate of 2.92%
 - ranges 43,000 – 130,000

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Non-Pharmaceutical Interventions (NPI)



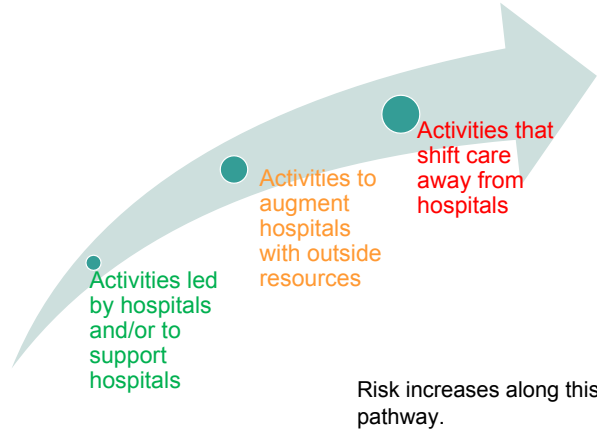
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Creating capacity

- £ 2017 train derailment
 - Scheduled procedures cancelled
 - Patients discharged
- £ Swedish strike
 - Swedish reduced patients
 - Other hospital took on additional patients
- £ 2009 H1N1 Influenza
 - Altered ventilator allocation to greatest patient need

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Progressive actions to maximize patient outcomes



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Activities led by hospitals

- £ Drive-through triage outside of hospitals
 - Staffed by a hospital triage team (may need support)
 - Send patients inside, to urgent care, or home
- £ Drive-through testing/POD
 - Staffed by hospital (may need support)
 - Increased lab capacity to process samples
 - Requires a registration system for getting results back to patients (may need support)
 - Need to decide if this is necessary; a positive test on its own does not change care plan

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Activities to support hospitals

- £ Waivers (CMS, Medicaid/Medicare, etc)
 - Working now with Attorney General's office
 - Would permit hospitals to apply to:
 - Use temporary beds and/or non-clinical areas
 - Provide in-patient care in non-traditional spaces (PACU, etc)
 - Postpone non-urgent surgical procedures (\$\$\$)
 - MANY more approaches that shift into "crisis" strategies
 - Good news: We are nowhere near these strategies today.
- £ Crisis Standards of Care Guidance
 - Developed over past 3 years
 - Working with Attorney General's office to finalize
 - Acknowledgement from Governor that CSC are now in effect

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STOP

£ Ask hospitals:

- If you aren't employing all of the mitigation strategies, how can we support you in doing this?
- If we augment surge capacity for your hospital, would that tip you into crisis standards of care?

£ Identify where surge can be maximized based on staff availability, space and other fast-tracking factors

- Utilize medical surge assessment (on-paper theory)
- Coordinate with select individual hospitals to conduct a "just in time" surge assessment

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Activities to augment hospitals

£ Purchase beds & import staff

- Current number of physical hospital beds = 13,196
 - Actual use is generally <12,000
 - ◆ Business decisions related to staffing, services provided, etc
 - Not all beds are created equal (ICU versus rehab – different capabilities, staffing models, equipment)
- Space availability to increase by 10,961 beds
 - No actual beds, staff or equipment to provide care
 - ◆ DOH owns about 70 shelter-style beds
- Import staff utilizing federal resources
 - DMAT
 - PHS
 - Military assets

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Activities to augment hospitals

£ Why do this?

- Patient outcomes are maximized within licensed healthcare facilities.
- Patient support systems: family, social, spiritual care.
- Medical control is maintained within hospitals.
- Wrap-around services
- Billing

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Activities to augment hospitals

- £ Utilize FMS package & import staff
 - 250 shelter-style beds
 - Some equipment to support
 - Import staff utilizing federal resources
 - DMAT
 - PHS
 - Military assets

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STOP

£ Ask hospitals:

- Are you able to maintain operations with these augmentations? What additional supports would help to maintain patient care within the hospital?
- Are you approaching triggers for crisis standards of care? If yes on a broad scale (loosely defined term), this requires an acknowledgement by the Governor and DOH that CSC are now in effect.
- Are we approaching triggers for opening an ACF?
 - When we do this, we ARE in crisis standards of care.
 - Local health officers have some liability/responsibility around this

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Activities that shift care away from hospitals

- £ Activate an FMS & import staff
 - 250 shelter-style beds
 - Some equipment to support
 - Import staff utilizing federal resources
 - DMAT
 - PHS
 - Military assets
- £ Impacts from doing this
 - Utilize “building of opportunity” (several are identified)
 - We need to set it up
 - We need to source all wrap-around services
 - community impacts
 - \$1.1million/2 weeks, not accounting for seeing patients

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Activities that shift care away from hospitals

Alternate Care Facility

Non COVID-19 (best ACF scenario)

- Low acuity
- Can't do self care
- No safe discharge plan
- Can't get into rehab
- Large portion of current in-patient population
- Ideal for this environment

COVID-19 (highest risk)

- Elderly, no family structure
- Co-morbidities
- Require advanced diagnostics
- Oxygen, dialysis, cardiac, surgeries
- **VENTILATORS & STAFF**
- Must have good beds
- Isolation protocols?
- Should remain within hospitals

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Benefits to success

- £ Time: This is relatively slow moving compared to other ACF scenarios (hurricanes, earthquakes, etc). We have time to progress along this path toward success.
 - Success = maximizing patient outcomes
- £ Supportive federal partners
- £ Engaged healthcare systems
- £ Engaged state agency & association partners
- £ A robust regulatory environment to support the best patient outcomes

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Impediments to success

- £ Public perception
 - Careful messaging about steps to avoid, need, and intent
- £ Healthcare system perception
 - Avoid moving ahead of process
 - Avoid competing for staff and equipment (incls federal)
 - Must have proper expertise alongside us
- £ Equipment can be a barrier depending on scope of care
 - Ventilators will be a challenge (18,000 in SNS)
 - Patients can not get up; requires additional staffing
 - Medications utilized to sedate patient; sometimes restraints
 - Requires special beds to avoid ulcers>sepsis>death
 - Ventilators are very different; training is required for respiratory therapists according to function

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Planning considerations for off-site care

Priority of work:

- A. Who owns the ACF?
 - 1. Federal, state, local
- B. Who owns medical direction? We are in CSC at this point.
 - 1. State or Local Health Officer
 - 2. Liability protection for healthcare workers
- C. Define level of acuity/scope of care
 - 1. Consider federal standard of care requirements
- D. Define equipment needed and staffing model to support scope of care
 - 1. DMAT versus another model
 - a) Consider licensing and credentialing requirements

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Planning considerations for off-site care

Priority of work, continued:

E. Where?

1. Further away is problematic: transport, family, etc
2. Can we stand this up within the footprint of an operational hospital?
 - a) Sorts out medical direction
 - b) Expedites and simplifies billing
 - c) Medication storage and security must be considered

F. Wrap-around services must be secured (EMD owns this piece)

1. ADA, toileting, bathing, laundry, food, security, waste
2. Electricity: medical equipment draws a lot of electricity
3. Water: medical care requires lots of fresh and sterile water

G. Must prepare for family care, social care, etc.

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Next steps

- £ Small planning team to ground truth assumptions
 - Which hospitals can/should we surge in?
 - By how many beds?
 - What is needed to do so?
- £ Larger planning team of state and national experts
 - Crisis Standards of Care experts / Disaster healthcare experts
 - Ethicists
 - HHS and ASPR
 - Pharmacy expertise
 - Healthcare Authority
 - LHJ of ACF location
 - EMD: wrap-around services
 - Clinicians: medical directors and nursing directors
 - Disaster Medical Advisory Committee
 - Attorney General's office

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Emergency Operations
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Washington State Department of Health is committed to providing customers with forms and publications in appropriate alternate formats. Requests can be made by calling 800-525-0127 or by email at civil.rights@doh.wa.gov. TTY users dial 711.

Novel Coronavirus (COVID-19) Guidance for Schools and Child Care Facilities

The Washington State Department of Health (DOH) has developed this guidance to assist schools and child care facilities with their response to 2019 novel coronavirus disease (COVID-19) outbreak. While the situation is evolving, at this time we believe that those over 60, immune-compromised or those with chronic medical conditions may be at higher risk for severe illness from COVID-19. Schools and child care facilities have experience managing respiratory infections and outbreaks among residents and staff and should apply the same outbreak management principles to COVID-19. Additional resources on how schools and child care facilities can prepare for and manage COVID-19 can be found here:

<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-for-schools.html>

Prepare:

- **Stay informed about the local COVID-19 situation.** Know where to turn for reliable, up-to-date information in your local community. Monitor the [CDC COVID-19 website](#) and your [state and local health department websites](#) for the latest information.
- **Develop, or review, your facility's emergency operations plan.** Ensure your facility has a plan that includes strategies to reduce the spread of disease and establishes mechanisms for ongoing communication with staff, students, volunteers, families, and the community. This should be done in collaboration with local health departments and other relevant partners.
- **Monitor and plan for absenteeism.** A COVID-19 outbreak in your community could lead to staff and student absenteeism. Prepare alternative staffing plans to ensure as many of your facility's staff are available as possible. See the Department of Health's [Resources for Workplaces and Employers](#) for more specific information.
- **Establish relationships with key healthcare and public health partners in your community.** Make sure you know about healthcare and public health emergency planning and response activities in your community, and establish open lines of communication with leadership in your [local health jurisdiction](#).
- **Build relations with key community organizations, partners, and trusted leaders within your community.** In the event of a closure, you may need to rely on community partnerships to help mitigate impacts to families.
- **Create an emergency contact list.** Develop and continuously update emergency contact lists for key partners and ensure the lists are accessible in key locations in your facility. For example, know how to reach your local or state health department in an emergency.
- **Develop a communications plan.** A key component to preparedness is developing a communications plan that outlines how you plan to reach different audiences including ensuring all communications are culturally and linguistically appropriate as well as accessible for individuals with disabilities.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 ([Washington Relay](#)) or email civil.rights@doh.wa.gov.

Communicate:

- **Communicate about COVID-19 with your staff.** Share information about what is currently known about COVID-19 and your facility's preparedness plans. Communicate your expectations for modeling respiratory etiquette, staying home when sick, and supporting employees who need to take care of a sick
- **Communicate about COVID-19 with students and families.** Provide updates about changes to your policies or operations. Use all communication channels that you have available and including direct communications (face-to-face, letters), electronic communications (your district or facility's website or social media pages), as well as parent meetings to share updates. Make sure to plan ahead for linguistic needs, including providing interpreters and translating materials.
- **Intentionally and persistently combat stigma.** Misinformation about coronavirus and COVID-19 can create fear and hostility that hurts people and makes it harder to keep everyone healthy. We're stronger as a community when we stand together against discrimination. Take advantage of these [resources](#) to prevent, interrupt, and respond to stigma.

Prevent:

- **Encourage sick individuals to stay home.** Instruct all staff, students, families, and volunteers to self-screen at home. If students or staff become sick at school, keep sick individuals separate from well students and staff until they can leave. Ensure that your sick leave policies are flexible and consistent with public health guidance and that staff are aware of these policies.
 - If individuals have fever, cough or shortness of breath and have not been around anyone who has been diagnosed with COVID19, they should stay home away from others until 72 hours after the fever is gone and symptoms get better.
 - If an individual believes they have had close contact to someone with COVID-19 but are not currently sick, they should monitor their health for fever, cough, and shortness of breath during the 14 days after the last day they were in close contact with the sick person with COVID-19. They should not go to work or school, and should avoid public places for 14 days.
- **Post signs.** As part of routine measures for the respiratory season, existing [signs](#) should be visible that reminds staff, visitors, and students to perform hand hygiene, sneeze/cough into their elbow, put used tissues in a waste receptacle and to wash hands immediately after using tissues. Recommend everyone to avoid close greetings like hugs or handshakes.
- **Perform routine environmental cleaning.** Follow the school's routine cleaning and disinfection program. Emphasize cleaning and [disinfecting](#) frequently touched objects and surfaces. The Department of Health Website has additional information on [Classroom Cleaning Tips for Teachers](#).

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- **Emphasize normally recommended actions to prevent the spread of disease.** You can help students and staff reduce their risk for getting and spreading viral respiratory infections by encouraging them to take simple steps which will also prevent COVID-19. These include:
 - Frequent hand washing with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, and after they blow their nose. Help young children do the same. If hands are visibly dirty, use soap and water to clean hands.
 - If soap and water are not readily available, using an alcohol-based hand sanitizer with at least 60% alcohol.
 - Advising persons to avoid touching their eyes, nose, and mouth with unwashed hands.
 - Covering coughs or sneezes with a tissue, then throwing the tissue in the trash and cleaning hands with soap and water or hand sanitizer (if soap and water are not readily available).
 - Providing adequate supplies for good hygiene, including clean and functional handwashing stations, soap, paper towels, and alcohol-based hand sanitizer.

Mitigate:

- **If there is an identified case of COVID-19 in your community, work in close collaboration and coordination with your leadership, local health officials, and other health care and public health partners in your community to make decisions regarding measures to reduce the spread of COVID-19.**
- **Implement social distancing measures.** If there are cases of COVID-19 in the community, consider using social distancing rather than closing facilities until there is evidence that a case is linked to the school or child care facility in some way. Examples of social distancing include staggering recess times or canceling assemblies, inter-school competitions, and sporting events.
- **Communicate about potential exposure to COVID-19.** It is critical to maintain confidentiality of the individual while working to address potential fear and anxiety of students and staff.
- **Determine if, when, and for how long it may be appropriate to dismiss school and child care programs.** In general, schools and child care facilities should only close if a student, staff member, or administrator has been diagnosed with a confirmed case of COVID-19.
 - Consider closing schools and child care facilities for 2 to 5 days and cooperate with local health officials in their investigation during this time. Seek guidance from local health officials about the need to lengthen facility closures or resuming normal operations.
 - It is not recommended to preemptively close schools or child care facilities for cleaning if there are no confirmed cases of COVID-19 associated with the facility.

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- **Assess the impacts of any decisions you make on the families you serve.** There are equity implications for any decision you may make, and the families you work with will be able to provide you the best feedback on and guidance on how to move forward in a child- and family-centered way. Here are some considerations:
 - A. When communicating updates and decisions: Families within Washington state are culturally and linguistically diverse. Make sure you are proactively providing language assistance.
 - B. When considering alternative learning opportunities, including distance learning: Providing options for distance or remote learning may be a useful mitigation strategy, but efforts should be made to ensure that all students will have access to the materials, equipment and technology necessary to participate. Another important equity consideration is the impact requiring remote learning will have on families that don't have available caregivers or other adults to supervise children at home. A plan for remote learning may disproportionately impact and have unintended negative consequences for single parent households, low wage and hourly workers, and other lower income families.

Additional COVID-19 Resources

- [DOH Coronavirus \(COVID-19\) webpage](#) – updated information and resources daily
- [Schools \(K-12\) and Child Care Programs Guidance](#), Centers for Disease Control and Prevention
- [Classroom Cleaning - Tips for Teachers](#), Washington State Department of Health
- [Handwashing to Prevent Illness at School](#), Washington State Department of Health
- [Infectious Disease Control Guide for School Staff \(PDF\)](#), Washington State Office of Superintendent of Public Instruction
- [Workplace and Employers](#), Washington State Department of Health
- [Stigma Reduction](#), Washington State Department of Health
- [How Can I Be Prepared for a COVID-19 Outbreak?](#)

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Novel Coronavirus (COVID-19) Guidance for Correctional Facilities

The Washington State Department of Health developed guidance to assist correctional facilities in response to the 2019 novel coronavirus disease (COVID-19) outbreak. While the situation is evolving, at this time we believe that those over 60, immune-compromised or those with chronic medical conditions may be at higher risk for severe illness from COVID-19. Correctional facilities have experience managing respiratory infections and outbreaks among residents and staff and should apply the same outbreak management principles to COVID-19.

Stay up-to-date:

Monitor public health updates from:

- [Local Public Health Department](#)
- [Washington State Department of Health](#)
- [Centers for Disease Control and Prevention Situation Summary](#)

This fact sheet provides basic information only. It is not intended to take the place of medical advice, diagnosis, or treatment.

- Staff, vendors, and volunteers with symptoms of an acute respiratory infection should not come to work and should report their symptoms through their chains of command or designated reporting locations.
- Correctional facilities should take measures to prevent visitors who test positive for COVID-19 from visiting the facility.
- All patient testing for COVID-19 should be arranged in consultation with local public health.
- Correctional facility staff should follow routine precautions as well as contact and droplet precautions when providing health care services to any person under investigation for COVID-19. Facilities that can safely conduct a clinical examination and collect specimens should also follow airborne precautions.

Introduction to the environment

- Respiratory infection outbreaks occur in correctional facilities throughout the year, but are more common during the winter months. COVID-19 may be introduced to a correctional facility through visitors, vendors, volunteers, or staff.
- The population in correctional facilities is likely to include individuals who have chronic health conditions which weaken their immune systems. Some incarcerated individuals

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may have chronic lung or neurological diseases which impair their ability to clear secretions from their lungs and airways.

- Correctional facility populations are also at risk because respiratory pathogens may be more easily transmitted in an institutional environment.
- Proper hand washing, social distancing, and covering your cough are protocols that should be implemented by all.
- Informational handouts and posters should be prominently displayed throughout the correctional facility and addressed through supervisory/operational staff briefings.
 - [DOH Coronavirus Factsheet](#)
 - [Slow the Spread of Germs Poster CDC \(pdf\)](#)
 - [Spanish Version CDC \(pdf\)](#)
 - [CDC Handwashing Posters](#)

Screening and Triage

- Correctional facilities should conduct passive screening of visitors, staff, and volunteers, and active screening of the incarcerated population (*see below for descriptions of active and passive screening*).
- The facility should also ensure that an employee health policy is in place to send employees home if symptoms begin to develop at work.

Passive screening of staff, volunteers, and visitors:

- Signs should be posted on entry to the buildings and at reception areas for anyone entering the facility (e.g., visitors, staff, volunteers) to self-identify if they have relevant symptoms and travel history/exposure, including:
 - Fever
 - Acute respiratory illness*(cough and/or shortness of breath)
 - Travel history to an impacted area OR have had contact with a person who has the above travel history and is ill.

*If experiencing respiratory symptoms, visitors must not visit the facility until symptoms completely resolve.

- As part of routine measures for the respiratory season, existing signs should be visible that remind staff, visitors, and incarcerated individuals to practice good health habits that include handwashing, sneeze/cough into their elbow, put used tissues in a waste receptacle, and to wash hands immediately after using tissues.
- Correctional facilities must instruct all staff and volunteers to self-screen at home. Staff, vendors, and volunteers with symptoms of an acute respiratory infection must not come

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to work and will report their symptoms to their respective facility. All staff should be aware of early signs and symptoms of acute respiratory infection.

- Facilities should provide further guidance (e.g., over the phone or at the reception desk) to volunteers and visitors who are experiencing symptoms of COVID-19 and have a recent travel history (within 14 days) to an impacted area.

Active screening of staff and the incarcerated population:

- Once activated, Staff Infection Control Screening Stations (SICS) will be established at facility entry points.
- Staff and contractors will be directed to single control points (ie: public access) when SICS have been implemented.
- SICS should be staffed with 1 medical staff member and 1 non-medical staff member to act as Finance/Admin Section Time Unit Leader (TUL).
- A table/counter will be set up for staff to fill out a COVID-19 specific screening questionnaire, provided by Headquarters/Health Services Division, while waiting in the evaluation line.
- Screening interview and taking of temperature takes approximately 1 minute.
- If an employee is determined unable to report to work, the TUL will document which employee is unable to work and who authorized the absence.
 - If a custody employee is determined unable to report to work, the TUL will immediately report the absence to the Shift Commander.
 - If a non-custody/contract employee is unable to work, the supervisor will be notified as soon as possible.
 - Staff displaying symptoms of COVID-19 will be sent home at the discretion of the Superintendent/designee or Incident Commander.
- Staff cleared to work will report to a muster location for an operational briefing (if needed).
- Each facility should identify options for telecommuting.
- Emergency staffing plans may be activated if staffing levels are significantly affected.
 - Each facility Superintendent/designee will determine essential posts to be staffed and essential functions to be accomplished.
 - Emergency staffing should be implemented in accordance with local emergency management plans.

In the event of active or suspected cases of COVID-19 are present at the facility, the following are examples of actions that should occur:

- Facilities should use predesignated isolation/quarantine areas for affected incarcerated individuals to be housed.

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- Cellmates of sick individuals will be isolated until it is determined that those individuals are free of COVID-19 symptoms.
- Restricted/limited movement of incarcerated individuals should be implemented to reduce the possibility of additional exposures.
- Visitation will be closed while on COVID-19 infection control protocols to prevent further potential exposures. Notification to the public should be made.
- All programming will be suspended (such as education, self-help, industries, and work programs).
- Meals will be served in the dining halls, when possible, to the unaffected population. Movement to and from the dining facilities will be operated to provide social distancing from those who are sick and those who are not.
- Meals for infected incarcerated individuals will be served in their assigned cells/medical facilities.
- Personal Protective Equipment (PPE) will be utilized by both staff and incarcerated individuals.

Social Distancing

- While facilities are on limited/restricted movement, internal program restrictions will be enforced.
- Incarcerated individuals pending transfer to another facility will be moved to the designated isolation unit for 72 hours prior to transfer. Transfer will be cancelled should the individual become symptomatic.
- Incarcerated Individuals being received by the facility will be maintained in the designated isolation unit for 72 hours prior to release into the general population.
- Incarcerated individuals scheduled for release will be placed into the isolation unit for 72 hours prior to release.
- Gatherings of staff and incarcerated individuals will be limited to prevent possible exposure.
- Volunteer managed programs will be cancelled while COVID-19 infection control protocols are in effect.
- Facility tours should be suspended.

Additional COVID-19 Resources

- [DOH Coronavirus \(COVID-19\) webpage](#) – updated information and resources daily
- [Local Health Jurisdictions](#)

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- [Workplace and Employers](#)
- [Persons Who are at Higher Risk for Serious Illness](#)
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Introduction to the environment

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- The population in correctional facilities is likely to include individuals who have chronic health conditions which weaken their immune systems. Some incarcerated individuals

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may have chronic lung or neurological diseases which impair their ability to clear secretions from their lungs and airways.

- Correctional facility populations are also at risk because respiratory pathogens may be more easily transmitted in an institutional environment.
- Proper hand washing, social distancing, and covering your cough are protocols that should be implemented by all.
- Informational handouts and posters should be prominently displayed throughout the correctional facility and addressed through supervisory/operational staff briefings.
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 - [Spanish Version CDC \(pdf\)](#)
 - [CDC Handwashing Posters](#)

Screening and Triage

- Correctional facilities should conduct passive screening of visitors, staff, and volunteers, and active screening of the incarcerated population (*see below for descriptions of active and passive screening*).
- The facility should also ensure that an employee health policy is in place to send employees home if symptoms begin to develop at work.

Passive screening of staff, volunteers, and visitors:

- Signs should be posted on entry to the buildings and at reception areas for anyone entering the facility (e.g., visitors, staff, volunteers) to self-identify if they have relevant symptoms and travel history/exposure, including:
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*If experiencing respiratory symptoms, visitors must not visit the facility until symptoms completely resolve.

- As part of routine measures for the respiratory season, existing signs should be visible that remind staff, visitors, and incarcerated individuals to practice good health habits that include handwashing, sneeze/cough into their elbow, put used tissues in a waste receptacle, and to wash hands immediately after using tissues.
- Correctional facilities must instruct all staff and volunteers to self-screen at home. Staff, vendors, and volunteers with symptoms of an acute respiratory infection must not come

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to work and will report their symptoms to their respective facility. All staff should be aware of early signs and symptoms of acute respiratory infection.

- Facilities should provide further guidance (e.g., over the phone or at the reception desk) to volunteers and visitors who are experiencing symptoms of COVID-19 and have a recent travel history (within 14 days) to an impacted area.

Active screening of staff and the incarcerated population:

- Once activated, Staff Infection Control Screening Stations (SICS) will be established at facility entry points.
- Staff and contractors will be directed to single control points (ie: public access) when SICS have been implemented.
- SICS should be staffed with 1 medical staff member and 1 non-medical staff member to act as Finance/Admin Section Time Unit Leader (TUL).
- A table/counter will be set up for staff to fill out a COVID-19 specific screening questionnaire, provided by Headquarters/Health Services Division, while waiting in the evaluation line.
- Screening interview and taking of temperature takes approximately 1 minute.
- If an employee is determined unable to report to work, the TUL will document which employee is unable to work and who authorized the absence.
 - If a custody employee is determined unable to report to work, the TUL will immediately report the absence to the Shift Commander.
 - If a non-custody/contract employee is unable to work, the supervisor will be notified as soon as possible.
 - Staff displaying symptoms of COVID-19 will be sent home at the discretion of the Superintendent/designee or Incident Commander.
- Staff cleared to work will report to a muster location for an operational briefing (if needed).
- Each facility should identify options for telecommuting.
- Emergency staffing plans may be activated if staffing levels are significantly affected.
 - Each facility Superintendent/designee will determine essential posts to be staffed and essential functions to be accomplished.
 - Emergency staffing should be implemented in accordance with local emergency management plans.

In the event of active or suspected cases of COVID-19 are present at the facility, the following are examples of actions that should occur:

- Facilities should use predesignated isolation/quarantine areas for affected incarcerated individuals to be housed.

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- Cellmates of sick individuals will be isolated until it is determined that those individuals are free of COVID-19 symptoms.
- Restricted/limited movement of incarcerated individuals should be implemented to reduce the possibility of additional exposures.
- Visitation will be closed while on COVID-19 infection control protocols to prevent further potential exposures. Notification to the public should be made.
- All programming will be suspended (such as education, self-help, industries, and work programs).
- Meals will be served in the dining halls, when possible, to the unaffected population. Movement to and from the dining facilities will be operated to provide social distancing from those who are sick and those who are not.
- Meals for infected incarcerated individuals will be served in their assigned cells/medical facilities.
- Personal Protective Equipment (PPE) will be utilized by both staff and incarcerated individuals.

Social Distancing

- While facilities are on limited/restricted movement, internal program restrictions will be enforced.
- Incarcerated individuals pending transfer to another facility will be moved to the designated isolation unit for 72 hours prior to transfer. Transfer will be cancelled should the individual become symptomatic.
- Incarcerated Individuals being received by the facility will be maintained in the designated isolation unit for 72 hours prior to release into the general population.
- Incarcerated individuals scheduled for release will be placed into the isolation unit for 72 hours prior to release.
- Gatherings of staff and incarcerated individuals will be limited to prevent possible exposure.
- Volunteer managed programs will be cancelled while COVID-19 infection control protocols are in effect.
- Facility tours should be suspended.

Additional COVID-19 Resources

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- [Local Health Jurisdictions](#)

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Recommendations for Jails and Detention Facilities with Onsite Medical during COVID-19 Outbreak

The Washington State Department of Health developed guidance to assist jails and detention facilities with onsite medical care in response to the 2019 novel coronavirus disease (COVID-19) outbreak. While the situation is evolving, individuals over 60 years of age, immune compromised people, and those with chronic medical conditions may be at higher risk for severe illness from COVID-19. Jails and detention facilities have experience managing respiratory infections and outbreaks among residents and staff and should apply the same outbreak management principles to COVID-19. Additional resources on how long-term care facilities can prepare for and manage COVID-19 can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>

Stay up-to-date.

Assign one person to monitor public health updates from:

- [Local Public Health Department](#)
- [Washington State Department of Health](#)
- [Centers for Disease Control and Prevention Situation Summary](#)

Make a plan.

Review and update your infection control plan and/or infectious disease response plans. If you do not have a plan, use the following checklist tool as a guide to develop preparedness plans: <https://www.cdc.gov/flu/pandemic-resources/pdf/longtermcare.pdf>

For COVID-19, we recommend your plan include the following:

- A policy for when direct care staff should use personal protective equipment for residents with symptoms of respiratory infection.
- A plan for implementing respiratory hygiene throughout the facility. (See “Communicate with staff, residents, and visitors.”)
- A plan for grouping symptomatic residents using one or more of the following strategies:
 - Confining symptomatic residents and exposed roommates to their rooms.
 - Placing symptomatic residents together in one area of the facility.
 - Closing units where symptomatic and asymptomatic residents reside.
 - Assigning staff on either affected or non-affected units to prevent transmission between units.
 - Closing communal dining halls, instead consider delivering meals to residents.

- Canceling events where many people come together.
- Cleaning and disinfecting frequently touched surfaces with EPA-registered disinfectant with a label indicating effectiveness against human coronavirus or emerging viral pathogens.
- Criteria and protocols for enforcing visitor limitations and how you will communicate those limitations.
 - Screen visitors for respiratory illness symptoms.
 - Consider screening visitors for recent travel to area with COVID-19 transmission.
 - Ask visitors and family members not to visit the facility if they are experiencing respiratory symptoms. Suggest other options such as visiting by phone if possible.
- A proactive sick leave policy to address the needs of staff including:
 - Advising staff, caregivers, or volunteers who have respiratory symptoms that they should not report to work and to immediately report their symptoms to an identified manager.
 - Provide staff members with information about symptoms so they can self-assess before reporting for duty. (See “Communicate with staff, residents, and visitors.”)
 - A plan for what to do if staff develop symptoms while at work.
 - When staff can return to work after having a diagnosis of COVID-19. (As of February 29, public health requires confirmed cases to have two negative tests before isolation can be discontinued. This guidance may change as the situation evolves.)
 - Plans to accommodate staff who need to care for ill family members.
 - Identifying staff who may be at higher risk for severe COVID-19 disease and assigning them to unaffected units, if possible.
- Contingency staffing and patient placement plans:
 - Identify minimum staffing needs for essential facility operations.
 - Prioritize critical and non-essential services based on residents’ health status, functional limitations, and disabilities.
 - In collaboration with the local health department, identify facility space that could be adapted for use as an isolation area for symptomatic individuals.
 -
- A plan for grouping symptomatic residents or groups using one or more of the following strategies:
 - Confining symptomatic residents and exposed roommates to their rooms.
 - Placing symptomatic residents together in one area of the facility.
 - Restricting access to units where symptomatic and asymptomatic residents reside.
 - Assigning staff on either affected or non-affected units to prevent transmission between units.
 - Closing communal dining halls.
 - Canceling events in the facility where many people come together.

- Cleaning and disinfecting high touch surfaces with EPA-registered disinfectant with label claim of effectiveness against human coronavirus or emerging viral pathogens.

Identify and contact partners to coordinate.

Identify public health and professional resources in the table below.

	Contact Name	Phone	Email
Local Health			
State Department of Health			

Identify contacts for local, regional or state emergency preparedness groups, especially communicable disease and emergency management representatives in the table below.

	Contact Name	Phone	Email
Local			
Regional			
State			
Other			

Contact local hospitals to learn who to coordinate with if one of your residents needs to be hospitalized or is being discharged from the hospital. ([List of hospitals in Washington state.](#))

- **Residents referred to the hospital:** If a resident is referred to a hospital, you will need to coordinate transport with the hospital, local health department, and medical transport service/emergency medical service to ensure that the resident can be safely transported and received by the hospital.
- **Residents discharged from the hospital:** When your resident is ready to be discharged, coordinate with the hospital regarding transportation and continued care needs, including any precautions to take in your facility. As the outbreak spreads, having open beds in hospitals is vitally important.

Hospital Contacts

Name	Phone	Email

Communicate with staff, residents, and visitors.

- Educate staff, residents, and family members of residents about COVID-19. Make sure they know the potential risks for residents and basic prevention measures, such as:
 - Wash hands often with soap and water or use alcohol-based hand sanitizer. (For staff tips, see [Clean Hands Count for Healthcare Providers](#).)
 - Cough and sneeze into elbow or into a tissue. Throw away the tissue immediately after use and wash hands. (For staff tips, see [Respiratory Hygiene/Cough Etiquette in Healthcare Settings](#).)
 - Frequently clean and disinfect surfaces.
 - Ask staff to use of Personal Protective Equipment (PPE). PPE recommended when caring for COVID-19 patients, includes a gown, gloves, mask (or respirator), and eye protection. (See [Sequence for putting on Personal Protective Equipment \(PPE\)](#) for more information.)
 - Staff and visitors should remain home if they are sick with cough, sneezing and/or fever. Inform staff about sick leave policies and/or the ability to work from home, if possible.
- Post signs at the entry, the reception area, and throughout the facility to help visitors, staff, and volunteers self-identify relevant symptoms and travel history. (See the [Novel Coronavirus Factsheet](#), available in 11 languages. Check for travel history information on CDC's [Coronavirus 2019 Information for Travel](#) page.)
- Let visitors know about any new policies or procedures in your preparedness plan and how they will impact their visits.
- Communicate with family members of residents to share information the measures you are taking to protect your residents from COVID-19.
- Communicate with staff about any new policies and procedures in your preparedness plan that will impact how they do their work and what to do when they are sick.

Watch for respiratory infection and COVID-19 symptoms in residents and staff.

Observe your residents and staff to detect respiratory infections.

- Use and modify the resources below to monitor and track of influenza-like-illness (ILI) among residents and staff:
 - [Respiratory Tract Infection Worksheet](#)
 - [Infection and Antibiotics Use Tracking Tool](#) and [Instructions](#)
- Assess incoming residents with respiratory [symptoms](#) including coughing, fever or shortness of breath for:
 - Travel to an area with COVID-19 transmission in 14 days prior to illness onset
 - Any diagnostic testing for COVID-19

In the case a resident has symptoms of COVID-19 or a known exposure:

Immediately contact your local health department. Your local health department will help assess the situation and provide guidance for further actions.

Prevention Strategies

- Admission coordinators will evaluate new residents for COVID-19 symptoms
- Anyone admitted under these circumstances will be placed in droplet precautions for 14 days unless otherwise cleared
- Staff will strictly adhere to infection control practices and use personal protective equipment as appropriate
- If single room is not available, combine laboratory-confirmed incarcerated individuals
- Educate incarcerated individuals and staff on infection control measures
- Exposed workers should notify their employer immediately and should not report for work
- Keep close contact with state and local health authorities
- Enforce respiratory hygiene (wash your hands, cover your cough, and stay home when you are sick)

Mitigation Strategies

All of the prevention strategies listed above, including the following:

- Patients presenting with fever or respiratory symptoms should perform hand hygiene, wear masks if possible, and /or be placed in a unit with the door closed and a special precautions sign posted
- All personnel entering facility or containment areas will wear appropriate personal protective equipment, such as gowns, gloves and masks.
- Use of social distancing and isolation will be initiated in coordination with local health recommendations
- Limit points of entry to facility
- Limit visitors to those essential for facility support.
- Screen all persons entering the facility for fever and respiratory symptoms
- Implement system for detecting and reporting signs and symptoms of staff reporting for duty
- Symptomatic employees will be screened regarding fit for duty
- Entry logs will be at all facility entrances to document all who enter the unit
- Personnel assigned to combined patient care units should not float to other areas
- If transportation of symptomatic person is necessary, have individual wear mask to contain respiratory secretions
- Consider canceling events at the facility where many people come together

- Facilities should utilize pre-designated isolation/quarantine areas for affected incarcerated individuals to be housed
- Cellmates of sick individuals will be isolated until it is determined that those individuals are free of COVID-19 symptoms
- Restrict/limit movements of incarcerated individuals to reduce the possibility of additional exposures
- Limit or suspend programming (such as: education, self-help, industries, work programs, and volunteer programs)
- Consider limiting exposure during meals, for example restricting/slowing movement to and from the dining facilities to provide social distancing or serving meals in cells/rooms
- Meals for incarcerated individuals who are sick will be served in their assigned cells/medical facilities
- Transfers from county to state facilities when residents are symptomatic should be limited, prudent, and reviewed by receiving facilities medical team
- If feasible, maintain incoming incarcerated individuals in a designated isolation unit for 14 days prior to release into the general population
- Arrange appropriate aftercare for incarcerated individuals who are sick and scheduled for release in collaboration with their local health department
- Facility tours should be suspended

Additional COVID-19 Resources

- [DOH Coronavirus \(COVID-19\) webpage](#) – updated information and resources daily
- [Workplace and Employers](#)
- [Persons Who are at Higher Risk for Serious Illness](#)
- [Communities and Community Organizations](#)
- [Stigma Reduction](#)
- [How Can I Be Prepared for a COVID-19 Outbreak?](#)

Recommendations for Homeless Shelter Facilities during a COVID-19 Outbreak

Homeless Shelters

The Washington State Department of Health has developed this guidance to assist homeless shelter facilities in response to the 2019 novel coronavirus disease (COVID-19) outbreak. While the situation is evolving, at this time we believe that people over 60, immune-compromised people and those with chronic medical conditions may be at higher risk for severe illness from COVID-19.

Stay up-to-date.

Monitor public health updates from:

- [Local Public Health Department](#)
- [Washington State Department of Health](#)
- [Centers for Disease Control and Prevention Situation Summary](#)

What you can do to protect staff and clients

Educate staff and clients about COVID-19. Make sure they know the potential risks and basic prevention measures, such as:

- Wash hands often with soap and water for 20 seconds or use alcohol-based hand sanitizer.
- Avoid touching your face with unwashed hands especially your eyes, nose, or mouth
- Cough and sneeze into elbow or into a tissue. Throw away the tissue immediately after use and wash hands. (For staff tips, see [Respiratory Hygiene/Cough Etiquette in Healthcare Settings](#).)
- Consider providing N95 masks to sick people and staff.
- Maintain a minimum of six feet of distance between yourself and others when feasible.
- Frequently clean and disinfect high contact surfaces like doorknobs, tables, furniture, shared bathrooms, and countertops.
- Ensure adequate supplies of soap, hand sanitizers, and tissues are readily available.

Post signs sharing how staff and guests can protect themselves and others at the facility. Consider posting signs at entrances and in bathrooms.

- [DOH Coronavirus Factsheet](#)
- [DOH Education Material](#)

Facilities providing sleeping accommodations should attempt to **increase the distance between people**, where feasible. Offering individual rooms for groups or families is ideal, but not

typically available. In shared spaces, a “head-to-toe” sleeping arrangement with a minimum of six feet of distance between beds is recommended.

Encourage guests to report illnesses and exposure to COVID-19 to staff prior or upon entry to the facility. Reassure clients that they will not be denied or lose a bed if they report symptoms.

Separate sick clients from those without symptoms. Facilities with a single room should assign sick clients to one side and clients without symptoms to the opposite side.

Encourage staff and volunteers to remain home if they are sick with cough, sneezing and/or fever. Inform them about sick leave policies. For more information, review [DOH’s Resources for Workplaces and Employers](#).

If you have a guest (or an outbreak of several guests) exhibiting symptoms and you would like further guidance you should contact:

- Your local health department:
<https://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions>
- Or the state coronavirus hotline at 1-800-525-0127 and press #. Note: The hotline may be experiencing high traffic and may be temporarily unavailable, and keep trying.

Additional COVID-19 Resources

- [DOH Coronavirus \(COVID-19\) webpage](#) – updated information and resources daily
- [Workplace and Employers](#)
- [Persons Who are at Higher Risk for Serious Illness](#)
- [Communities and Community Organizations](#)
- The [National Health care for the Homeless Council](#). Although this document focuses on influenza, much of the principals apply to Coronavirus.
- [The U.S. Department of Housing and Urban Development](#)
- [Stigma Reduction](#)
- [How Can I Be Prepared for a COVID-19 Outbreak?](#)

Recommendations for Community-Based Facilities during a COVID-19 Outbreak

Juvenile and Behavior Rehabilitation Facilities

The Washington State Department of Health has developed this guidance to assist community-based facilities in response to the 2019 novel coronavirus disease (COVID-19) outbreak. While the situation is evolving, at this time we believe that those over 60, immune-compromised or those with chronic medical conditions may be at higher risk for severe illness from COVID-19. Community-based facilities have experience managing respiratory infections and outbreaks among residents and staff and should apply the same outbreak management principles to COVID-19.

Additional resources on how community-based care facilities can prepare for and manage COVID-19 can be found at [CDC's Resources for Healthcare Facilities](#) webpage. (Note: This webpage is for long-term care facilities, which follow many of the same recommendations.)

Stay up-to-date:

Assign one person to monitor public health updates from:

- [Local Public Health Department](#)
- [Washington State Department of Health](#)
- [Centers for Disease Control and Prevention Situation Summary](#)

Make a plan:

Review and update your infection control plan preparedness plan. If you do not have a plan, a planning guide can be found at <https://www.cdc.gov/flu/pandemic-resources/pdf/longtermcare.pdf>.

For COVID-19, we recommend your plan include the following:

- A policy for when direct care staff should use standard, droplet, and contact precautions for residents with symptoms of respiratory infection.
 - Standard: <https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html>
 - Droplet and Contact: <https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html>
- A plan for implementing respiratory hygiene throughout the facility. (See “Communicate with staff, residents, and visitors.”)

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- A plan for grouping symptomatic residents using one or more of the following strategies:
 - Confining symptomatic residents and exposed roommates to their rooms.
 - Placing symptomatic residents together in one area of the facility.
 - Limit access to where symptomatic and asymptomatic residents reside.
 - Assigning staff on either affected or non-affected units to prevent transmission between units.
 - Closing communal dining halls, instead consider delivering meals to residents.
 - Canceling events where many people come together.
 - Cleaning and disinfecting frequently touched surfaces with [EPA-registered disinfectant](#) with a label indicating effectiveness against human coronavirus or emerging viral pathogens.
- Criteria and protocols for enforcing visitor limitations and how you will communicate those limitations.
 - Screen visitors for respiratory illness symptoms.
 - Consider screening visitors for recent travel to an area with COVID-19 transmission.
 - Ask visitors and family members not to visit the facility if they are experiencing respiratory symptoms.
- A proactive sick leave policy to address the needs of staff including:
 - Advising staff, caregivers, or volunteers who have respiratory symptoms that they should not report to work and to immediately report their symptoms to an identified manager.
 - Provide staff members with information about symptoms so they can self-assess before reporting for duty. (See “Communicate with staff, residents, and visitors.”)
 - A plan for what to do if staff develop symptoms while at work.
 - When staff can return to work after having a diagnosis of COVID-19. (As of February 29, public health requires confirmed cases to have two negative tests, 24 hours apart, before isolation can be discontinued. This guidance may change as the situation evolves.)
 - Plans to accommodate staff who need to care for ill family members.
 - Identifying staff who may be at higher risk for severe COVID-19 disease and assigning them to unaffected units, if possible.
- Contingency staffing and resident placement plans:
 - Identify minimum staffing needs and prioritize critical and non-essential services based on residents’ health status, functional limitations, disabilities, and essential facility operations.
 - Contact your healthcare coalition for guidance on altered standards of care in case residents need acute care and hospital beds are not available.

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- Strategize about how your facility can help increase hospital bed capacity in the community.
- Criteria and protocols for closing units or the entire facility to new admissions when COVID-19 has been identified in the facility. Notify lead state DCYF/DSHS contact about these preparations in order to support alternate accommodations.

Identify and contact partners to coordinate:

Identify public health and professional resources in the table below.

Contact Name	Phone	Email
Local Health		
Department of Health		
State Long-Term Professional Trade Association		

Identify contacts for local, regional, or state emergency preparedness groups, especially bioterrorism/communicable disease coordinators in the table below.

Name	Phone	Email
Local		
Regional		
State		

Contact local hospitals to learn who to coordinate with if one of your residents needs to be hospitalized or is being discharged from the hospital. ([List of hospitals in Washington State.](#))

- **Residents referred to the hospital:** If a resident is referred to a hospital, you will need to coordinate transport with the hospital, local health department, and medical transport service/emergency medical service to ensure that the resident can be safely transported and received by the hospital.
- **Residents discharged from the hospital:** When your resident is ready to be discharged, coordinate with the hospital regarding transportation and continued care needs, including any recommended precautions to take in your facility. As the outbreak spreads, having open beds in hospitals is vitally important.

Hospital Contacts

Name	Phone	Email

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 ([Washington Relay](#)) or email civil.rights@doh.wa.gov.

Communicate with staff, residents, and visitors:

- Educate staff, residents, and family members of residents about COVID-19. Make sure they know the potential risks for residents and basic prevention measures, such as:
 - Wash hands often with soap and water or use alcohol-based hand sanitizer. (For staff tips, see [Clean Hands Count for Healthcare Providers](#).)
 - Refrain from handshakes and instead use elbow-bumps as greetings.
 - Cough and sneeze into the elbow or into a tissue. Throw away the tissue immediately after use and wash hands. (For staff tips, see [Respiratory Hygiene/Cough Etiquette in Healthcare Settings](#).)
 - Frequently clean and disinfect surfaces.
 - Ask staff to use Personal Protective Equipment (PPE). PPE recommended when caring for COVID-19 patients, includes a gown, gloves, mask (or respirator), and eye protection. (See [Sequence for putting on Personal Protective Equipment \(PPE\)](#) for more information.)
 - Staff and visitors should remain home if they are sick with cough, sneezing and/or fever. Inform staff about sick leave policies and/or the ability to work from home, if possible.
- Post signs at the entry, the reception area, and throughout the facility to help visitors, staff, and volunteers self-identify relevant symptoms and travel history. (See the [Novel Coronavirus Factsheet](#), available in 11 languages. Check for travel history information on CDC's [Coronavirus 2019 Information for Travel](#) page.)
- Let visitors know about any new policies or procedures in your preparedness plan and how they will impact their visits.
- Communicate with family members of residents to share information the measures you are taking to protect your residents from COVID-19.
- Communicate with staff about any new policies and procedures in your preparedness plan that will impact how they do their work and what to do when they are sick.

Watch for respiratory infection and COVID-19 symptoms in residents and staff:

- Observe your residents and staff to detect respiratory infections.
 - Use and modify the resources below to monitor and track of influenza-like-illness among residents and staff:
 - [Respiratory Tract Infection Worksheet](#)
 - [Infection and Antibiotics Use Tracking Tool](#) and [Instructions](#)
 - Assess incoming residents with respiratory [symptoms](#) including coughing, fever or shortness of breath for:

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- Travel to an area with COVID-19 transmission in 14 days prior to illness onset.
 - Any diagnostic testing for COVID-19.
 - This is a possible mitigation point for community-based facilities – consider your refusal policies and if there are exceptions to this policy. Also, consider the impacts to the system as a whole if admission is not accepted.
- Sputum and oral swab specimens for COVID-19 should not be collected in the facility unless you have a procedure that has been cleared by your local health department.

In the case a resident has symptoms of COVID-19 or a known exposure:

- Immediately contact your local health department. Your local health department will help assess the situation and provide guidance for further actions.
- Contact family or guardian of a resident who meets exposure and symptom criteria to inform them of their loved ones' status and steps being taken to address their wellbeing.

Additional COVID-19 Resources:

- [DOH Coronavirus \(COVID-19\) webpage](#) – updated information and resources daily
- [Workplace and Employers](#)
- [Persons Who are at Higher Risk for Serious Illness](#)
- [Communities and Community Organizations](#)
- [Stigma Reduction](#)
- [How Can I Be Prepared for a COVID-19 Outbreak?](#)



Non-Pharmaceutical Interventions (NPI) Implementation Guide

NPIs are mitigation strategies to limit and prevent exposure to disease. These include personal protective steps for everyday use, community containment, and environmental measures to control viral disease outbreaks and pandemics.

This guide will help you decide what NPIs to consider implementing in an outbreak. Public health officials will need to determine the appropriate set of interventions to implement in combination for a given incident.

This guide is intended for an Incident Management Team, the Department of Health, multi-agency coordination policy groups, and local health officers.

Contents

- 1** Intervention Overview, Implementation, and Operational Guidance
- 2** Staffing Models and Work Assignments
- 3** Logistics and Resources Required

NPIs

This guide lists 13 interventions to mitigate the spread of a contagious disease, such as a novel virus. It is part of the state's Communicable Disease and Pandemic Response plan and includes personal, community, and environmental methods of control.

Its purpose is to help public health officials and partners choose which mitigation strategies to implement to limit and prevent the spread of novel respiratory diseases of concern.

The interventions included are:

1. Increase handwashing and use of alcohol-based sanitizer
2. Respiratory hygiene and cough etiquette
3. Keep distance from others (> 6 feet)
4. Frequently clean and disinfect surfaces
5. Remain home during a respiratory illness
6. Voluntary isolation of sick persons
7. Voluntary quarantine of contacts of sick persons
8. Involuntary isolation of sick persons
9. Involuntary quarantine of contacts of sick persons
10. Recommend or order cancellation of major public and large private gatherings
11. Recommend or order closure of schools, child care facilities, workplaces, and public buildings
12. Prevent non-emergency travel outside of the home
13. Establish cordon sanitaire

Table 1 lists expected results on the spread of disease if each intervention were to be used, and gives examples of how each of the interventions can be done.

Transmissibility, Severity

Each intervention lists a scaled measure of transmissibility and a scaled measure of clinical severity as identified by the CDC.

- **Transmissibility** is a scale of 1 to 5, with 5 being the most contagious
- **Clinical severity** is a scale of 1 to 7, with 7 being the most severe in terms of number of cases, number of hospitalizations, and fatality ratio.

The complexity of the interventions increases as transmissibility and clinical severity increase. **Table 1** connects these scales to each intervention and **Table 2** defines them.

ESF-8 Supporting Agencies

These Emergency Support Function 8 (ESF-8) supporting agencies contribute to public health response efforts, including community mitigation strategies, in collaboration with the Department of Health as the lead agency for ESF-8.

- Department of Agriculture
- Department of Ecology
- Department of Enterprise Services
- Department of Fish and Wildlife
- Department of Labor and Industries
- Department of Licensing
- Department of Social and Health Services
- Department of Transportation
- Washington Military Department
- Washington State Health Care Authority
- Washington State Patrol
- Washington State Pharmacy Association
- Washington State Office of the Attorney General
- Washington State Hospital Association
- Washington State Pharmacy Association
- Washington State Disaster Medical Advisory Committee
- Northwest Healthcare Response Network
- Local Health Officers
- Local Emergency Management Agencies
- Tribal Governments

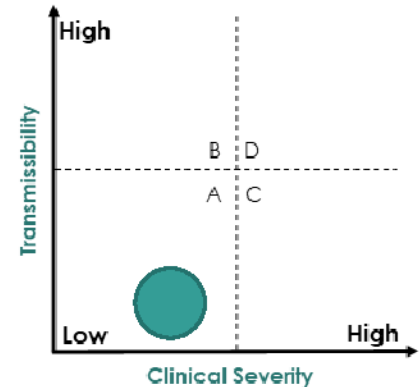
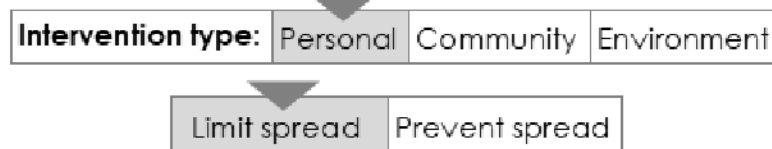
This guide was developed from the Communicable Disease and Pandemic Response Plan, Risk Matrix and Recommendations Table of Annex 4. ([Document link](#) — WA Emergency Management Division)

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Intervention 1: Increase Handwashing and Use of Alcohol-Based Hand Sanitizer

Reduce probability of direct and indirect transmission of the disease by handwashing regularly with soap and water or using hand sanitizer.

Transmissibility (1-5)	1
Clinical severity (1-7)	1-4
Recommend implementing at	A, B, C, D



Rationale for Use as Public Health Strategy

Hand hygiene reduces the transmission of viruses that occurs when one person touches another with a contaminated hand, or when a person touches an object or surface that's been contaminated and then touches their own nose or face with that hand before washing it.

Success Factors: Success depends on public education effectiveness, public compliance, and access to handwashing facilities and sanitizing stations.

Possible Drawbacks: None anticipated, although there is a potential concern about the supply chain for hand sanitizer and soap.

Possible Benefits: Quick and easy to implement; effective at reducing illness due to direct/indirect contact.

Settings and Use

- Personal non-pharmaceutical interventions (NPIs) are everyday preventive actions that can help keep someone from getting and spreading respiratory illnesses transmitted by droplet routes.
- Use at homes, child care facilities, schools, workplaces, houses of worship, public transit, and other settings where people regularly gather.

Jurisdictional Authority and Key Decision Makers

Local

Key Decision Makers: Local health officer and local board of health, with the required assistance of health care providers have authority to control and prevent spread of contagious or infectious diseases within their jurisdiction and to inform the public about the nature of the disease and prevention methods.

Applicable Law(s):

- [RCW 70.05.060 – Powers and duties of local board of health](#)
- [RCW 70.05.070 – Local health officer – powers and duties](#)
- [WAC 246-100-021 – Responsibilities and duties – Health care providers](#)
- [WAC 246-100-036 – Responsibilities and duties – Local health officers](#)

State

Key Decision Makers: The Secretary of Health has the same authority as a local health officer (LHO) to control and prevent the spread of disease (under RCW 43.70.130), and may exercise the authority in an emergency, when LHOs agree, or when LHOs fail or are unable to act, per RCW 43.70.130(7). This includes the authority to promote public health activities and educational campaigns.

Applicable Law(s):

- [RCW 43.70.020\(3\) – Department created](#)
- [RCW 43.70.130 – Powers and duties of the Secretary of Health](#)

Tribal

Tribal governments have the authority and responsibility to control communicable disease on tribal lands and are expected to do so according to the laws, rules, and regulations of the tribal government.

Decisional Objectives/Key Decision Points

- Determine financial responsibility for providing handwashing stations and/or hand sanitizer.
- Research/discuss resource procurement needs:
 - Local/state/national partners
 - Private/public partners
- Develop communication strategies and communication plans.
- Engage community partnerships to promote message.

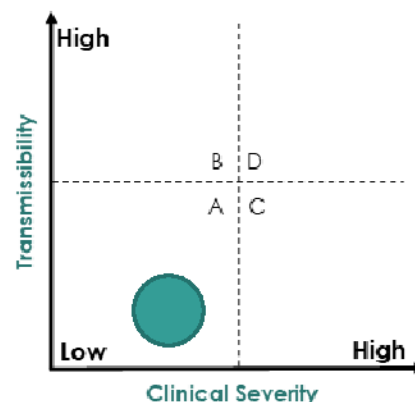
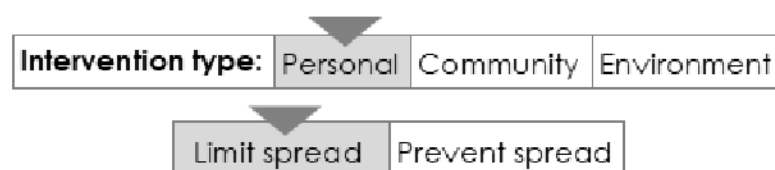
Implementation Methods

- **Create an inclusive public messaging campaign**
 - Work with communications team to create messages that:
 - Are culturally competent and at an appropriate reading level.
 - Are translated into the most spoken languages in the affected area.
 - Are relevant to the changing nature of the incident/outbreak.
 - Communicate on multiple platforms appropriate to the affected communities.
 - Connect with community leaders or representatives for advice and buy-in.
 - Provide messages to LHJs and other partners to share with their constituents.
 - Provide consistent messaging throughout the state via media outreach.
 - Encourage workplaces to make handwashing a priority among employees.
- **Create and distribute accessible, public messaging**
 - Display culturally appropriate messaging in public places.
 - Consider transit centers, health care facilities, schools, shopping centers, entertainment arenas, fitness centers, houses of worship, or other places as appropriate to the communities affected by the outbreak.
 - Connect with community leaders or representatives for advice.
 - Publications should be culturally competent, translated as needed, and at an appropriate reading level, and should include pictures/illustrations.
- **Place hand-washing or hand sanitizer stations in accessible areas**
 - Deploy disinfectant stations in the following or similar locations: Bus stations, transit centers, transportation hubs, health care facilities, schools, shopping centers, entertainment venues, workplaces
 - Prioritize areas of known exposure or at increased risk of exposure.

Intervention 2: Respiratory Hygiene/Cough Etiquette

Reduce probability of droplet transmission of the disease by reducing the range of respiratory droplets and aerosols from coughs, sneezes, and other sources.

Transmissibility (1-5)	1
Clinical severity (1-7)	1-4
Recommend implementing at	A, B, C, D



Rationale for Use as Public Health Strategy

Respiratory etiquette is widely supported in literature and by studies, and is recommended by experts as a way to control the spread of disease. Droplets from those who do not cover their coughs or sneezes can travel up to six feet. Studies of influenza transmission and practical experience in controlling influenza outbreaks reinforce that respiratory hygiene is an important factor in infection control.

Success Factors: Success depends on public education effectiveness and public compliance.

Possible Drawbacks: None anticipated. There could be potential concerns about supply chain for tissues/alcohol-based hand sanitizer.

Possible Benefits: Quick and easy to implement; effective at reducing illness due to droplet transmission.

Settings and Use

- Personal non-pharmaceutical interventions (NPIs) such as covering a cough are everyday preventive actions that can help keep persons from getting and spreading respiratory illnesses transmitted by droplets.
- Use at homes, child care facilities, schools, workplaces, houses of worship, public transit, and other settings where people regularly gather.

Jurisdictional Authority and Key Decision Makers

Local

Key Decision Makers: Local health officer and local board of health, with the required assistance of health care providers have authority to control and prevent spread of contagious or infectious diseases within their jurisdiction and to inform the public about the nature of the disease and prevention methods.

Applicable Law(s):

- [RCW 70.05.060 – Powers and duties of local board of health](#)
- [RCW 70.05.070 – Local health officer – powers and duties](#)
- [WAC 246-100-021 – Responsibilities and duties – Health care providers](#)
- [WAC 246-100-036 – Responsibilities and duties – Local health officers](#)

State

Key Decision Makers: The Secretary of Health also has the same authority as local health officers (LHO) to control and prevent the spread of disease (under RCW 43.70.130), and may exercise the authority in an emergency or when LHO(s) agree or fail or are unable to act, per RCW 43.70.130(7). This includes the authority to promote public health activities and educational campaigns.

Applicable Law(s):

- [RCW 43.70.020\(3\) – Department created](#)
- [RCW 43.70.130 – Powers and duties of the Secretary of Health](#)

Tribal

Tribal governments have the authority and responsibility to control communicable disease on tribal lands and are expected to do so according to the laws, rules, and regulations of the tribal government.

Decisional Objectives/Key Decision Points

- Determine financial responsibility for providing tissues, handwashing stations, and/or hand sanitizer.
- Research/discuss resource procurement needs:
 - Local/state/national partners
 - Private/public partners
- Develop communication strategies and communication plan.
- Engage community partnerships to promote key messages.

Implementation Methods

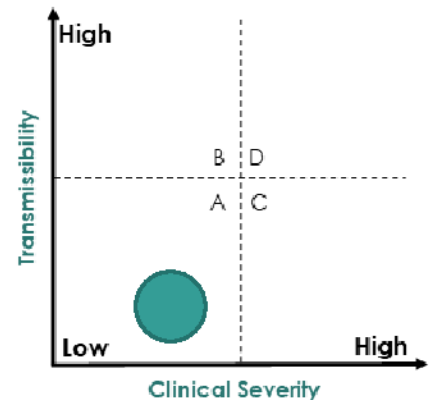
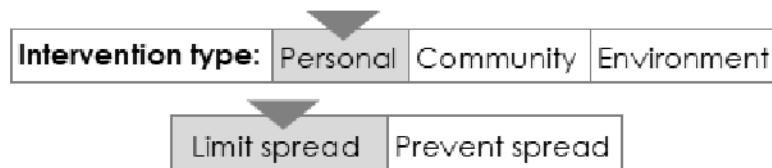
- **Create an inclusive public messaging campaign**
 - Work with communications team to create messages that:
 - Are culturally competent and at an appropriate reading level.
 - Are translated into the most spoken languages in the affected area.
 - Are relevant to the changing nature of the incident/outbreak.

- Communicate on multiple platforms appropriate to the affected communities
 - Connect with community leaders or representatives for advice and buy-in.
 - Provide messages to LHJs and other partners to share with their constituents.
 - Provide consistent messaging throughout the state via media outreach.
- **Create and distribute accessible, public messaging**
 - Display culturally appropriate messaging in public places.
 - Consider transit centers, health care facilities, schools, shopping centers, entertainment arenas, fitness centers, houses of worship, or other places as appropriate to the communities affected by the outbreak.
 - Connect with community leaders or representatives for advice.
 - Publications should be culturally competent, translated as needed, and at an appropriate reading level, and should include pictures/illustrations.
 - Flyers should be translated into locally appropriate languages.
- **Provide respiratory hygiene stations in accessible areas.**
 - Provide tissues and waste receptacle at every public hand sanitizer station in accessible areas.
 - Consider bus stations, transit centers, transportation hubs, health care facilities, schools, shopping centers, entertainment venues, etc.
 - Prioritize areas of known exposure or at increased risk of exposure.

Intervention 3: Keep distance from others (> 6 feet)

Reduce probability of direct and droplet transmission by reducing the number of interpersonal contacts.

Transmissibility (1-5)	1
Clinical severity (1-7)	1-4
Recommend implementing at	A, B, C, D



Rationale for Use as Public Health Strategy

Keeping distance from others is the most basic form of social distancing that reduce opportunities for person-to-person virus transmission and can help delay and slow the exponential growth of disease spread. It's a common-sense approach to limit disease spread by limiting contact and possible exposures. Droplets from those who do not cover their coughs or sneezes can travel up to six feet. Keeping distance from others if you are sick or from others who may be sick is limits possible spread.

Other more restrictive forms of social distancing are discussed in later interventions and include closure of buildings, isolation and quarantine. The optimal strategy may be to implement several social distancing measures simultaneously where groups of people gather.

Success Factors: Success depends on public education effectiveness and public compliance.

Possible Drawbacks: Certain cultural and religious groups may be unwilling or unable to comply due to conflict with cultural/religious norms or practices. Persons may feel anxious, worried, or fearsome due to being socially distant from others.

Possible Benefits: Quick and easy to implement; effective at reducing illness due to droplet transmission.

Settings and Use

- Personal NPIs such as keeping distance from others who may be sick are everyday preventive actions that can help keep persons from getting and spreading respiratory illnesses transmitted by droplets. Diseases are transmitted by direct contact, indirect contact, droplet, and/or airborne routes. Ill persons can spread illness everywhere they go and surfaces they touch.
- Use at homes, child care facilities, schools, workplaces, houses of worship, public transit, and other settings where people regularly gather.
- Examples that reduce in-person contact include: telecommuting instead of meeting in-person, staggering work hours, spacing workers further apart at the worksite, limiting non-essential travel, and avoiding close contact with people who are sick.

Jurisdictional Authority and Key Decision Makers

Local

Key Decision Makers: Local health officer and local board of health, with the required assistance of health care providers have authority to control and prevent spread of contagious or infectious diseases within their jurisdiction and to inform the public about the nature of the disease and prevention methods.

Applicable Law(s):

- [RCW 70.05.060 – Powers and duties of local board of health](#)
- [RCW 70.05.070 – Local health officer – powers and duties](#)
- [WAC 246-100-021 – Responsibilities and duties – Health care providers](#)
- [WAC 246-100-036 – Responsibilities and duties – Local health officers](#)

State

Key Decision Makers: The Secretary of Health also has the same authority as local health officers (LHO) to control and prevent the spread of disease (under RCW 43.70.130), and may exercise the authority in an emergency or when LHO(s) agree or fail or are unable to act, per RCW 43.70.130(7). This includes the authority to promote public health activities and educational campaigns.

Applicable Law(s):

- [RCW 43.70.020\(3\) – Department created](#)
- [RCW 43.70.130 – Powers and duties of the Secretary of Health](#)

Tribal

Tribal governments have the authority and responsibility to control communicable disease on tribal lands and are expected to do so according to the laws, rules, and regulations of the tribal government.

Implementation Methods

- **Create an inclusive public messaging campaign**
 - Work with communications team to create messages that:
 - Are culturally competent and at an appropriate reading level.
 - Are translated into the most spoken languages in the affected area.
 - Are relevant to the changing nature of the incident/outbreak.
 - Communicate on multiple platforms appropriate to the affected communities
 - Connect with community leaders or representatives for advice and buy-in.
 - Provide messages to LHJs and other partners to share with their constituents.
 - Provide consistent messaging throughout the state via media outreach.
- **Create and distribute accessible, public messaging**
 - Display culturally appropriate messaging in public places.
 - Consider transit centers, health care facilities, schools, shopping centers, entertainment arenas, fitness centers, houses of worship, or other places as appropriate to the communities affected by the outbreak.
 - Connect with community leaders or representatives for advice.
 - Publications should be culturally competent, translated as needed, and at an appropriate reading level, and should include pictures/illustrations.
 - Flyers should be translated into locally appropriate languages.

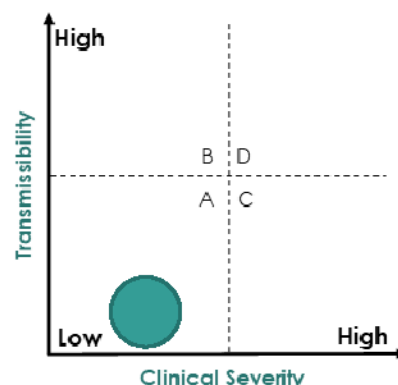
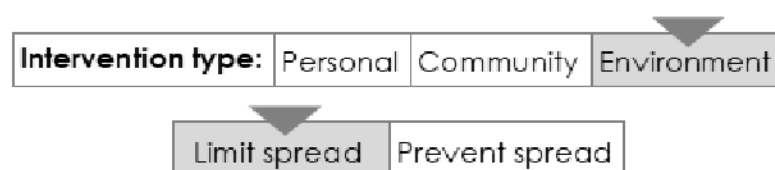
Decisional Objectives/Key Decision Points

- Communication strategies and communication plan
 - Outreach to major employers
 - Community and faith-based partners
 - Schools, child care facilities, and other settings where people regularly gather
- Social distancing on public transit
- Social distancing for ill persons or the public at large

Intervention 4: Frequently Clean and Disinfect Personal Surfaces

Reduce probability of indirect transmission of the disease by disinfecting fomites, or objects that can carry infection. This includes doorknobs, phones, keyboards, etc.

Transmissibility (1-5)	1
Clinical severity (1-7)	1-4
Recommend implementing at	A, B, C, D



Rationale for Use as Public Health Strategy

Contact transmission (i.e., hand transfer of virus from contaminated objects to the eyes, nose, or mouth) is a recognized route of virus spread. The routine use of disinfection measures that eliminate viruses from contaminated surfaces might reduce the spread of viruses.

Success Factors: Success depends on public education effectiveness, public compliance, and access to appropriate disinfectants at home.

Possible Drawbacks: Lack of available cleaning supplies.

Possible Benefits: Environmental disinfection is effective at reducing illness due to indirect contacts (fomites).

Settings and Use

- Environmental NPIs include routine disinfection of surfaces that helps to eliminate viruses from frequently touched surfaces and objects, such as phones, toys, keyboards, desks, and doorknobs.
- Disinfect homes, child care facilities, schools, workplaces, houses of worship, other settings where people regularly gather, and all frequently touched surfaces with a disinfectant labeled to kill viruses and bacteria.

Jurisdictional Authority and Key Decision Makers

Local

Key Decision Makers: Local health officer and local board of health, with the required assistance of health care providers have authority to control and prevent spread of contagious or infectious diseases within their jurisdiction and to inform the public about the nature of the disease and prevention methods.

Applicable Law(s):

- [RCW 70.05.060 – Powers and duties of local board of health](#)
- [RCW 70.05.070 – Local health officer – powers and duties](#)
- [WAC 246-100-021 – Responsibilities and duties – Health care providers](#)
- [WAC 246-100-036 – Responsibilities and duties – Local health officers](#)

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Key Decision Makers: The Secretary of Health also has the same authority as local health officers (LHO) to control and prevent the spread of disease (under RCW 43.70.130), and may exercise the authority in an emergency or when LHO(s) agree or fail or are unable to act, per RCW 43.70.130(7). This includes the authority to promote public health activities and educational campaigns.

Applicable Law(s):

- [RCW 43.70.020\(3\) – Department created](#)
- [RCW 43.70.130 – Powers and duties of the Secretary of Health](#)

Tribal

Tribal governments have the authority and responsibility to control communicable disease on tribal lands and are expected to do so according to the laws, rules, and regulations of the tribal government.

Decisional Objectives/Key Decision Points

- Determine communication strategies and communication plan.
 - Outreach to major employers
 - Community and faith-based partners
- Research/discuss resource procurement needs, including fiscal responsibility:
 - Local/state/national partners
 - Private/public partners
- Engage business and community partnerships to implement and promote messages.

Implementation Methods

- **Create an inclusive public messaging campaign**
 - Work with communications team to create messages that:
 - Are culturally competent and at an appropriate reading level.
 - Are translated into the most spoken languages in the affected area.
 - Are relevant to the changing nature of the incident/outbreak.
 - Communicate on multiple platforms appropriate to the affected communities
 - Connect with community leaders or representatives for advice and buy-in.
 - Provide messages to LHJs and other partners to share with their constituents.
- **Create and distribute accessible, public messaging**
 - Display culturally appropriate messaging in public places.
 - Consider transit centers, health care facilities, schools, shopping centers, entertainment arenas, fitness centers, houses of worship, or other places as appropriate to the communities affected by the outbreak.

- Connect with community leaders or representatives for advice.
 - Publications should be culturally competent, translated as needed, and at an appropriate reading level, and should include pictures/illustrations.
- **Distribute disinfectant in accessible locations**
 - Deploy disinfectant stations in the following locations: Bus stations, transit centers, transportation hubs, health care facilities, schools, shopping centers, grocery stores, entertainment venues, and other areas where community members gather.
 - Prioritize areas of known exposure or increased risk of exposure.

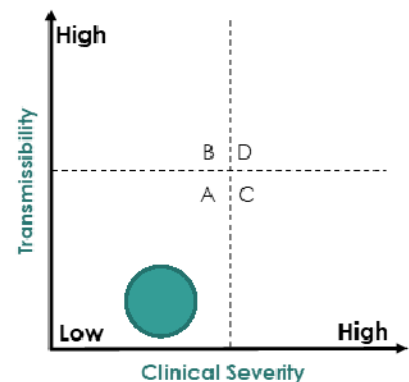
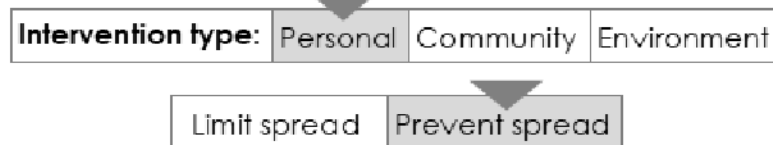
Decisional Objectives/Key Decision Points

- Determine communication strategies and communication plan.
 - Outreach to major employers
 - Community and faith-based partners
- Research/discuss resource procurement needs, including fiscal responsibility:
 - Local/state/national partners
 - Private/public partners
- Engage business and community partnerships to implement and promote messages.

Intervention 5: Remain Home When Sick with Respiratory Illness

Reduce probability of transmission by preventing contacts between well and sick people.

Transmissibility (1-5)	1
Clinical severity (1-7)	1-4
Recommend implementing at	A, B, C, D



Rationale for Use as Public Health Strategy

Staying home while sick will prevent spreading illness to others in your community. You can also create social distance at home and prevent spreading the illness to others in your household by staying in a specific room and away from your household members as much as possible and using a separate bathroom (if available).

Success Factors: Success depends on the individual's willingness and ability to stay home from work/school/events including access to paid sick leave.

Possible Drawbacks: Many members of the public will be reluctant to stay home due to risk of lost wages and limited or no access to paid sick leave.

Possible Benefits: This is a form of voluntary isolation which is extremely effective in reducing the spread of illness if ill persons comply consistently.

Settings and Use

- Diseases are transmitted by direct contact, indirect contact, droplet, and/or airborne routes. Ill persons can spread illness everywhere they go and surfaces they touch.
- This NPI is used at home to stop spread of disease in public places. It can also be used by employers to request sick employees not come to work.

Jurisdictional Authority and Key Decision Makers

Local

Key Decision Makers: Local health officer and local board of health, with the required assistance of health care providers have authority to control and prevent spread of contagious or infectious diseases within their jurisdiction and to inform the public about the nature of the disease and prevention methods.

Applicable Law(s):

- [RCW 70.05.060 – Powers and duties of local board of health](#)
- [RCW 70.05.070 – Local health officer – powers and duties](#)
- [WAC 246-100-021 – Responsibilities and duties – Health care providers](#)
- [WAC 246-100-036 – Responsibilities and duties – Local health officers](#)

State

Key Decision Makers: The Secretary of Health also has the same authority as local health officers (LHO) to control and prevent the spread of disease (under RCW 43.70.130), and may exercise the authority in an emergency or when LHO(s) agree or fail or are unable to act, per RCW 43.70.130(7). This includes the authority to promote public health activities and educational campaigns.

Applicable Law(s):

- [RCW 43.70.020\(3\) – Department created](#)
- [RCW 43.70.130 – Powers and duties of the Secretary of Health](#)

Tribal

Tribal governments have the authority and responsibility to control communicable disease on tribal lands and are expected to do so according to the laws, rules, and regulations of the tribal government.

Decisional Objectives/Key Decision Points

- Communication strategies and communication plan.
 - Communicate with major employers.
 - Perform outreach to community and faith-based partners.
- Reference available guidance on duration of illness.
- Evaluate economic impact of ill persons without paid sick leave.

Implementation Methods

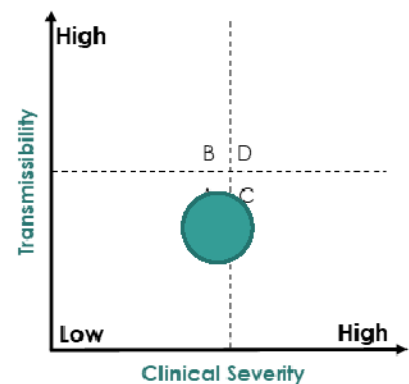
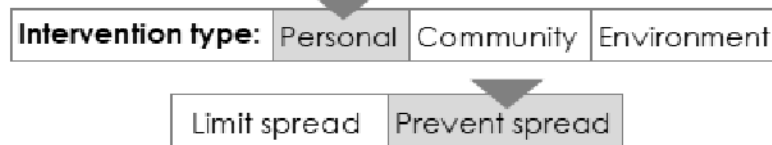
- **Create an inclusive public messaging campaign**
 - Work with communications team to create messages that:
 - Are culturally competent and at an appropriate reading level.
 - Are translated into the most spoken languages in the affected area.
 - Are relevant to the changing nature of the incident/outbreak.
 - Communicate on multiple platforms appropriate to the affected communities
 - Connect with community leaders or representatives for advice and buy-in.
 - Provide messages to LHJs and other partners to share with their constituents.
 - Provide consistent messaging throughout the state via media outreach.
- **Create and distribute accessible, public messaging**
 - Display culturally appropriate messaging in public places.
 - Consider transit centers, health care facilities, schools, shopping centers, entertainment arenas, fitness centers, houses of worship, or other places as appropriate to the communities affected by the outbreak.
 - Connect with community leaders or representatives for advice.
 - Publications should be culturally competent, translated as needed, and at an appropriate reading level, and should include pictures/illustrations.
 - Co-locate messaging or publications with sanitizer stations and tissues.
- **Work with employers**
 - Have employers review and communicate their sick leave policies, flexible leave policies, and alternate work schedules with employees to encourage sick employees to stay home and prevent the spread of illness at work.
 - Use current relationships with employers to ask employees to stay home if they are ill.

- Suggest allowing employees to work from home. If this is already an option, consider working with HR to be more flexible and inclusive.
- Consider an emergency/temporary change in sick leave policy; allowing an employee to use sick leave proactively and earn it back retroactively.
 - This can decrease the hesitancy on the employees' part to stay home and increase participation in voluntary quarantine.

Intervention 6: Voluntary Isolation of Sick Persons

Reduce probability of transmission by preventing contact between well and sick people.

Transmissibility (1-5)	2
Clinical severity (1-7)	2-5
Recommend implementing at	A, B, C, D



Rationale for Use as Public Health Strategy

Personal non-pharmaceutical interventions are everyday preventive actions that can help keep persons from getting and spreading respiratory illnesses transmitted by droplets. Voluntary isolation is a form of social distancing and prevents a sick person from infecting other people outside of their isolation location. Historically, isolation measures can help prevent the spread of infectious diseases by stopping the person-to-person spread of virus via contaminated droplets generated by coughs and sneezes, and have been shown to delay the peak of an influenza pandemic.

Success Factors: Effective education and ability to comply with request. Material routine support and services (e.g. laundry, food) and working with the employer may help compliance.

Possible Drawbacks: Non-compliance with voluntary isolation increases risk of disease transmission; isolation is difficult to enforce.

Possible Benefits: Isolation is extremely effective in consistently reducing the spread of illness. Voluntary isolation is “less restrictive” and more acceptable to the public.

Settings and Use

- Voluntary isolation of a sick person involves remaining home, at a health care facility, or at another designated isolation facility.
- Isolation is used for persons infected with a contagious disease to separate them from people who are not sick.
- For isolation and quarantine measures, state law requires making reasonable efforts to obtain voluntary compliance unless doing so would create a risk of serious harm (WAC 246-100-040(1)(a)). It is good public health policy, and it's also legally required.

Jurisdictional Authority and Key Decision Makers

Local

Key Decision Makers:

Local health officer and local board of health, with the required assistance of health care providers have authority to control and prevent spread of contagious or infectious diseases within their jurisdiction and to inform the public about the nature of the disease and prevention methods.

Local health officers (and the Secretary of Health under the circumstances outlined in RCW 43.70.130(7)) have the authority to request isolation or quarantine under WAC 246-100-040. The health officer can authorize which people can enter the isolation or quarantine facility to provide medical care and/or meet the needs of the sick person. Any person who enters an isolation or quarantine facility without authorization is subject to quarantine by the health officer.

Applicable Law(s):

- [RCW 70.05.060 – Powers and duties of local board of health](#)
- [RCW 70.05.070 – Local health officer – powers and duties](#)
- [WAC 246-100-021 – Responsibilities and duties – Health care providers](#)
- [WAC 246-100-036 – Responsibilities and duties – Local health officers](#)
- [WAC 246-100-040 – Procedures for isolation or quarantine](#)
- [WAC 246-100-045 - Conditions and principles for isolation or quarantine](#)
- [WAC 246-100-050 - Isolation or quarantine premises](#)
- [WAC 246-100-055 - Relief from isolation or quarantine](#)

State

In an emergency or when a local health officer consents or does not act, the Secretary of Health may exercise the same authority as a local health officer to control and prevent disease and issue isolation and quarantine orders. The Secretary also has authority to investigate disease outbreaks and advise local health officers on measures to be taken in response.

The State Board of Health (SBOH) has broad power to "adopt rules for the imposition and use of isolation and quarantine" (RCW 43.20.050(2)(e)). Local Health Officers and the Secretary of Health can issue isolation and quarantine orders based on SBOH rules.

Applicable Law(s):

- [RCW 43.20.050 - Powers and Duties of the State Board of Health](#)
- [RCW 43.70.020\(3\) – Department created](#)
- [RCW 43.70.130 – Powers and duties of the Secretary of Health](#)
- [RCW 70.05.070 – Local health officer – powers and duties](#) (can be exercised by Secretary)
- [WAC 246-101-105 – Duties of the healthcare provider](#)

Tribal

Tribal governments have the authority and responsibility to control communicable disease on tribal lands and are expected to do so according to the laws, rules, and regulations of the tribal government.

Federal

The diseases subject to quarantine under federal law are determined by Executive Order. The most recent order published in the [Federal Register](#) includes severe acute respiratory syndromes and provides the basis for federal quarantine.

Applicable Law(s):

- [42 U.S.C. § 264 - Regulations to control communicable diseases](#)
- [42 C.F.R. Part 70 - Interstate Quarantine](#)
- [42 C.F.R. Part 71 - Foreign Quarantine](#)
- [Public Law 113-5 – Pandemic and All Hazards Preparedness Reauthorization Act](#)
- [42 U.S.C. § 201 et seq. – Public Health Service Act](#)

Decisional Objectives/Key Decision Points

- Create communication strategies and plan for:
 - Health care providers
 - Major employers
 - Community and faith-based partners
- Create guidance and/or education resources for patients and health care providers, including monitoring forms.
- Identify isolation facility for individual(s).
- Determine need for material support and services to meet essential needs (food, laundry, utilities, prescription medication, social support, etc.) and who will authorize providing services.
- Movement plan for sick persons to a health care facility (if needed)
- Personal Protective Equipment (PPE) needed for persons providing support to sick persons in isolation.
- Determine type of monitoring:
 - Self-monitoring (what will be monitored, frequency, reporting)
 - Active monitoring (phone, video, or in-person; frequency; responsible staff)
 - Other type
- Plan the logistics for specimen collection and providing other medical services, if needed.
- Determine when to release from isolation and process for notification.

Implementation Methods

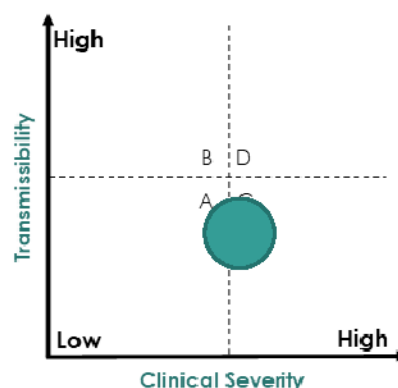
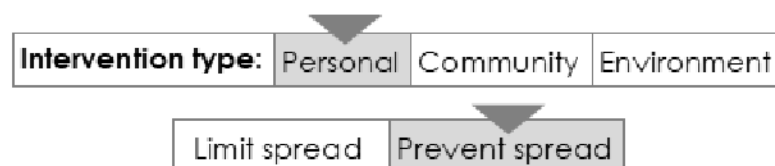
- **Health officer requests that a patient self-isolate**
 - Letter should be on official department letterhead, with a wet or electronic signature from the health officer. While a wet signature may be more impactful, it is not a legal requirement. It may be more efficient and avoid delay to use an e-signature under certain circumstances.
 - Letter should include additional information resources for providers, including phone numbers, websites, and other relevant resources.

- **Instruct health care providers to educate patients**
 - Work with communications teams to distribute a health alert to all providers in Washington.
 - Attach information or a publication to the alert that can be printed and displayed in waiting areas and treatment rooms.
 - Distribute a health alert to all relevant providers about the health officer's request.
- **Engage community organizations and faith-based organizations**
 - Work within already established relationships with community and faith-based partners.
 - If faith-based and community partners receive your health alerts, consider creating a separate alert for them with relevant information to the communities and individuals they serve.
 - Be willing to speak to their leadership/elders/members regarding the situation (within reason) and why we are making this ask.

Intervention 7: Voluntary Quarantine of Contacts of Sick Persons

Reduce probability of transmission in the event that the contact becomes contagious before symptoms developed.

Transmissibility (1-5)	2
Clinical severity (1-7)	2-5
Recommend implementing at	A, B, C, D



Rationale for Use as Public Health Strategy

Quarantine refers to the separation and restriction of movement of persons who, while not yet ill, have been exposed to an infectious agent and therefore may become ill. Quarantine of exposed persons is a public health mitigation strategy intended to stop the spread of infectious disease. It is effective in protecting the public from disease.

Certain infected (but not yet symptomatic) individuals may spread illness and could unknowingly infect friends, neighbors, and others in the community before symptoms begin. Therefore, all contacts exposed to a sick person could be asked to voluntarily stay home for a specified period of time to assess for early signs of infection. If other household members of the contact become ill during this period, then the time for voluntary home quarantine may be extended for another incubation period. Quarantine at a designated facility (in lieu of home setting) also can be considered.

Success Factors: Effective contact tracing and individual ability to comply with request. Material support with material routine support and services (e.g. laundry, food) and working with the employer may help to encourage compliance.

Possible Drawbacks: Non-compliance increases risk of disease transmission.

Possible Benefits: Quarantine may allow quick identification of a suspect case and helps to prevent exposures early in the course of illness.

Settings and Use

- To avoid potential spread of the disease, consider use of voluntary quarantine for contacts who are exposed to a sick person but are not showing symptoms.
- Settings: At home or at a designated facility.
- For isolation and quarantine measures, state law requires making reasonable efforts to obtain voluntary compliance unless doing so would create a risk of serious harm (WAC 246-100-040(1)(a)). It is good public health policy, and it's also legally required.

Jurisdictional Authority and Key Decision Makers

Local

Key Decision Makers: Local health officer and local board of health, with the required assistance of health care providers have authority to control and prevent spread of contagious or infectious diseases within their jurisdiction and to inform the public about the nature of the disease and prevention methods.

Local health officers (and the Secretary of Health under the circumstances outlined in RCW 43.70.130(7)) have the authority to request isolation or quarantine under WAC 246-100-040. The health officer can authorize which people can enter the isolation or quarantine facility to provide medical care and/or meet the needs of the sick person. Any person who enters an isolation or quarantine facility without authorization is subject to quarantine by the health officer.

Applicable Law(s):

- [RCW 70.05.060 – Powers and duties of local board of health](#)
- [RCW 70.05.070 – Local health officer – powers and duties](#)
- [WAC 246-100-021 – Responsibilities and duties – Health care providers](#)
- [WAC 246-100-036 – Responsibilities and duties – Local health officers](#)
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- [WAC 246-100-055 - Relief from isolation or quarantine](#)
- [WAC 246-101-105 – Duties of the healthcare provider](#)

State

In an emergency or when a local health officer consents or does not act, the Secretary of Health may exercise the same authority as a local health officer to control and prevent disease and issue isolation and quarantine orders. The Secretary also has authority to investigate disease outbreaks and advise local health officers on measures to be taken in response.

The State Board of Health (SBOH) has broad power to "adopt rules for the imposition and use of isolation and quarantine" (RCW 43.20.050(2)(e)). Local Health Officers and the Secretary of Health can issue isolation and quarantine orders based on SBOH rules.

Applicable Law(s):

- [RCW 43.20.050 - Powers and Duties of the State Board of Health](#)
- [RCW 43.70.020\(3\) – Department created](#)
- [RCW 43.70.130 – Powers and duties of the Secretary of Health](#)
- [RCW 70.05.070 – Local health officer – powers and duties](#) (can be exercised by Secretary)
- [WAC 246-101-105 – Duties of the healthcare provider](#)

Tribal

Tribal governments have the authority and responsibility to control communicable disease on tribal lands and are expected to do so according to the laws, rules, and regulations of the tribal government.

Federal

The diseases subject to quarantine under federal law are determined by Executive Order. The most recent order published in the [Federal Register](#) includes severe acute respiratory syndromes and provides the basis for federal quarantine.

Applicable Law(s):

- [42 U.S.C. § 264 - Regulations to control communicable diseases](#)
- [42 C.F.R. Part 70 - Interstate Quarantine](#)
- [42 C.F.R. Part 71 - Foreign Quarantine](#)
- [Public Law 113-5 – Pandemic and All Hazards Preparedness Reauthorization Act](#)
- [42 U.S.C. § 201 et seq. – Public Health Service Act](#)

Decisional Objectives/Key Decision Points

- Definition of “close contact” (including length of exposure to ill person, travel history, etc.)
- Location(s) of quarantine facility (home, government facility, etc.)
- Length of quarantine
- Communication strategies and plan
- Determine need for material services to meet essential needs (food, laundry, utilities, prescription medication, social support, etc.) and who will authorize providing these services.
- Plan for moving persons under quarantine to a health care facility if they develop symptoms
- Determine type of monitoring:
 - Self-monitoring (what will be monitored, frequency, reporting)
 - Active monitoring (phone, video, or in-person; frequency; responsible staff)
 - Other type
- Plan the logistics for specimen collection and providing other medical services, if needed.
- Determine when to release from quarantine and process for notification.

Implementation Methods

- **Health officer request for person to self-quarantine**
 - Letter should be on official department letterhead, with a wet or electronic signature from the health officer. While a wet signature may be more impactful, it is not a legal requirement. It may be more efficient and avoid delay to use an e-signature under certain circumstances.
 - The letter should include additional resources for providers, including phone numbers, websites, and other relevant resources.
- **Engage community-based and faith-based organizations to support**
 - Work within already established relationships with community-based and faith-based partners.
 - Consider creating and sending a custom health alert for them with relevant information to the communities and individuals they serve.
 - Be willing to speak to their leadership/elders/members regarding the situation (within reason) and why we are making this ask.
- **Work with employers**
 - Use current relationships with employers to support employees in voluntary quarantine due to exposure to sick contacts.

- Suggest allowing employees to work from home. If this is already an option, consider working with human resources to be more flexible and inclusive.
 - Consider an emergency/temporary change in sick leave policy; allowing an employee to use sick leave proactively and earn it back retroactively.
 - This can decrease the hesitancy on the employees' part to stay home and increase participation in voluntary quarantine.
- **Create a public messaging campaign**
 - Work with communications team to create messages that:
 - Are culturally competent and at an appropriate reading level.
 - Are translated into the most spoken languages in the affected area.
 - Are relevant to the changing nature of the incident/outbreak.
 - Communicate on multiple platforms appropriate to the communities of affected persons.
 - Provide messages to LHJs and other partners to share with their constituents.
 - Send a health alert to health care providers.

Special Considerations

- Consider dedicating a phone line to answer questions that may follow the request for quarantine.
- Work with communications staff to translate materials as needed for community-based and faith-based organizations, community partners, and employers.
- Sovereign tribal nations may decide their own criteria for quarantine.
- Consider use of telemedicine options and home assessment teams for medical support and backup. The idea that medical health is available may help reduce anxiety.

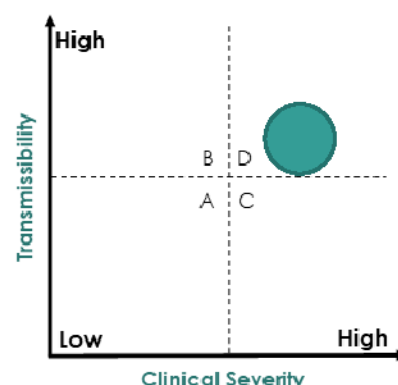
Intervention 8: Involuntary Isolation of Sick Persons

Reduce probability of transmission by preventing contact between well and sick people.

Transmissibility (1-5)	3
Clinical severity (1-7)	5-6.5
Recommend implementing at	D

Intervention type:	Personal	Community	Environment
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Limit spread	Prevent spread
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Rationale for Use as Public Health Strategy

Isolation prevents a sick person from infecting others outside of their isolation location. Historically, isolation measures have helped to prevent the spread of infectious diseases, such as influenza, by stopping the person-to-person spread of virus via contaminated droplets from coughs and sneezes.

Success Factors: Success depends on health care facility and/or public health system ability to implement. Clearly communicate with affected communities about the rationale for use of isolation, and the responsibility for public officials to protect the safety and health of a community from communicable illnesses of high severity and high transmissibility.

Possible Drawbacks: Involuntary isolation is extremely restrictive and resource intensive. It limits personal liberties and can be controversial.

Possible Benefits: Isolation is effective in reducing the spread of illness. Use of involuntary isolation is a method to force compliance to the measure.

Settings and Use

- Isolation separates sick persons with a contagious disease from people who are not sick.
- Involuntary isolation is only recommended when an individual is not reliable or compliant with voluntary isolation for a disease that is highly severe and highly transmissible.
- For isolation and quarantine measures, state law requires making reasonable efforts to obtain voluntary compliance unless doing so would create a risk of serious harm (WAC 246-100-040(1)(a)). It is good public health policy, and it's also legally required.

Jurisdictional Authority and Key Decision Makers

Local, State

Key Decision Makers: The local health officer and/or Secretary of Health may issue a detention order for involuntary isolation when they have reason to believe the person is infected with a communicable disease and poses a serious and imminent risk to the health and safety of others if not isolated. The local health officer must first make reasonable efforts to obtain voluntary

compliance, unless doing so would create a risk of serious harm. An order directly from a local health officer may last for up to 10 days. A court may order a longer period of isolation. Violation of an isolation order is a misdemeanor for which individuals may be arrested, fined, and imprisoned up to 90 days.

Local health officers, and the Secretary of Health under the circumstances outlined in RCW 43.70.130(7), have the authority to request isolation or quarantine under WAC 246-100-040. The health officer can authorize which people can enter the isolation or quarantine facility to provide medical care and/or meet the needs of the sick person. Any person who enters an isolation or quarantine facility without authorization is subject to quarantine by the health officer.

The State Board of Health (SBOH) has broad power to "adopt rules for the imposition and use of isolation and quarantine" (RCW 43.20.050(2)(e)). Local Health Officers and the Secretary of Health can issue isolation and quarantine orders based on SBOH rules.

Applicable Law(s):

- [WAC 246-100-036 – Responsibilities and duties – Local health officers](#)
- [WAC 246-100-040 – Procedures for isolation or quarantine](#)
- [WAC 246-100-045 - Conditions and principles for isolation or quarantine](#)
- [WAC 246-100-050 - Isolation or quarantine premises](#)
- [WAC 246-100-055 - Relief from isolation or quarantine](#)
- [WAC 246-100-070 – Enforcement of local health officer orders](#)
- [WAC 246-101-105 – Duties of the healthcare provider](#)
- [RCW 43.20.050 - Powers and Duties of the State Board of Health](#)
- [RCW 43.70.020\(3\) – Department created](#)
- [RCW 43.70.130 – Powers and duties of the Secretary of Health](#)
- [RCW 70.05.060 – Powers and duties of local board of health](#)
- [RCW 70.05.070 – Local health officer – powers and duties](#)
- [RCW 70.05.120\(4\) – Violations – Remedies - Penalties](#) (misdemeanor for violation of an order)

Forms (find all instructions and forms on [DOH's website](#)):

- [Emergency Involuntary Detention Order \(Word\)](#)
In addition to the form available at the link above, a COV-19 specific involuntary detention order is available. Please contact DOH for use.
- [Confidential Schedule \(Word\)](#)
A local health officer may issue an isolation order immediately. Such an order is subject to court challenge. A court order is required to isolate an individual for longer than 10 days. Law enforcement may arrest an individual for violating a local health officer's or a court order. A court order is also enforceable through contempt proceedings.

When no attempt is made to seek voluntary compliance due to the serious and imminent risk to the public, use the following forms:
- [Summons \(Word\)](#)
- [Detention ex parte petition \(Word\)](#)
- [Confidential schedule \(Word\)](#)
- [Declaration supporting ex parte detention petition \(Word\)](#)
- [Order ex parte for involuntary detention \(Word\)](#)

When voluntary compliance was sought, but the individual refused or otherwise indicated they would not comply, use the following forms:

- [Summons \(Word\)](#)
- [Detention ex parte petition when voluntary detention refused \(Word\)](#)
- [Confidential schedule \(Word\)](#)
- [Declaration supporting ex parte detention petition when voluntary detention refused \(Word\)](#)
- [Order ex parte when voluntary detention refused \(Word\)](#)

Tribal

Tribal governments have the authority and responsibility to control communicable disease on tribal lands and are expected to do so according to the laws, rules, and regulations of the tribal government. Tribal nations may decide their own criteria for isolation.

Federal

The diseases subject to quarantine under federal law are determined by Executive Order. The most recent order published in the [Federal Register](#) includes severe acute respiratory syndromes and provides the basis for federal quarantine.

Applicable Law(s):

- [42 U.S.C. § 264 - Regulations to control communicable diseases](#)
- [42 C.F.R. Part 70 - Interstate Quarantine](#)
- [42 C.F.R. Part 71 - Foreign Quarantine](#)
- [Public Law 113-5 – Pandemic and All Hazards Preparedness Reauthorization Act](#)
- [42 U.S.C. § 201 et seq. – Public Health Service Act](#)

Decisional Objectives/Key Decision Points

- Language for health officer order and involuntary detention court orders.
- Location(s) for isolation.
- Personal Protective Equipment (PPE) requirements for health care workers providing care for sick persons.
- Determine need for material services to meet essential needs (food, laundry, utilities, prescription medication, social support, etc.) and who will authorize providing these services.
- Plan of moving sick persons under isolation to treatment facility, if isolated outside of a health care facility.
- Plans and logistics for specimen collection or providing other medical services, if needed.
- Communication strategies and plan to communicate decisions
 - Affected individuals and community members
 - Public, media, public officials
- Due process: understand and prepare for the rights of the affected patient if due process is initiated. Communicate steps for due process, such as administrative hearings, court review, or notification of right to object. Protect patient rights to privacy and restrictions on who can and cannot be notified (e.g., family member, employer)
- Plan to manage non-compliance with isolation. Identify progressively restrictive steps, up to court-ordered detention. Identify decision point for ordering person to a more restrictive location. Identify who will issue order and transport process.
- Determine when to release from isolation and process for notification.

Implementation Methods

- **Health officer order for emergency detention**
 - Once the person is ordered into isolation, the local health officer should seek a court order and must consider individual rights to due process. Seeking a court order quickly is a good idea if isolation sought is more than 10 days.
 - The needs of a person isolated or quarantined must be addressed to the greatest extent possible in a systematic and competent fashion, including, but not limited to, providing adequate food, clothing, shelter, means of communication with those in isolation or quarantine and outside these settings, medication, and competent medical care. Cultural and religious beliefs should be considered in addressing their needs.
- **Standing orders within a hospital**
 - Work with the hospital facility or designated health care provider and the health officer to create standing orders for the care of individuals in involuntary isolation.

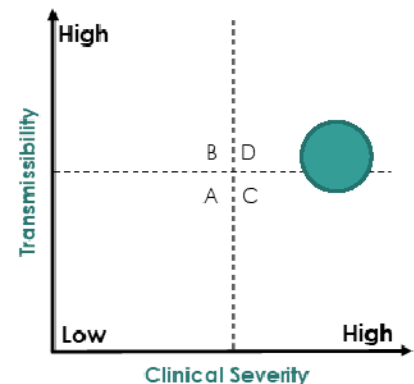
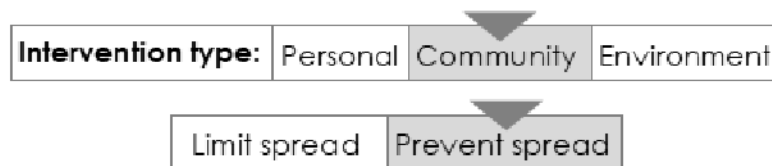
Special Considerations

- Food, water, basic needs, and other support services for isolated patients.
- This intervention requires detailed coordination between state and local government officials.
- Court orders for involuntary isolation may be required.
- Tribal nations may decide their own criteria for isolation.
- When the individual is released, consider providing them with a letter that recognizes their release so they will not be mistakenly reported as not complying with the isolation order.

Intervention 9: Involuntary Quarantine of Contacts of Sick Persons

Reduce probability of transmission in the event that the contact becomes contagious before symptoms developed.

Transmissibility (1-5)	3
Clinical severity (1-7)	5-6.5
Recommend implementing at	D



Rationale for Use as Public Health Strategy

Quarantine refers to the separation and restriction of movement of persons who, while not yet ill, have been exposed to an infectious agent and therefore may become infectious. Quarantine of exposed persons is a public health strategy intended to stop the spread of infectious disease. Quarantine is medically very effective in protecting the public from disease.

Certain infected but not yet symptomatic individuals may unknowingly infect friends, neighbors, and others in the community before becoming symptomatic.

In situations of highly transmissible and clinically severe infections where there are asymptomatic contacts who are not willing to quarantine, authorities may want to consider involuntary quarantine of contacts of sick persons to prevent possible disease spread, especially for novel pathogens of concern.

Success Factors: Success depends on health care facility and/or public health system ability to implement.

Possible Drawbacks: Involuntary quarantine is extremely restrictive and resource intensive.

Possible Benefits: Quarantine is extremely effective in reducing the spread of illness. Non-compliant persons can be prevented from spreading the disease.

Settings and Use

- Consider using involuntary quarantine for contacts who are not reliable or compliant and who were exposed to a sick person but are asymptomatic to avoid potential spread of disease.
- Involuntary quarantine at a designated facility is only recommended when an individual is not reliable or compliant.

Jurisdictional Authority and Key Decision Makers

Local, State

Key Decision Makers: The local health officer and/or Secretary of Health may issue a detention order for involuntary quarantine when they have reason to believe the person is, or is suspected

to be, infected with or exposed to a communicable disease and poses a serious and imminent risk to the health and safety of others if not quarantined. The local health officer must first make reasonable efforts to obtain voluntary compliance, unless doing so would create a risk of serious harm. An order directly from a local health officer may last for up to 10 days. A court may order a longer period of quarantine. Violation of a quarantine order is a misdemeanor for which individuals may be arrested, fined, and imprisoned up to 90 days.

Local health officers, and the Secretary of Health under the circumstances outlined in RCW 43.70.130(7), have the authority to request isolation or quarantine under WAC 246-100-040. The health officer can authorize which people can enter the isolation or quarantine facility to provide medical care and/or meet the needs of the sick person. Any person who enters an isolation or quarantine facility without authorization is subject to quarantine by the health officer.

The State Board of Health (SBOH) has broad power to "adopt rules for the imposition and use of isolation and quarantine" (RCW 43.20.050(2)(e)). Local Health Officers and the Secretary of Health can issue isolation and quarantine orders based on SBOH rules.

Applicable Law(s):

- [WAC 246-100-036 – Responsibilities and duties – Local health officers](#)
- [WAC 246-100-040 – Procedures for isolation or quarantine](#)
- [WAC 246-100-045 - Conditions and principles for isolation or quarantine](#)
- [WAC 246-100-050 - Isolation or quarantine premises](#)
- [WAC 246-100-055 - Relief from isolation or quarantine](#)
- [WAC 246-100-070 – Enforcement of local health officer orders](#)
- [RCW 43.20.050 - Powers and Duties of the State Board of Health](#)
- [RCW 43.70.020\(3\) – Department created](#)
- [RCW 43.70.130 – Powers and duties of the Secretary of Health](#)
- [RCW 70.05.060 – Powers and duties of local board of health](#)
- [RCW 70.05.070 – Local health officer – powers and duties](#)
- [RCW 70.05.120\(4\) – Violations – Remedies - Penalties](#) (misdemeanor for violation of an order)

Forms (find all instructions and forms on [DOH's website](#)):

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- [Confidential Schedule \(Word\)](#)
- A local health officer may issue an isolation order immediately. Such an order is subject to court challenge. A court order is required to isolate an individual for longer than 10 days. Law enforcement may arrest an individual for violating a local health officer's or a court order. A court order is also enforceable through contempt proceedings.

When no attempt is made to seek voluntary compliance due to the serious and imminent risk to the public, use the following forms:

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- [Detention ex parte petition \(Word\)](#)
- [Confidential schedule \(Word\)](#)
- [Declaration supporting ex parte detention petition \(Word\)](#)

- [Order ex parte for involuntary detention \(Word\)](#)

When voluntary compliance was sought, but the individual refused or otherwise indicated that he or she would not comply, use the following forms:

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- [Detention ex parte petition when voluntary detention refused \(Word\)](#)
- [Confidential schedule \(Word\)](#)
- [Declaration supporting ex parte detention petition when voluntary detention refused \(Word\)](#)
- [Order ex parte when voluntary detention refused \(Word\)](#)

Federal

The diseases subject to quarantine under federal law are determined by Executive Order. The most recent order published in the [Federal Register](#) includes severe acute respiratory syndromes and provides the basis for federal quarantine.

Applicable Law(s):

- [42 U.S.C. § 264 - Regulations to control communicable diseases](#)
- [42 C.F.R. Part 70 - Interstate Quarantine](#)
- [42 C.F.R. Part 71 - Foreign Quarantine](#)
- [Public Law 113-5 – Pandemic and All Hazards Preparedness Reauthorization Act](#)
- [42 U.S.C. § 201 *et seq.* – Public Health Service Act](#)

Tribal

- Tribal governments have the authority and responsibility to control communicable disease on tribal lands and are expected to do so according to the laws, rules, and regulations of the tribal government. Tribal nations may decide their own criteria for isolation.

Decisional Objectives/Key Decision Points

- Language for health officer order and involuntary detention court orders.
- Definition of “close contact” (including length of exposure to ill person, travel history, etc.)
- Location(s) of quarantine facility (home, government facility, etc.)
- Length of quarantine
- Communication strategies and plan
- Determine need for material services to meet essential needs (food, laundry, utilities, prescription medication, social support, etc.) and who will authorize providing these services.
- Plan to move persons under quarantine to a health care facility if they develop symptoms
- Plans and logistics for specimen collection or provision of other medical services, if needed.
- Active monitoring for persons under quarantine

Implementation Methods

- **Health officer order for emergency detention**
 - Once the person is ordered into quarantine, the local health officer should seek a court order and must consider individual rights to due process. Seeking a court order quickly is a good idea if isolation sought is more than 10 days.
 - The needs of a person isolated or quarantined must be addressed to the greatest extent possible in a systematic and competent fashion, including, but not limited to, providing adequate food, clothing, shelter, means of communication with those in isolation or

quarantine and outside these settings, medication, and competent medical care.

Cultural and religious beliefs should be considered in addressing their needs.

- **Standing orders within a hospital**
 - Work with the hospital facility or designated health care provider and the health officer to create standing orders for the care of individuals in involuntary quarantine.

Special Considerations

- Food, water, basic needs, and other support services for quarantined individuals.
- This intervention will require detailed coordination between state and local government officials.
- Court orders for involuntary isolation may be required.
- Tribal nations may decide their own criteria for isolation.
- When the individual is released, consider providing them with a letter that recognizes their release so they will not be mistakenly reported as not complying with the quarantine order.

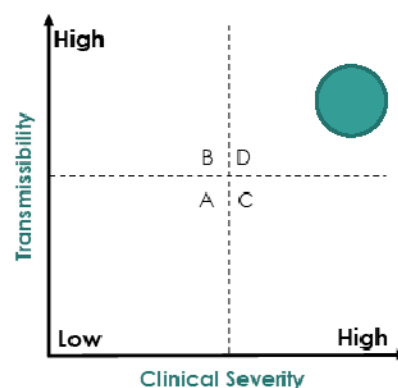
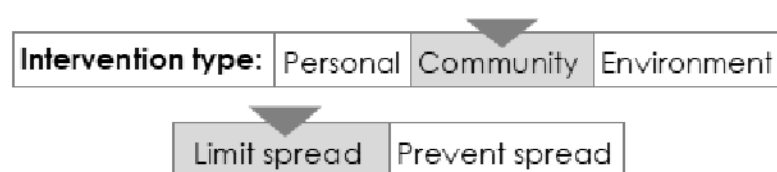
Decisional Objectives/Key Decision Points

- Language for health officer order and involuntary detention court orders.
- Definition of “close contact” (including length of exposure to ill person, travel history, etc.)
- Location(s) of quarantine facility (home, government facility, etc.)
- Length of quarantine
- Communication strategies and plan
- Determine need for material services to meet essential needs (food, laundry, utilities, prescription medication, social support, etc.) and who will authorize providing these services.
- Plan to move persons under quarantine to a health care facility if they develop symptoms
- Plans and logistics for specimen collection or provision of other medical services, if needed.
- Active monitoring for persons under quarantine

Intervention 10: Recommend or Order Cancellation of Major Public and Large Private Gatherings

Reduce probability of transmission by reducing the number of the interpersonal contacts.

Transmissibility (1-5)	4
Clinical severity (1-7)	5-7
Recommend implementing at	D



Rationale for Use as Public Health Strategy

Social distancing measures, such as cancellation or postponement of mass gatherings, reduce opportunities for person-to-person virus transmission and can help delay the spread and slow the exponential growth of disease spread. The optimal strategy is to implement these measures simultaneously in places where people gather.

Canceling mass gatherings, in combination with other social distancing measures (e.g., patient isolation, quarantine of exposed persons, and school closures), may help reduce virus transmission.

Success Factors: Success depends upon event sponsor compliance and authorities' ability to enforce effectively.

Possible Drawbacks: May result in revenue loss, public outrage, or political backlash, and may disproportionately affect certain cultural and community groups.

Possible Benefits: Reduces opportunities for widespread disease transmission by reducing interpersonal contacts and increasing social distance.

Settings and Use

- Social distancing measures can be implemented in a range of community settings, including public places where people gather (e.g., parks, houses of worship, theaters, sports arenas).
- Modifying, cancelling, or postponing events is an approach that might reduce face-to-face contact in community settings.

Jurisdictional Authority and Key Decision Makers

Local

Key Decision Makers: Local health officer and local board of health have authority to control and prevent spread of contagious or infectious diseases within their jurisdiction and to inform the public about the nature of the disease and prevention methods. This includes issuing orders to cancel events.

Key Stakeholders: Decision should be made in coordination with local elected officials (such as mayor, city council, county council, and/or county executive), emergency managers, local law enforcement, impacted businesses, proprietors, cultural and religious leaders, event sponsors and event organizers.

Applicable Law(s) for Decision Makers:

- [RCW 70.05.060 – Powers and duties of local board of health](#)
- [RCW 70.05.070 – Local health officer – powers and duties](#)
- [WAC 246-100-036 – Responsibilities and duties – Local health officers](#)
- [WAC 246-100-070 – Enforcement of local health officer orders](#)

State

Key Decision Makers: In an emergency or when a local health officer consents or does not act, the Secretary of Health may exercise the same authority as a local health officer to control and prevent disease and issue orders to cancel events. The Secretary of Health also has the authority to promote public health activities and educational campaigns.

The Governor has broad authority to proclaim a state of emergency in order to preserve life, health, property, or the public peace ([RCW 43.06.220](#)). A governor declared emergency could trigger limitations such as curfews, prohibitions of people on streets and open areas, limit use of streets, highways or public ways; or other broad restrictions outlined by the law, such as prohibiting travel.

Washington's laws against discrimination are outlined in RCW 49.60. Public officials should consider how communities may be impacted and take action to remove stigma that may marginalize or discriminate against groups.

Applicable Law(s):

- [RCW 43.06.220 – State of emergency – powers of governor pursuant to proclamation](#)
- [RCW 43.70.020\(3\) – Department created](#)
- [RCW 43.70.130 – Powers and duties of the Secretary of Health](#)
- [RCW 70.05.070 – Local health officer – powers and duties](#) (can be exercised by Secretary)
- [RCW 49.60 – Discrimination – Human Rights Commission](#)

Tribal

Tribal governments have the authority and responsibility to control communicable disease on tribal lands and are expected to do so according to the laws, rules, and regulations of the tribal government. They may decide their own criteria for canceling large gatherings.

Federal

Key Decision Makers: The federal government has independent authority when emergencies cross state and national borders.

Applicable Law(s):

- [42 U.S.C. § 247d – Public health emergencies](#)
- [42 U.S.C. § 264 - Regulations to control communicable diseases](#)
- [28 CFR Part 35 – Nondiscrimination on the Basis of Disability in State and Local Government Services](#)

Decisional Objectives/Key Decision Points

- Establish guidance/requirements needed to request or order the cancellation of gatherings.
- Identify affected events and disproportionately impacted communities.
 - Research upcoming cultural and religious holidays, observances, and events.
 - Assess economic impact for both individuals and larger communities (loss of wages, tourism revenue)
- Plan community engagement efforts, methods, and approaches that are responsive to the needs, preferences, and values of the community.
- Develop strategies to gain buy-in from event organizers and leadership
- Plan for enforcement of cancellations
 - Partner with trusted community leaders
 - Assess need, benefit, and potential unintended consequences of working with law enforcement/security personnel.
 - Create mitigation strategies, as needed, to address any real, potential, or perceived issues or consequences of enforcement activities.
- Determine whether events should be pre-emptively canceled.
- Proactively address unintended consequences that inequitably impact historically marginalized individuals and communities may further erode trust with governmental systems needed for overall public health and future response efforts.
- Ensure all strategies, communications, and engagement are culturally and linguistically appropriate and meet readability and accessibility guidelines.

Healthcare Considerations

- Consider impact on the healthcare system and their current capacity and if the intervention would reduce or increase burden.
- Determine if implementation would mitigate burden on health care system to maintain essential medical services, especially for underserved populations.
- Identify if this would decrease or increase absenteeism among health care workers.
- Potential legal and ethical issues involving altered standards of care.

Implementation Methods

- **Health officer order or request that major government-sponsored events/gatherings be cancelled or postponed.**
 - Meet with event organizers, committees and employees.
 - Explain the situation
 - Offer alternatives, if any, including new location, rescheduling the event, or changing entrance rules.
 - Government-sponsored events or gatherings may be affected anyway due to the Continuity of Operations Plan.
 - Work with public information officers/communication teams to get the information out with relevant Q&As and FAQs
- **Create and distribute accessible, public messaging about closures**
 - General messaging about why these measures are being taken.

- Work with communications team to create messages that:
 - Meet readability and accessibility guidelines.
 - Are culturally and linguistically relevant.
 - Are translated into the most spoken languages in the affected area.
 - Are relevant/adaptable to the changing nature of the incident/outbreak.
- Communicate through multiple platforms and channels appropriate to the affected communities
- Engage with community leaders or representatives for advice and buy-in.
- Provide messages to LHJs and other partners to share with their constituents.
- Provide consistent messaging throughout the state via media outreach.
- Develop tailored messaging for disproportionately impacted communities.
- Specific messaging about the cancellation of specific events.
 - Display appropriate messaging in places where attendees may see them.
 - Work with event organizers and to use their communication methods.

Special Considerations

- Requires excellent and effective communication mechanisms to notify community of details and rationale. Communications must be culturally relevant and in a language and format that the audience can understand to be effective.
- Any attempts to implement social distancing in cultural & religious gatherings should be informed by cultural & religious leaders.
- Canceling events could affect civic participation and social cohesion. It could also create an opportunity for discrimination if only certain events are closed.
- Postponing the event may benefit or negatively impact employees as well as attendees or participants, depending on the event and the individual's role.
- This intervention will require detailed coordination between state, local government officials, and community organizations/leaders/groups.
- This intervention will require detailed coordination with the event organizers and planners.
- Cancellation of large events may affect individual income, revenue, employment, economic opportunity, and commerce.
- Coordination with the Office of the Governor and/or local government leadership may be needed.
- There should be consistency in which events are cancelled. Cancellation should not be based on the communities likely to attend or work at the event.
- Culturally and religiously diverse communities may be disproportionately impacted.
- Families on the brink of housing insecurity may be disproportionately impacted by loss of wages, potentially increasing risk of missing rent payments, potentially increasing risk of eviction and homelessness. Homeless individuals already experience barriers to health care, services, and information.
- Unintended consequences that inequitably impact historically marginalized individuals and communities may further erode trust with governmental systems needed for overall public health and future response efforts.

Intervention 10: Recommend or Order Cancellation of Major Public and Large Private Gatherings

- Social distancing measures, such as cancellation or postponement of mass gatherings, reduce opportunities for person-to-person virus transmission and can help delay the spread and slow the exponential growth of disease spread. The optimal strategy is to implement these measures simultaneously in places where people gather, and to do so strategically in ways that maximize the benefit of reducing interpersonal contacts, particularly for people at increased risk, while also working to minimize the burden on society resulting from the intervention.

Thresholds for Considering Implementation:

- **Threshold 1:** Unmitigated or uncontained community transmission is occurring in several or many major US cities but there may not be evidence of community transmission in WA yet. In such a circumstances, authorities should consider initiating minimally restrictive/burdensome but effective mitigation measures.
- **Threshold 2:** Evidence that unmitigated or uncontained community transmission is occurring in WA State, but only in one or two jurisdictions, that cannot be contained.
- **Threshold 3:** Evidence that unmitigated or uncontained community transmission of disease is occurring across WA State (in more than 2 large jurisdictions).

Rationale for Use as Public Health Strategy

Recommending or ordering cancellation of mass gatherings, in combination with other social distancing measures (e.g., patient isolation, quarantine of exposed persons, and public site closures), may help reduce virus transmission.

General assumptions: COVID-19 is known to cause more severe disease illness in individuals with known underlying medical conditions as well as in older individuals (60 years of age and greater), COVID-19 symptoms are currently believed to be relatively mild or almost non-existent in younger populations, and as of 2/27/2020, COVID-19 is spreading now in 47 countries outside of the United States with known community transmission occurring in 10 countries.

Success Factors: Success depends upon event sponsor compliance and authorities' ability to enforce effectively. All non-pharmaceutical interventions have the greatest effect when implemented early and effectively.

Possible Drawbacks: May result in revenue loss, public outrage, or political backlash, and may disproportionately affect certain cultural and community groups. For these reasons, working with communities and event organizers to voluntarily cancel events and gatherings is strongly preferred.

Possible Benefits: Reduces opportunities for widespread disease transmission by reducing interpersonal contacts and increasing social distance. The larger the event and the closer the

interpersonal interactions/contact expected at each event, the more benefit can be derived through canceling the event

Settings and Use

Social distancing measures can be implemented in a range of community settings, including public places where people gather (e.g., parks, houses of worship, theaters, sports arenas). Modifying, cancelling, or postponing events is an approach that might reduce face-to-face contact in community settings.

Operational Strategies for Threshold 1:

- Recommend and implement voluntary event cancellations for large gatherings.
 - Specifically, recommend postponing or canceling events with large numbers of high risk individuals (older adults or individuals with known health conditions).
- For events that will be ongoing, consider:
 - Review and implement NPI 1-5 strategies at venue sites to assure adequate precautions are in place, including:
 - Screening at point of entry for symptomatic persons, including taking temperatures, at events for exclusion.
 - Ensure that hand hygiene stations are available for all attendees.
 - Address social distancing recommendations through site setup strategies.
 - Communicate with high risk groups the importance of staying home and non-attendance for major gatherings.
 - Address re-imbursement policy for attendees who are ill or in high risk group.

Operational Strategies for Threshold 2:

- Continue efforts under Threshold 1.
- Stronger recommendations for event cancellations for areas impacted.
- Voluntary recommendations for non-high risk geographic areas in WA State.

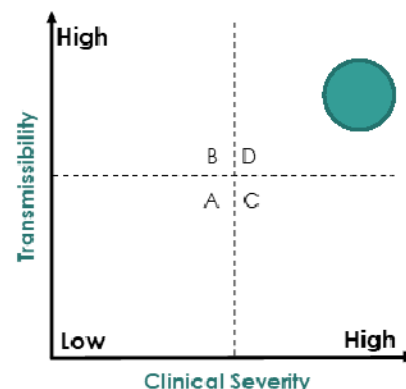
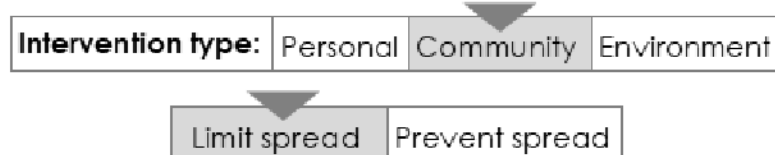
Operational Strategies for Threshold 3:

- Continue efforts under Thresholds 2.
- Ordering of event cancellations statewide.

Intervention 11: Recommend or Order Closure of Public or Private Sites within impacted communities

Viruses quickly and easily spread in places where people gather in close contact, such as schools, child care facilities, workplaces, and public buildings. Dismissing or closing such facilities may be considered to limit disease spread by reducing the number of interpersonal contacts.

Transmissibility (1-5)	4
Clinical severity (1-7)	5-7
Recommend implementing at	D



Rationale for Use as Public Health Strategy

Social distancing measures, including closure of buildings, reduce opportunities for person-to-person virus transmission and can help delay the spread and slow the exponential growth of disease spread. If disease spread is occurring in a school, child care facility or public building, dismissing students, staff, or the public from these locations or closing the locations early can limit further spread. The optimal strategy may be to implement several social distancing steps simultaneously where large groups of people gather.

Success Factors: Early implementation of dismissals or closures to limit spread. Facility compliance and authorities' ability to enforce effectively.

Possible Drawbacks: May result in missed school days, revenue loss, public outrage, or political backlash. It may disproportionately affect certain cultural and community groups. Low income and other vulnerable communities may be put at risk for non-outbreak related harm if they are unsupervised, don't have access to an adult caretaker, or cannot communicate with the outside world if there is an emergency. It may cause disruption for families and communities. Adults may experience missed work and loss of income from their workplace closure or to stay home to care for children.

Possible Benefits: Reduces opportunities for widespread disease transmission by reducing interpersonal contacts and increasing social distance.

Settings and Use

Specific priority settings include schools, child cares, workplaces, meetings, and other places where people gather (e.g., parks, religious institutions, theaters, and sports arenas).

Early dismissal or closing facilities is a social distancing measure that may reduce face-to-face contact in community settings to reduce the spread of diseases transmitted by contact, droplets, or air. Choose social distancing measures depending on the severity of the disease.

School or child care: Examples of social distancing, closures and dismissals could include:

- Dismissing or cancelling classes and use web-based distance learning instead
- Pre-emptive, coordinated school closures or dismissals at child care facilities, K–12 schools, and institutions of higher education.
- Canceling school concerts, after-school programs, or sporting events.

Workplaces and public buildings: Many work settings involve shared work space, equipment, and face-to-face contact. Public buildings can bring many people into close contact. Examples of social distancing for these settings include telecommuting and remote-meeting options in workplaces.

Jurisdictional Authority and Key Decision Makers

Local

Key Decision Makers: Local health officer and local board of health have authority to control and prevent spread of contagious or infectious diseases within their jurisdiction and to inform the public about the nature of the disease and prevention methods.

When there is a potential for an outbreak within a school or childcare center, local health officers have the authority to order school superintendents and childcare center administrators to close their facilities, cancel events, and/or exclude students, staff, and volunteers.

Key Stakeholders: Decision should be made in coordination with school superintendents, boards of education, local elected officials (such as mayor, city council, county council, and/or county executive), child care administrators, private sector, emergency managers, local law enforcement, impacted businesses, proprietors, event sponsors and event organizers.

Applicable Law(s):

- [RCW 70.05.060 – Powers and duties of local board of health](#)
- [RCW 70.05.070 – Local health officer – powers and duties](#)
- [WAC 246-100-021 – Responsibilities and duties – Health care providers](#)
- [WAC 246-100-036 – Responsibilities and duties – Local health officers](#)
- [WAC 246-100-070 – Enforcement of local health officer orders](#)
- [WAC 246-110-020 – Control of contagious disease \(schools and childcare centers\)](#)

State

Key Decision Makers: In an emergency or when a local health officer consents or does not act, the Secretary of Health may exercise the same authority as a local health officer to control and prevent disease. The Secretary of Health also has the authority to promote public health activities and educational campaigns.

Applicable Law(s):

- [RCW 43.70.020\(3\) – Department of Health created](#)
- [RCW 43.70.130 – Powers and duties of the Secretary of Health](#)
- [RCW 70.05.070 – Local health officer – powers and duties](#) (can be exercised by Secretary)

- [RCW 49.60 – Discrimination – Human Rights Commission](#)

Tribal

- Tribal governments have the authority and responsibility to control communicable disease on tribal lands and are expected to do so according to the laws, rules, and regulations of the tribal government. They may decide their own criteria for canceling school, child care, and tribal facilities.

Federal

Key Decision Makers: The federal government has independent authority when emergencies cross state and national borders.

Applicable Law(s):

- [42 U.S.C. § 247d – Public health emergencies](#)
- [42 U.S.C. § 264 - Regulations to control communicable diseases](#)
- [28 CFR Part 35 – Nondiscrimination on the Basis of Disability in State and Local Government Services](#)

Decisional Objectives/Key Decision Points

- Scale of closures (e.g. specific schools, districts, ages, geographic regions)
- Identify affected facilities
- Determine whether closure is limited to certain at-risk groups or applies to the general public.
- Length of closure
- Determine building cleaning protocols, if needed.
- Personal Protective Equipment (PPE), if any, for persons cleaning closed facilities
- Communication strategies and plan
- How to get employer engagement and buy-in

Healthcare Considerations

- Consider impact on the healthcare system and their current capacity and if the intervention would reduce or increase burden.
- Determine if implementation would mitigate burden on health care system to maintain essential medical services, especially for underserved populations.
- Increase in absenteeism among health care workers if schools and childcare are closed.
- Potential legal and ethical issues involving altered standards of care.

Implementation Methods

- **Local health officials and local school administrators work closely together in decision making to implement closures and dismissals.**
 - Include communication to parents and the public in case of school or child care closure.
 - Include communication to employees in case of a workplace closure.
- **Communicate to the media, partners, and the public about any facility or building closure.**
 - Create culturally relevant publications in all needed languages.
 - Work through the building or organization's communication channels.
 - Communicate on multiple platforms appropriate to the affected communities

- Provide consistent messaging throughout the state via media outreach.

Special Considerations

- Local health policies and risk communication strategies should take into account community attitudes and acceptance of preventive behaviors related to social distancing, which might differ across racial/ethnic, cultural, and economic groups.
- Strategies can be used in settings like schools (e.g., closure), workplaces (e.g., phone conferences instead of in-person meetings), and mass gatherings (e.g., postponement or cancellation) to reduce spread and infections. Multiple social distancing measures can be implemented simultaneously.
- Regarding school and child care closures, public officials should make decisions that balance local benefits and potential harms and consider timing, flexibility, and modifications to intervention based on the severity of local conditions.
- Requires advanced planning and preparation, as well as political leadership; collaboration between public health and emergency management agencies; coordination with schools, child care, businesses, nongovernmental organizations, and community- and faith-based organizations; and clear communication with the public.
- Cancelling school, child care facilities, workplaces, and public buildings would reduce income for staff working in those locations. Additionally, this could impact the income of working parents left without childcare and school and impact the ability for students to learn.
- Consider options for students who receive free or reduced-price student lunches to continue receiving meals during missed school days. Families experiencing housing insecurity or homelessness may need additional and proactive planning to ensure children are able to access alternative meals during closures.
- Unintended consequences that inequitably impact historically marginalized individuals and communities may further erode trust with governmental systems needed for overall public health and future response efforts.
- Ensure all strategies, communications, and engagement are culturally and linguistically appropriate and meet readability and accessibility guidelines.

Intervention 11: Recommend or Order of Schools, Child Care Facilities, Workplaces, and Public Buildings

- Viruses quickly and easily spread in places where people gather in close contact, such as community centers, VFWs, senior centers, assisted living centers, long term care facilities, schools, child care facilities, workplaces, and public buildings. Dismissing or closing such facilities may be considered to limit disease spread by reducing the number of interpersonal contacts. In cases where closure is impossible, limiting access to visitors, symptom screening prior to entry, and other measures may be considered to reduce risk of disease introduction into a congregate care or living setting.
- This intervention should be done in alignment with all other NPI strategies (1-10).

Thresholds for Implementation:

- Threshold 1: Unmitigated or uncontained community transmission is occurring in several or many major US cities but there may not be evidence of community transmission in WA yet. In such a circumstances, authorities should consider initiating minimally restrictive/burdensome but effective mitigation measures.
- Threshold 2: Evidence that unmitigated or uncontained community transmission is occurring in WA State, but only in one or two jurisdictions, that cannot be contained.
- Threshold 3: Evidence that unmitigated or uncontained community transmission of disease is occurring across WA State (in more than 2 large jurisdictions).

Rationale for Use as Public Health Strategy

Social distancing measures, including closure of buildings, reduce opportunities for person-to-person virus transmission and can help delay the spread and slow the exponential growth of disease spread. If disease spread is occurring in a school, child care facility or public building, dismissing students, staff, or the public from these locations or closing the locations early can limit further spread. The optimal strategy may be to implement several social distancing steps simultaneously where large groups of people gather.

General assumptions: COVID-19 is known to cause more severe disease illness in individuals with known underlying medical conditions as well as older individuals (60 years of age or greater), COVID-19 symptoms are currently believed to be relatively mild or almost non-existent in younger populations, and as of 2/27/2020 COVID-19 is spreading now in 47 countries outside of the United States with known community transmission occurring in 10 countries.

Success Factors: Early implementation of dismissals or closures to limit spread. Facility compliance and authorities' ability to enforce effectively.

Possible Drawbacks: May result in missed school days, revenue loss, public outrage, or political backlash. It may disproportionately affect certain cultural and community groups. Low income and other vulnerable communities may be put at risk for non-outbreak related harm if they are

unsupervised, don't have access to an adult caretaker, or cannot communicate with the outside world if there is an emergency. It may cause disruption for families and communities. Adults may experience missed work and loss of income from their workplace closure or to stay home to care for children.

Possible Benefits: Reduces opportunities for widespread disease transmission by reducing interpersonal contacts and increasing social distance.

Settings and Use

Facility quarantine or closing facilities is a social distancing measure that may reduce face-to-face contact in community settings to reduce the spread of diseases transmitted by contact, droplets, or air. Choose social distancing measures depending on the severity of the disease.

Operational Strategies for Threshold 1:

- Recommend worksite telecommuting options.
- Strengthen public messaging around “if sick stay home.”
- Work with employers to relax/extend sick leave benefits for employees, and encourage or require employees to remain at home if they are sick
- Provide additional guidance for high risk population movement restrictions or protection measures.
 - Make recommendations for limiting visitation hours at Long Term Care (LTC) facilities or provide guidance on appropriate protection for any visitors.
 - Assure appropriate guidance is given to assisted living centers and retirement communities to mitigate potential transmission of disease at these sites. Recommend residents be vigilant at identifying their symptoms and contact local public health jurisdictions and their healthcare provider when symptoms present and isolating at home.
 - Recommend the continued use of NPI 1-5 measures at community centers, correctional centers, and other highly frequented community gathering locations especially those where high risk individuals may congregate (i.e. VFWs).
 - Provide recommendations for the exclusion of school age children with known underlying medical conditions.
 - Strengthen recommendations for social distancing within worksites that must maintain operations.
 - Increase general messaging on NPIs 1-5 for the community at wide and develop strategically directed messages for potentially high risk populations within the state.

Operational Strategies Threshold 2:

- Continue all strategies under Level 1 activation
- Enhance recommendations directed to the impacted jurisdictions, to include:
 - Recommend closure of community centers, senior recreational centers, VFWs, ELKS clubs, etc.

- Consider closure of businesses:
 - Businesses identify all non-essential functions that could be stood down.
 - Ask all business partners to transition eligible staff to telework.
- Consider closure of schools and universities activities and events.
- Consider closures of schools, child care centers, and universities.
- Consider closure of mass transit.
- Recommend or order closures of mass community gathering locations such as bowling alleys, malls, movie theatres.
- Message across the state the potential risk to travel to impacted jurisdictions.

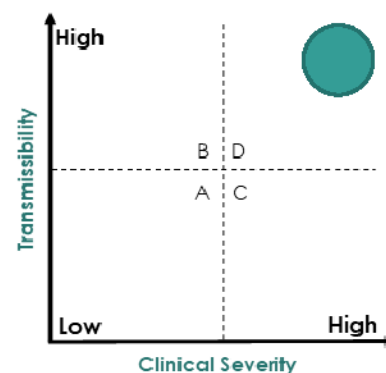
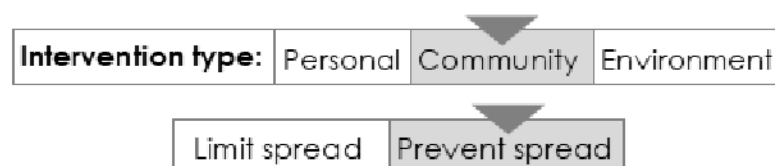
Operational Strategies Threshold 3:

- Continue all strategies under Level 2 activation
- Enhance mass messaging to the population across the state on NPI 1-7.
- Increase span of recommendations under level 2 for the entire state:
 - Recommend closure of community centers, senior recreational centers, VFWs, ELKS clubs, etc.
 - Consider closure or businesses
 - Recommend businesses identify all non-essential functions.
 - Ask all business partners to transition eligible staff to telework.
 - Consider or order closure of schools and universities activities and events.
 - Consider or order closures of schools, child care centers, and universities.
 - Consider or order closure of mass transit.
 - Recommend or order closures of mass community gathering locations such as bowling alleys, malls, movie theatres.

Intervention 12: Prevent Non-Emergency Travel Outside the Home

Limiting travel outside of the home will reduce probability of the transmission by reducing the numbers of the interpersonal contacts. Travel should be restricted to emergency use only.

Transmissibility (1-5)	5
Clinical severity (1-7)	5.5-7
Recommend implementing at	D



Rationale for Use as Public Health Strategy

This intervention is a more extreme measure of social distancing, which reduces occasions for person-to-person virus transmission to help delay the spread and slow the exponential growth of a pandemic.

Success Factors: Success depends upon compliance and authorities' ability to enforce effectively.

Possible Drawbacks: Will prevent the operation of public entities and private businesses; the effect will be felt economically by employees as loss of income, and the public as lack of commodity availability. Revenue loss; public outrage; and political backlash are possible. Travel restrictions may disproportionately affect certain cultural and community groups.

Possible Benefits: Reduces opportunities for direct or indirect disease spread, and may prevent a disease from entering new geographical region.

Settings and Use

- Travel restrictions are conditionally recommended during an early stage of a localized and extraordinarily severe pandemic for a limited period of time. Before implementing, consider cost, acceptability and feasibility, as well as ethical and legal considerations, in relation to this measure.
- This intervention should be considered when less-restrictive interventions have failed or to prevent disease introduction into new geographical areas.

Jurisdictional Authority and Key Decision Makers

Local, State

Key Decision Makers: Local governments have police power to protect the public health under the U.S. Constitution's 10th Amendment, granting authority to implement restrictions on private rights for the sake of public welfare, order, and security. It also includes reasonable regulations to protect public health and safety. Under the 10th Amendment, police powers resides with state and local authorities unless specifically delegated to federal government. Local governments

may need to collaborate with state and federal partners as the complexity of the emergency increases. Local governments may request support from the state.

The Governor has broad authority to proclaim a state of emergency in order to preserve life, health, property, or the public peace ([RCW 43.06.220](#)). A governor declared emergency could trigger limitations such as curfews, prohibitions of people on streets and open areas, limit use of streets, highways or public ways; or other broad restrictions outlined by the law, such as prohibiting travel.

Washington's laws against discrimination are outlined in RCW 49.60. Public officials should consider how communities may be impacted and take action to remove stigma that may marginalize or discriminate against groups.

Key Stakeholders: Decision should be made in coordination with local elected officials (such as mayor, city council, county council, and/or county executive), private sector, emergency managers, local law enforcement, school superintendents, boards of education, health care, and transportation agencies.

Applicable Law(s):

- [RCW 43.06.220 – State of emergency – powers of governor pursuant to proclamation](#)
- [RCW 43.70.020\(3\) – Department created](#)
- [RCW 43.70.130 – Powers and duties of the Secretary of Health](#)
- [RCW 70.05.060 – Powers and duties of local board of health](#)
- [RCW 70.05.070 – Local health officer – powers and duties](#)
- [RCW 49.60 – Discrimination – Human Rights Commission](#)
- [WAC 246-100-021 – Responsibilities and duties – Health care providers](#)
- [WAC 246-100-036 – Responsibilities and duties – Local health officers](#)
- [WAC 246-100-070 – Enforcement of local health officer orders](#)

Tribal

Tribal governments have the authority and responsibility to control communicable disease on tribal lands and are expected to do so according to the laws, rules, and regulations of the tribal government.

Federal

Key Decision Makers: The federal government has independent authority when emergencies cross state and national borders.

Applicable Law(s):

- [42 U.S.C. § 201 *et seq.* – Public Health Service Act](#)
- [42 U.S.C. § 247d – Public health emergencies](#)
- [42 U.S.C. § 264 - Regulations to control communicable diseases](#)
- [28 CFR Part 35 – Nondiscrimination on the Basis of Disability in State and Local Government Services](#)
- [Public Law No. 116-22 – 2019 Pandemic and All-Hazards Preparedness and Advancing Innovation Act \(PAHPAIA\)](#)
- [Public Law 113-5 – Pandemic and All Hazards Preparedness Reauthorization Act](#)

Decisional Objectives/Key Decision Points

- Define “essential travel”
- Define geographic location for ban on non-essential travel and length of ban.
- Communication strategies and communication plan
- Enforcement plan in coordination with law enforcement
 - Personal Protective Equipment (PPE) needed for enforcement officials
- Movement plan for individuals with essential travel needs
- Consider support of elected officials in issuing the order
- Consider how individual or community will access emergency services, if needed, during the restriction period
- Determine need for material support and services to meet essential needs (food, laundry, utilities, prescription medication, social support, etc.) and who will authorize providing services.
- Plans and logistics for specimen collection or providing other medical services, if needed.

Healthcare Considerations

- Consider impact on the healthcare system and their current capacity and if the intervention would reduce or increase burden.
- Determine if implementation would mitigate burden on health care system to maintain essential medical services, especially for underserved populations.
- Increase in absenteeism among health care workers if schools and childcare are closed.
- Potential legal and ethical issues involving altered standards of care.

Implementation Methods

- Health officer order to the public to cease all non-essential travel.
- Work with law enforcement agencies to enforce.
 - Enforcement must be feasible and within the capabilities of the agency.
- Distribute messaging to help the public understand the reason for the measure and what to do.
 - Ensure messaging is culturally and linguistically appropriate for any groups disproportionately affected by the travel restriction. Ensure messaging is accessible for individuals with disabilities and available in alternative formats.

Special Considerations

- Consider obtaining support of elected officials in issuing such a restrictive order.
- This intervention will require detailed coordination between state and local government officials.
- Law enforcement will be necessary to enforce the travel ban.
- Schools, transit services, and places of work will be affected.
- Sovereign tribal nations may decide their own criteria for non-emergency travel.
- Consider possible impacts to the health care system, such as an increase in people seeking care.
- Plan in advance any services needed to support the community during the restriction period.

Intervention 12: Prevent Non-Emergency Travel Outside the Home

Last updated: 2/24/2020

- Unintended consequences that inequitably impact historically marginalized individuals and communities may further erode trust with governmental systems needed for overall public health and future response efforts.
- Ensure all strategies, communications, and engagement are culturally and linguistically appropriate and meet readability and accessibility guidelines.

Intervention 12: Prevent Non-Emergency Travel Outside the Home

- Limiting travel outside of the home will reduce probability of the transmission by reducing the numbers of the interpersonal contacts. Travel should be restricted to emergency use only.
- Intervention 12 should not be done without Intervention 10-11 strategies also being implemented.

Thresholds for Implementation:

- Threshold 1: Unmitigated or uncontained community transmission is occurring in several or many major US cities but there may not be evidence of community transmission in WA yet. In such a circumstances, authorities should consider initiating minimally restrictive/burdensome but effective mitigation measures.
- Threshold 2: Evidence that unmitigated or uncontained community transmission is occurring in WA State, but only in one or two jurisdictions, that cannot be contained.
- Threshold 3: Evidence that unmitigated or uncontained community transmission of disease is occurring across WA State (in more than 2 large jurisdictions).
- Threshold 4: Health care system is significantly impacted and/or we have clear evidence that the case hospitalization and case fatality rate are higher than previously thought.

Rationale for Use as Public Health Strategy

This intervention is a more extreme measure of social distancing, which reduces occasions for person-to-person virus transmission to help delay the spread and slow the exponential growth of a pandemic.

General assumptions: COVID-19 is known to cause more severe disease illness in individuals with known underlying medical conditions as well as older individuals (60 years of age or greater), COVID-19 symptoms are currently believed to be relatively mild or almost non-existent in younger populations, and COVID-19 is spreading now in 47 countries outside of the United States with known community transmission occurring in 10 countries.

Success Factors: Success depends upon compliance and authorities' ability to enforce effectively.

Possible Drawbacks: Will prevent the operation of public entities and private businesses; the effect will be felt economically by employees as loss of income, and the public as lack of commodity availability. Revenue loss; public outrage; and political backlash are possible. Travel restrictions may disproportionately affect certain cultural and community groups. Includes community impacts such as food/groceries, gas station fuel, utilities.

Possible Benefits: Reduces opportunities for direct or indirect disease spread, and may prevent a disease from entering new geographical region.

Settings and Use

Travel restrictions are conditionally recommended during an early stage of a localized and extraordinarily severe pandemic for a limited period of time. Before implementing, consider cost, acceptability and feasibility, as well as ethical and legal considerations, in relation to this measure. This intervention should be considered when less-restrictive interventions have failed or to prevent disease introduction into new geographical areas.

Operational Strategy for Threshold 1:

- Strengthen public health messaging and communication efforts on NPI 1-11.
- Communicate CDC travel restrictions to WA State residents and make recommendations for limiting travel outside of the state.
 - Include enhanced messaging on traveler monitoring of symptoms for WA state residents.

Operational Strategy for Threshold 2:

- Continue efforts for messaging on NPI 1-11 as appropriate.
- Maintain communication locally on CDC travel restrictions and expand messaging to include local travel restrictions within highly impacted jurisdictions.
- Strengthen guidance for staying at home for non-emergent situations for impacted jurisdictions with 2nd generation spread of disease.
 - Additionally, consider closure of additional community businesses, closure of schools, child care centers, and other locations where people congregate within the impacted community.
 - Consider postponing or cancelling non-emergent travel for older adults and those with chronic medical conditions.

Operational Strategy for Threshold 3:

- Continue efforts under Threshold 2.
- Expand recommendation for staying at home for non-emergent situations,
 - Consider wider closure of additional community businesses, closure of schools, child care centers, and other locations where people congregate across the state.
 - Consider expanding travel restrictions for older adults and those with chronic medical conditions.
 - Including identification for alternative access to medical care/treatment that would limit need for emergency travel outside a home or facility environment.

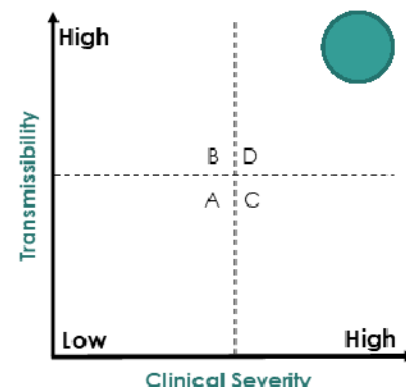
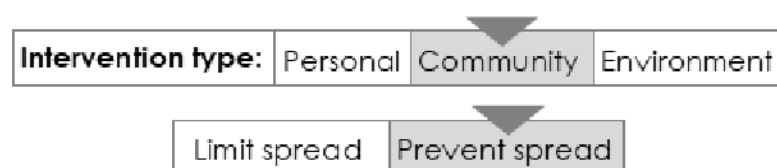
Operational Strategy for Threshold 4:

- Continue all efforts under threshold 3
- If no state of emergency has been declared, consider a declaration for non-emergency use of roadways to transport of sick persons.

Intervention 13: Establish a Cordon Sanitaire

Contains a communicable disease within specific geographical boundaries. Legally enforceable order that restricts movement into or out of an area of quarantine to reduce spread in and to persons outside affected area.

Transmissibility (1-5)	5
Clinical severity (1-7)	5.5-7
Recommend implementing at	D



Rationale for Use as Public Health Strategy

A cordon sanitaire is the restriction of movement of people in or out of the defined geographic area in order to contain disease within specific geographical boundaries. It is created around an area experiencing an outbreak or disease to prevent spread. This is a form of isolation and quarantine when applied to all inhabitants of an area as a sanitary barrier.

Success Factors: Success depends upon compliance and authorities' ability to enforce effectively. It also depends on engaging affected people to communicate the reason for the measure and gain their support for complying.

Possible Drawbacks: Controversial because it infringes on personal freedom of movement. May lead to feeling isolated or result in the isolation of an entire community. People could be stranded without support. Commerce will be heavily compromised. Revenue loss, public outrage, and political backlash are possible. It may disproportionately affect certain cultural and community groups, low-income families, rural and under-resourced communities, and individuals with un-related acute, chronic, or severe medical needs. May be difficult to solicit cooperation.

Possible Benefits: May contain a disease within the boundaries of the cordon. Reduces need for urgent evaluation of large numbers of potential contacts to determine indications for activity restrictions. May reduce transmission among groups without explicit activity restrictions.

Settings and Use

This strategy can be used when extensive transmission is occurring, a significant number of cases lack identifiable epidemiologic links at the time of evaluation, and/or restrictions placed on persons known to have been exposed are insufficient to prevent further spread.

Consider this intervention with highly transmissible and clinically severe disease that has requires geographic containment. This could apply to diseases that are easily transmitted

human-to-human via contact, droplet, and/or airborne routes when less-restrictive interventions have failed, or to prevent introduction into new geographical areas.

Jurisdictional Authority and Key Decision Makers

Local, State

Key Decision Makers: Local governments have police power to protect the public health under the US Constitution's 10th Amendment, granting authority to implement restrictions on private rights for the sake of public welfare, order, and security. It also includes reasonable regulations to protect public health and safety. Under the 10th Amendment, police powers resides with state and local authorities unless specifically delegated to federal government. Local governments may need to collaborate with state and federal partners as the complexity of the emergency increases. Local governments may request support from the state.

The Governor has broad authority to proclaim a state of emergency in order to preserve life, health, property, or the public peace ([RCW 43.06.220](#)). A governor declared emergency could trigger limitations such as curfews, prohibitions of people on streets and open areas, limit use of streets, highways or public ways; or other broad restrictions outlined by the law, such as prohibiting travel.

Washington's laws against discrimination are outlined in RCW 49.60. Public officials should consider how communities may be impacted and take action to remove stigma that may marginalize or discriminate against groups.

Applicable Law(s):

- [RCW 43.06.220 – State of emergency – powers of governor pursuant to proclamation](#)
- [RCW 43.70.020\(3\) – Department created](#)
- [RCW 43.70.130 – Powers and duties of the Secretary of Health](#)
- [RCW 70.05.060 – Powers and duties of local board of health](#)
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- [WAC 246-100-021 – Responsibilities and duties – Health care providers](#)
- [WAC 246-100-036 – Responsibilities and duties – Local health officers](#)
- [WAC 246-100-070 – Enforcement of local health officer orders](#)

Tribal

Tribal governments have the authority and responsibility to control communicable disease on tribal lands and are expected to do so according to the laws, rules, and regulations of the tribal government.

Federal

Key Decision Makers: The federal government has independent authority when emergencies cross state and national borders. HHS Secretary may declare a public health emergency under 42 USC sec. 247, which is a way to get Congress to fund a public health emergencies account, but declarations are often made receiving without associated Congressional funding.

The diseases subject to quarantine under federal law are determined by Executive Order. The most recent order published in the [Federal Register](#) includes severe acute respiratory syndromes and provides the basis for federal quarantine.

Applicable Law(s):

- [42 U.S.C. § 201 *et seq.* – Public Health Service Act](#)
- [42 U.S.C. § 247d – Public health emergencies](#)
- [42 U.S.C. § 264 - Regulations to control communicable diseases](#)
- [28 CFR Part 35 – Nondiscrimination on the Basis of Disability in State and Local Government Services](#)
- [42 C.F.R. Part 70 - Interstate Quarantine](#)
- [42 C.F.R. Part 71 - Foreign Quarantine](#)
- [Public Law No. 116-22 – 2019 Pandemic and All-Hazards Preparedness and Advancing Innovation Act \(PAHPAIA\)](#)
- [Public Law 113-5 – Pandemic and All Hazards Preparedness Reauthorization Act](#)

Decisional Objectives/Key Decision Points

- Geographic location and timeframe of cordon sanitaire.
- Communication strategies and communication plan, including:
 - How affected community will receive updates
 - Whether to set up a call center
- Work with law enforcement to determine an enforcement strategy, including non-compliance.
 - Personal Protective Equipment (PPE) for officials enforcing the cordon sanitaire
- Movement of individuals and essential personnel into and out of the cordoned area for health and safety reasons
- Movement of materials (e.g. food, medical supplies/services, waste management) into and out of the cordoned area and providing essential services (e.g. utilities and water), and who will authorize providing services.
- Plan for health and emergency services in the cordoned area, such as mental health support, telehealth, and emergency medical transport
- Plans and logistics for specimen collection or providing other medical services, if needed.
- Identify communities that will be disproportionately impacted or burdened.
- Plan community engagement efforts, methods, and approaches that are responsive to the needs, preferences, and values of the community.
- Proactively address unintended consequences that inequitably impact historically marginalized individuals and communities may further erode trust with governmental systems needed for overall public health and future response efforts.
- Ensure all strategies, communications, and engagement are culturally and linguistically appropriate and meet readability and accessibility guidelines.

Implementation Methods

- **Health officer orders a cordon for a specific geographic area.**
 - Work with local health officer to determine best geographic area; work with the Washington State Department of Transportation and other transportation partners to transport cases and/or contacts to or from a geographic area.
- **Work with law enforcement agencies to enforce the cordon.**

- Determine law enforcement needs and whether the agencies need additional officers.
- **Create and distribute accessible, public messaging,**
 - General messaging about why these measures are being taken.
 - Work with communications team to create messages that:
 - Meet readability and accessibility guidelines.
 - Are culturally and linguistically relevant.
 - Are translated into the most spoken languages in the affected area.
 - Are relevant/adaptable to the changing nature of the incident/outbreak.
 - Communicate through multiple platforms and channels appropriate to the affected communities
 - Engage with community leaders or representatives for advice and buy-in.
 - Provide messages to LHJs and other partners to share with their constituents.
 - Provide consistent messaging throughout the state via media outreach.
 - Develop tailored messaging for disproportionately impacted communities.

Special Considerations

- Requires excellent communication mechanisms to notify community of details and rationale.
- Low-income families, immigrant/refugee communities, communities of color, and individuals with criminal records may be disproportionately impacted by enforcement activities.
- Requires plans/protocols for providing essential services. Plan movement of materials (e.g., food, medical supplies/services, and waste management) into and out of the cordoned area and essential services (e.g., utilities and water) to avoid additional public health issues.
- Requires detailed coordination between state, local government officials, and community organizations/leaders/groups.
- Requires law enforcement to enforce travel restrictions and maintain security at borders, but their involvement may create stress, trauma/re-traumatization, and fear for certain communities.
- Heavily affects individual income, revenue, employment, economic opportunity, and commerce.
- Limits transportation for persons requiring medical evaluation, with appropriate infection control precautions. Consider use of telehealth resources to support this need, but that telehealth may not be an accessible resource for all individuals and communities in need.
- May disproportionately impact individuals with other, non-related chronic, severe, and acute medical conditions that require ongoing/follow-up treatment or management.
- Requires plan to divert flow of critical infrastructure supplies and materials that normally move through the cordoned area.
- Requires plan to provide mental health support.
- Risk of noncompliance, particularly as length of time increases. May require enforcement for noncompliance.
- When an entire community is involved, requires cooperation with neighboring jurisdictions that may not be using a similar intervention, particularly in situations where persons live in one city and work in another and only one locale is affected by the intervention.
- Coordination with the Office of the Governor and/or local government leadership may be needed.
- Tribal nations may decide their own criteria for cordoning and any relevant security concerns.
- Families on the brink of housing insecurity may be disproportionately impacted by loss of wages, potentially increasing risk of missing rent payments, potentially increasing risk of eviction and

homelessness. Homeless individuals already experience barriers to health care, services, and information.

- Unintended consequences that inequitably impact historically marginalized individuals and communities may further erode trust with governmental systems needed for overall public health and future response efforts.
- Ensure all strategies, communications, and engagement are culturally and linguistically appropriate and meet readability and accessibility guidelines.

Intervention 13: Establish a Cordon Sanitaire

- Contains a communicable disease within specific geographical boundaries. Legally enforceable order that restricts movement into or out of an area of quarantine to reduce spread in and to persons outside affected area. A less restrictive cordon sanitaire can also be imposed that allows essential travel and supplies into and out of the cordon as well as limited nonemergency travel.
- Intervention 13 should not be done without also considering interventions 10-12 strategies also being implemented.

Thresholds for Considering Implementation:

- Threshold 1: Second or Third generation of spread in a narrowly defined geographic region within the state or clusters of geographic transmission in defined pockets within the state.

Rationale for Use as Public Health Strategy

A cordon sanitaire is the restriction of movement of people in or out of the defined geographic area in order to contain disease within specific geographical boundaries. This is a form of combined isolation and quarantine when applied to all inhabitants of an area as a sanitary barrier.

General assumptions: COVID-19 is known to cause more severe disease illness in individuals with known underlying medical conditions as well as elderly individuals (60 years or greater), COVID-19 symptoms are currently believed to be relatively mild or almost non-existent in younger populations, and COVID-19 is spreading now in 47 countries outside of the United States with known community transmission occurring in 10 countries.

Success Factors: Success depends upon compliance and authorities' ability to enforce effectively.

Possible Drawbacks: Controversial because it infringes on personal freedom of movement. May lead to feeling isolated or result in the isolation of an entire community. People could be stranded without support. Commerce will be heavily compromised. Revenue loss, public outrage, and political backlash are possible. It may disproportionately affect certain cultural and community groups, low-income families, under-resourced communities, and individuals with un-related acute, chronic, or severe medical needs. May be difficult to solicit cooperation.

Possible Benefits: May contain a disease within the boundaries of the cordon. Reduces need for urgent evaluation of large numbers of potential contacts to determine indications for activity restrictions. May reduce transmission among groups without explicit activity restrictions.

Settings and Use

This strategy can be used when extensive transmission is occurring, a significant number of cases lack identifiable epidemiologic links at the time of evaluation, and/or restrictions placed on persons known to have been exposed are insufficient to prevent further spread.

Consider this intervention with highly transmissible and clinically severe disease that has requires geographic containment. This could apply to diseases that are easily transmitted human-to-human via contact, droplet, and/or airborne routes when less-restrictive interventions have failed, or to prevent introduction into new geographical areas.

Operational Strategy for Threshold 1:

- Refer to 13.1

TABLE 1. Non-pharmaceutical Interventions Matrix

Assessment*		Intervention	Expected Result	Example Implementation	Begin NPI use	NPI Type
Transmissibility	Clinical Severity					
1	1-4	1. Increase handwashing and use of alcohol-based sanitizer	Reduce probability of direct and indirect transmission of the disease by disinfecting hands	Conduct public messaging and media campaigns to encourage and educate the public and to promote enhanced hygiene and social distancing measures. Targeted messaging to major employers may be beneficial in encouraging the enhance behaviors in the workplace.	Y N	Personal
1	1-4	2. Respiratory Hygiene/Cough Etiquette	Reduce probability of droplet transmission of the disease by reducing the range of respiratory droplets and aerosols		Y N	
1	1-4	3. Keep distance from others (>6 feet)	Reduce probability of direct and droplet transmission by reducing the number of interpersonal contacts		Y N	Community
1	1-4	4. Frequently clean and disinfect personal surfaces (doorknobs, phones, keyboards, etc.)	Reduce the probability of indirect transmission by disinfecting fomites		Y N	Environmental
1	1-4	5. Remain home through the duration of respiratory illness	Reduce probability of transmission by preventing contacts between well and sick people		Y N	Personal
2	2 - 5	6. Voluntary isolation of sick persons	Reduce probability of transmission by preventing contacts between well and sick people	Health officers, medical providers, and public health personnel provide direct education to cases and contacts asking that they remain home for an established period of time.	Y N	
2	2 - 5	7. Voluntary quarantine of contacts of sick persons	Reduce probability of transmission in the event that the contact becomes contagious before symptoms developed.		Y N	Community
3	5 – 6.5	8. Involuntary isolation of sick persons	Reduce probability of transmission by preventing contacts between well and sick people	Health officers issue emergency detention orders or seek court orders for involuntary detention in order to involuntarily isolate or quarantine those who are uncooperative	Y N	
3	5 - 6.5	9. Involuntary quarantine of contacts of sick persons	Reduce probability of transmission in the event that the contact becomes contagious before symptoms develop		Y N	
4	5 - 7	10. Order cancellation of major public and large private gatherings	Reduce probability of transmission by reducing the number of the interpersonal contacts	Health officer orders to suspend all gatherings above a certain size with the intention to reduce risk of disease transmission if a subset of that population may be sick	Y N	
4	5 - 7	11. Order closure of schools, childcare facilities, workplaces, and public buildings	Reduce probability of transmission by reducing the number of the interpersonal contacts		Y N	
5	5.5 - 7	12. Prevent non-emergency travel outside of the home	Reduce probability of transmission by reducing the number of the interpersonal contacts	Health officer orders to halt non-emergency travel and remain indoors in order to protect those not yet sick.	Y N	
5	5.5 - 7	13. Establish a cordon sanitaire	Contain the disease within specific geographical boundaries.		Y N	

*Assessment levels are based on the following table (Table 2).

TABLE 2. Refined assessment: scaled measures of influenza virus transmissibility and clinical severity							
Measures of transmissibility and clinical severity	Scale						
	1	2	3	4	5	6	7
Transmissibility (scale of 1-5)							
Symptomatic attack rate, community	≤ 10%	11% - 15%	16% - 20%	21% - 24%	≥ 25%	-	-
Symptomatic attack rate, school	≤ 20%	21% - 25%	26% - 30%	31% - 35%	≥ 36%	-	-
Symptomatic attack rate, workplace	≤ 10%	11% - 15%	16% - 20%	21% - 24%	≥ 25%	-	-
Household secondary attack rate, symptomatic	≤ 5%	6% - 10%	11% - 15%	16% - 20%	≥ 21%	-	-
R ⁰ : basic reproductive number	≤ 1.1	1.2 – 1.3	1.4 – 1.5	1.6 – 1.7	≥ 1.8	-	-
Peak percentage of outpatient visits for influenza-like illness	1% - 3%	4% - 6%	7% - 9%	10% - 12%	≥ 13%	-	-
Clinical severity (scale of 1 – 7)							
Case-fatality ratio	<0.02%	0.02% - 0.05%	0.5% - 0.1%	0.1% - 0.25%	0.25% - 0/5%	0.5% - 1%	>1%
Case-hospitalization ratio	<0.5%	0.5% - 0.8%	0.8% - 1.5%	1.5% - 3%	3% - 5%	5% - 7%	>7%
Deaths-hospitalizations ratio	≤3%	4% - 6%	7% - 9%	10% - 12%	13% - 15%	16% - 18%	>18%

Source: Reed C, Biggerstaff M, Finelli L, et al. Novel framework for assessing epidemiologic effects of influenza epidemics and pandemics. *Emerg Infect Dis* 2013; 19:85-91

This chart transcribed from the CDC's MMWR, *Community Mitigation Guidelines to Prevent Pandemic Influenza-United States, 2017*

ADDITIONAL SUPPLEMENTAL DOCUMENTS

- 10.1S Supplemental Guidance for Intervention 10: Recommend or Order Cancellation of Major Public and Large Private Gatherings
- 11.1S Supplemental Guidance for Intervention 11: Recommend or Order of Schools, Child Care Facilities, Workplaces, and Public Buildings
- 12.1S Supplemental Guidance for Intervention 12: Prevent Non-Emergency Travel Outside the Home
- 13.1S Supplemental Guidance for Intervention 13: Establish a Cordon Sanitaire

Intervention 10: Recommend or Order Cancellation of Major Public and Large Private Gatherings

- Social distancing measures, such as cancellation or postponement of mass gatherings, reduce opportunities for person-to-person virus transmission and can help delay the spread and slow the exponential growth of disease spread. The optimal strategy is to implement these measures simultaneously in places where people gather, and to do so strategically in ways that maximize the benefit of reducing interpersonal contacts, particularly for people at increased risk, while also working to minimize the burden on society resulting from the intervention.

Thresholds for Considering Implementation:

- **Threshold 1:** Unmitigated or uncontained community transmission is occurring in several or many major US cities but there may not be evidence of community transmission in WA yet. In such a circumstances, authorities should consider initiating minimally restrictive/burdensome but effective mitigation measures.
- **Threshold 2:** Evidence that unmitigated or uncontained community transmission is occurring in WA State, but only in one or two jurisdictions, that cannot be contained.
- **Threshold 3:** Evidence that unmitigated or uncontained community transmission of disease is occurring across WA State (in more than 2 large jurisdictions).

Rationale for Use as Public Health Strategy

Recommending or ordering cancellation of mass gatherings, in combination with other social distancing measures (e.g., patient isolation, quarantine of exposed persons, and public site closures), may help reduce virus transmission.

General assumptions: COVID-19 is known to cause more severe disease illness in individuals with known underlying medical conditions as well as in older individuals (60 years of age and greater), COVID-19 symptoms are currently believed to be relatively mild or almost non-existent in younger populations, and as of 2/27/2020, COVID-19 is spreading now in 47 countries outside of the United States with known community transmission occurring in 10 countries.

Success Factors: Success depends upon event sponsor compliance and authorities' ability to enforce effectively. All non-pharmaceutical interventions have the greatest effect when implemented early and effectively.

Possible Drawbacks: May result in revenue loss, public outrage, or political backlash, and may disproportionately affect certain cultural and community groups. For these reasons, working with communities and event organizers to voluntarily cancel events and gatherings is strongly preferred.

Possible Benefits: Reduces opportunities for widespread disease transmission by reducing interpersonal contacts and increasing social distance. The larger the event and the closer the

interpersonal interactions/contact expected at each event, the more benefit can be derived through canceling the event

Settings and Use

Social distancing measures can be implemented in a range of community settings, including public places where people gather (e.g., parks, houses of worship, theaters, sports arenas). Modifying, cancelling, or postponing events is an approach that might reduce face-to-face contact in community settings.

Operational Strategies for Threshold 1:

- Recommend and implement voluntary event cancellations for large gatherings.
 - Specifically, recommend postponing or canceling events with large numbers of high risk individuals (older adults or individuals with known health conditions).
- For events that will be ongoing, consider:
 - Review and implement NPI 1-5 strategies at venue sites to assure adequate precautions are in place, including:
 - Screening at point of entry for symptomatic persons, including taking temperatures, at events for exclusion.
 - Ensure that hand hygiene stations are available for all attendees.
 - Address social distancing recommendations through site setup strategies.
 - Communicate with high risk groups the importance of staying home and non-attendance for major gatherings.
 - Address reimbursement policy for attendees who are ill or in a high-risk group.
- Consider partnering with the following organizations to inform decision making:
 - Event venues, city officials and planners, law enforcement organizations, local emergency management, industry associations, faith and community based organizations, etc.
- Weigh the health, economic, and cultural impacts of canceling or postponing the event.

Operational Strategies for Threshold 2:

- Continue efforts under Threshold 1.
- Stronger recommendations for event cancellations for areas impacted.
- Consider a public messaging campaign to ensure attendees are aware of the potential risks of attending.
- Can you hold the event remotely (via teleconference)? At a different location?
- Voluntary recommendations for non-high risk geographic areas in WA state.

Operational Strategies for Threshold 3:

- Continue efforts under Thresholds 2.
- Ordering of event cancellations statewide.
- Develop and implement a messaging campaign to ensure attendees are aware the event is cancelled.

Intervention 11: Recommend or Order of Schools, Child Care Facilities, Workplaces, and Public Buildings

- Viruses quickly and easily spread in places where people gather in close contact, such as community centers, VFWs, senior centers, assisted living centers, long term care facilities, schools, child care facilities, workplaces, and public buildings. Dismissing or closing such facilities may be considered to limit disease spread by reducing the number of interpersonal contacts. In cases where closure is impossible, limiting access to visitors, symptom screening prior to entry, and other measures may be considered to reduce risk of disease introduction into a congregate care or living setting.
- This intervention should be done in alignment with all other NPI strategies (1-10).

Thresholds for Implementation:

- Threshold 1: Unmitigated or uncontained community transmission is occurring in several or many major US cities but there may not be evidence of community transmission in WA yet. In such a circumstances, authorities should consider initiating minimally restrictive/burdensome but effective mitigation measures.
- Threshold 2: Evidence that unmitigated or uncontained community transmission is occurring in WA State, but only in one or two jurisdictions, that cannot be contained.
- Threshold 3: Evidence that unmitigated or uncontained community transmission of disease is occurring across WA State (in more than 2 large jurisdictions).

Rationale for Use as Public Health Strategy

Social distancing measures, including closure of buildings, reduce opportunities for person-to-person virus transmission and can help delay the spread and slow the exponential growth of disease spread. If disease spread is occurring in a school, child care facility or public building, dismissing students, staff, or the public from these locations or closing the locations early can limit further spread. The optimal strategy may be to implement several social distancing steps simultaneously where large groups of people gather.

General assumptions: COVID-19 is known to cause more severe disease illness in individuals with known underlying medical conditions as well as older individuals (60 years of age or greater), COVID-19 symptoms are currently believed to be relatively mild or almost non-existent in younger populations, and as of 2/27/2020 COVID-19 is spreading now in 47 countries outside of the United States with known community transmission occurring in 10 countries.

Success Factors: Early implementation of dismissals or closures to limit spread. Facility compliance and authorities' ability to enforce effectively.

Possible Drawbacks: May result in missed school days, revenue loss, public outrage, or political backlash. It may disproportionately affect certain cultural and community groups. Low income and other vulnerable communities may be put at risk for non-outbreak related harm if they are unsupervised, don't have access to an adult caretaker, or cannot communicate with the outside world if there is an emergency. It may cause disruption for families and communities. Adults may experience missed work and loss of income from their workplace closure or to stay home to care for children.

Possible Benefits: Reduces opportunities for widespread disease transmission by reducing interpersonal contacts and increasing social distance.

Settings and Use

Facility quarantine or closing facilities is a social distancing measure that may reduce face-to-face contact in community settings to reduce the spread of diseases transmitted by contact, droplets, or air. Choose social distancing measures depending on the severity of the disease.

Operational Strategies for Threshold 1:

- Recommend worksite telecommuting options.
 - Encourage employers to update continuity of operations plans to address telework and other ways to meet mission essential functions.
- Strengthen public messaging around “if sick stay home.”
 - Ensure there is clear and consistent messaging about symptoms that should be monitored.
- Work with employers to relax/extend sick leave benefits for employees, and encourage or require employees to remain at home if they are sick.
 - Consider revising state paid sick leave regulations to improve access for impacted individuals. This could include, for example, revising the requirement for a physician's certification in order to alleviate burden on the health care system and ensure impacted individuals receive benefits in a timely manner.
- Provide additional guidance for high risk population movement restrictions or protection measures.
 - Make recommendations for limiting visitation hours at Long Term Care (LTC) facilities or provide guidance on appropriate protection for any visitors.
 - Assure appropriate guidance is given to assisted living centers and retirement communities to mitigate potential transmission of disease at these sites. Recommend residents be vigilant at identifying their symptoms and contact local public health jurisdictions and their healthcare provider when symptoms present and isolating at home.
 - Recommend the continued use of NPI 1-5 measures at community centers, correctional centers, and other highly frequented community gathering locations especially those where high risk individuals may congregate (i.e. VFWs).

- Build networks of communication with relevant partners so that specific messaging can be quickly and effectively disseminated.
- Provide recommendations for the exclusion of school age children with known underlying medical conditions.
- Strengthen recommendations for social distancing within worksites that must maintain operations.
- Increase general messaging on NPIs 1-5 for the community at wide and develop strategically directed messages for potentially high risk populations within the state.

Operational Strategies Threshold 2:

- Continue all strategies under Level 1 activation
- Enhance recommendations directed to the impacted jurisdictions, to include:
 - Recommend closure of community centers, senior recreational centers, VFWs, ELKS clubs, etc.
 - Consider closure of businesses:
 - Businesses identify all non-essential functions that could be stood down.
 - Ask all business partners to transition eligible staff to telework.
 - Consider closure of schools and universities activities and events.
 - Consider closures of schools, child care centers, and universities.
 - Consider closure of mass transit.
 - Recommend or order closures of mass community gathering locations such as bowling alleys, malls, movie theatres.
 - Message across the state the potential risk to travel to impacted jurisdictions.

Operational Strategies Threshold 3:

- Continue all strategies under Level 2 activation
- Enhance mass messaging to the population across the state on NPI 1-7.
- Increase span of recommendations under level 2 for the entire state:
 - Recommend closure of community centers, senior recreational centers, VFWs, ELKS clubs, etc.
 - Consider closure or businesses
 - Recommend businesses identify all non-essential functions.
 - Ask all business partners to transition eligible staff to telework.
 - Consider or order closure of schools and universities activities and events.
 - Consider or order closures of schools, child care centers, and universities.
 - Consider or order closure of mass transit.
 - Provide transportation options for AFN populations and mission essential workers.
 - Strategies to reduce the impact of increased traffic due to single occupancy vehicles could include:

- Decrease tolling;
 - Delay construction projects; and
 - Limit HOV lanes to public safety and mission essential workers.
- Recommend or order closures of mass community gathering locations such as bowling alleys, malls, movie theatres.

Intervention 12: Prevent Non-Emergency Travel Outside the Home

- Limiting travel outside of the home will reduce probability of the transmission by reducing the numbers of the interpersonal contacts. Travel should be restricted to emergency use only.
- Intervention 12 should not be done without Intervention 10-11 strategies also being implemented.

Thresholds for Implementation:

- Threshold 1: Unmitigated or uncontained community transmission is occurring in several or many major US cities but there may not be evidence of community transmission in WA yet. In such a circumstances, authorities should consider initiating minimally restrictive/burdensome but effective mitigation measures.
- Threshold 2: Evidence that unmitigated or uncontained community transmission is occurring in WA State, but only in one or two jurisdictions, that cannot be contained.
- Threshold 3: Evidence that unmitigated or uncontained community transmission of disease is occurring across WA State (in more than 2 large jurisdictions).
- Threshold 4: Health care system is significantly impacted and/or we have clear evidence that the case hospitalization and case fatality rate are higher than previously thought.

Rationale for Use as Public Health Strategy

This intervention is a more extreme measure of social distancing, which reduces occasions for person-to-person virus transmission to help delay the spread and slow the exponential growth of a pandemic.

General assumptions: COVID-19 is known to cause more severe disease illness in individuals with known underlying medical conditions as well as older individuals (60 years of age or greater), COVID-19 symptoms are currently believed to be relatively mild or almost non-existent in younger populations, and COVID-19 is spreading now in 47 countries outside of the United States with known community transmission occurring in 10 countries.

Success Factors: Success depends upon compliance and authorities' ability to enforce effectively.

Possible Drawbacks: Will prevent the operation of public entities and private businesses; the effect will be felt economically by employees as loss of income, and the public as lack of commodity availability. Revenue loss; public outrage; and political backlash are possible. Travel restrictions may disproportionately affect certain cultural and community groups. Includes community impacts such as food/groceries, gas station fuel, utilities.

Possible Benefits: Reduces opportunities for direct or indirect disease spread, and may prevent a disease from entering new geographical region.

Settings and Use

Travel restrictions are conditionally recommended during an early stage of a localized and extraordinarily severe pandemic for a limited period of time. Before implementing, consider

cost, acceptability and feasibility, as well as ethical and legal considerations, in relation to this measure. This intervention should be considered when less-restrictive interventions have failed or to prevent disease introduction into new geographical areas.

Operational Strategy for Threshold 1:

- Strengthen public health messaging and communication efforts on NPI 1-11.
- Communicate CDC travel restrictions to WA State residents and make recommendations for limiting travel outside of the state.
 - Include enhanced messaging on traveler monitoring of symptoms for WA state residents.

Operational Strategy for Threshold 2:

- Continue efforts for messaging on NPI 1-11 as appropriate.
- Maintain communication locally on CDC travel restrictions and expand messaging to include local travel restrictions within highly impacted jurisdictions.
- Strengthen guidance for staying at home for non-emergent situations for impacted jurisdictions with 2nd generation spread of disease.
 - Additionally, consider closure of additional community businesses, closure of schools, child care centers, and other locations where people congregate within the impacted community.
 - Consider postponing or cancelling non-emergent travel for older adults and those with chronic medical conditions.

Operational Strategy for Threshold 3:

- Continue efforts under Threshold 2.
- Expand recommendation for staying at home for non-emergent situations,
 - Consider wider closure of additional community businesses, closure of schools, child care centers, and other locations where people congregate across the state.
 - Consider expanding travel restrictions for older adults and those with chronic medical conditions.
 - Including identification for alternative access to medical care/treatment that would limit need for emergency travel outside a home or facility environment.

Operational Strategy for Threshold 4:

- Continue all efforts under threshold 3
- If no state of emergency has been declared, consider a declaration for non-emergency use of roadways to transport of sick persons.
 - Consider finding alternative ways to use mass transit to provide transportation for impacted individuals.

Intervention 13: Establish a Cordon Sanitaire

- Contains a communicable disease within specific geographical boundaries. Legally enforceable order that restricts movement into or out of an area of quarantine to reduce spread in and to persons outside affected area. A less restrictive cordon sanitaire can also be imposed that allows essential travel and supplies into and out of the cordon as well as limited nonemergency travel.
- Intervention 13 should not be done without also considering interventions 10-12 strategies also being implemented.

Thresholds for Considering Implementation:

- Threshold 1: Second or third generation of spread in a narrowly defined geographic region within the state or clusters of geographic transmission in defined pockets within the state.

Rationale for Use as Public Health Strategy

A cordon sanitaire is the restriction of movement of people in or out of the defined geographic area in order to contain disease within specific geographical boundaries. This is a form of combined isolation and quarantine when applied to all inhabitants of an area as a sanitary barrier.

General assumptions: COVID-19 is known to cause more severe disease illness in individuals with known underlying medical conditions as well as elderly individuals (60 years or greater), COVID-19 symptoms are currently believed to be relatively mild or almost non-existent in younger populations, and COVID-19 is spreading now in 47 countries outside of the United States with known community transmission occurring in 10 countries.

Success Factors: Success depends upon compliance and authorities' ability to enforce effectively.

Possible Drawbacks: Controversial because it infringes on personal freedom of movement. May lead to feeling isolated or result in the isolation of an entire community. People could be stranded without support. Commerce will be heavily compromised. Revenue loss, public outrage, and political backlash are possible. It may disproportionately affect certain cultural and community groups, low-income families, under-resourced communities, and individuals with un-related acute, chronic, or severe medical needs. May be difficult to solicit cooperation.

Possible Benefits: May contain a disease within the boundaries of the cordon. Reduces need for urgent evaluation of large numbers of potential contacts to determine indications for activity restrictions. May reduce transmission among groups without explicit activity restrictions.

Settings and Use

This strategy can be used when extensive transmission is occurring, a significant number of cases lack identifiable epidemiologic links at the time of evaluation, and/or restrictions placed on persons known to have been exposed are insufficient to prevent further spread.

Consider this intervention with highly transmissible and clinically severe disease that has requires geographic containment. This could apply to diseases that are easily transmitted human-to-human via contact, droplet, and/or airborne routes when less-restrictive interventions have failed, or to prevent introduction into new geographical areas.

Operational Strategy for Threshold 1:

- The following partners are essential to implement cordon sanitaire:
 - Local emergency management, state emergency management, local law enforcement, first responders, local and state officials, waste management companies, critical infrastructure partners, Department of Transportation, Washington Military Department, etc.
- Consider how essential supplies (food, medical supplies, etc.) and workers will get in and out of the cordon.
- Develop and implement a public information campaign to ensure those inside and outside of the cordon receive regular updates.

Novel Coronavirus (COVID-19) Guidance for Institutions of Higher Education

The Washington State Department of Health has developed this guidance to assist institutions of higher education with their response to the 2019 novel coronavirus disease (COVID-19) outbreak. While the situation is evolving, at this time we believe that those over 60, immune-compromised or those with chronic medical conditions may be at higher risk for severe illness from COVID-19. Institutions of higher education have experience managing respiratory infections and outbreaks among students and staff and should apply the same outbreak management principles to COVID-19. Additional resources on how institutions of higher education can prepare for and manage COVID-19 can be found here:

<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-ihe-response.html>

Prepare:

- **Stay informed about the local COVID-19 situation.** Know where to turn for reliable, up-to-date information in your local community. Monitor the [CDC COVID-19 website](#) and your [state and local health department websites](#) for the latest information.
- **Develop, or review, your campus' emergency operations plan.** Ensure your institution has a plan that includes strategies to reduce the spread of disease and establishes mechanisms for ongoing communication with staff, students, volunteers, and the community. This should be done in collaboration with local health departments and other relevant partners.
 - Consider including additional guidance related to congregate settings for students who depend on student housing and food services. Develop contingency plan for students who utilize dining hall services, including the potential for distribution of pre-packed goods.
- **Develop, or review, your institution's plan for individuals studying or working abroad.** Continue to monitor the [CDC's Travel Health Notices](#) and create a plan for supporting students and staff in affected areas. Consider plans for [restricting travel](#) to and from affected areas, recalling students and staff from affected areas, ensuring continuity of communications, and providing support for individuals returning to campus.
 - **Provide recommendations and up-to-date information for students who may consider traveling during school breaks.**
- **Monitor and plan for absenteeism.** A COVID-19 outbreak in your community could lead to staff and student absenteeism. Prepare alternative staffing plans to ensure as many of your facility's staff are available as possible. See the Department of Health's Guidance for [Workplaces and Employers](#) for more specific resources and information. Proactively provide alternatives for students who may need to miss classes due to quarantine or isolation activities to ensure their adherence to public health guidance and protocol

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does not impact their academic performance or opportunities. This may include options for distance learning, alternative exam dates, or other make-up options for missed coursework.

- **Establish relationships with key healthcare and public health partners in your community.** Make sure you know about healthcare and public health emergency planning and response activities in your community, and establish open lines of communication with leadership in your [local health jurisdiction](#).
- **Build relationships with key community organizations and partners who may be impacted by your campus' closure.**
- **Create an emergency contact list.** Develop and continuously update emergency contact lists for key partners and ensure the lists are accessible in key locations in your institution. For example, know how to reach your local or state health department in an emergency.
- **Develop a communications plan.** A key component to preparedness is developing a communications plan that outlines how you plan to reach different audiences including ensuring all communications are culturally and linguistically appropriate as well as accessible for individuals with disabilities.
- **Assess impacts to other services and on campus.** If your institution also operates a childcare facility, workforce center, health center, restaurant, religious services, and/or other social services, you will need to consider the impacts of an outbreak or closure on any individuals who are employed in these settings, or are customers, clients, patients, or utilizers of these services. See www.doh.wa.gov/coronavirus for more specific guidance.

Communicate:

- **Communicate about COVID-19 with your staff.** Share information about what is currently known about COVID-19 and your facility's preparedness plans. Communicate your expectations for modeling respiratory etiquette, staying home when sick, and supporting employees who need to take care of a sick person.
 - Consider the impact of disease on staff and students that may be at higher risk for adverse health complications. Inform employees that some people may be at higher risk for severe illness, such as those over 60, immune-compromised or those with chronic medical conditions. Plan to accommodate their work.
- **Communicate about COVID-19 with students and families.** Provide updates about changes to your policies or operations. Use all communication channels that you have available including your email, university/college news, website, letters, and social media to share updates. Make sure to plan ahead for linguistic needs of the student population.
- **Communication with the larger community and other impacted individuals.** Once you have assessed the impacts to other services within your institution (e.g. onsite childcare), make sure you develop a specific communication outreach plan to ensure the individuals most impacted by your decision or closure receive the information they

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need. Proactively identify and meet any needs for language assistance through the translation of materials or interpretation services.

- **Maintain up to date information on your institution's website regarding procedures for access health facilities on campus.** If a staff member or student believes they should seek medical evaluation for COVID-19, it is important to place them in a private room away from others and ask them to wear a face mask. If the student is seen in a student health services facility, ensure that they call the clinic prior to making the appointment. Make sure that the clinic is aware to immediately notify your LHJ if they think the student has COVID-19. Your LHJ will provide you with guidance.
- **Intentionally and persistently combat stigma.** Misinformation about coronavirus and COVID-19 can create fear and hostility that hurts people and makes it harder to keep everyone healthy. We're stronger as a community when we stand together against discrimination. Take advantage of these [resources](#) to prevent, interrupt, and respond to stigma.

Prevent:

- **Encourage sick students and staff to stay home and away from others.** Separate staff and students who become ill from others on campus. Send them home immediately. Ensure that your sick leave policies are flexible and consistent with public health guidance and that staff are aware of these policies.
 - If individuals have fever, cough or shortness of breath and have not been around anyone who has been diagnosed with COVID19, they should stay home away from others until 72 hours after the fever is gone and symptoms get better.
 - If an individual believes they have had close contact to someone with COVID-19 but are not currently sick, they should monitor their health for fever, cough, and shortness of breath during the 14 days after the last day they were in close contact with the sick person with COVID-19. They should not go to work or school, and should avoid public places for 14 days.
- **Perform routine environmental cleaning.** Follow the institution's routine cleaning and disinfection program. Emphasize cleaning and disinfecting of all frequently touched surfaces, such as workstations, computer labs, shared equipment, classroom furniture, countertops, handrails, and doorknobs. Clean and maintain sports and recreational equipment and facilities on a regular basis.
- **Post signs.** As part of routine measures for the respiratory season, existing [signs](#) should be visible that reminds staff, visitors, and students to perform hand hygiene, sneeze/cough into their elbow, put used tissues in a waste receptacle and to wash hands immediately after using tissues. Recommend everyone to avoid close greetings like hugs or handshakes. Ensure that all classrooms and common areas around campus are well stocked with appropriate hygiene materials, including appropriate hand sanitizer at all entrances.

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- **Emphasize normally recommended actions to prevent the spread of disease.** You can help students and staff reduce their risk for getting and spreading viral respiratory infections by encouraging them to take simple steps which will also prevent COVID-19. These include:
 - Frequent hand washing with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, and after they blow their nose. If hands are visibly dirty, use soap and water to clean hands.
 - If soap and water are not readily available, using an alcohol-based hand sanitizer with at least 60% alcohol.
 - Advising persons to avoid touching their eyes, nose, and mouth with unwashed hands.
 - Covering coughs or sneezes with a tissue, then throwing the tissue in the trash and cleaning hands with soap and water or hand sanitizer (if soap and water are not readily available).
 - Providing adequate supplies for good hygiene, including clean and functional handwashing stations, soap, paper towels, and alcohol-based hand sanitizer.

Mitigate:

- **If there is an identified case of COVID-19 in your school, work in close collaboration and coordination with your leadership, local health officials, and other health care and public health partners in your community to make decisions regarding measures to reduce the spread of COVID-19.**
- **Implement social distancing measures.** If there are cases of COVID-19 in the community, consider using social distancing rather than closing facilities until there is evidence that a case is associated with your institution in some way. Examples of social distancing include staggering class times or canceling large conferences and sporting events.
- **Communicate about potential exposure to COVID-19.** It is critical to maintain confidentiality of the individual while working to address potential fear and anxiety of students and staff.
- **Determine if, when, and for how long it may be appropriate to dismiss classes.** In general, facilities should only close or cancel classes if a student, staff member, or administrator has been diagnosed with a confirmed case of COVID-19.
 - Consider closing cancelling classes or closing facilities for 2 to 5 days and cooperate with local health officials in their investigation during this time. Seek guidance from local health officials about the need to lengthen facility closures or resuming normal operations.
 - It is not recommended to preemptively close facilities for cleaning if there are no confirmed cases of COVID-19 associated with the facility.
- **Assess alternative learning opportunities, such as web-based instruction, to assure continuity of instruction.** It is important to use an equity lens when making these plans.

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It may make more sense to cancel classes all together rather than deploying an alternative model that can be accessed by some, but not all, of your students.

Additional COVID-19 Resources

- [DOH Coronavirus \(COVID-19\) webpage](#) – updated information and resources daily
- [Resources for Higher Education Institutions](#)
- [Workplace and Employers](#)
- [Persons Who are at Higher Risk for Serious Illness](#)
- [Communities and Community Organizations](#)
- [Stigma Reduction](#)
- [How Can I Be Prepared for a COVID-19 Outbreak?](#)

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Checklist for County Governments – COVID-19 Response for Long-Term Care and Residential Facilities

Planning for pandemic events is critical for county governments. This checklist identifies prevention and mitigation strategies for county governments to consider when working with long-term care and residential facilities.

1. Know what long-term care and residential facilities are in your county

- Be familiar with the landscape of long-term care and residential facilities in your county. Example types of facilities include:
 - Assisted Living Facilities
 - Adult Family Home
 - Enhanced Service Facility
 - Supportive Living
 - Group Homes
 - Regulated (DOH) Residential Centers
 - Nursing facilities
 - Intermediate Care Facilities
 - Psychiatric Hospitals
 - Detention Centers
 - Shelters (serving unhoused individuals)
- Engage with facility managers and leaders to understand their emergency operations plans. Encourage facility managers and leaders to consider the following in their emergency operations plan:
 - Strategies to reduce the spread of disease and mechanisms for ongoing communication with staff, volunteers, and residents.
 - An understanding of the demographic profile of the community where their facility is located (including cultural and linguistic considerations, access needs, etc.). Ensure that the needs of these populations are addressed in the operation plan.
 - The make-up of the residents in the facilities, including how many residents are served, their ages, and other demographic factors.
 - How residents interact with the community when outside of the facility. This could be routine outings to events, schools, or grocery stores.
- Assign a county employee to maintain contact and situational awareness with long-term care and residential care facilities.

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2. Develop a communications plan

- ☐ Ensure long-term care and residential facilities are registered or tied into your local emergency alert and notification systems.
- ☐ Provide public health information on your county website. Reference links to guidance documents available from local, state, and federal public health agencies. Ensure that you provide information in all languages needed for your community.
- ☐ Collaborate as need with facilities on talking points for local constituents. Intentionally and persistently combat stigma as a part of your communications. For more resources about addressing stigma, visit [DOH's Stigma Reduction Webpage](#)

3. What to do if a facility has a COVID-19 outbreak

- ☐ If the county is notified of a case of COVID-19 in a facility, disseminate information to county employees and coordinate with the local public health jurisdiction and the public information officer at the county emergency operations center (EOC), if applicable.
- ☐ Determine what services the county provides to the impacted long-term care or residential facility. Identify essential services and any impacts to those services.
- ☐ Work with local public health officials to evaluate potential exposure of county staff and healthcare workers. Notify local public health and relevant partners. Consider whether quarantine is necessary for exposed individuals.
- ☐ Consider whether a facility has the proper capacity to isolate or quarantine individuals. If not, determine an appropriate alternative, including transportation logistics
- ☐ Comply with any additional facility protocols and requirements for infection control when visiting or working in facilities.
- ☐ Ensure that county first responders and emergency personnel are made aware of necessary precautions before responding to a potentially impacted facility.
- ☐ Coordinate with local health coalitions/jurisdictions for resource requests from facilities. Use the appropriate channel via the county's EOC.
- ☐ Keep track of county employees who physically visit the facility. Instruct employees to keep track of who they may come in contact with. If you find out an employee potentially has come in contact with COVID-19, inform your local health jurisdiction and follow public health recommendations.
- ☐ County employees should not self-deploy to an impacted facility without closely coordinating with County EOC.

4. Additional preparedness measures for all county agencies

- ☐ Review, update, or develop plans for:
 - Continuity of Operations – essential and non-essential functions.
 - Infection control protocols (should be updated for COVID-19).
 - Infectious disease outbreak plans.
 - Emergency response plans.

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- Crisis communication plan.
- ☐ Formalize mutual aid agreements with community groups/resources, neighboring jurisdictions, and other relevant entities.
- ☐ Establish relationships with key healthcare and public health partners, key community organizations, and trusted leaders within your community.
- ☐ Know where to turn for reliable, up-to-date information in your local community and pass it along to your employees. Monitor the CDC COVID-19 [website](#) and your state and local health department [websites](#) for the latest information.
- ☐ Instruct staff to strictly adhere to Infection control practices. For those who use personal protective equipment (PPE) ensure they are trained and PPE is for appropriate usage.
- ☐ Identify essential county services that may be accomplished remotely.

Additional COVID-19 Resources

- [DOH Coronavirus \(COVID-19\) webpage](#) – updated information and resources daily
- [Local Health Jurisdictions](#)
- [Workplace and Employers](#)
- [Persons Who are at Higher Risk for Serious Illness](#)
- [Communities and Community Organizations](#)
- [Stigma Reduction](#)
- [How Can I Be Prepared for a COVID-19 Outbreak?](#)

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Novel Coronavirus (COVID-19) Guidance for Long-Term Care Facilities

The Washington State Department of Health developed guidance to assist long term and residential care facilities in response to the 2019 novel coronavirus disease (COVID-19) outbreak. While the situation is evolving, at this time we believe that those over 60, immune-compromised or those with chronic medical conditions may be at higher risk for severe illness from COVID-19. Long-term care facilities have experience managing respiratory infections and outbreaks among residents and staff and should apply the same outbreak management principles to COVID-19.

Additional resources on how long-term care facilities can prepare for and manage COVID-19 can be found at [CDC's Resources for Healthcare Facilities](#) webpage.

Stay up-to-date:

Monitor public health updates from:

- [Local Public Health Department](#)
- [Washington State Department of Health](#)
- [Centers for Disease Control and Prevention Situation Summary](#)

Make a plan:

Review and update your infection control plan preparedness plan. If you do not have a plan, a planning checklist can be found here <https://www.cdc.gov/flu/pandemic-resources/pdf/longtermcare.pdf>.

For COVID-19, we recommend your plan include the following:

- A policy for when direct care staff should use personal protective equipment for residents with symptoms of respiratory infection.
- A plan for implementing respiratory hygiene throughout the facility. (See “Communicate with staff, residents, and visitors.”)
- A plan for grouping symptomatic residents using one or more of the following strategies:
 - Confining symptomatic residents and exposed roommates to their rooms.
 - Placing symptomatic residents together in one area of the facility.
 - Closing units where symptomatic and asymptomatic residents reside.
 - Assigning staff on either affected or non-affected units to prevent transmission between units.
 - Closing communal dining halls.
 - Canceling events where many people come together.

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- Cleaning and disinfecting frequently touched surfaces with [EPA-registered disinfectant](#) with a label indicating effectiveness against human coronavirus or emerging viral pathogens.
- Criteria and protocols for enforcing visitor limitations and how you will communicate those limitations.
 - Screen visitors for respiratory illness symptoms.
 - Consider screening visitors for recent travel to areas with COVID-19 transmission.
 - Ask visitors and family members not to visit the facility if they are experiencing respiratory symptoms. Suggest other options such as visiting by phone if possible.
- A proactive sick leave policy to address the needs of staff including:
 - Advising staff, caregivers, or volunteers who have respiratory symptoms that they should not report to work and to immediately report their symptoms to an identified manager.
 - Provide staff members with information about symptoms so they can self-assess before reporting for duty. (See “Communicate with staff, residents, and visitors.”)
- A plan for what to do if staff develop symptoms while at work.
- When staff can return to work after having a diagnosis of COVID-19. (As of February 29, public health requires confirmed cases to have two negative tests before isolation can be discontinued. This guidance may change as the situation evolves.)
- Plans to accommodate staff who need to care for ill family members.
- Identifying staff who may be at higher risk for severe COVID-19 disease and assigning them to unaffected units, if possible.
- Contingency staffing and patient placement plans:
 - Identify minimum staffing needs and prioritize critical and non-essential services based on residents’ health status, functional limitations, disabilities, and essential facility operations.
 - Contact your local health department for guidance on altered standards of care in case residents need acute care and hospital beds are not available.
 - Strategize about how your facility can help increase hospital bed capacity in the community.
- Criteria and protocols for closing units or the entire facility to new admissions when COVID-19 has been identified in the facility.

Identify and contact partners to coordinate:

Identify public health and professional resources in the table below.

Contact Name	Phone	Email
Local Health		

2

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 ([Washington Relay](#)) or email civil.rights@doh.wa.gov.

Department of Health

State Long-Term
Professional Trade
Association

Identify contacts for local, regional, or state emergency preparedness groups, especially bioterrorism/communicable disease coordinators in the table below.

Name	Phone	Email
Local		
Regional		
State		

Contact local hospitals to learn who to coordinate with if one of your residents needs to be hospitalized or is being discharged from the hospital. ([List of hospitals in Washington state.](#))

- **Residents referred to the hospital:** If a resident is referred to a hospital, you will need to coordinate transport with the hospital, local health department, and medical transport service/emergency medical service to ensure that the resident can be safely transported and received by the hospital.
- **Residents discharged from the hospital:** When your resident is ready to be discharged, coordinate with the hospital regarding transportation and continued care needs, including any precautions to take in your facility. As the outbreak spreads, having open beds in hospitals is vitally important.

Hospital Contacts

Name	Phone	Email

Communicate with staff, residents, and visitors:

- Educate staff, residents, and family members of residents about COVID-19. Make sure they know the potential risks for residents and basic prevention measures, such as:
 - Wash hands often with soap and water or use alcohol-based hand sanitizer. (For staff tips, see [Clean Hands Count for Healthcare Providers.](#))
 - Cough and sneeze into the elbow or into a tissue. Throw away the tissue immediately after use and wash hands. (For staff tips, see [Respiratory Hygiene/Cough Etiquette in Healthcare Settings.](#))
 - Frequently clean and disinfect surfaces.

- Ask staff to use Personal Protective Equipment (PPE). PPE recommended when caring for COVID-19 patients, includes a gown, gloves, mask (or respirator), and eye protection. (See [Sequence for putting on Personal Protective Equipment \(PPE\)](#) for more information.)
- Staff and visitors should remain home if they are sick with cough, sneezing and/or fever. Inform staff about sick leave policies and/or the ability to work from home, if possible.
- Post signs at the entry, the reception area, and throughout the facility to help visitors, staff, and volunteers self-identify relevant symptoms and travel history. (See the [Novel Coronavirus Factsheet](#), available in 11 languages. Check for travel history information on CDC's [Coronavirus 2019 Information for Travel](#) page.)
- Let visitors know about any new policies or procedures in your preparedness plan and how they will impact their visits.
- Communicate with family members of residents to share information about the measures you are taking to protect your residents from COVID-19.
- Communicate with staff about any new policies and procedures in your preparedness plan that will impact how they do their work and what to do when they are sick.

Watch for respiratory infection and COVID-19 symptoms in residents and staff:

- Observe your residents and staff to detect respiratory infections.
 - Use and modify the resources below to monitor and track of influenza-like-illness among residents and staff:
 - [Respiratory Tract Infection Worksheet](#)
 - [Infection and Antibiotics Use Tracking Tool](#) and [Instructions](#)
 - Assess incoming residents with respiratory [symptoms](#) including coughing, fever or shortness of breath for:
 - Travel to an area with COVID-19 transmission in 14 days prior to illness onset
 - Any diagnostic testing for COVID-19
 - Recent admission to facilities with known active COVID-19 cases
- Sputum and oral swab specimens for COVID-19 should not be collected in the facility unless you have a procedure that has been cleared by your local health department.

In the case a resident has symptoms of COVID-19 or a known exposure:

Immediately contact your local health department. Your local health department will help assess the situation and provide guidance for further actions.

Novel Coronavirus (COVID-19) Guidance for Long-Term Care Facilities – Assisted Living Facilities

The Washington State Department of Health has developed this guidance to assist long-term and residential care facilities, such as Adult Family Homes, in response to the 2019 novel coronavirus disease (COVID-19) outbreak. While the situation is evolving, at this time we believe that elderly patients and those with chronic medical conditions may be at higher risk for severe illness from COVID-19. Long-term care facilities have experience managing respiratory infections and outbreaks among residents and staff and should apply the same outbreak management principles to COVID-19.

Additional resources on how long-term care facilities can prepare for and manage COVID-19 can be found at [CDC's Resources for Healthcare Facilities](#) webpage.

Stay up-to-date:

Assign one person to monitor public health updates from:

- [Local Public Health Department](#)
- [Washington State Department of Health](#)
- [Centers for Disease Control and Prevention Situation Summary](#)

Make a plan:

Review and update your infection control plan preparedness plan. If you do not have a plan, a planning checklist can be found here <https://www.cdc.gov/flu/pandemic-resources/pdf/longtermcare.pdf>.

For COVID-19, we recommend your plan include the following:

- A policy for when direct care staff should use personal protective equipment for residents with symptoms of respiratory infection.
- A plan for implementing respiratory hygiene throughout the facility. (See “Communicate with staff, residents, and visitors.”)
- A plan for grouping symptomatic residents using one or more of the following strategies:
 - Confining symptomatic residents and exposed roommates to their rooms.
 - Placing symptomatic residents together in one area of the facility.
 - Closing units where symptomatic and asymptomatic residents reside.
 - Assigning staff on either affected or non-affected units to prevent transmission between units.
 - Closing communal dining halls, instead consider delivering meals to symptomatic residents.
 - Canceling events where many people come together.

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- Cleaning and disinfecting frequently touched surfaces with [EPA-registered disinfectant](#) with a label indicating effectiveness against human coronavirus or emerging viral pathogens.
- Criteria and protocols for enforcing visitor limitations and how you will communicate those limitations.
 - Screen visitors for respiratory illness symptoms.
 - Consider screening visitors for recent travel to an area with COVID-19 transmission.
 - Ask visitors and family members not to visit the facility if they are experiencing respiratory symptoms. Suggest other options such as visiting by phone if possible.
- A proactive sick leave policy to address the needs of staff including:
 - Advising staff, caregivers, or volunteers who have respiratory symptoms that they should not report to work and to immediately report their symptoms to an identified manager.
 - Provide staff members with information about symptoms so they can self-assess before reporting for duty. (See “Communicate with staff, residents, and visitors.”)
 - A plan for what to do if staff develop symptoms while at work.
 - When staff can return to work after having a diagnosis of COVID-19. (As of February 29, public health requires confirmed cases to have two negative tests before isolation can be discontinued. This guidance may change as the situation evolves.)
 - Plans to accommodate staff who need to care for ill family members.
 - Identifying staff who may be at higher risk for severe COVID-19 disease and assigning them to unaffected units, if possible.
- Contingency staffing and patient placement plans:
 - Identify minimum staffing needs and prioritize critical and non-essential services based on residents’ health status, functional limitations, disabilities, and essential facility operations.
 - Contact your healthcare coalition for guidance on altered standards of care in case residents need acute care and hospital beds are not available.
 - Strategize about how your facility can help increase hospital bed capacity in the community.
- Criteria and protocols for closing units or the entire facility to new admissions when COVID-19 has been identified in the facility.

Identify and contact partners to coordinate:

Identify public health and professional resources in the table below.

Contact Name	Phone	Email
Local Health		
Department of Health		

State Long-Term
Professional Trade
Association

Identify contacts for local, regional, or state emergency preparedness groups, especially bioterrorism/communicable disease coordinators in the table below.

Name	Phone	Email
Local		
Regional		
State		

Contact local hospitals to learn who to coordinate with if one of your residents needs to be hospitalized or is being discharged from the hospital. ([List of hospitals in Washington state.](#))

- **Residents referred to the hospital:** If a resident is referred to a hospital, you will need to coordinate transport with the hospital, local health department, and medical transport service/emergency medical service to ensure that the resident can be safely transported and received by the hospital.
- **Residents discharged from the hospital:** When your resident is ready to be discharged, coordinate with the hospital regarding transportation and continued care needs, including any precautions to take in your facility. As the outbreak spreads, having open beds in hospitals is vitally important.

Hospital Contacts

Name	Phone	Email

Communicate with staff, residents, and visitors:

- Educate staff, residents, and family members of residents about COVID-19. Make sure they know the potential risks for residents and basic prevention measures, such as:
 - Wash hands often with soap and water or use alcohol-based hand sanitizer. (For staff tips, see [Clean Hands Count for Healthcare Providers.](#))
 - Cough and sneeze into the elbow or into a tissue. Throw away the tissue immediately after use and wash hands. (For staff tips, see [Respiratory Hygiene/Cough Etiquette in Healthcare Settings.](#))
 - Frequently clean and disinfect surfaces.

- Ask staff to use Personal Protective Equipment (PPE). PPE recommended when caring for COVID-19 patients, includes a gown, gloves, mask (or respirator), and eye protection. (See [Sequence for putting on Personal Protective Equipment \(PPE\)](#) for more information.)
- Staff and visitors should remain home if they are sick with cough, sneezing and/or fever. Inform staff about sick leave policies and/or the ability to work from home, if possible.
- Post signs at the entry, the reception area, and throughout the facility to help visitors, staff, and volunteers self-identify relevant symptoms and travel history. (See the [Novel Coronavirus Factsheet](#), available in 11 languages. Check for travel history information on CDC's [Coronavirus 2019 Information for Travel](#) page.)
- Let visitors know about any new policies or procedures in your preparedness plan and how they will impact their visits.
- Communicate with family members of residents to share information about the measures you are taking to protect your residents from COVID-19.
- Communicate with staff about any new policies and procedures in your preparedness plan that will impact how they do their work and what to do when they are sick.

Watch for respiratory infection and COVID-19 symptoms in residents and staff:

- Observe your residents and staff to detect respiratory infections.
 - Use and modify the resources below to monitor and track of influenza-like-illness (ILI) among residents and staff:
 - [Respiratory Tract Infection Worksheet](#)
 - [Infection and Antibiotics Use Tracking Tool](#) and [Instructions](#)
 - Assess incoming residents with respiratory [symptoms](#) including coughing, fever or shortness of breath for:
 - Travel to an area with COVID-19 transmission in 14 days prior to illness onset
 - Any diagnostic testing for COVID-19
- Sputum and oral swab specimens for COVID-19 should not be collected in the facility unless you have a procedure that has been cleared by your local health department.

In the case a resident has symptoms of COVID-19 or a known exposure:

Immediately contact your local health department. Your local health department will help assess the situation and provide guidance for further actions.

Additional COVID-19 Resources:

- [DOH Coronavirus \(COVID-19\) webpage](#) – updated information and resources daily
- [Long Term Care Facilities](#)
- [Workplace and Employers](#)
- [Persons Who are at Higher Risk for Serious Illness](#)

- [Communities and Community Organizations](#)
- [Stigma Reduction](#)
- [How Can I Be Prepared for a COVID-19 Outbreak?](#)

Novel Coronavirus (COVID-19) Guidance for Long-Term Care Facilities – Enhanced Living Facilities

The Washington State Department of Health has developed this guidance to assist long term and residential care facilities in response to the 2019 novel coronavirus disease (COVID-19) outbreak. While the situation is evolving, at this time we believe that those over 60, immune-compromised or those with chronic medical conditions may be at higher risk for severe illness from COVID-19. Enhanced Services Facilities (ESF) have experience managing respiratory infections and outbreaks among residents and staff and should apply the same outbreak management principles to COVID-19.

Additional resources on how long-term care facilities can prepare for and manage COVID-19 can be found at [CDC's Resources for Healthcare Facilities](#) webpage.

Stay up-to-date:

Assign one person to monitor public health updates from:

- [Local Public Health Department](#)
- [Washington State Department of Health](#)
- [Centers for Disease Control and Prevention Situation Summary](#)

Make a plan:

Review and update your infection control plan preparedness plan. If you do not have a plan, a planning template can be found here <https://www.cdc.gov/flu/pandemic-resources/pdf/longtermcare.pdf>

For COVID-19, we recommend your plan include the following:

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- A plan for implementing respiratory hygiene throughout the facility. (See “Communicate with staff, residents, and visitors.”)
- A plan for grouping symptomatic residents using one or more of the following strategies:
 - Confining symptomatic residents and exposed roommates to their rooms.
 - Placing symptomatic residents together in one area of the facility.
 - Assigning staff on either affected or non-affected residents to prevent transmission between residents.
 - Closing communal dining halls, instead consider delivering meals to symptomatic residents.
 - Canceling events where many people come together.

- Cleaning and disinfecting frequently touched surfaces with [EPA-registered disinfectant](#) with a label indicating effectiveness against human coronavirus or emerging viral pathogens.
- Criteria and protocols for enforcing visitor limitations and how you will communicate those limitations:
 - Screen visitors for respiratory illness symptoms.
 - Consider screening visitors for recent travel to an area with COVID-19 transmission.
 - Ask visitors and family members not to visit the facility if they are experiencing respiratory symptoms.
- A proactive sick leave policy to address the needs of staff including:
 - Advising staff, caregivers, or volunteers who have respiratory symptoms that they should not report to work and to immediately report their symptoms to an identified manager.
 - Provide staff members with information about symptoms so they can self-assess before reporting for duty. (See “Communicate with staff, residents, and visitors.”)
 - A plan for what to do if staff develop symptoms while at work.
 - When staff can return to work after having a diagnosis of COVID-19. (As of February 29, public health requires confirmed cases to have two negative tests before isolation can be discontinued. This guidance may change as the situation evolves.)
 - Plans to accommodate staff who need to care for ill family members.
 - Identifying staff who may be at higher risk for severe COVID-19 disease and assigning them to unaffected residents, if possible.
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 - Strategize about how your facility can help increase hospital bed capacity in the community.
- Criteria and protocols for closing units or the entire facility to new admissions when COVID-19 has been identified in the facility.

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 Department of Health

 State Long-Term
 Professional Trade
 Association

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Name	Phone	Email
Local		
Regional		
State		

Contact local hospitals to learn who to coordinate with if one of your residents needs to be hospitalized. ([List of hospitals in Washington state.](#))

- **Residents referred to the hospital:** If a resident is referred to a hospital, you will need to coordinate transport with the hospital, local health department, and medical transport service/emergency medical service to ensure that the resident can be safely transported and received by the hospital.

 Hospital Contacts

Name	Phone	Email

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 - Frequently clean and disinfect surfaces.
 - Ask staff to use Personal Protective Equipment (PPE). PPE recommended when caring for COVID-19 patients, includes a gown, gloves, mask (or respirator), and eye protection. (See [Sequence for putting on Personal Protective Equipment \(PPE\)](#) for more information.)

- Staff and visitors should remain home if they are sick with cough, sneezing and/or fever. Inform staff about sick leave policies and/or the ability to work from home, if possible.
- Post signs at the entry, the reception area, and throughout the facility to help visitors, staff, and volunteers self-identify relevant symptoms and travel history. (See the [Novel Coronavirus Factsheet](#), available in 11 languages. Check for travel history information on CDC's [Coronavirus 2019 Information for Travel](#) page.)
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 - Any diagnostic testing for COVID-19
- Sputum and oral swab specimens for COVID-19 should not be collected in the facility unless you have a procedure that has been cleared by your local health department.

In the case a resident has symptoms of COVID-19 or a known exposure:

Immediately contact your local health department. Your local health department will help assess the situation and provide guidance for further actions.

Additional COVID-19 Resources:

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- [Workplace and Employers](#)
- [Persons Who are at Higher Risk for Serious Illness](#)
- [Communities and Community Organizations](#)
- [Stigma Reduction](#)

- [How Can I Be Prepared for a COVID-19 Outbreak?](#)

From: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>
Sent: Sunday, March 08, 2020 12:37 PM EDT
To: Deleon, Melissa (FLNG) <Melissa.e.deleon.mil@mail.mil>
Subject: FW: [EXTERNAL] FW: Corona Virus response prep
Attachment(s): "DOH COVID-19 Healthcare Actions.pptx", "NPI 14-Community Based.PDF", "NPI 11-Jails and Detention Facilities with medical.PDF", "NPI 8-Enhanced Living Facilities.PDF", "NPI 5-Long Term Care Facilities.PDF", "NPI 2-Higher Education.PDF", "NPI 17-Additional info.PDF", "NPI 13 - Recommendations for Homeless Shelters.pdf", "NPI 10-Correctional Facilities.PDF", "NPI 10-Correctional Facilities.PDF", "NPI 7-Assisted Living Facilities.PDF", "NPI 4-Residential Facilities.PDF", "NPI 1 - Recommendations for Child Care & Schools.pdf", "NPI 16 - NPI Guidance and Implementation 2.29.20.pdf"

Kevin Guthrie | Deputy Director

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From: Moskowitz, Jared <Jared.Moskowitz@em.myflorida.com>
Sent: Sunday, March 8, 2020 12:17 PM
To: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>
Subject: FW: [EXTERNAL] FW: Corona Virus response prep

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Cc: Reinwald, Allison NFG NG FLARNG (USA) <allison.reinwald2.nfg@mail.mil>
Subject: [EXTERNAL] FW: Corona Virus response prep

Team,

Info below is from TAG-WA regarding that state's response to COVID-19. It is interesting reading from the state which is furthest along on this path. I think we may not be far behind and could catch up quickly given our state's elderly population.

I am pleased with the DOMS current progress in OPLAN development, and we need to continue our preparations for any eventuality which the Governor may decide requires Guard assistance.

Thanks for all you are doing...

TAG

JAMES O. EIFERT
Major General

AMERICAN
OVERSIGHT

FL-DEM-20-0674-A-000341

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Sent: Friday, March 6, 2020 9:29 PM

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Subject: Corona Virus response prep

General Lengyel, LTG Hokanson, Lieut. Gen Rice, Maj Gen Nordhaus, and fellow TAGs,

Here is the news from Washington regarding what I have learned about managing the COVID19 epidemic. It's not as bad as what we originally feared, but for our senior citizens it is deadly. It appears that the virus spreads quickly and the number of cases doubles every few days. Young, healthy people below the age of 60 catch the virus easily and will have symptoms similar to a cold, or they may not have noticeable symptoms at all. Thankfully, kids are especially safe. Unfortunately, they are the suspected carriers of the disease. If young people who have the disease come into contact with senior citizens or people with compromised immune systems, it can result in death from pneumonia – like symptoms.

The health community is focused on protecting the elderly and those with impaired immune systems since they are the people most likely to be killed by the virus. Their strategy is to implement up to thirteen Non-Pharmaceutical Interventions (NPIs) in order to slow the spread of disease and avoid overwhelming the healthcare system. The strategy calls for isolating the elderly and weak from contact with those who have the disease. Testing is key to this. We will need to test large numbers of people and keep those with COVID19 from infecting the elderly and weak. I've attached analysis of the implementation of the NPIs that need to be provided to local and state health officers and elected officials who will make decisions about which NPIs to implement and when. They start out easy with washing your hands and progress through isolating sick individuals, canceling large events, closing schools, and cordoning off an infected community. The end of the spectrum carries financial and societal consequences. I believe that our state is moving toward canceling large events and possibly closing schools. I'll keep you posted.

Initially, I was concerned that as the number of new cases rapidly grew, we would overwhelm our hospitals. I've attached a PowerPoint briefing that demonstrated to me that our health community has this largely under control. I also spoke with one of our Air Guard Flight Surgeons who works in the hospital where we have had most of our fatalities from COVID19. The hospitals are at

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capacity right now because of the large number of patients with the flu. But they have the capability to increase capacity within the existing hospitals by bringing in more beds, equipment, and staff. They have plans in place to do that. I can't find anyone in the medical field who believes that the hospitals will not be able to handle the patient load, but we are reviewing plans for that contingency.

While we have not yet needed to place any National Guard units on State Active duty, that may change over the next few weeks as local jurisdictions start implementing the NPIs. At the upper end, those interventions will potentially disrupt the workforce and could result in logistics missions coming our way. I hope not, but we will be prepared in case we are needed. We're pretty good at conducting DOMOPS, but we've never dealt with a pandemic before and aren't sure what to expect at this point. Rest assured that I will share any lessons learned with you. We aren't going to stop the spread of COVID19. In fact, most of your states already have it. You just don't know it yet. When it is discovered, I recommend that you activate your State EOC in support of your state's Department of Health, which will be the lead agency. Get LNOs to your DOH command centers and have Department of Health representatives occupy ESF8 at the State EOC. We've collocated two fairly senior DoH employees within the State EOC to interact with the EMD staff and me. Have your EOC link up quickly with local Emergency Management, Local Health officials, and State agencies that have their own Incident Management Teams. Get everyone on a common understanding of the disease and the DoH strategy. Get your battle rhythm going. Get the NPIs down to local officials and state officials right away so that they can start thinking about decision points. You might have to explain what a decision point is. J Stand up a Joint Information Center and staff it with PIOs from Health, EM, and other agencies. You might want to ask for a FEMA representative who knows how a truly large JIC must operate. Try to get the locals and the state on the same message. Good luck with that; we're not there yet.

I'll send you anything else that I learn that may help you when it gets to your location. Good luck to all.

Bret

Bret D. Daugherty
Major General
Adjutant General-Washington
(253) 512-8201

From: Quinn, Matthew <mquinn@mt.gov>

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Subject: [Non-DoD Source] TAG Extra Duty Roster

All active links contained in this email were disabled. Please verify the identity of the sender, and confirm the authenticity of all links contained within the message prior to copying and pasting the address to a Web browser.

Good morning. Thanks to Jemal Beale for taking the first stab at updating the TAG extra duty roster. We are looking to capture those additional duties we have as Adjutants General at the Federal/state level. We are not looking to list a bunch of state committees we may be on but rather those programs and committees other TAGs may be able to reach out and share experiences.

Please take a look and update as necessary, let me know any significant changes.

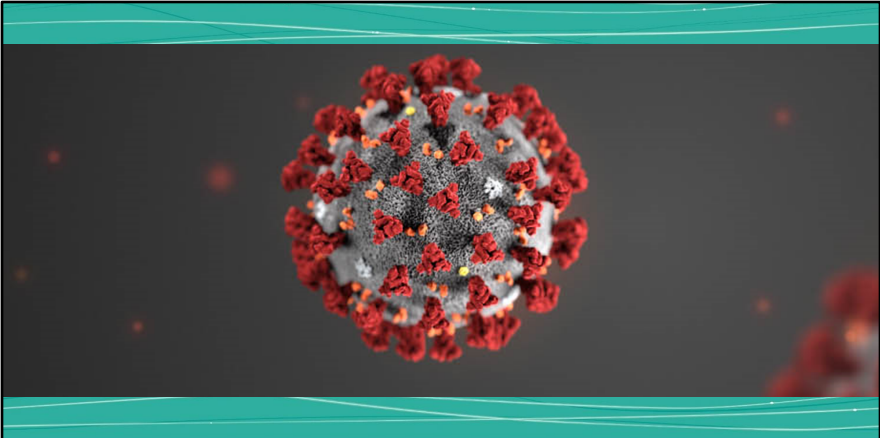
Thanks

Matt

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Montana Adjutant General
Director, Department of Military Affairs
406.324.3010

Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

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COVID-19 Healthcare Actions

Healthcare System Readiness
presentation with WA EMD and National Guard
February 26, 2020



Washington State Department of
Health

Agenda

- £ Welcome and Introductions
- £ Medical surge
- £ Current actions
- £ Progressive actions to maximize patient outcomes
- £ Next Steps, Continued Collaboration
- £ Collaboration for this presentation: Health and Human Services, ASPR, Washington State Hospital Association

2

Today, I am going to give you an update on []

The charge: plan to open an ACF

- £ When we activate an ACF is key to our success.
 - Credibility, perception
 - Competing for resources (staff, equipment, etc)
- £ Working closely with the medical community, we need to have exhausted all possible strategies to avoid going there.
- £ This a community-led decision.
 - Hospitals should tell us when it's time to pull this lever.
 - We need to be ready when they tell us.
- £ Why open an ACF?
 - To protect hospitals by taking overflow patients.
 - Surge support for low-acuity patients.

3

Medical surge

£ Focus on prevention of medical surge with **everyday strategies**

- Nurse triage lines; telemedicine
- PPE conservation & appropriate use
- Extend clinic hours
- Rapid discharge of patients
- Change staffing models, shift lengths
- Cohorting patients
- Non-pharmaceutical interventions

4

Medical surge

£ Focus on prevention of medical surge with **waiver strategies**

- Use temporary beds
- Provide care in non-clinical areas
- Provide in-patient care in non-traditional spaces (PACU, etc)
- Postpone non-urgent surgical procedures
- Non-pharmaceutical interventions
- MANY more approaches that shift into “crisis” strategies
 - We are nowhere near these strategies today.
 - *Waivers are granted by the state or by the federal government depending on the hospital designation, services, insurance types, etc.

Current actions

- £ Hospitals in Washington State were preparing for COVID-19 prior to known cases
 - Hospitals plan and train
 - Hospitals care for patients with infectious illnesses
 - They have activated their emergency response plans
 - Implementing screening at hospital entrances
 - Ordering and conserving supplies
 - Opening alternative spaces for patient care; creating more isolation beds
 - Planning for staff coverage
 - Coordinating with public health and healthcare coalitions
 - NO HOSPITALS ARE DIVERTING PATIENTS

6

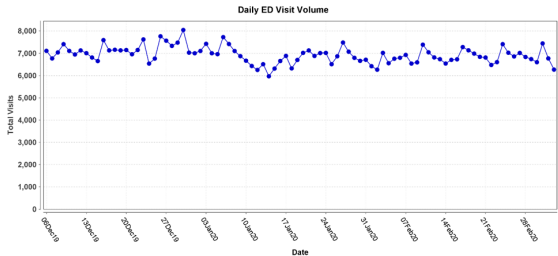
Current actions

£ WA DOH actions

- "Call to Action" with local health officers, healthcare executives and payers
- Education with long-term care, clinics, tribes & others
- Increasing call center capacity to educate & triage
- Public education about appropriate use of healthcare
- Developing/sharing guidance for providers & public
- Working with labs to increase testing capacity
- Fulfilling PPE requests using SNS (currently 184,000 N95s)
- ~~Monitoring healthcare system for impacts~~
 - data & discussions

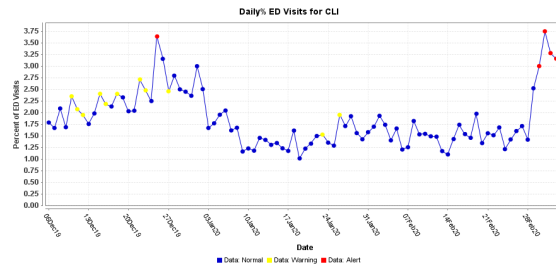
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Daily ED Visit Volume



The graph above shows the total Emergency Department (ED) visits by day in Washington State. Currently, 81% (81/100) of EDs send data to RHINO.

COVID-19-like Illness

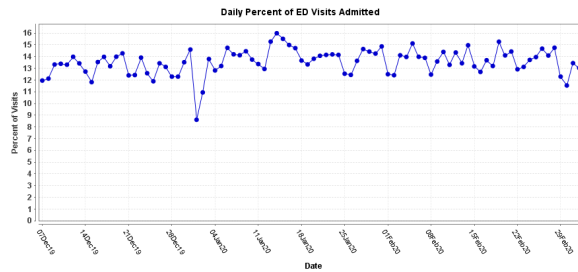


This graph captures the daily percent of ED visits for CLI.

CLI includes subsyndromes of: Fever or Chills **AND** Cough/Shortness of Breath/Difficulty breathing. Subsyndromes are based entirely on initial chief complaint and look for key words in the chief complaint that match with the concept (e.g., "feeling hot").

Data alerts indicate proportion exceeded expected value: red ($p < 0.01$) or yellow ($p < 0.05$).

Proportion of ED Visits Admitted



The graph shows the proportion of ED visits that turn into admissions by day.

Data Notes

Analyses are based on information reported to the Rapid Health Information NetwOrk (RHINO). At the date of this report, 81/100 (81%) Emergency Departments in the state submit data to RHINO. Data are preliminary and may change.

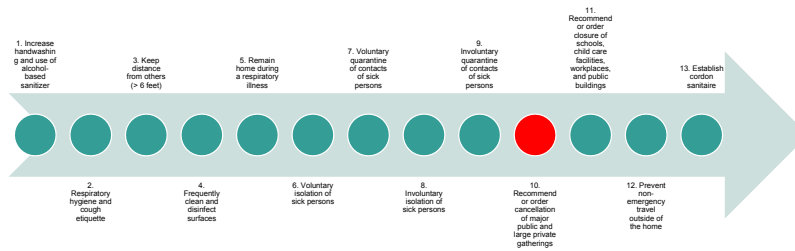
These data are intended to be used for surveillance purposes only. While some visits of interest may be missed and others that are not of interest included, the intent is to monitor trends in syndromes that may be sensitive to circulation of COVID-19 in the community.

Predictive modeling (many assumptions)

- £ Staff availability could decrease to 73% docs, 44% nurses, 33% auxiliary personnel
- £ Infection rate around 35% of population
 - Can break down by population groups
 - 14.8% 70 years+
- £ Potential needing medical care (visit to hospitalization)
 - 1,000,000 – 1,556,000
- £ Potential serious cases
 - 177,000 – 266,000
- £ Overall fatality rate of 2.92%
 - ranges 43,000 – 130,000

12

Non-Pharmaceutical Interventions (NPI)



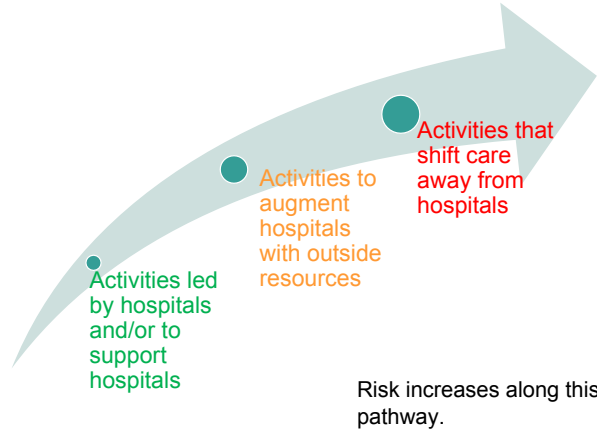
13

Creating capacity

- £ 2017 train derailment
 - Scheduled procedures cancelled
 - Patients discharged
- £ Swedish strike
 - Swedish reduced patients
 - Other hospital took on additional patients
- £ 2009 H1N1 Influenza
 - Altered ventilator allocation to greatest patient need

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Progressive actions to maximize patient outcomes



15

Activities led by hospitals

- £ Drive-through triage outside of hospitals
 - Staffed by a hospital triage team (may need support)
 - Send patients inside, to urgent care, or home
- £ Drive-through testing/POD
 - Staffed by hospital (may need support)
 - Increased lab capacity to process samples
 - Requires a registration system for getting results back to patients (may need support)
 - Need to decide if this is necessary; a positive test on its own does not change care plan

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Activities to support hospitals

- £ Waivers (CMS, Medicaid/Medicare, etc)
 - Working now with Attorney General's office
 - Would permit hospitals to apply to:
 - Use temporary beds and/or non-clinical areas
 - Provide in-patient care in non-traditional spaces (PACU, etc)
 - Postpone non-urgent surgical procedures (\$\$\$)
 - MANY more approaches that shift into "crisis" strategies
 - Good news: We are nowhere near these strategies today.
- £ Crisis Standards of Care Guidance
 - Developed over past 3 years
 - Working with Attorney General's office to finalize
 - Acknowledgement from Governor that CSC are now in effect

17

STOP

£ Ask hospitals:

- If you aren't employing all of the mitigation strategies, how can we support you in doing this?
- If we augment surge capacity for your hospital, would that tip you into crisis standards of care?

£ Identify where surge can be maximized based on staff availability, space and other fast-tracking factors

- Utilize medical surge assessment (on-paper theory)
- Coordinate with select individual hospitals to conduct a "just in time" surge assessment

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Activities to augment hospitals

£ Purchase beds & import staff

- Current number of physical hospital beds = 13,196
 - Actual use is generally <12,000
 - ◆ Business decisions related to staffing, services provided, etc
 - Not all beds are created equal (ICU versus rehab – different capabilities, staffing models, equipment)
- Space availability to increase by 10,961 beds
 - No actual beds, staff or equipment to provide care
 - ◆ DOH owns about 70 shelter-style beds
- Import staff utilizing federal resources
 - DMAT
 - PHS
 - Military assets

19

Activities to augment hospitals

£ Why do this?

- Patient outcomes are maximized within licensed healthcare facilities.
- Patient support systems: family, social, spiritual care.
- Medical control is maintained within hospitals.
- Wrap-around services
- Billing

20

Activities to augment hospitals

- £ Utilize FMS package & import staff
 - 250 shelter-style beds
 - Some equipment to support
 - Import staff utilizing federal resources
 - DMAT
 - PHS
 - Military assets

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STOP

£ Ask hospitals:

- Are you able to maintain operations with these augmentations? What additional supports would help to maintain patient care within the hospital?
- Are you approaching triggers for crisis standards of care? If yes on a broad scale (loosely defined term), this requires an acknowledgement by the Governor and DOH that CSC are now in effect.
- Are we approaching triggers for opening an ACF?
 - When we do this, we ARE in crisis standards of care.
 - Local health officers have some liability/responsibility around this

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Activities that shift care away from hospitals

- £ Activate an FMS & import staff
 - 250 shelter-style beds
 - Some equipment to support
 - Import staff utilizing federal resources
 - DMAT
 - PHS
 - Military assets
- £ Impacts from doing this
 - Utilize “building of opportunity” (several are identified)
 - We need to set it up
 - We need to source all wrap-around services
 - community impacts
 - \$1.1million/2 weeks, not accounting for seeing patients

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Activities that shift care away from hospitals

Alternate Care Facility

Non COVID-19 (best ACF scenario)

- Low acuity
- Can't do self care
- No safe discharge plan
- Can't get into rehab
- Large portion of current in-patient population
- Ideal for this environment

COVID-19 (highest risk)

- Elderly, no family structure
- Co-morbidities
- Require advanced diagnostics
- Oxygen, dialysis, cardiac, surgeries
- **VENTILATORS & STAFF**
- Must have good beds
- Isolation protocols?
- Should remain within hospitals

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Benefits to success

- £ Time: This is relatively slow moving compared to other ACF scenarios (hurricanes, earthquakes, etc). We have time to progress along this path toward success.
 - Success = maximizing patient outcomes
- £ Supportive federal partners
- £ Engaged healthcare systems
- £ Engaged state agency & association partners
- £ A robust regulatory environment to support the best patient outcomes

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Impediments to success

- £ Public perception
 - Careful messaging about steps to avoid, need, and intent
- £ Healthcare system perception
 - Avoid moving ahead of process
 - Avoid competing for staff and equipment (incls federal)
 - Must have proper expertise alongside us
- £ Equipment can be a barrier depending on scope of care
 - Ventilators will be a challenge (18,000 in SNS)
 - Patients can not get up; requires additional staffing
 - Medications utilized to sedate patient; sometimes restraints
 - Requires special beds to avoid ulcers>sepsis>death
 - Ventilators are very different; training is required for respiratory therapists according to function

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Planning considerations for off-site care

Priority of work:

- A. Who owns the ACF?
 - 1. Federal, state, local
- B. Who owns medical direction? We are in CSC at this point.
 - 1. State or Local Health Officer
 - 2. Liability protection for healthcare workers
- C. Define level of acuity/scope of care
 - 1. Consider federal standard of care requirements
- D. Define equipment needed and staffing model to support scope of care
 - 1. DMAT versus another model
 - a) Consider licensing and credentialing requirements

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Planning considerations for off-site care

Priority of work, continued:

E. Where?

1. Further away is problematic: transport, family, etc
2. Can we stand this up within the footprint of an operational hospital?
 - a) Sorts out medical direction
 - b) Expedites and simplifies billing
 - c) Medication storage and security must be considered

F. Wrap-around services must be secured (EMD owns this piece)

1. ADA, toileting, bathing, laundry, food, security, waste
2. Electricity: medical equipment draws a lot of electricity
3. Water: medical care requires lots of fresh and sterile water

G. Must prepare for family care, social care, etc.

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Next steps

- £ Small planning team to ground truth assumptions
 - Which hospitals can/should we surge in?
 - By how many beds?
 - What is needed to do so?
- £ Larger planning team of state and national experts
 - Crisis Standards of Care experts / Disaster healthcare experts
 - Ethicists
 - HHS and ASPR
 - Pharmacy expertise
 - Healthcare Authority
 - LHJ of ACF location
 - EMD: wrap-around services
 - Clinicians: medical directors and nursing directors
 - Disaster Medical Advisory Committee
 - Attorney General's office

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Washington State Department of Health is committed to providing customers with forms and publications in appropriate alternate formats. Requests can be made by calling 800-525-0127 or by email at civil.rights@doh.wa.gov. TTY users dial 711.

Novel Coronavirus (COVID-19) Guidance for Schools and Child Care Facilities

The Washington State Department of Health (DOH) has developed this guidance to assist schools and child care facilities with their response to 2019 novel coronavirus disease (COVID-19) outbreak. While the situation is evolving, at this time we believe that those over 60, immune-compromised or those with chronic medical conditions may be at higher risk for severe illness from COVID-19. Schools and child care facilities have experience managing respiratory infections and outbreaks among residents and staff and should apply the same outbreak management principles to COVID-19. Additional resources on how schools and child care facilities can prepare for and manage COVID-19 can be found here:

<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-for-schools.html>

Prepare:

- **Stay informed about the local COVID-19 situation.** Know where to turn for reliable, up-to-date information in your local community. Monitor the [CDC COVID-19 website](#) and your [state and local health department websites](#) for the latest information.
- **Develop, or review, your facility's emergency operations plan.** Ensure your facility has a plan that includes strategies to reduce the spread of disease and establishes mechanisms for ongoing communication with staff, students, volunteers, families, and the community. This should be done in collaboration with local health departments and other relevant partners.
- **Monitor and plan for absenteeism.** A COVID-19 outbreak in your community could lead to staff and student absenteeism. Prepare alternative staffing plans to ensure as many of your facility's staff are available as possible. See the Department of Health's [Resources for Workplaces and Employers](#) for more specific information.
- **Establish relationships with key healthcare and public health partners in your community.** Make sure you know about healthcare and public health emergency planning and response activities in your community, and establish open lines of communication with leadership in your [local health jurisdiction](#).
- **Build relations with key community organizations, partners, and trusted leaders within your community.** In the event of a closure, you may need to rely on community partnerships to help mitigate impacts to families.
- **Create an emergency contact list.** Develop and continuously update emergency contact lists for key partners and ensure the lists are accessible in key locations in your facility. For example, know how to reach your local or state health department in an emergency.
- **Develop a communications plan.** A key component to preparedness is developing a communications plan that outlines how you plan to reach different audiences including ensuring all communications are culturally and linguistically appropriate as well as accessible for individuals with disabilities.

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Communicate:

- **Communicate about COVID-19 with your staff.** Share information about what is currently known about COVID-19 and your facility's preparedness plans. Communicate your expectations for modeling respiratory etiquette, staying home when sick, and supporting employees who need to take care of a sick
- **Communicate about COVID-19 with students and families.** Provide updates about changes to your policies or operations. Use all communication channels that you have available and including direct communications (face-to-face, letters), electronic communications (your district or facility's website or social media pages), as well as parent meetings to share updates. Make sure to plan ahead for linguistic needs, including providing interpreters and translating materials.
- **Intentionally and persistently combat stigma.** Misinformation about coronavirus and COVID-19 can create fear and hostility that hurts people and makes it harder to keep everyone healthy. We're stronger as a community when we stand together against discrimination. Take advantage of these [resources](#) to prevent, interrupt, and respond to stigma.

Prevent:

- **Encourage sick individuals to stay home.** Instruct all staff, students, families, and volunteers to self-screen at home. If students or staff become sick at school, keep sick individuals separate from well students and staff until they can leave. Ensure that your sick leave policies are flexible and consistent with public health guidance and that staff are aware of these policies.
 - If individuals have fever, cough or shortness of breath and have not been around anyone who has been diagnosed with COVID19, they should stay home away from others until 72 hours after the fever is gone and symptoms get better.
 - If an individual believes they have had close contact to someone with COVID-19 but are not currently sick, they should monitor their health for fever, cough, and shortness of breath during the 14 days after the last day they were in close contact with the sick person with COVID-19. They should not go to work or school, and should avoid public places for 14 days.
- **Post signs.** As part of routine measures for the respiratory season, existing [signs](#) should be visible that reminds staff, visitors, and students to perform hand hygiene, sneeze/cough into their elbow, put used tissues in a waste receptacle and to wash hands immediately after using tissues. Recommend everyone to avoid close greetings like hugs or handshakes.
- **Perform routine environmental cleaning.** Follow the school's routine cleaning and disinfection program. Emphasize cleaning and [disinfecting](#) frequently touched objects and surfaces. The Department of Health Website has additional information on [Classroom Cleaning Tips for Teachers](#).

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- **Emphasize normally recommended actions to prevent the spread of disease.** You can help students and staff reduce their risk for getting and spreading viral respiratory infections by encouraging them to take simple steps which will also prevent COVID-19. These include:
 - Frequent hand washing with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, and after they blow their nose. Help young children do the same. If hands are visibly dirty, use soap and water to clean hands.
 - If soap and water are not readily available, using an alcohol-based hand sanitizer with at least 60% alcohol.
 - Advising persons to avoid touching their eyes, nose, and mouth with unwashed hands.
 - Covering coughs or sneezes with a tissue, then throwing the tissue in the trash and cleaning hands with soap and water or hand sanitizer (if soap and water are not readily available).
 - Providing adequate supplies for good hygiene, including clean and functional handwashing stations, soap, paper towels, and alcohol-based hand sanitizer.

Mitigate:

- **If there is an identified case of COVID-19 in your community, work in close collaboration and coordination with your leadership, local health officials, and other health care and public health partners in your community to make decisions regarding measures to reduce the spread of COVID-19.**
- **Implement social distancing measures.** If there are cases of COVID-19 in the community, consider using social distancing rather than closing facilities until there is evidence that a case is linked to the school or child care facility in some way. Examples of social distancing include staggering recess times or canceling assemblies, inter-school competitions, and sporting events.
- **Communicate about potential exposure to COVID-19.** It is critical to maintain confidentiality of the individual while working to address potential fear and anxiety of students and staff.
- **Determine if, when, and for how long it may be appropriate to dismiss school and child care programs.** In general, schools and child care facilities should only close if a student, staff member, or administrator has been diagnosed with a confirmed case of COVID-19.
 - Consider closing schools and child care facilities for 2 to 5 days and cooperate with local health officials in their investigation during this time. Seek guidance from local health officials about the need to lengthen facility closures or resuming normal operations.
 - It is not recommended to preemptively close schools or child care facilities for cleaning if there are no confirmed cases of COVID-19 associated with the facility.

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- **Assess the impacts of any decisions you make on the families you serve.** There are equity implications for any decision you may make, and the families you work with will be able to provide you the best feedback on and guidance on how to move forward in a child- and family-centered way. Here are some considerations:
 - A. When communicating updates and decisions: Families within Washington state are culturally and linguistically diverse. Make sure you are proactively providing language assistance.
 - B. When considering alternative learning opportunities, including distance learning: Providing options for distance or remote learning may be a useful mitigation strategy, but efforts should be made to ensure that all students will have access to the materials, equipment and technology necessary to participate. Another important equity consideration is the impact requiring remote learning will have on families that don't have available caregivers or other adults to supervise children at home. A plan for remote learning may disproportionately impact and have unintended negative consequences for single parent households, low wage and hourly workers, and other lower income families.

Additional COVID-19 Resources

- [DOH Coronavirus \(COVID-19\) webpage](#) – updated information and resources daily
- [Schools \(K-12\) and Child Care Programs Guidance](#), Centers for Disease Control and Prevention
- [Classroom Cleaning - Tips for Teachers](#), Washington State Department of Health
- [Handwashing to Prevent Illness at School](#), Washington State Department of Health
- [Infectious Disease Control Guide for School Staff \(PDF\)](#), Washington State Office of Superintendent of Public Instruction
- [Workplace and Employers](#), Washington State Department of Health
- [Stigma Reduction](#), Washington State Department of Health
- [How Can I Be Prepared for a COVID-19 Outbreak?](#)

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Novel Coronavirus (COVID-19) Guidance for Correctional Facilities

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Stay up-to-date:

Monitor public health updates from:

- [Local Public Health Department](#)
- [Washington State Department of Health](#)
- [Centers for Disease Control and Prevention Situation Summary](#)

This fact sheet provides basic information only. It is not intended to take the place of medical advice, diagnosis, or treatment.

- Staff, vendors, and volunteers with symptoms of an acute respiratory infection should not come to work and should report their symptoms through their chains of command or designated reporting locations.
- Correctional facilities should take measures to prevent visitors who test positive for COVID-19 from visiting the facility.
- All patient testing for COVID-19 should be arranged in consultation with local public health.
- Correctional facility staff should follow routine precautions as well as contact and droplet precautions when providing health care services to any person under investigation for COVID-19. Facilities that can safely conduct a clinical examination and collect specimens should also follow airborne precautions.

Introduction to the environment

- Respiratory infection outbreaks occur in correctional facilities throughout the year, but are more common during the winter months. COVID-19 may be introduced to a correctional facility through visitors, vendors, volunteers, or staff.
- The population in correctional facilities is likely to include individuals who have chronic health conditions which weaken their immune systems. Some incarcerated individuals

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may have chronic lung or neurological diseases which impair their ability to clear secretions from their lungs and airways.

- Correctional facility populations are also at risk because respiratory pathogens may be more easily transmitted in an institutional environment.
- Proper hand washing, social distancing, and covering your cough are protocols that should be implemented by all.
- Informational handouts and posters should be prominently displayed throughout the correctional facility and addressed through supervisory/operational staff briefings.
 - [DOH Coronavirus Factsheet](#)
 - [Slow the Spread of Germs Poster CDC \(pdf\)](#)
 - [Spanish Version CDC \(pdf\)](#)
 - [CDC Handwashing Posters](#)

Screening and Triage

- Correctional facilities should conduct passive screening of visitors, staff, and volunteers, and active screening of the incarcerated population (*see below for descriptions of active and passive screening*).
- The facility should also ensure that an employee health policy is in place to send employees home if symptoms begin to develop at work.

Passive screening of staff, volunteers, and visitors:

- Signs should be posted on entry to the buildings and at reception areas for anyone entering the facility (e.g., visitors, staff, volunteers) to self-identify if they have relevant symptoms and travel history/exposure, including:
 - Fever
 - Acute respiratory illness*(cough and/or shortness of breath)
 - Travel history to an impacted area OR have had contact with a person who has the above travel history and is ill.

*If experiencing respiratory symptoms, visitors must not visit the facility until symptoms completely resolve.

- As part of routine measures for the respiratory season, existing signs should be visible that remind staff, visitors, and incarcerated individuals to practice good health habits that include handwashing, sneeze/cough into their elbow, put used tissues in a waste receptacle, and to wash hands immediately after using tissues.
- Correctional facilities must instruct all staff and volunteers to self-screen at home. Staff, vendors, and volunteers with symptoms of an acute respiratory infection must not come

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to work and will report their symptoms to their respective facility. All staff should be aware of early signs and symptoms of acute respiratory infection.

- Facilities should provide further guidance (e.g., over the phone or at the reception desk) to volunteers and visitors who are experiencing symptoms of COVID-19 and have a recent travel history (within 14 days) to an impacted area.

Active screening of staff and the incarcerated population:

- Once activated, Staff Infection Control Screening Stations (SICS) will be established at facility entry points.
- Staff and contractors will be directed to single control points (ie: public access) when SICS have been implemented.
- SICS should be staffed with 1 medical staff member and 1 non-medical staff member to act as Finance/Admin Section Time Unit Leader (TUL).
- A table/counter will be set up for staff to fill out a COVID-19 specific screening questionnaire, provided by Headquarters/Health Services Division, while waiting in the evaluation line.
- Screening interview and taking of temperature takes approximately 1 minute.
- If an employee is determined unable to report to work, the TUL will document which employee is unable to work and who authorized the absence.
 - If a custody employee is determined unable to report to work, the TUL will immediately report the absence to the Shift Commander.
 - If a non-custody/contract employee is unable to work, the supervisor will be notified as soon as possible.
 - Staff displaying symptoms of COVID-19 will be sent home at the discretion of the Superintendent/designee or Incident Commander.
- Staff cleared to work will report to a muster location for an operational briefing (if needed).
- Each facility should identify options for telecommuting.
- Emergency staffing plans may be activated if staffing levels are significantly affected.
 - Each facility Superintendent/designee will determine essential posts to be staffed and essential functions to be accomplished.
 - Emergency staffing should be implemented in accordance with local emergency management plans.

In the event of active or suspected cases of COVID-19 are present at the facility, the following are examples of actions that should occur:

- Facilities should use predesignated isolation/quarantine areas for affected incarcerated individuals to be housed.

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- Cellmates of sick individuals will be isolated until it is determined that those individuals are free of COVID-19 symptoms.
- Restricted/limited movement of incarcerated individuals should be implemented to reduce the possibility of additional exposures.
- Visitation will be closed while on COVID-19 infection control protocols to prevent further potential exposures. Notification to the public should be made.
- All programming will be suspended (such as education, self-help, industries, and work programs).
- Meals will be served in the dining halls, when possible, to the unaffected population. Movement to and from the dining facilities will be operated to provide social distancing from those who are sick and those who are not.
- Meals for infected incarcerated individuals will be served in their assigned cells/medical facilities.
- Personal Protective Equipment (PPE) will be utilized by both staff and incarcerated individuals.

Social Distancing

- While facilities are on limited/restricted movement, internal program restrictions will be enforced.
- Incarcerated individuals pending transfer to another facility will be moved to the designated isolation unit for 72 hours prior to transfer. Transfer will be cancelled should the individual become symptomatic.
- Incarcerated Individuals being received by the facility will be maintained in the designated isolation unit for 72 hours prior to release into the general population.
- Incarcerated individuals scheduled for release will be placed into the isolation unit for 72 hours prior to release.
- Gatherings of staff and incarcerated individuals will be limited to prevent possible exposure.
- Volunteer managed programs will be cancelled while COVID-19 infection control protocols are in effect.
- Facility tours should be suspended.

Additional COVID-19 Resources

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- [Local Health Jurisdictions](#)

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to work and will report their symptoms to their respective facility. All staff should be aware of early signs and symptoms of acute respiratory infection.

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- Screening interview and taking of temperature takes approximately 1 minute.
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 - Staff displaying symptoms of COVID-19 will be sent home at the discretion of the Superintendent/designee or Incident Commander.
- Staff cleared to work will report to a muster location for an operational briefing (if needed).
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- Restricted/limited movement of incarcerated individuals should be implemented to reduce the possibility of additional exposures.
- Visitation will be closed while on COVID-19 infection control protocols to prevent further potential exposures. Notification to the public should be made.
- All programming will be suspended (such as education, self-help, industries, and work programs).
- Meals will be served in the dining halls, when possible, to the unaffected population. Movement to and from the dining facilities will be operated to provide social distancing from those who are sick and those who are not.
- Meals for infected incarcerated individuals will be served in their assigned cells/medical facilities.
- Personal Protective Equipment (PPE) will be utilized by both staff and incarcerated individuals.

Social Distancing

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- Incarcerated Individuals being received by the facility will be maintained in the designated isolation unit for 72 hours prior to release into the general population.
- Incarcerated individuals scheduled for release will be placed into the isolation unit for 72 hours prior to release.
- Gatherings of staff and incarcerated individuals will be limited to prevent possible exposure.
- Volunteer managed programs will be cancelled while COVID-19 infection control protocols are in effect.
- Facility tours should be suspended.

Additional COVID-19 Resources

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Recommendations for Jails and Detention Facilities with Onsite Medical during COVID-19 Outbreak

The Washington State Department of Health developed guidance to assist jails and detention facilities with onsite medical care in response to the 2019 novel coronavirus disease (COVID-19) outbreak. While the situation is evolving, individuals over 60 years of age, immune compromised people, and those with chronic medical conditions may be at higher risk for severe illness from COVID-19. Jails and detention facilities have experience managing respiratory infections and outbreaks among residents and staff and should apply the same outbreak management principles to COVID-19. Additional resources on how long-term care facilities can prepare for and manage COVID-19 can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>

Stay up-to-date.

Assign one person to monitor public health updates from:

- [Local Public Health Department](#)
- [Washington State Department of Health](#)
- [Centers for Disease Control and Prevention Situation Summary](#)

Make a plan.

Review and update your infection control plan and/or infectious disease response plans. If you do not have a plan, use the following checklist tool as a guide to develop preparedness plans: <https://www.cdc.gov/flu/pandemic-resources/pdf/longtermcare.pdf>

For COVID-19, we recommend your plan include the following:

- A policy for when direct care staff should use personal protective equipment for residents with symptoms of respiratory infection.
- A plan for implementing respiratory hygiene throughout the facility. (See “Communicate with staff, residents, and visitors.”)
- A plan for grouping symptomatic residents using one or more of the following strategies:
 - Confining symptomatic residents and exposed roommates to their rooms.
 - Placing symptomatic residents together in one area of the facility.
 - Closing units where symptomatic and asymptomatic residents reside.
 - Assigning staff on either affected or non-affected units to prevent transmission between units.
 - Closing communal dining halls, instead consider delivering meals to residents.

- Canceling events where many people come together.
- Cleaning and disinfecting frequently touched surfaces with EPA-registered disinfectant with a label indicating effectiveness against human coronavirus or emerging viral pathogens.
- Criteria and protocols for enforcing visitor limitations and how you will communicate those limitations.
 - Screen visitors for respiratory illness symptoms.
 - Consider screening visitors for recent travel to area with COVID-19 transmission.
 - Ask visitors and family members not to visit the facility if they are experiencing respiratory symptoms. Suggest other options such as visiting by phone if possible.
- A proactive sick leave policy to address the needs of staff including:
 - Advising staff, caregivers, or volunteers who have respiratory symptoms that they should not report to work and to immediately report their symptoms to an identified manager.
 - Provide staff members with information about symptoms so they can self-assess before reporting for duty. (See “Communicate with staff, residents, and visitors.”)
 - A plan for what to do if staff develop symptoms while at work.
 - When staff can return to work after having a diagnosis of COVID-19. (As of February 29, public health requires confirmed cases to have two negative tests before isolation can be discontinued. This guidance may change as the situation evolves.)
 - Plans to accommodate staff who need to care for ill family members.
 - Identifying staff who may be at higher risk for severe COVID-19 disease and assigning them to unaffected units, if possible.
- Contingency staffing and patient placement plans:
 - Identify minimum staffing needs for essential facility operations.
 - Prioritize critical and non-essential services based on residents’ health status, functional limitations, and disabilities.
 - In collaboration with the local health department, identify facility space that could be adapted for use as an isolation area for symptomatic individuals.
 -
- A plan for grouping symptomatic residents or groups using one or more of the following strategies:
 - Confining symptomatic residents and exposed roommates to their rooms.
 - Placing symptomatic residents together in one area of the facility.
 - Restricting access to units where symptomatic and asymptomatic residents reside.
 - Assigning staff on either affected or non-affected units to prevent transmission between units.
 - Closing communal dining halls.
 - Canceling events in the facility where many people come together.

- Cleaning and disinfecting high touch surfaces with EPA-registered disinfectant with label claim of effectiveness against human coronavirus or emerging viral pathogens.

Identify and contact partners to coordinate.

Identify public health and professional resources in the table below.

Contact Name	Phone	Email
Local Health		
State Department of Health		

Identify contacts for local, regional or state emergency preparedness groups, especially communicable disease and emergency management representatives in the table below.

Contact Name	Phone	Email
Local		
Regional		
State		
Other		

Contact local hospitals to learn who to coordinate with if one of your residents needs to be hospitalized or is being discharged from the hospital. ([List of hospitals in Washington state.](#))

- **Residents referred to the hospital:** If a resident is referred to a hospital, you will need to coordinate transport with the hospital, local health department, and medical transport service/emergency medical service to ensure that the resident can be safely transported and received by the hospital.
- **Residents discharged from the hospital:** When your resident is ready to be discharged, coordinate with the hospital regarding transportation and continued care needs, including any precautions to take in your facility. As the outbreak spreads, having open beds in hospitals is vitally important.

Hospital Contacts

Name	Phone	Email

Communicate with staff, residents, and visitors.

- Educate staff, residents, and family members of residents about COVID-19. Make sure they know the potential risks for residents and basic prevention measures, such as:
 - Wash hands often with soap and water or use alcohol-based hand sanitizer. (For staff tips, see [Clean Hands Count for Healthcare Providers](#).)
 - Cough and sneeze into elbow or into a tissue. Throw away the tissue immediately after use and wash hands. (For staff tips, see [Respiratory Hygiene/Cough Etiquette in Healthcare Settings](#).)
 - Frequently clean and disinfect surfaces.
 - Ask staff to use of Personal Protective Equipment (PPE). PPE recommended when caring for COVID-19 patients, includes a gown, gloves, mask (or respirator), and eye protection. (See [Sequence for putting on Personal Protective Equipment \(PPE\)](#) for more information.)
 - Staff and visitors should remain home if they are sick with cough, sneezing and/or fever. Inform staff about sick leave policies and/or the ability to work from home, if possible.
- Post signs at the entry, the reception area, and throughout the facility to help visitors, staff, and volunteers self-identify relevant symptoms and travel history. (See the [Novel Coronavirus Factsheet](#), available in 11 languages. Check for travel history information on CDC's [Coronavirus 2019 Information for Travel](#) page.)
- Let visitors know about any new policies or procedures in your preparedness plan and how they will impact their visits.
- Communicate with family members of residents to share information the measures you are taking to protect your residents from COVID-19.
- Communicate with staff about any new policies and procedures in your preparedness plan that will impact how they do their work and what to do when they are sick.

Watch for respiratory infection and COVID-19 symptoms in residents and staff.

Observe your residents and staff to detect respiratory infections.

- Use and modify the resources below to monitor and track of influenza-like-illness (ILI) among residents and staff:
 - [Respiratory Tract Infection Worksheet](#)
 - [Infection and Antibiotics Use Tracking Tool](#) and [Instructions](#)
- Assess incoming residents with respiratory [symptoms](#) including coughing, fever or shortness of breath for:
 - Travel to an area with COVID-19 transmission in 14 days prior to illness onset
 - Any diagnostic testing for COVID-19

In the case a resident has symptoms of COVID-19 or a known exposure:

Immediately contact your local health department. Your local health department will help assess the situation and provide guidance for further actions.

Prevention Strategies

- Admission coordinators will evaluate new residents for COVID-19 symptoms
- Anyone admitted under these circumstances will be placed in droplet precautions for 14 days unless otherwise cleared
- Staff will strictly adhere to infection control practices and use personal protective equipment as appropriate
- If single room is not available, combine laboratory-confirmed incarcerated individuals
- Educate incarcerated individuals and staff on infection control measures
- Exposed workers should notify their employer immediately and should not report for work
- Keep close contact with state and local health authorities
- Enforce respiratory hygiene (wash your hands, cover your cough, and stay home when you are sick)

Mitigation Strategies

All of the prevention strategies listed above, including the following:

- Patients presenting with fever or respiratory symptoms should perform hand hygiene, wear masks if possible, and /or be placed in a unit with the door closed and a special precautions sign posted
- All personnel entering facility or containment areas will wear appropriate personal protective equipment, such as gowns, gloves and masks.
- Use of social distancing and isolation will be initiated in coordination with local health recommendations
- Limit points of entry to facility
- Limit visitors to those essential for facility support.
- Screen all persons entering the facility for fever and respiratory symptoms
- Implement system for detecting and reporting signs and symptoms of staff reporting for duty
- Symptomatic employees will be screened regarding fit for duty
- Entry logs will be at all facility entrances to document all who enter the unit
- Personnel assigned to combined patient care units should not float to other areas
- If transportation of symptomatic person is necessary, have individual wear mask to contain respiratory secretions
- Consider canceling events at the facility where many people come together

- Facilities should utilize pre-designated isolation/quarantine areas for affected incarcerated individuals to be housed
- Cellmates of sick individuals will be isolated until it is determined that those individuals are free of COVID-19 symptoms
- Restrict/limit movements of incarcerated individuals to reduce the possibility of additional exposures
- Limit or suspend programming (such as: education, self-help, industries, work programs, and volunteer programs)
- Consider limiting exposure during meals, for example restricting/slowing movement to and from the dining facilities to provide social distancing or serving meals in cells/rooms
- Meals for incarcerated individuals who are sick will be served in their assigned cells/medical facilities
- Transfers from county to state facilities when residents are symptomatic should be limited, prudent, and reviewed by receiving facilities medical team
- If feasible, maintain incoming incarcerated individuals in a designated isolation unit for 14 days prior to release into the general population
- Arrange appropriate aftercare for incarcerated individuals who are sick and scheduled for release in collaboration with their local health department
- Facility tours should be suspended

Additional COVID-19 Resources

- [DOH Coronavirus \(COVID-19\) webpage](#) – updated information and resources daily
- [Workplace and Employers](#)
- [Persons Who are at Higher Risk for Serious Illness](#)
- [Communities and Community Organizations](#)
- [Stigma Reduction](#)
- [How Can I Be Prepared for a COVID-19 Outbreak?](#)

Recommendations for Homeless Shelter Facilities during a COVID-19 Outbreak

Homeless Shelters

The Washington State Department of Health has developed this guidance to assist homeless shelter facilities in response to the 2019 novel coronavirus disease (COVID-19) outbreak. While the situation is evolving, at this time we believe that people over 60, immune-compromised people and those with chronic medical conditions may be at higher risk for severe illness from COVID-19.

Stay up-to-date.

Monitor public health updates from:

- [Local Public Health Department](#)
- [Washington State Department of Health](#)
- [Centers for Disease Control and Prevention Situation Summary](#)

What you can do to protect staff and clients

Educate staff and clients about COVID-19. Make sure they know the potential risks and basic prevention measures, such as:

- Wash hands often with soap and water for 20 seconds or use alcohol-based hand sanitizer.
- Avoid touching your face with unwashed hands especially your eyes, nose, or mouth
- Cough and sneeze into elbow or into a tissue. Throw away the tissue immediately after use and wash hands. (For staff tips, see [Respiratory Hygiene/Cough Etiquette in Healthcare Settings](#).)
- Consider providing N95 masks to sick people and staff.
- Maintain a minimum of six feet of distance between yourself and others when feasible.
- Frequently clean and disinfect high contact surfaces like doorknobs, tables, furniture, shared bathrooms, and countertops.
- Ensure adequate supplies of soap, hand sanitizers, and tissues are readily available.

Post signs sharing how staff and guests can protect themselves and others at the facility. Consider posting signs at entrances and in bathrooms.

- [DOH Coronavirus Factsheet](#)
- [DOH Education Material](#)

Facilities providing sleeping accommodations should attempt to **increase the distance between people**, where feasible. Offering individual rooms for groups or families is ideal, but not

typically available. In shared spaces, a “head-to-toe” sleeping arrangement with a minimum of six feet of distance between beds is recommended.

Encourage guests to report illnesses and exposure to COVID-19 to staff prior or upon entry to the facility. Reassure clients that they will not be denied or lose a bed if they report symptoms.

Separate sick clients from those without symptoms. Facilities with a single room should assign sick clients to one side and clients without symptoms to the opposite side.

Encourage staff and volunteers to remain home if they are sick with cough, sneezing and/or fever. Inform them about sick leave policies. For more information, review [DOH’s Resources for Workplaces and Employers](#).

If you have a guest (or an outbreak of several guests) exhibiting symptoms and you would like further guidance you should contact:

- Your local health department:
<https://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions>
- Or the state coronavirus hotline at 1-800-525-0127 and press #. Note: The hotline may be experiencing high traffic and may be temporarily unavailable, and keep trying.

Additional COVID-19 Resources

- [DOH Coronavirus \(COVID-19\) webpage](#) – updated information and resources daily
- [Workplace and Employers](#)
- [Persons Who are at Higher Risk for Serious Illness](#)
- [Communities and Community Organizations](#)
- The [National Health care for the Homeless Council](#). Although this document focuses on influenza, much of the principals apply to Coronavirus.
- [The U.S. Department of Housing and Urban Development](#)
- [Stigma Reduction](#)
- [How Can I Be Prepared for a COVID-19 Outbreak?](#)

Recommendations for Community-Based Facilities during a COVID-19 Outbreak

Juvenile and Behavior Rehabilitation Facilities

The Washington State Department of Health has developed this guidance to assist community-based facilities in response to the 2019 novel coronavirus disease (COVID-19) outbreak. While the situation is evolving, at this time we believe that those over 60, immune-compromised or those with chronic medical conditions may be at higher risk for severe illness from COVID-19. Community-based facilities have experience managing respiratory infections and outbreaks among residents and staff and should apply the same outbreak management principles to COVID-19.

Additional resources on how community-based care facilities can prepare for and manage COVID-19 can be found at [CDC's Resources for Healthcare Facilities](#) webpage. (Note: This webpage is for long-term care facilities, which follow many of the same recommendations.)

Stay up-to-date:

Assign one person to monitor public health updates from:

- [Local Public Health Department](#)
- [Washington State Department of Health](#)
- [Centers for Disease Control and Prevention Situation Summary](#)

Make a plan:

Review and update your infection control plan preparedness plan. If you do not have a plan, a planning guide can be found at <https://www.cdc.gov/flu/pandemic-resources/pdf/longtermcare.pdf>.

For COVID-19, we recommend your plan include the following:

- A policy for when direct care staff should use standard, droplet, and contact precautions for residents with symptoms of respiratory infection.
 - Standard: <https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html>
 - Droplet and Contact: <https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html>
- A plan for implementing respiratory hygiene throughout the facility. (See "Communicate with staff, residents, and visitors.")

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- A plan for grouping symptomatic residents using one or more of the following strategies:
 - Confining symptomatic residents and exposed roommates to their rooms.
 - Placing symptomatic residents together in one area of the facility.
 - Limit access to where symptomatic and asymptomatic residents reside.
 - Assigning staff on either affected or non-affected units to prevent transmission between units.
 - Closing communal dining halls, instead consider delivering meals to residents.
 - Canceling events where many people come together.
 - Cleaning and disinfecting frequently touched surfaces with [EPA-registered disinfectant](#) with a label indicating effectiveness against human coronavirus or emerging viral pathogens.
- Criteria and protocols for enforcing visitor limitations and how you will communicate those limitations.
 - Screen visitors for respiratory illness symptoms.
 - Consider screening visitors for recent travel to an area with COVID-19 transmission.
 - Ask visitors and family members not to visit the facility if they are experiencing respiratory symptoms.
- A proactive sick leave policy to address the needs of staff including:
 - Advising staff, caregivers, or volunteers who have respiratory symptoms that they should not report to work and to immediately report their symptoms to an identified manager.
 - Provide staff members with information about symptoms so they can self-assess before reporting for duty. (See “Communicate with staff, residents, and visitors.”)
 - A plan for what to do if staff develop symptoms while at work.
 - When staff can return to work after having a diagnosis of COVID-19. (As of February 29, public health requires confirmed cases to have two negative tests, 24 hours apart, before isolation can be discontinued. This guidance may change as the situation evolves.)
 - Plans to accommodate staff who need to care for ill family members.
 - Identifying staff who may be at higher risk for severe COVID-19 disease and assigning them to unaffected units, if possible.
- Contingency staffing and resident placement plans:
 - Identify minimum staffing needs and prioritize critical and non-essential services based on residents’ health status, functional limitations, disabilities, and essential facility operations.
 - Contact your healthcare coalition for guidance on altered standards of care in case residents need acute care and hospital beds are not available.

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- Strategize about how your facility can help increase hospital bed capacity in the community.
- Criteria and protocols for closing units or the entire facility to new admissions when COVID-19 has been identified in the facility. Notify lead state DCYF/DSHS contact about these preparations in order to support alternate accommodations.

Identify and contact partners to coordinate:

Identify public health and professional resources in the table below.

Contact Name	Phone	Email
Local Health		
Department of Health		
State Long-Term Professional Trade Association		

Identify contacts for local, regional, or state emergency preparedness groups, especially bioterrorism/communicable disease coordinators in the table below.

Name	Phone	Email
Local		
Regional		
State		

Contact local hospitals to learn who to coordinate with if one of your residents needs to be hospitalized or is being discharged from the hospital. ([List of hospitals in Washington State.](#))

- **Residents referred to the hospital:** If a resident is referred to a hospital, you will need to coordinate transport with the hospital, local health department, and medical transport service/emergency medical service to ensure that the resident can be safely transported and received by the hospital.
- **Residents discharged from the hospital:** When your resident is ready to be discharged, coordinate with the hospital regarding transportation and continued care needs, including any recommended precautions to take in your facility. As the outbreak spreads, having open beds in hospitals is vitally important.

Hospital Contacts

Name	Phone	Email

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 ([Washington Relay](#)) or email civil.rights@doh.wa.gov.

Communicate with staff, residents, and visitors:

- Educate staff, residents, and family members of residents about COVID-19. Make sure they know the potential risks for residents and basic prevention measures, such as:
 - Wash hands often with soap and water or use alcohol-based hand sanitizer. (For staff tips, see [Clean Hands Count for Healthcare Providers](#).)
 - Refrain from handshakes and instead use elbow-bumps as greetings.
 - Cough and sneeze into the elbow or into a tissue. Throw away the tissue immediately after use and wash hands. (For staff tips, see [Respiratory Hygiene/Cough Etiquette in Healthcare Settings](#).)
 - Frequently clean and disinfect surfaces.
 - Ask staff to use Personal Protective Equipment (PPE). PPE recommended when caring for COVID-19 patients, includes a gown, gloves, mask (or respirator), and eye protection. (See [Sequence for putting on Personal Protective Equipment \(PPE\)](#) for more information.)
 - Staff and visitors should remain home if they are sick with cough, sneezing and/or fever. Inform staff about sick leave policies and/or the ability to work from home, if possible.
- Post signs at the entry, the reception area, and throughout the facility to help visitors, staff, and volunteers self-identify relevant symptoms and travel history. (See the [Novel Coronavirus Factsheet](#), available in 11 languages. Check for travel history information on CDC's [Coronavirus 2019 Information for Travel](#) page.)
- Let visitors know about any new policies or procedures in your preparedness plan and how they will impact their visits.
- Communicate with family members of residents to share information the measures you are taking to protect your residents from COVID-19.
- Communicate with staff about any new policies and procedures in your preparedness plan that will impact how they do their work and what to do when they are sick.

Watch for respiratory infection and COVID-19 symptoms in residents and staff:

- Observe your residents and staff to detect respiratory infections.
 - Use and modify the resources below to monitor and track of influenza-like-illness among residents and staff:
 - [Respiratory Tract Infection Worksheet](#)
 - [Infection and Antibiotics Use Tracking Tool](#) and [Instructions](#)
 - Assess incoming residents with respiratory [symptoms](#) including coughing, fever or shortness of breath for:

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 ([Washington Relay](#)) or email civil.rights@doh.wa.gov.

- Travel to an area with COVID-19 transmission in 14 days prior to illness onset.
- Any diagnostic testing for COVID-19.
- This is a possible mitigation point for community-based facilities – consider your refusal policies and if there are exceptions to this policy. Also, consider the impacts to the system as a whole if admission is not accepted.
- Sputum and oral swab specimens for COVID-19 should not be collected in the facility unless you have a procedure that has been cleared by your local health department.

In the case a resident has symptoms of COVID-19 or a known exposure:

- Immediately contact your local health department. Your local health department will help assess the situation and provide guidance for further actions.
- Contact family or guardian of a resident who meets exposure and symptom criteria to inform them of their loved ones' status and steps being taken to address their wellbeing.

Additional COVID-19 Resources:

- [DOH Coronavirus \(COVID-19\) webpage](#) – updated information and resources daily
- [Workplace and Employers](#)
- [Persons Who are at Higher Risk for Serious Illness](#)
- [Communities and Community Organizations](#)
- [Stigma Reduction](#)
- [How Can I Be Prepared for a COVID-19 Outbreak?](#)



Non-Pharmaceutical Interventions (NPI) Implementation Guide

NPIs are mitigation strategies to limit and prevent exposure to disease. These include personal protective steps for everyday use, community containment, and environmental measures to control viral disease outbreaks and pandemics.

This guide will help you decide what NPIs to consider implementing in an outbreak. Public health officials will need to determine the appropriate set of interventions to implement in combination for a given incident.

This guide is intended for an Incident Management Team, the Department of Health, multi-agency coordination policy groups, and local health officers.

Contents

- 1** Intervention Overview, Implementation, and Operational Guidance
- 2** Staffing Models and Work Assignments
- 3** Logistics and Resources Required

NPIs

This guide lists 13 interventions to mitigate the spread of a contagious disease, such as a novel virus. It is part of the state's Communicable Disease and Pandemic Response plan and includes personal, community, and environmental methods of control.

Its purpose is to help public health officials and partners choose which mitigation strategies to implement to limit and prevent the spread of novel respiratory diseases of concern.

The interventions included are:

1. Increase handwashing and use of alcohol-based sanitizer
2. Respiratory hygiene and cough etiquette
3. Keep distance from others (> 6 feet)
4. Frequently clean and disinfect surfaces
5. Remain home during a respiratory illness
6. Voluntary isolation of sick persons
7. Voluntary quarantine of contacts of sick persons
8. Involuntary isolation of sick persons
9. Involuntary quarantine of contacts of sick persons
10. Recommend or order cancellation of major public and large private gatherings
11. Recommend or order closure of schools, child care facilities, workplaces, and public buildings
12. Prevent non-emergency travel outside of the home
13. Establish cordon sanitaire

Table 1 lists expected results on the spread of disease if each intervention were to be used, and gives examples of how each of the interventions can be done.

Transmissibility, Severity

Each intervention lists a scaled measure of transmissibility and a scaled measure of clinical severity as identified by the CDC.

- **Transmissibility** is a scale of 1 to 5, with 5 being the most contagious
- **Clinical severity** is a scale of 1 to 7, with 7 being the most severe in terms of number of cases, number of hospitalizations, and fatality ratio.

The complexity of the interventions increases as transmissibility and clinical severity increase. **Table 1** connects these scales to each intervention and **Table 2** defines them.

ESF-8 Supporting Agencies

These Emergency Support Function 8 (ESF-8) supporting agencies contribute to public health response efforts, including community mitigation strategies, in collaboration with the Department of Health as the lead agency for ESF-8.

- Department of Agriculture
- Department of Ecology
- Department of Enterprise Services
- Department of Fish and Wildlife
- Department of Labor and Industries
- Department of Licensing
- Department of Social and Health Services
- Department of Transportation
- Washington Military Department
- Washington State Health Care Authority
- Washington State Patrol
- Washington State Pharmacy Association
- Washington State Office of the Attorney General
- Washington State Hospital Association
- Washington State Pharmacy Association
- Washington State Disaster Medical Advisory Committee
- Northwest Healthcare Response Network
- Local Health Officers
- Local Emergency Management Agencies
- Tribal Governments

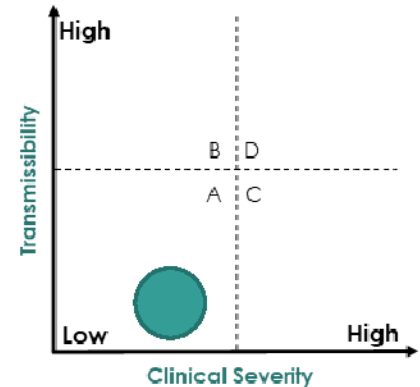
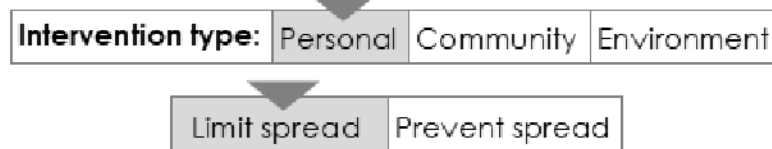
This guide was developed from the Communicable Disease and Pandemic Response Plan, Risk Matrix and Recommendations Table of Annex 4. ([Document link](#) — WA Emergency Management Division)

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

Intervention 1: Increase Handwashing and Use of Alcohol-Based Hand Sanitizer

Reduce probability of direct and indirect transmission of the disease by handwashing regularly with soap and water or using hand sanitizer.

Transmissibility (1-5)	1
Clinical severity (1-7)	1-4
Recommend implementing at	A, B, C, D



Rationale for Use as Public Health Strategy

Hand hygiene reduces the transmission of viruses that occurs when one person touches another with a contaminated hand, or when a person touches an object or surface that's been contaminated and then touches their own nose or face with that hand before washing it.

Success Factors: Success depends on public education effectiveness, public compliance, and access to handwashing facilities and sanitizing stations.

Possible Drawbacks: None anticipated, although there is a potential concern about the supply chain for hand sanitizer and soap.

Possible Benefits: Quick and easy to implement; effective at reducing illness due to direct/indirect contact.

Settings and Use

- Personal non-pharmaceutical interventions (NPIs) are everyday preventive actions that can help keep someone from getting and spreading respiratory illnesses transmitted by droplet routes.
- Use at homes, child care facilities, schools, workplaces, houses of worship, public transit, and other settings where people regularly gather.

Jurisdictional Authority and Key Decision Makers

Local

Key Decision Makers: Local health officer and local board of health, with the required assistance of health care providers have authority to control and prevent spread of contagious or infectious diseases within their jurisdiction and to inform the public about the nature of the disease and prevention methods.

Applicable Law(s):

- [RCW 70.05.060 – Powers and duties of local board of health](#)
- [RCW 70.05.070 – Local health officer – powers and duties](#)
- [WAC 246-100-021 – Responsibilities and duties – Health care providers](#)
- [WAC 246-100-036 – Responsibilities and duties – Local health officers](#)

State

Key Decision Makers: The Secretary of Health has the same authority as a local health officer (LHO) to control and prevent the spread of disease (under RCW 43.70.130), and may exercise the authority in an emergency, when LHOs agree, or when LHOs fail or are unable to act, per RCW 43.70.130(7). This includes the authority to promote public health activities and educational campaigns.

Applicable Law(s):

- [RCW 43.70.020\(3\) – Department created](#)
- [RCW 43.70.130 – Powers and duties of the Secretary of Health](#)

Tribal

Tribal governments have the authority and responsibility to control communicable disease on tribal lands and are expected to do so according to the laws, rules, and regulations of the tribal government.

Decisional Objectives/Key Decision Points

- Determine financial responsibility for providing handwashing stations and/or hand sanitizer.
- Research/discuss resource procurement needs:
 - Local/state/national partners
 - Private/public partners
- Develop communication strategies and communication plans.
- Engage community partnerships to promote message.

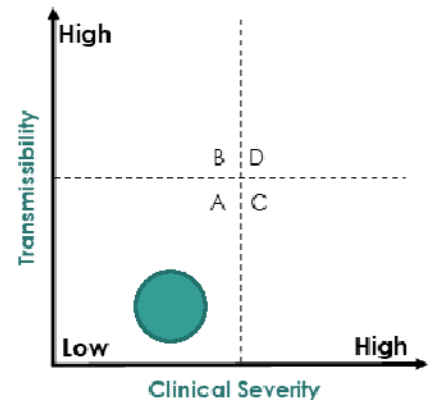
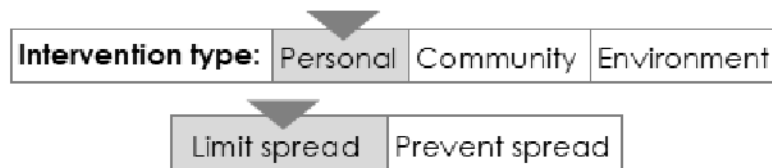
Implementation Methods

- **Create an inclusive public messaging campaign**
 - Work with communications team to create messages that:
 - Are culturally competent and at an appropriate reading level.
 - Are translated into the most spoken languages in the affected area.
 - Are relevant to the changing nature of the incident/outbreak.
 - Communicate on multiple platforms appropriate to the affected communities.
 - Connect with community leaders or representatives for advice and buy-in.
 - Provide messages to LHJs and other partners to share with their constituents.
 - Provide consistent messaging throughout the state via media outreach.
 - Encourage workplaces to make handwashing a priority among employees.
- **Create and distribute accessible, public messaging**
 - Display culturally appropriate messaging in public places.
 - Consider transit centers, health care facilities, schools, shopping centers, entertainment arenas, fitness centers, houses of worship, or other places as appropriate to the communities affected by the outbreak.
 - Connect with community leaders or representatives for advice.
 - Publications should be culturally competent, translated as needed, and at an appropriate reading level, and should include pictures/illustrations.
- **Place hand-washing or hand sanitizer stations in accessible areas**
 - Deploy disinfectant stations in the following or similar locations: Bus stations, transit centers, transportation hubs, health care facilities, schools, shopping centers, entertainment venues, workplaces
 - Prioritize areas of known exposure or at increased risk of exposure.

Intervention 2: Respiratory Hygiene/Cough Etiquette

Reduce probability of droplet transmission of the disease by reducing the range of respiratory droplets and aerosols from coughs, sneezes, and other sources.

Transmissibility (1-5)	1
Clinical severity (1-7)	1-4
Recommend implementing at	A, B, C, D



Rationale for Use as Public Health Strategy

Respiratory etiquette is widely supported in literature and by studies, and is recommended by experts as a way to control the spread of disease. Droplets from those who do not cover their coughs or sneezes can travel up to six feet. Studies of influenza transmission and practical experience in controlling influenza outbreaks reinforce that respiratory hygiene is an important factor in infection control.

Success Factors: Success depends on public education effectiveness and public compliance.

Possible Drawbacks: None anticipated. There could be potential concerns about supply chain for tissues/alcohol-based hand sanitizer.

Possible Benefits: Quick and easy to implement; effective at reducing illness due to droplet transmission.

Settings and Use

- Personal non-pharmaceutical interventions (NPIs) such as covering a cough are everyday preventive actions that can help keep persons from getting and spreading respiratory illnesses transmitted by droplets.
- Use at homes, child care facilities, schools, workplaces, houses of worship, public transit, and other settings where people regularly gather.

Jurisdictional Authority and Key Decision Makers

Local

Key Decision Makers: Local health officer and local board of health, with the required assistance of health care providers have authority to control and prevent spread of contagious or infectious diseases within their jurisdiction and to inform the public about the nature of the disease and prevention methods.

Applicable Law(s):

- [RCW 70.05.060 – Powers and duties of local board of health](#)
- [RCW 70.05.070 – Local health officer – powers and duties](#)
- [WAC 246-100-021 – Responsibilities and duties – Health care providers](#)
- [WAC 246-100-036 – Responsibilities and duties – Local health officers](#)

State

Key Decision Makers: The Secretary of Health also has the same authority as local health officers (LHO) to control and prevent the spread of disease (under RCW 43.70.130), and may exercise the authority in an emergency or when LHO(s) agree or fail or are unable to act, per RCW 43.70.130(7). This includes the authority to promote public health activities and educational campaigns.

Applicable Law(s):

- [RCW 43.70.020\(3\) – Department created](#)
- [RCW 43.70.130 – Powers and duties of the Secretary of Health](#)

Tribal

Tribal governments have the authority and responsibility to control communicable disease on tribal lands and are expected to do so according to the laws, rules, and regulations of the tribal government.

Decisional Objectives/Key Decision Points

- Determine financial responsibility for providing tissues, handwashing stations, and/or hand sanitizer.
- Research/discuss resource procurement needs:
 - Local/state/national partners
 - Private/public partners
- Develop communication strategies and communication plan.
- Engage community partnerships to promote key messages.

Implementation Methods

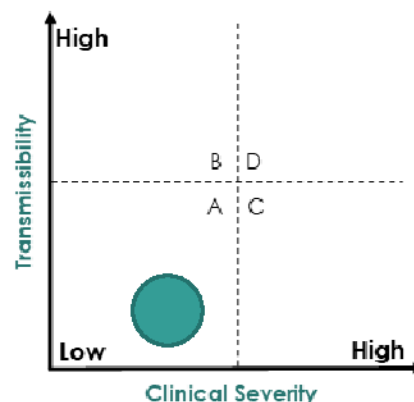
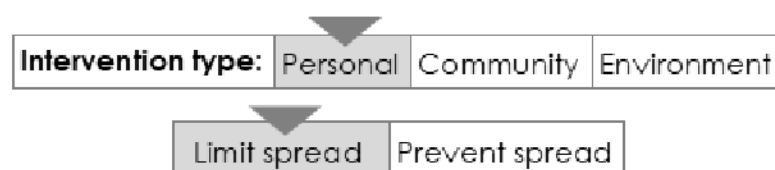
- **Create an inclusive public messaging campaign**
 - Work with communications team to create messages that:
 - Are culturally competent and at an appropriate reading level.
 - Are translated into the most spoken languages in the affected area.
 - Are relevant to the changing nature of the incident/outbreak.

- Communicate on multiple platforms appropriate to the affected communities
- Connect with community leaders or representatives for advice and buy-in.
- Provide messages to LHJs and other partners to share with their constituents.
- Provide consistent messaging throughout the state via media outreach.
- **Create and distribute accessible, public messaging**
 - Display culturally appropriate messaging in public places.
 - Consider transit centers, health care facilities, schools, shopping centers, entertainment arenas, fitness centers, houses of worship, or other places as appropriate to the communities affected by the outbreak.
 - Connect with community leaders or representatives for advice.
 - Publications should be culturally competent, translated as needed, and at an appropriate reading level, and should include pictures/illustrations.
 - Flyers should be translated into locally appropriate languages.
- **Provide respiratory hygiene stations in accessible areas.**
 - Provide tissues and waste receptacle at every public hand sanitizer station in accessible areas.
 - Consider bus stations, transit centers, transportation hubs, health care facilities, schools, shopping centers, entertainment venues, etc.
 - Prioritize areas of known exposure or at increased risk of exposure.

Intervention 3: Keep distance from others (> 6 feet)

Reduce probability of direct and droplet transmission by reducing the number of interpersonal contacts.

Transmissibility (1-5)	1
Clinical severity (1-7)	1-4
Recommend implementing at	A, B, C, D



Rationale for Use as Public Health Strategy

Keeping distance from others is the most basic form of social distancing that reduce opportunities for person-to-person virus transmission and can help delay and slow the exponential growth of disease spread. It's a common-sense approach to limit disease spread by limiting contact and possible exposures. Droplets from those who do not cover their coughs or sneezes can travel up to six feet. Keeping distance from others if you are sick or from others who may be sick is limits possible spread.

Other more restrictive forms of social distancing are discussed in later interventions and include closure of buildings, isolation and quarantine. The optimal strategy may be to implement several social distancing measures simultaneously where groups of people gather.

Success Factors: Success depends on public education effectiveness and public compliance.

Possible Drawbacks: Certain cultural and religious groups may be unwilling or unable to comply due to conflict with cultural/religious norms or practices. Persons may feel anxious, worried, or fearsome due to being socially distant from others.

Possible Benefits: Quick and easy to implement; effective at reducing illness due to droplet transmission.

Settings and Use

- Personal NPIs such as keeping distance from others who may be sick are everyday preventive actions that can help keep persons from getting and spreading respiratory illnesses transmitted by droplets. Diseases are transmitted by direct contact, indirect contact, droplet, and/or airborne routes. Ill persons can spread illness everywhere they go and surfaces they touch.
- Use at homes, child care facilities, schools, workplaces, houses of worship, public transit, and other settings where people regularly gather.
- Examples that reduce in-person contact include: telecommuting instead of meeting in-person, staggering work hours, spacing workers further apart at the worksite, limiting non-essential travel, and avoiding close contact with people who are sick.

Jurisdictional Authority and Key Decision Makers

Local

Key Decision Makers: Local health officer and local board of health, with the required assistance of health care providers have authority to control and prevent spread of contagious or infectious diseases within their jurisdiction and to inform the public about the nature of the disease and prevention methods.

Applicable Law(s):

- [RCW 70.05.060 – Powers and duties of local board of health](#)
- [RCW 70.05.070 – Local health officer – powers and duties](#)
- [WAC 246-100-021 – Responsibilities and duties – Health care providers](#)
- [WAC 246-100-036 – Responsibilities and duties – Local health officers](#)

State

Key Decision Makers: The Secretary of Health also has the same authority as local health officers (LHO) to control and prevent the spread of disease (under RCW 43.70.130), and may exercise the authority in an emergency or when LHO(s) agree or fail or are unable to act, per RCW 43.70.130(7). This includes the authority to promote public health activities and educational campaigns.

Applicable Law(s):

- [RCW 43.70.020\(3\) – Department created](#)
- [RCW 43.70.130 – Powers and duties of the Secretary of Health](#)

Tribal

Tribal governments have the authority and responsibility to control communicable disease on tribal lands and are expected to do so according to the laws, rules, and regulations of the tribal government.

Implementation Methods

- **Create an inclusive public messaging campaign**
 - Work with communications team to create messages that:
 - Are culturally competent and at an appropriate reading level.
 - Are translated into the most spoken languages in the affected area.
 - Are relevant to the changing nature of the incident/outbreak.
 - Communicate on multiple platforms appropriate to the affected communities
 - Connect with community leaders or representatives for advice and buy-in.
 - Provide messages to LHJs and other partners to share with their constituents.
 - Provide consistent messaging throughout the state via media outreach.
- **Create and distribute accessible, public messaging**
 - Display culturally appropriate messaging in public places.
 - Consider transit centers, health care facilities, schools, shopping centers, entertainment arenas, fitness centers, houses of worship, or other places as appropriate to the communities affected by the outbreak.
 - Connect with community leaders or representatives for advice.
 - Publications should be culturally competent, translated as needed, and at an appropriate reading level, and should include pictures/illustrations.
 - Flyers should be translated into locally appropriate languages.

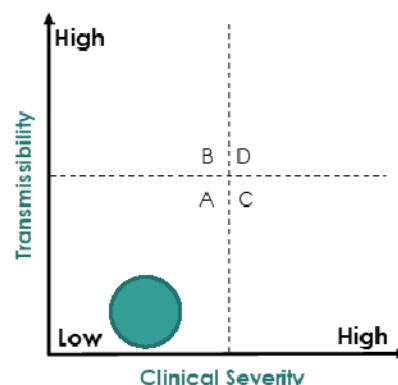
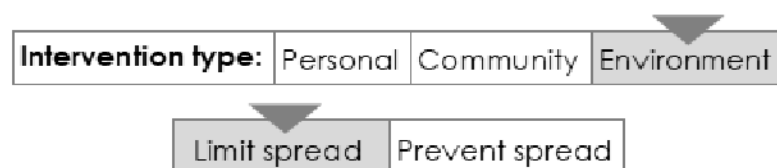
Decisional Objectives/Key Decision Points

- Communication strategies and communication plan
 - Outreach to major employers
 - Community and faith-based partners
 - Schools, child care facilities, and other settings where people regularly gather
- Social distancing on public transit
- Social distancing for ill persons or the public at large

Intervention 4: Frequently Clean and Disinfect Personal Surfaces

Reduce probability of indirect transmission of the disease by disinfecting fomites, or objects that can carry infection. This includes doorknobs, phones, keyboards, etc.

Transmissibility (1-5)	1
Clinical severity (1-7)	1-4
Recommend implementing at	A, B, C, D



Rationale for Use as Public Health Strategy

Contact transmission (i.e., hand transfer of virus from contaminated objects to the eyes, nose, or mouth) is a recognized route of virus spread. The routine use of disinfection measures that eliminate viruses from contaminated surfaces might reduce the spread of viruses.

Success Factors: Success depends on public education effectiveness, public compliance, and access to appropriate disinfectants at home.

Possible Drawbacks: Lack of available cleaning supplies.

Possible Benefits: Environmental disinfection is effective at reducing illness due to indirect contacts (fomites).

Settings and Use

- Environmental NPIs include routine disinfection of surfaces that helps to eliminate viruses from frequently touched surfaces and objects, such as phones, toys, keyboards, desks, and doorknobs.
- Disinfect homes, child care facilities, schools, workplaces, houses of worship, other settings where people regularly gather, and all frequently touched surfaces with a disinfectant labeled to kill viruses and bacteria.

Jurisdictional Authority and Key Decision Makers

Local

Key Decision Makers: Local health officer and local board of health, with the required assistance of health care providers have authority to control and prevent spread of contagious or infectious diseases within their jurisdiction and to inform the public about the nature of the disease and prevention methods.

Applicable Law(s):

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- [RCW 70.05.070 – Local health officer – powers and duties](#)
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Tribal

Tribal governments have the authority and responsibility to control communicable disease on tribal lands and are expected to do so according to the laws, rules, and regulations of the tribal government.

Decisional Objectives/Key Decision Points

- Determine communication strategies and communication plan.
 - Outreach to major employers
 - Community and faith-based partners
- Research/discuss resource procurement needs, including fiscal responsibility:
 - Local/state/national partners
 - Private/public partners
- Engage business and community partnerships to implement and promote messages.

Implementation Methods

- **Create an inclusive public messaging campaign**
 - Work with communications team to create messages that:
 - Are culturally competent and at an appropriate reading level.
 - Are translated into the most spoken languages in the affected area.
 - Are relevant to the changing nature of the incident/outbreak.
 - Communicate on multiple platforms appropriate to the affected communities
 - Connect with community leaders or representatives for advice and buy-in.
 - Provide messages to LHJs and other partners to share with their constituents.
- **Create and distribute accessible, public messaging**
 - Display culturally appropriate messaging in public places.
 - Consider transit centers, health care facilities, schools, shopping centers, entertainment arenas, fitness centers, houses of worship, or other places as appropriate to the communities affected by the outbreak.

- Connect with community leaders or representatives for advice.
 - Publications should be culturally competent, translated as needed, and at an appropriate reading level, and should include pictures/illustrations.
- **Distribute disinfectant in accessible locations**
 - Deploy disinfectant stations in the following locations: Bus stations, transit centers, transportation hubs, health care facilities, schools, shopping centers, grocery stores, entertainment venues, and other areas where community members gather.
 - Prioritize areas of known exposure or increased risk of exposure.

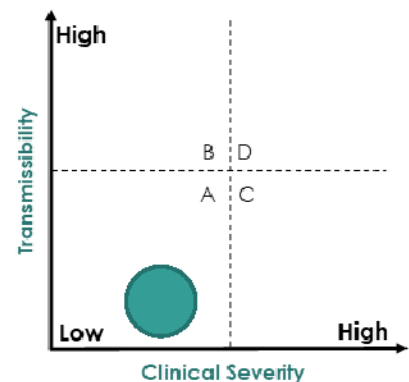
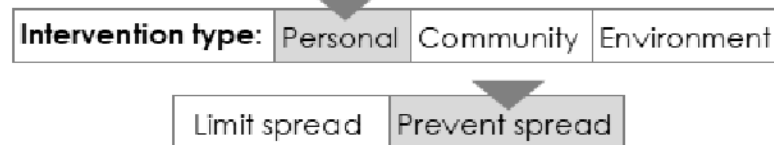
Decisional Objectives/Key Decision Points

- Determine communication strategies and communication plan.
 - Outreach to major employers
 - Community and faith-based partners
- Research/discuss resource procurement needs, including fiscal responsibility:
 - Local/state/national partners
 - Private/public partners
- Engage business and community partnerships to implement and promote messages.

Intervention 5: Remain Home When Sick with Respiratory Illness

Reduce probability of transmission by preventing contacts between well and sick people.

Transmissibility (1-5)	1
Clinical severity (1-7)	1-4
Recommend implementing at	A, B, C, D



Rationale for Use as Public Health Strategy

Staying home while sick will prevent spreading illness to others in your community. You can also create social distance at home and prevent spreading the illness to others in your household by staying in a specific room and away from your household members as much as possible and using a separate bathroom (if available).

Success Factors: Success depends on the individual's willingness and ability to stay home from work/school/events including access to paid sick leave.

Possible Drawbacks: Many members of the public will be reluctant to stay home due to risk of lost wages and limited or no access to paid sick leave.

Possible Benefits: This is a form of voluntary isolation which is extremely effective in reducing the spread of illness if ill persons comply consistently.

Settings and Use

- Diseases are transmitted by direct contact, indirect contact, droplet, and/or airborne routes. Ill persons can spread illness everywhere they go and surfaces they touch.
- This NPI is used at home to stop spread of disease in public places. It can also be used by employers to request sick employees not come to work.

Jurisdictional Authority and Key Decision Makers

Local

Key Decision Makers: Local health officer and local board of health, with the required assistance of health care providers have authority to control and prevent spread of contagious or infectious diseases within their jurisdiction and to inform the public about the nature of the disease and prevention methods.

Applicable Law(s):

- [RCW 70.05.060 – Powers and duties of local board of health](#)
- [RCW 70.05.070 – Local health officer – powers and duties](#)
- [WAC 246-100-021 – Responsibilities and duties – Health care providers](#)
- [WAC 246-100-036 – Responsibilities and duties – Local health officers](#)

State

Key Decision Makers: The Secretary of Health also has the same authority as local health officers (LHO) to control and prevent the spread of disease (under RCW 43.70.130), and may exercise the authority in an emergency or when LHO(s) agree or fail or are unable to act, per RCW 43.70.130(7). This includes the authority to promote public health activities and educational campaigns.

Applicable Law(s):

- [RCW 43.70.020\(3\) – Department created](#)
- [RCW 43.70.130 – Powers and duties of the Secretary of Health](#)

Tribal

Tribal governments have the authority and responsibility to control communicable disease on tribal lands and are expected to do so according to the laws, rules, and regulations of the tribal government.

Decisional Objectives/Key Decision Points

- Communication strategies and communication plan.
 - Communicate with major employers.
 - Perform outreach to community and faith-based partners.
- Reference available guidance on duration of illness.
- Evaluate economic impact of ill persons without paid sick leave.

Implementation Methods

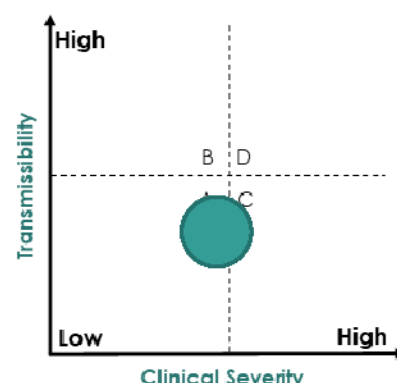
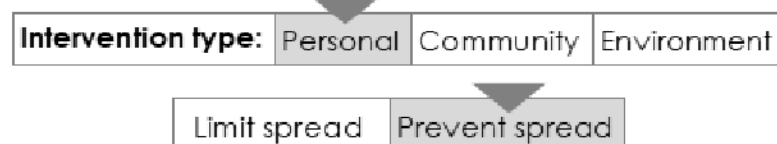
- **Create an inclusive public messaging campaign**
 - Work with communications team to create messages that:
 - Are culturally competent and at an appropriate reading level.
 - Are translated into the most spoken languages in the affected area.
 - Are relevant to the changing nature of the incident/outbreak.
 - Communicate on multiple platforms appropriate to the affected communities
 - Connect with community leaders or representatives for advice and buy-in.
 - Provide messages to LHJs and other partners to share with their constituents.
 - Provide consistent messaging throughout the state via media outreach.
- **Create and distribute accessible, public messaging**
 - Display culturally appropriate messaging in public places.
 - Consider transit centers, health care facilities, schools, shopping centers, entertainment arenas, fitness centers, houses of worship, or other places as appropriate to the communities affected by the outbreak.
 - Connect with community leaders or representatives for advice.
 - Publications should be culturally competent, translated as needed, and at an appropriate reading level, and should include pictures/illustrations.
 - Co-locate messaging or publications with sanitizer stations and tissues.
- **Work with employers**
 - Have employers review and communicate their sick leave policies, flexible leave policies, and alternate work schedules with employees to encourage sick employees to stay home and prevent the spread of illness at work.
 - Use current relationships with employers to ask employees to stay home if they are ill.

- Suggest allowing employees to work from home. If this is already an option, consider working with HR to be more flexible and inclusive.
- Consider an emergency/temporary change in sick leave policy; allowing an employee to use sick leave proactively and earn it back retroactively.
 - This can decrease the hesitancy on the employees' part to stay home and increase participation in voluntary quarantine.

Intervention 6: Voluntary Isolation of Sick Persons

Reduce probability of transmission by preventing contact between well and sick people.

Transmissibility (1-5)	2
Clinical severity (1-7)	2-5
Recommend implementing at	A, B, C, D



Rationale for Use as Public Health Strategy

Personal non-pharmaceutical interventions are everyday preventive actions that can help keep persons from getting and spreading respiratory illnesses transmitted by droplets. Voluntary isolation is a form of social distancing and prevents a sick person from infecting other people outside of their isolation location. Historically, isolation measures can help prevent the spread of infectious diseases by stopping the person-to-person spread of virus via contaminated droplets generated by coughs and sneezes, and have been shown to delay the peak of an influenza pandemic.

Success Factors: Effective education and ability to comply with request. Material routine support and services (e.g. laundry, food) and working with the employer may help compliance.

Possible Drawbacks: Non-compliance with voluntary isolation increases risk of disease transmission; isolation is difficult to enforce.

Possible Benefits: Isolation is extremely effective in consistently reducing the spread of illness. Voluntary isolation is “less restrictive” and more acceptable to the public.

Settings and Use

- Voluntary isolation of a sick person involves remaining home, at a health care facility, or at another designated isolation facility.
- Isolation is used for persons infected with a contagious disease to separate them from people who are not sick.
- For isolation and quarantine measures, state law requires making reasonable efforts to obtain voluntary compliance unless doing so would create a risk of serious harm (WAC 246-100-040(1)(a)). It is good public health policy, and it's also legally required.

Jurisdictional Authority and Key Decision Makers

Local

Key Decision Makers:

Local health officer and local board of health, with the required assistance of health care providers have authority to control and prevent spread of contagious or infectious diseases within their jurisdiction and to inform the public about the nature of the disease and prevention methods.

Local health officers (and the Secretary of Health under the circumstances outlined in RCW 43.70.130(7)) have the authority to request isolation or quarantine under WAC 246-100-040. The health officer can authorize which people can enter the isolation or quarantine facility to provide medical care and/or meet the needs of the sick person. Any person who enters an isolation or quarantine facility without authorization is subject to quarantine by the health officer.

Applicable Law(s):

- [RCW 70.05.060 – Powers and duties of local board of health](#)
- [RCW 70.05.070 – Local health officer – powers and duties](#)
- [WAC 246-100-021 – Responsibilities and duties – Health care providers](#)
- [WAC 246-100-036 – Responsibilities and duties – Local health officers](#)
- [WAC 246-100-040 – Procedures for isolation or quarantine](#)
- [WAC 246-100-045 - Conditions and principles for isolation or quarantine](#)
- [WAC 246-100-050 - Isolation or quarantine premises](#)
- [WAC 246-100-055 - Relief from isolation or quarantine](#)

State

In an emergency or when a local health officer consents or does not act, the Secretary of Health may exercise the same authority as a local health officer to control and prevent disease and issue isolation and quarantine orders. The Secretary also has authority to investigate disease outbreaks and advise local health officers on measures to be taken in response.

The State Board of Health (SBOH) has broad power to "adopt rules for the imposition and use of isolation and quarantine" (RCW 43.20.050(2)(e)). Local Health Officers and the Secretary of Health can issue isolation and quarantine orders based on SBOH rules.

Applicable Law(s):

- [RCW 43.20.050 - Powers and Duties of the State Board of Health](#)
- [RCW 43.70.020\(3\) – Department created](#)
- [RCW 43.70.130 – Powers and duties of the Secretary of Health](#)
- [RCW 70.05.070 – Local health officer – powers and duties](#) (can be exercised by Secretary)
- [WAC 246-101-105 – Duties of the healthcare provider](#)

Tribal

Tribal governments have the authority and responsibility to control communicable disease on tribal lands and are expected to do so according to the laws, rules, and regulations of the tribal government.

Federal

The diseases subject to quarantine under federal law are determined by Executive Order. The most recent order published in the [Federal Register](#) includes severe acute respiratory syndromes and provides the basis for federal quarantine.

Applicable Law(s):

- [42 U.S.C. § 264 - Regulations to control communicable diseases](#)
- [42 C.F.R. Part 70 - Interstate Quarantine](#)
- [42 C.F.R. Part 71 - Foreign Quarantine](#)
- [Public Law 113-5 – Pandemic and All Hazards Preparedness Reauthorization Act](#)
- [42 U.S.C. § 201 et seq. – Public Health Service Act](#)

Decisional Objectives/Key Decision Points

- Create communication strategies and plan for:
 - Health care providers
 - Major employers
 - Community and faith-based partners
- Create guidance and/or education resources for patients and health care providers, including monitoring forms.
- Identify isolation facility for individual(s).
- Determine need for material support and services to meet essential needs (food, laundry, utilities, prescription medication, social support, etc.) and who will authorize providing services.
- Movement plan for sick persons to a health care facility (if needed)
- Personal Protective Equipment (PPE) needed for persons providing support to sick persons in isolation.
- Determine type of monitoring:
 - Self-monitoring (what will be monitored, frequency, reporting)
 - Active monitoring (phone, video, or in-person; frequency; responsible staff)
 - Other type
- Plan the logistics for specimen collection and providing other medical services, if needed.
- Determine when to release from isolation and process for notification.

Implementation Methods

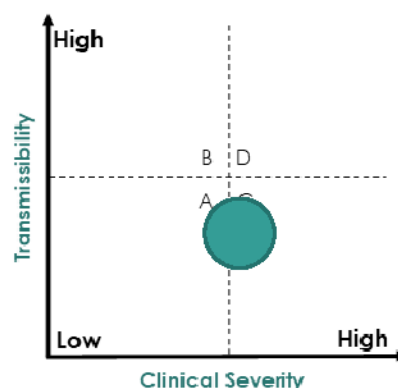
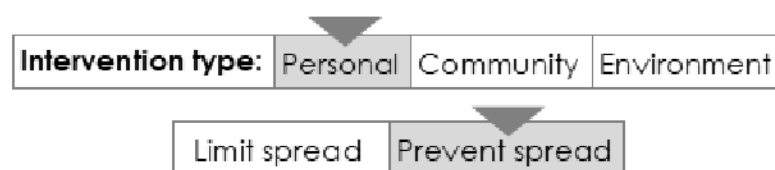
- **Health officer requests that a patient self-isolate**
 - Letter should be on official department letterhead, with a wet or electronic signature from the health officer. While a wet signature may be more impactful, it is not a legal requirement. It may be more efficient and avoid delay to use an e-signature under certain circumstances.
 - Letter should include additional information resources for providers, including phone numbers, websites, and other relevant resources.

- **Instruct health care providers to educate patients**
 - Work with communications teams to distribute a health alert to all providers in Washington.
 - Attach information or a publication to the alert that can be printed and displayed in waiting areas and treatment rooms.
 - Distribute a health alert to all relevant providers about the health officer's request.
- **Engage community organizations and faith-based organizations**
 - Work within already established relationships with community and faith-based partners.
 - If faith-based and community partners receive your health alerts, consider creating a separate alert for them with relevant information to the communities and individuals they serve.
 - Be willing to speak to their leadership/elders/members regarding the situation (within reason) and why we are making this ask.

Intervention 7: Voluntary Quarantine of Contacts of Sick Persons

Reduce probability of transmission in the event that the contact becomes contagious before symptoms developed.

Transmissibility (1-5)	2
Clinical severity (1-7)	2-5
Recommend implementing at	A, B, C, D



Rationale for Use as Public Health Strategy

Quarantine refers to the separation and restriction of movement of persons who, while not yet ill, have been exposed to an infectious agent and therefore may become ill. Quarantine of exposed persons is a public health mitigation strategy intended to stop the spread of infectious disease. It is effective in protecting the public from disease.

Certain infected (but not yet symptomatic) individuals may spread illness and could unknowingly infect friends, neighbors, and others in the community before symptoms begin. Therefore, all contacts exposed to a sick person could be asked to voluntarily stay home for a specified period of time to assess for early signs of infection. If other household members of the contact become ill during this period, then the time for voluntary home quarantine may be extended for another incubation period. Quarantine at a designated facility (in lieu of home setting) also can be considered.

Success Factors: Effective contact tracing and individual ability to comply with request. Material support with material routine support and services (e.g. laundry, food) and working with the employer may help to encourage compliance.

Possible Drawbacks: Non-compliance increases risk of disease transmission.

Possible Benefits: Quarantine may allow quick identification of a suspect case and helps to prevent exposures early in the course of illness.

Settings and Use

- To avoid potential spread of the disease, consider use of voluntary quarantine for contacts who are exposed to a sick person but are not showing symptoms.
- Settings: At home or at a designated facility.
- For isolation and quarantine measures, state law requires making reasonable efforts to obtain voluntary compliance unless doing so would create a risk of serious harm (WAC 246-100-040(1)(a)). It is good public health policy, and it's also legally required.

Jurisdictional Authority and Key Decision Makers

Local

Key Decision Makers: Local health officer and local board of health, with the required assistance of health care providers have authority to control and prevent spread of contagious or infectious diseases within their jurisdiction and to inform the public about the nature of the disease and prevention methods.

Local health officers (and the Secretary of Health under the circumstances outlined in RCW 43.70.130(7)) have the authority to request isolation or quarantine under WAC 246-100-040. The health officer can authorize which people can enter the isolation or quarantine facility to provide medical care and/or meet the needs of the sick person. Any person who enters an isolation or quarantine facility without authorization is subject to quarantine by the health officer.

Applicable Law(s):

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- [WAC 246-101-105 – Duties of the healthcare provider](#)

State

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The State Board of Health (SBOH) has broad power to "adopt rules for the imposition and use of isolation and quarantine" (RCW 43.20.050(2)(e)). Local Health Officers and the Secretary of Health can issue isolation and quarantine orders based on SBOH rules.

Applicable Law(s):

- [RCW 43.20.050 - Powers and Duties of the State Board of Health](#)
- [RCW 43.70.020\(3\) – Department created](#)
- [RCW 43.70.130 – Powers and duties of the Secretary of Health](#)
- [RCW 70.05.070 – Local health officer – powers and duties](#) (can be exercised by Secretary)
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Applicable Law(s):

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- [42 C.F.R. Part 71 - Foreign Quarantine](#)
- [Public Law 113-5 – Pandemic and All Hazards Preparedness Reauthorization Act](#)
- [42 U.S.C. § 201 et seq. – Public Health Service Act](#)

Decisional Objectives/Key Decision Points

- Definition of “close contact” (including length of exposure to ill person, travel history, etc.)
- Location(s) of quarantine facility (home, government facility, etc.)
- Length of quarantine
- Communication strategies and plan
- Determine need for material services to meet essential needs (food, laundry, utilities, prescription medication, social support, etc.) and who will authorize providing these services.
- Plan for moving persons under quarantine to a health care facility if they develop symptoms
- Determine type of monitoring:
 - Self-monitoring (what will be monitored, frequency, reporting)
 - Active monitoring (phone, video, or in-person; frequency; responsible staff)
 - Other type
- Plan the logistics for specimen collection and providing other medical services, if needed.
- Determine when to release from quarantine and process for notification.

Implementation Methods

- **Health officer request for person to self-quarantine**
 - Letter should be on official department letterhead, with a wet or electronic signature from the health officer. While a wet signature may be more impactful, it is not a legal requirement. It may be more efficient and avoid delay to use an e-signature under certain circumstances.
 - The letter should include additional resources for providers, including phone numbers, websites, and other relevant resources.
- **Engage community-based and faith-based organizations to support**
 - Work within already established relationships with community-based and faith-based partners.
 - Consider creating and sending a custom health alert for them with relevant information to the communities and individuals they serve.
 - Be willing to speak to their leadership/elders/members regarding the situation (within reason) and why we are making this ask.
- **Work with employers**
 - Use current relationships with employers to support employees in voluntary quarantine due to exposure to sick contacts.

- Suggest allowing employees to work from home. If this is already an option, consider working with human resources to be more flexible and inclusive.
 - Consider an emergency/temporary change in sick leave policy; allowing an employee to use sick leave proactively and earn it back retroactively.
 - This can decrease the hesitancy on the employees' part to stay home and increase participation in voluntary quarantine.
- **Create a public messaging campaign**
 - Work with communications team to create messages that:
 - Are culturally competent and at an appropriate reading level.
 - Are translated into the most spoken languages in the affected area.
 - Are relevant to the changing nature of the incident/outbreak.
 - Communicate on multiple platforms appropriate to the communities of affected persons.
 - Provide messages to LHJs and other partners to share with their constituents.
 - Send a health alert to health care providers.

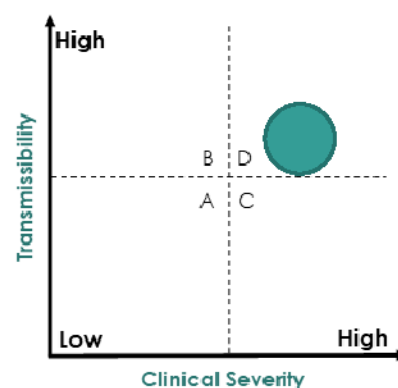
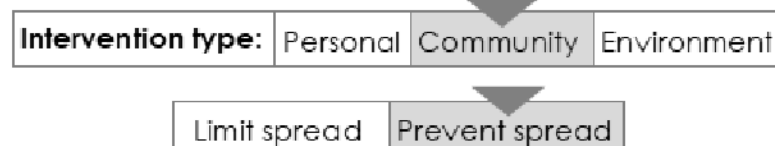
Special Considerations

- Consider dedicating a phone line to answer questions that may follow the request for quarantine.
- Work with communications staff to translate materials as needed for community-based and faith-based organizations, community partners, and employers.
- Sovereign tribal nations may decide their own criteria for quarantine.
- Consider use of telemedicine options and home assessment teams for medical support and backup. The idea that medical health is available may help reduce anxiety.

Intervention 8: Involuntary Isolation of Sick Persons

Reduce probability of transmission by preventing contact between well and sick people.

Transmissibility (1-5)	3
Clinical severity (1-7)	5-6.5
Recommend implementing at	D



Rationale for Use as Public Health Strategy

Isolation prevents a sick person from infecting others outside of their isolation location. Historically, isolation measures have helped to prevent the spread of infectious diseases, such as influenza, by stopping the person-to-person spread of virus via contaminated droplets from coughs and sneezes.

Success Factors: Success depends on health care facility and/or public health system ability to implement. Clearly communicate with affected communities about the rationale for use of isolation, and the responsibility for public officials to protect the safety and health of a community from communicable illnesses of high severity and high transmissibility.

Possible Drawbacks: Involuntary isolation is extremely restrictive and resource intensive. It limits personal liberties and can be controversial.

Possible Benefits: Isolation is effective in reducing the spread of illness. Use of involuntary isolation is a method to force compliance to the measure.

Settings and Use

- Isolation separates sick persons with a contagious disease from people who are not sick.
- Involuntary isolation is only recommended when an individual is not reliable or compliant with voluntary isolation for a disease that is highly severe and highly transmissible.
- For isolation and quarantine measures, state law requires making reasonable efforts to obtain voluntary compliance unless doing so would create a risk of serious harm (WAC 246-100-040(1)(a)). It is good public health policy, and it's also legally required.

Jurisdictional Authority and Key Decision Makers

Local, State

Key Decision Makers: The local health officer and/or Secretary of Health may issue a detention order for involuntary isolation when they have reason to believe the person is infected with a communicable disease and poses a serious and imminent risk to the health and safety of others if not isolated. The local health officer must first make reasonable efforts to obtain voluntary

compliance, unless doing so would create a risk of serious harm. An order directly from a local health officer may last for up to 10 days. A court may order a longer period of isolation. Violation of an isolation order is a misdemeanor for which individuals may be arrested, fined, and imprisoned up to 90 days.

Local health officers, and the Secretary of Health under the circumstances outlined in RCW 43.70.130(7), have the authority to request isolation or quarantine under WAC 246-100-040. The health officer can authorize which people can enter the isolation or quarantine facility to provide medical care and/or meet the needs of the sick person. Any person who enters an isolation or quarantine facility without authorization is subject to quarantine by the health officer.

The State Board of Health (SBOH) has broad power to "adopt rules for the imposition and use of isolation and quarantine" (RCW 43.20.050(2)(e)). Local Health Officers and the Secretary of Health can issue isolation and quarantine orders based on SBOH rules.

Applicable Law(s):

- [WAC 246-100-036 – Responsibilities and duties – Local health officers](#)
- [WAC 246-100-040 – Procedures for isolation or quarantine](#)
- [WAC 246-100-045 - Conditions and principles for isolation or quarantine](#)
- [WAC 246-100-050 - Isolation or quarantine premises](#)
- [WAC 246-100-055 - Relief from isolation or quarantine](#)
- [WAC 246-100-070 – Enforcement of local health officer orders](#)
- [WAC 246-101-105 – Duties of the healthcare provider](#)
- [RCW 43.20.050 - Powers and Duties of the State Board of Health](#)
- [RCW 43.70.020\(3\) – Department created](#)
- [RCW 43.70.130 – Powers and duties of the Secretary of Health](#)
- [RCW 70.05.060 – Powers and duties of local board of health](#)
- [RCW 70.05.070 – Local health officer – powers and duties](#)
- [RCW 70.05.120\(4\) – Violations – Remedies - Penalties](#) (misdemeanor for violation of an order)

Forms (find all instructions and forms on [DOH's website](#)):

- [Emergency Involuntary Detention Order \(Word\)](#)
In addition to the form available at the link above, a COV-19 specific involuntary detention order is available. Please contact DOH for use.
- [Confidential Schedule \(Word\)](#)
A local health officer may issue an isolation order immediately. Such an order is subject to court challenge. A court order is required to isolate an individual for longer than 10 days. Law enforcement may arrest an individual for violating a local health officer's or a court order. A court order is also enforceable through contempt proceedings.

When no attempt is made to seek voluntary compliance due to the serious and imminent risk to the public, use the following forms:
- [Summons \(Word\)](#)
- [Detention ex parte petition \(Word\)](#)
- [Confidential schedule \(Word\)](#)
- [Declaration supporting ex parte detention petition \(Word\)](#)
- [Order ex parte for involuntary detention \(Word\)](#)

When voluntary compliance was sought, but the individual refused or otherwise indicated they would not comply, use the following forms:

- [Summons \(Word\)](#)
- [Detention ex parte petition when voluntary detention refused \(Word\)](#)
- [Confidential schedule \(Word\)](#)
- [Declaration supporting ex parte detention petition when voluntary detention refused \(Word\)](#)
- [Order ex parte when voluntary detention refused \(Word\)](#)

Tribal

Tribal governments have the authority and responsibility to control communicable disease on tribal lands and are expected to do so according to the laws, rules, and regulations of the tribal government. Tribal nations may decide their own criteria for isolation.

Federal

The diseases subject to quarantine under federal law are determined by Executive Order. The most recent order published in the [Federal Register](#) includes severe acute respiratory syndromes and provides the basis for federal quarantine.

Applicable Law(s):

- [42 U.S.C. § 264 - Regulations to control communicable diseases](#)
- [42 C.F.R. Part 70 - Interstate Quarantine](#)
- [42 C.F.R. Part 71 - Foreign Quarantine](#)
- [Public Law 113-5 – Pandemic and All Hazards Preparedness Reauthorization Act](#)
- [42 U.S.C. § 201 et seq. – Public Health Service Act](#)

Decisional Objectives/Key Decision Points

- Language for health officer order and involuntary detention court orders.
- Location(s) for isolation.
- Personal Protective Equipment (PPE) requirements for health care workers providing care for sick persons.
- Determine need for material services to meet essential needs (food, laundry, utilities, prescription medication, social support, etc.) and who will authorize providing these services.
- Plan of moving sick persons under isolation to treatment facility, if isolated outside of a health care facility.
- Plans and logistics for specimen collection or providing other medical services, if needed.
- Communication strategies and plan to communicate decisions
 - Affected individuals and community members
 - Public, media, public officials
- Due process: understand and prepare for the rights of the affected patient if due process is initiated. Communicate steps for due process, such as administrative hearings, court review, or notification of right to object. Protect patient rights to privacy and restrictions on who can and cannot be notified (e.g., family member, employer)
- Plan to manage non-compliance with isolation. Identify progressively restrictive steps, up to court-ordered detention. Identify decision point for ordering person to a more restrictive location. Identify who will issue order and transport process.
- Determine when to release from isolation and process for notification.

Implementation Methods

- **Health officer order for emergency detention**
 - Once the person is ordered into isolation, the local health officer should seek a court order and must consider individual rights to due process. Seeking a court order quickly is a good idea if isolation sought is more than 10 days.
 - The needs of a person isolated or quarantined must be addressed to the greatest extent possible in a systematic and competent fashion, including, but not limited to, providing adequate food, clothing, shelter, means of communication with those in isolation or quarantine and outside these settings, medication, and competent medical care. Cultural and religious beliefs should be considered in addressing their needs.
- **Standing orders within a hospital**
 - Work with the hospital facility or designated health care provider and the health officer to create standing orders for the care of individuals in involuntary isolation.

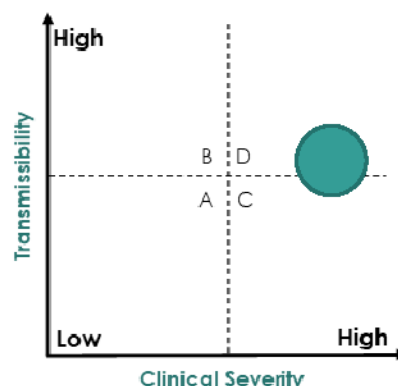
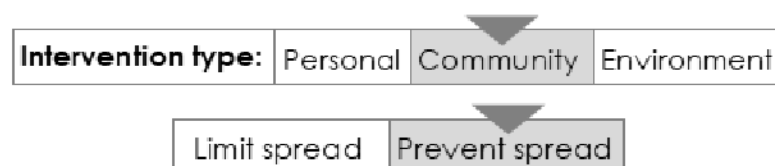
Special Considerations

- Food, water, basic needs, and other support services for isolated patients.
- This intervention requires detailed coordination between state and local government officials.
- Court orders for involuntary isolation may be required.
- Tribal nations may decide their own criteria for isolation.
- When the individual is released, consider providing them with a letter that recognizes their release so they will not be mistakenly reported as not complying with the isolation order.

Intervention 9: Involuntary Quarantine of Contacts of Sick Persons

Reduce probability of transmission in the event that the contact becomes contagious before symptoms developed.

Transmissibility (1-5)	3
Clinical severity (1-7)	5-6.5
Recommend implementing at	D



Rationale for Use as Public Health Strategy

Quarantine refers to the separation and restriction of movement of persons who, while not yet ill, have been exposed to an infectious agent and therefore may become infectious. Quarantine of exposed persons is a public health strategy intended to stop the spread of infectious disease. Quarantine is medically very effective in protecting the public from disease.

Certain infected but not yet symptomatic individuals may unknowingly infect friends, neighbors, and others in the community before becoming symptomatic.

In situations of highly transmissible and clinically severe infections where there are asymptomatic contacts who are not willing to quarantine, authorities may want to consider involuntary quarantine of contacts of sick persons to prevent possible disease spread, especially for novel pathogens of concern.

Success Factors: Success depends on health care facility and/or public health system ability to implement.

Possible Drawbacks: Involuntary quarantine is extremely restrictive and resource intensive.

Possible Benefits: Quarantine is extremely effective in reducing the spread of illness. Non-compliant persons can be prevented from spreading the disease.

Settings and Use

- Consider using involuntary quarantine for contacts who are not reliable or compliant and who were exposed to a sick person but are asymptomatic to avoid potential spread of disease.
- Involuntary quarantine at a designated facility is only recommended when an individual is not reliable or compliant.

Jurisdictional Authority and Key Decision Makers

Local, State

Key Decision Makers: The local health officer and/or Secretary of Health may issue a detention order for involuntary quarantine when they have reason to believe the person is, or is suspected

to be, infected with or exposed to a communicable disease and poses a serious and imminent risk to the health and safety of others if not quarantined. The local health officer must first make reasonable efforts to obtain voluntary compliance, unless doing so would create a risk of serious harm. An order directly from a local health officer may last for up to 10 days. A court may order a longer period of quarantine. Violation of a quarantine order is a misdemeanor for which individuals may be arrested, fined, and imprisoned up to 90 days.

Local health officers, and the Secretary of Health under the circumstances outlined in RCW 43.70.130(7), have the authority to request isolation or quarantine under WAC 246-100-040. The health officer can authorize which people can enter the isolation or quarantine facility to provide medical care and/or meet the needs of the sick person. Any person who enters an isolation or quarantine facility without authorization is subject to quarantine by the health officer.

The State Board of Health (SBOH) has broad power to "adopt rules for the imposition and use of isolation and quarantine" (RCW 43.20.050(2)(e)). Local Health Officers and the Secretary of Health can issue isolation and quarantine orders based on SBOH rules.

Applicable Law(s):

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- [WAC 246-100-040 – Procedures for isolation or quarantine](#)
- [WAC 246-100-045 - Conditions and principles for isolation or quarantine](#)
- [WAC 246-100-050 - Isolation or quarantine premises](#)
- [WAC 246-100-055 - Relief from isolation or quarantine](#)
- [WAC 246-100-070 – Enforcement of local health officer orders](#)
- [RCW 43.20.050 - Powers and Duties of the State Board of Health](#)
- [RCW 43.70.020\(3\) – Department created](#)
- [RCW 43.70.130 – Powers and duties of the Secretary of Health](#)
- [RCW 70.05.060 – Powers and duties of local board of health](#)
- [RCW 70.05.070 – Local health officer – powers and duties](#)
- [RCW 70.05.120\(4\) – Violations – Remedies - Penalties](#) (misdemeanor for violation of an order)

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- [Declaration supporting ex parte detention petition \(Word\)](#)

- [Order ex parte for involuntary detention \(Word\)](#)

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- [Detention ex parte petition when voluntary detention refused \(Word\)](#)
- [Confidential schedule \(Word\)](#)
- [Declaration supporting ex parte detention petition when voluntary detention refused \(Word\)](#)
- [Order ex parte when voluntary detention refused \(Word\)](#)

Federal

The diseases subject to quarantine under federal law are determined by Executive Order. The most recent order published in the [Federal Register](#) includes severe acute respiratory syndromes and provides the basis for federal quarantine.

Applicable Law(s):

- [42 U.S.C. § 264 - Regulations to control communicable diseases](#)
- [42 C.F.R. Part 70 - Interstate Quarantine](#)
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- [Public Law 113-5 – Pandemic and All Hazards Preparedness Reauthorization Act](#)
- [42 U.S.C. § 201 *et seq.* – Public Health Service Act](#)

Tribal

- Tribal governments have the authority and responsibility to control communicable disease on tribal lands and are expected to do so according to the laws, rules, and regulations of the tribal government. Tribal nations may decide their own criteria for isolation.

Decisional Objectives/Key Decision Points

- Language for health officer order and involuntary detention court orders.
- Definition of “close contact” (including length of exposure to ill person, travel history, etc.)
- Location(s) of quarantine facility (home, government facility, etc.)
- Length of quarantine
- Communication strategies and plan
- Determine need for material services to meet essential needs (food, laundry, utilities, prescription medication, social support, etc.) and who will authorize providing these services.
- Plan to move persons under quarantine to a health care facility if they develop symptoms
- Plans and logistics for specimen collection or provision of other medical services, if needed.
- Active monitoring for persons under quarantine

Implementation Methods

- **Health officer order for emergency detention**
 - Once the person is ordered into quarantine, the local health officer should seek a court order and must consider individual rights to due process. Seeking a court order quickly is a good idea if isolation sought is more than 10 days.
 - The needs of a person isolated or quarantined must be addressed to the greatest extent possible in a systematic and competent fashion, including, but not limited to, providing adequate food, clothing, shelter, means of communication with those in isolation or

quarantine and outside these settings, medication, and competent medical care.

Cultural and religious beliefs should be considered in addressing their needs.

- **Standing orders within a hospital**
 - Work with the hospital facility or designated health care provider and the health officer to create standing orders for the care of individuals in involuntary quarantine.

Special Considerations

- Food, water, basic needs, and other support services for quarantined individuals.
- This intervention will require detailed coordination between state and local government officials.
- Court orders for involuntary isolation may be required.
- Tribal nations may decide their own criteria for isolation.
- When the individual is released, consider providing them with a letter that recognizes their release so they will not be mistakenly reported as not complying with the quarantine order.

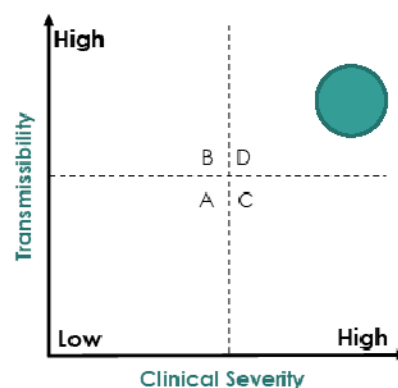
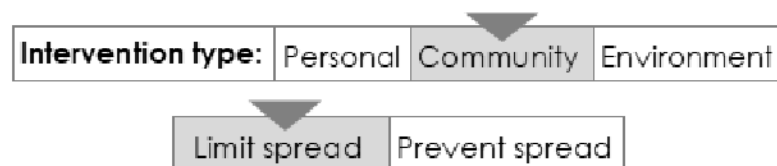
Decisional Objectives/Key Decision Points

- Language for health officer order and involuntary detention court orders.
- Definition of “close contact” (including length of exposure to ill person, travel history, etc.)
- Location(s) of quarantine facility (home, government facility, etc.)
- Length of quarantine
- Communication strategies and plan
- Determine need for material services to meet essential needs (food, laundry, utilities, prescription medication, social support, etc.) and who will authorize providing these services.
- Plan to move persons under quarantine to a health care facility if they develop symptoms
- Plans and logistics for specimen collection or provision of other medical services, if needed.
- Active monitoring for persons under quarantine

Intervention 10: Recommend or Order Cancellation of Major Public and Large Private Gatherings

Reduce probability of transmission by reducing the number of the interpersonal contacts.

Transmissibility (1-5)	4
Clinical severity (1-7)	5-7
Recommend implementing at	D



Rationale for Use as Public Health Strategy

Social distancing measures, such as cancellation or postponement of mass gatherings, reduce opportunities for person-to-person virus transmission and can help delay the spread and slow the exponential growth of disease spread. The optimal strategy is to implement these measures simultaneously in places where people gather.

Canceling mass gatherings, in combination with other social distancing measures (e.g., patient isolation, quarantine of exposed persons, and school closures), may help reduce virus transmission.

Success Factors: Success depends upon event sponsor compliance and authorities' ability to enforce effectively.

Possible Drawbacks: May result in revenue loss, public outrage, or political backlash, and may disproportionately affect certain cultural and community groups.

Possible Benefits: Reduces opportunities for widespread disease transmission by reducing interpersonal contacts and increasing social distance.

Settings and Use

- Social distancing measures can be implemented in a range of community settings, including public places where people gather (e.g., parks, houses of worship, theaters, sports arenas).
- Modifying, cancelling, or postponing events is an approach that might reduce face-to-face contact in community settings.

Jurisdictional Authority and Key Decision Makers

Local

Key Decision Makers: Local health officer and local board of health have authority to control and prevent spread of contagious or infectious diseases within their jurisdiction and to inform the public about the nature of the disease and prevention methods. This includes issuing orders to cancel events.

Key Stakeholders: Decision should be made in coordination with local elected officials (such as mayor, city council, county council, and/or county executive), emergency managers, local law enforcement, impacted businesses, proprietors, cultural and religious leaders, event sponsors and event organizers.

Applicable Law(s) for Decision Makers:

- [RCW 70.05.060 – Powers and duties of local board of health](#)
- [RCW 70.05.070 – Local health officer – powers and duties](#)
- [WAC 246-100-036 – Responsibilities and duties – Local health officers](#)
- [WAC 246-100-070 – Enforcement of local health officer orders](#)

State

Key Decision Makers: In an emergency or when a local health officer consents or does not act, the Secretary of Health may exercise the same authority as a local health officer to control and prevent disease and issue orders to cancel events. The Secretary of Health also has the authority to promote public health activities and educational campaigns.

The Governor has broad authority to proclaim a state of emergency in order to preserve life, health, property, or the public peace ([RCW 43.06.220](#)). A governor declared emergency could trigger limitations such as curfews, prohibitions of people on streets and open areas, limit use of streets, highways or public ways; or other broad restrictions outlined by the law, such as prohibiting travel.

Washington's laws against discrimination are outlined in RCW 49.60. Public officials should consider how communities may be impacted and take action to remove stigma that may marginalize or discriminate against groups.

Applicable Law(s):

- [RCW 43.06.220 – State of emergency – powers of governor pursuant to proclamation](#)
- [RCW 43.70.020\(3\) – Department created](#)
- [RCW 43.70.130 – Powers and duties of the Secretary of Health](#)
- [RCW 70.05.070 – Local health officer – powers and duties](#) (can be exercised by Secretary)
- [RCW 49.60 – Discrimination – Human Rights Commission](#)

Tribal

Tribal governments have the authority and responsibility to control communicable disease on tribal lands and are expected to do so according to the laws, rules, and regulations of the tribal government. They may decide their own criteria for canceling large gatherings.

Federal

Key Decision Makers: The federal government has independent authority when emergencies cross state and national borders.

Applicable Law(s):

- [42 U.S.C. § 247d – Public health emergencies](#)
- [42 U.S.C. § 264 - Regulations to control communicable diseases](#)
- [28 CFR Part 35 – Nondiscrimination on the Basis of Disability in State and Local Government Services](#)

Decisional Objectives/Key Decision Points

- Establish guidance/requirements needed to request or order the cancellation of gatherings.
- Identify affected events and disproportionately impacted communities.
 - Research upcoming cultural and religious holidays, observances, and events.
 - Assess economic impact for both individuals and larger communities (loss of wages, tourism revenue)
- Plan community engagement efforts, methods, and approaches that are responsive to the needs, preferences, and values of the community.
- Develop strategies to gain buy-in from event organizers and leadership
- Plan for enforcement of cancellations
 - Partner with trusted community leaders
 - Assess need, benefit, and potential unintended consequences of working with law enforcement/security personnel.
 - Create mitigation strategies, as needed, to address any real, potential, or perceived issues or consequences of enforcement activities.
- Determine whether events should be pre-emptively canceled.
- Proactively address unintended consequences that inequitably impact historically marginalized individuals and communities may further erode trust with governmental systems needed for overall public health and future response efforts.
- Ensure all strategies, communications, and engagement are culturally and linguistically appropriate and meet readability and accessibility guidelines.

Healthcare Considerations

- Consider impact on the healthcare system and their current capacity and if the intervention would reduce or increase burden.
- Determine if implementation would mitigate burden on health care system to maintain essential medical services, especially for underserved populations.
- Identify if this would decrease or increase absenteeism among health care workers.
- Potential legal and ethical issues involving altered standards of care.

Implementation Methods

- **Health officer order or request that major government-sponsored events/gatherings be cancelled or postponed.**
 - Meet with event organizers, committees and employees.
 - Explain the situation
 - Offer alternatives, if any, including new location, rescheduling the event, or changing entrance rules.
 - Government-sponsored events or gatherings may be affected anyway due to the Continuity of Operations Plan.
 - Work with public information officers/communication teams to get the information out with relevant Q&As and FAQs
- **Create and distribute accessible, public messaging about closures**
 - General messaging about why these measures are being taken.

- Work with communications team to create messages that:
 - Meet readability and accessibility guidelines.
 - Are culturally and linguistically relevant.
 - Are translated into the most spoken languages in the affected area.
 - Are relevant/adaptable to the changing nature of the incident/outbreak.
- Communicate through multiple platforms and channels appropriate to the affected communities
- Engage with community leaders or representatives for advice and buy-in.
- Provide messages to LHJs and other partners to share with their constituents.
- Provide consistent messaging throughout the state via media outreach.
- Develop tailored messaging for disproportionately impacted communities.
- Specific messaging about the cancellation of specific events.
 - Display appropriate messaging in places where attendees may see them.
 - Work with event organizers and to use their communication methods.

Special Considerations

- Requires excellent and effective communication mechanisms to notify community of details and rationale. Communications must be culturally relevant and in a language and format that the audience can understand to be effective.
- Any attempts to implement social distancing in cultural & religious gatherings should be informed by cultural & religious leaders.
- Canceling events could affect civic participation and social cohesion. It could also create an opportunity for discrimination if only certain events are closed.
- Postponing the event may benefit or negatively impact employees as well as attendees or participants, depending on the event and the individual's role.
- This intervention will require detailed coordination between state, local government officials, and community organizations/leaders/groups.
- This intervention will require detailed coordination with the event organizers and planners.
- Cancellation of large events may affect individual income, revenue, employment, economic opportunity, and commerce.
- Coordination with the Office of the Governor and/or local government leadership may be needed.
- There should be consistency in which events are cancelled. Cancellation should not be based on the communities likely to attend or work at the event.
- Culturally and religiously diverse communities may be disproportionately impacted.
- Families on the brink of housing insecurity may be disproportionately impacted by loss of wages, potentially increasing risk of missing rent payments, potentially increasing risk of eviction and homelessness. Homeless individuals already experience barriers to health care, services, and information.
- Unintended consequences that inequitably impact historically marginalized individuals and communities may further erode trust with governmental systems needed for overall public health and future response efforts.

Intervention 10: Recommend or Order Cancellation of Major Public and Large Private Gatherings

- Social distancing measures, such as cancellation or postponement of mass gatherings, reduce opportunities for person-to-person virus transmission and can help delay the spread and slow the exponential growth of disease spread. The optimal strategy is to implement these measures simultaneously in places where people gather, and to do so strategically in ways that maximize the benefit of reducing interpersonal contacts, particularly for people at increased risk, while also working to minimize the burden on society resulting from the intervention.

Thresholds for Considering Implementation:

- Threshold 1: Unmitigated or uncontained community transmission is occurring in several or many major US cities but there may not be evidence of community transmission in WA yet. In such a circumstances, authorities should consider initiating minimally restrictive/burdensome but effective mitigation measures.
- Threshold 2: Evidence that unmitigated or uncontained community transmission is occurring in WA State, but only in one or two jurisdictions, that cannot be contained.
- Threshold 3: Evidence that unmitigated or uncontained community transmission of disease is occurring across WA State (in more than 2 large jurisdictions).

Rationale for Use as Public Health Strategy

Recommending or ordering cancellation of mass gatherings, in combination with other social distancing measures (e.g., patient isolation, quarantine of exposed persons, and public site closures), may help reduce virus transmission.

General assumptions: COVID-19 is known to cause more severe disease illness in individuals with known underlying medical conditions as well as in older individuals (60 years of age and greater), COVID-19 symptoms are currently believed to be relatively mild or almost non-existent in younger populations, and as of 2/27/2020, COVID-19 is spreading now in 47 countries outside of the United States with known community transmission occurring in 10 countries.

Success Factors: Success depends upon event sponsor compliance and authorities' ability to enforce effectively. All non-pharmaceutical interventions have the greatest effect when implemented early and effectively.

Possible Drawbacks: May result in revenue loss, public outrage, or political backlash, and may disproportionately affect certain cultural and community groups. For these reasons, working with communities and event organizers to voluntarily cancel events and gatherings is strongly preferred.

Possible Benefits: Reduces opportunities for widespread disease transmission by reducing interpersonal contacts and increasing social distance. The larger the event and the closer the

interpersonal interactions/contact expected at each event, the more benefit can be derived through canceling the event

Settings and Use

Social distancing measures can be implemented in a range of community settings, including public places where people gather (e.g., parks, houses of worship, theaters, sports arenas). Modifying, cancelling, or postponing events is an approach that might reduce face-to-face contact in community settings.

Operational Strategies for Threshold 1:

- Recommend and implement voluntary event cancellations for large gatherings.
 - Specifically, recommend postponing or canceling events with large numbers of high risk individuals (older adults or individuals with known health conditions).
- For events that will be ongoing, consider:
 - Review and implement NPI 1-5 strategies at venue sites to assure adequate precautions are in place, including:
 - Screening at point of entry for symptomatic persons, including taking temperatures, at events for exclusion.
 - Ensure that hand hygiene stations are available for all attendees.
 - Address social distancing recommendations through site setup strategies.
 - Communicate with high risk groups the importance of staying home and non-attendance for major gatherings.
 - Address re-imbursement policy for attendees who are ill or in high risk group.

Operational Strategies for Threshold 2:

- Continue efforts under Threshold 1.
- Stronger recommendations for event cancellations for areas impacted.
- Voluntary recommendations for non-high risk geographic areas in WA State.

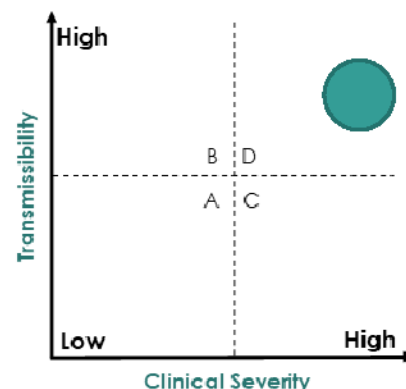
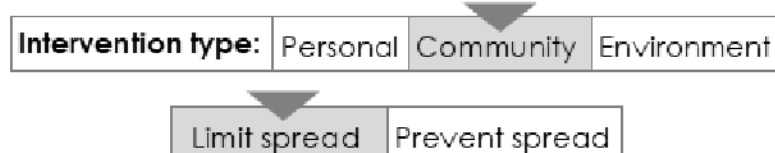
Operational Strategies for Threshold 3:

- Continue efforts under Thresholds 2.
- Ordering of event cancellations statewide.

Intervention 11: Recommend or Order Closure of Public or Private Sites within impacted communities

Viruses quickly and easily spread in places where people gather in close contact, such as schools, child care facilities, workplaces, and public buildings. Dismissing or closing such facilities may be considered to limit disease spread by reducing the number of interpersonal contacts.

Transmissibility (1-5)	4
Clinical severity (1-7)	5-7
Recommend implementing at	D



Rationale for Use as Public Health Strategy

Social distancing measures, including closure of buildings, reduce opportunities for person-to-person virus transmission and can help delay the spread and slow the exponential growth of disease spread. If disease spread is occurring in a school, child care facility or public building, dismissing students, staff, or the public from these locations or closing the locations early can limit further spread. The optimal strategy may be to implement several social distancing steps simultaneously where large groups of people gather.

Success Factors: Early implementation of dismissals or closures to limit spread. Facility compliance and authorities' ability to enforce effectively.

Possible Drawbacks: May result in missed school days, revenue loss, public outrage, or political backlash. It may disproportionately affect certain cultural and community groups. Low income and other vulnerable communities may be put at risk for non-outbreak related harm if they are unsupervised, don't have access to an adult caretaker, or cannot communicate with the outside world if there is an emergency. It may cause disruption for families and communities. Adults may experience missed work and loss of income from their workplace closure or to stay home to care for children.

Possible Benefits: Reduces opportunities for widespread disease transmission by reducing interpersonal contacts and increasing social distance.

Settings and Use

Specific priority settings include schools, child cares, workplaces, meetings, and other places where people gather (e.g., parks, religious institutions, theaters, and sports arenas).

Early dismissal or closing facilities is a social distancing measure that may reduce face-to-face contact in community settings to reduce the spread of diseases transmitted by contact, droplets, or air. Choose social distancing measures depending on the severity of the disease.

School or child care: Examples of social distancing, closures and dismissals could include:

- Dismissing or cancelling classes and use web-based distance learning instead
- Pre-emptive, coordinated school closures or dismissals at child care facilities, K–12 schools, and institutions of higher education.
- Canceling school concerts, after-school programs, or sporting events.

Workplaces and public buildings: Many work settings involve shared work space, equipment, and face-to-face contact. Public buildings can bring many people into close contact. Examples of social distancing for these settings include telecommuting and remote-meeting options in workplaces.

Jurisdictional Authority and Key Decision Makers

Local

Key Decision Makers: Local health officer and local board of health have authority to control and prevent spread of contagious or infectious diseases within their jurisdiction and to inform the public about the nature of the disease and prevention methods.

When there is a potential for an outbreak within a school or childcare center, local health officers have the authority to order school superintendents and childcare center administrators to close their facilities, cancel events, and/or exclude students, staff, and volunteers.

Key Stakeholders: Decision should be made in coordination with school superintendents, boards of education, local elected officials (such as mayor, city council, county council, and/or county executive), child care administrators, private sector, emergency managers, local law enforcement, impacted businesses, proprietors, event sponsors and event organizers.

Applicable Law(s):

- [RCW 70.05.060 – Powers and duties of local board of health](#)
- [RCW 70.05.070 – Local health officer – powers and duties](#)
- [WAC 246-100-021 – Responsibilities and duties – Health care providers](#)
- [WAC 246-100-036 – Responsibilities and duties – Local health officers](#)
- [WAC 246-100-070 – Enforcement of local health officer orders](#)
- [WAC 246-110-020 – Control of contagious disease \(schools and childcare centers\)](#)

State

Key Decision Makers: In an emergency or when a local health officer consents or does not act, the Secretary of Health may exercise the same authority as a local health officer to control and prevent disease. The Secretary of Health also has the authority to promote public health activities and educational campaigns.

Applicable Law(s):

- [RCW 43.70.020\(3\) – Department of Health created](#)
- [RCW 43.70.130 – Powers and duties of the Secretary of Health](#)
- [RCW 70.05.070 – Local health officer – powers and duties \(can be exercised by Secretary\)](#)

- [RCW 49.60 – Discrimination – Human Rights Commission](#)

Tribal

- Tribal governments have the authority and responsibility to control communicable disease on tribal lands and are expected to do so according to the laws, rules, and regulations of the tribal government. They may decide their own criteria for canceling school, child care, and tribal facilities.

Federal

Key Decision Makers: The federal government has independent authority when emergencies cross state and national borders.

Applicable Law(s):

- [42 U.S.C. § 247d – Public health emergencies](#)
- [42 U.S.C. § 264 - Regulations to control communicable diseases](#)
- [28 CFR Part 35 – Nondiscrimination on the Basis of Disability in State and Local Government Services](#)

Decisional Objectives/Key Decision Points

- Scale of closures (e.g. specific schools, districts, ages, geographic regions)
- Identify affected facilities
- Determine whether closure is limited to certain at-risk groups or applies to the general public.
- Length of closure
- Determine building cleaning protocols, if needed.
- Personal Protective Equipment (PPE), if any, for persons cleaning closed facilities
- Communication strategies and plan
- How to get employer engagement and buy-in

Healthcare Considerations

- Consider impact on the healthcare system and their current capacity and if the intervention would reduce or increase burden.
- Determine if implementation would mitigate burden on health care system to maintain essential medical services, especially for underserved populations.
- Increase in absenteeism among health care workers if schools and childcare are closed.
- Potential legal and ethical issues involving altered standards of care.

Implementation Methods

- **Local health officials and local school administrators work closely together in decision making to implement closures and dismissals.**
 - Include communication to parents and the public in case of school or child care closure.
 - Include communication to employees in case of a workplace closure.
- **Communicate to the media, partners, and the public about any facility or building closure.**
 - Create culturally relevant publications in all needed languages.
 - Work through the building or organization's communication channels.
 - Communicate on multiple platforms appropriate to the affected communities

- Provide consistent messaging throughout the state via media outreach.

Special Considerations

- Local health policies and risk communication strategies should take into account community attitudes and acceptance of preventive behaviors related to social distancing, which might differ across racial/ethnic, cultural, and economic groups.
- Strategies can be used in settings like schools (e.g., closure), workplaces (e.g., phone conferences instead of in-person meetings), and mass gatherings (e.g., postponement or cancellation) to reduce spread and infections. Multiple social distancing measures can be implemented simultaneously.
- Regarding school and child care closures, public officials should make decisions that balance local benefits and potential harms and consider timing, flexibility, and modifications to intervention based on the severity of local conditions.
- Requires advanced planning and preparation, as well as political leadership; collaboration between public health and emergency management agencies; coordination with schools, child care, businesses, nongovernmental organizations, and community- and faith-based organizations; and clear communication with the public.
- Cancelling school, child care facilities, workplaces, and public buildings would reduce income for staff working in those locations. Additionally, this could impact the income of working parents left without childcare and school and impact the ability for students to learn.
- Consider options for students who receive free or reduced-price student lunches to continue receiving meals during missed school days. Families experiencing housing insecurity or homelessness may need additional and proactive planning to ensure children are able to access alternative meals during closures.
- Unintended consequences that inequitably impact historically marginalized individuals and communities may further erode trust with governmental systems needed for overall public health and future response efforts.
- Ensure all strategies, communications, and engagement are culturally and linguistically appropriate and meet readability and accessibility guidelines.

Intervention 11: Recommend or Order of Schools, Child Care Facilities, Workplaces, and Public Buildings

- Viruses quickly and easily spread in places where people gather in close contact, such as community centers, VFWs, senior centers, assisted living centers, long term care facilities, schools, child care facilities, workplaces, and public buildings. Dismissing or closing such facilities may be considered to limit disease spread by reducing the number of interpersonal contacts. In cases where closure is impossible, limiting access to visitors, symptom screening prior to entry, and other measures may be considered to reduce risk of disease introduction into a congregate care or living setting.
- This intervention should be done in alignment with all other NPI strategies (1-10).

Thresholds for Implementation:

- Threshold 1: Unmitigated or uncontained community transmission is occurring in several or many major US cities but there may not be evidence of community transmission in WA yet. In such a circumstances, authorities should consider initiating minimally restrictive/burdensome but effective mitigation measures.
- Threshold 2: Evidence that unmitigated or uncontained community transmission is occurring in WA State, but only in one or two jurisdictions, that cannot be contained.
- Threshold 3: Evidence that unmitigated or uncontained community transmission of disease is occurring across WA State (in more than 2 large jurisdictions).

Rationale for Use as Public Health Strategy

Social distancing measures, including closure of buildings, reduce opportunities for person-to-person virus transmission and can help delay the spread and slow the exponential growth of disease spread. If disease spread is occurring in a school, child care facility or public building, dismissing students, staff, or the public from these locations or closing the locations early can limit further spread. The optimal strategy may be to implement several social distancing steps simultaneously where large groups of people gather.

General assumptions: COVID-19 is known to cause more severe disease illness in individuals with known underlying medical conditions as well as older individuals (60 years of age or greater), COVID-19 symptoms are currently believed to be relatively mild or almost non-existent in younger populations, and as of 2/27/2020 COVID-19 is spreading now in 47 countries outside of the United States with known community transmission occurring in 10 countries.

Success Factors: Early implementation of dismissals or closures to limit spread. Facility compliance and authorities' ability to enforce effectively.

Possible Drawbacks: May result in missed school days, revenue loss, public outrage, or political backlash. It may disproportionately affect certain cultural and community groups. Low income and other vulnerable communities may be put at risk for non-outbreak related harm if they are

unsupervised, don't have access to an adult caretaker, or cannot communicate with the outside world if there is an emergency. It may cause disruption for families and communities. Adults may experience missed work and loss of income from their workplace closure or to stay home to care for children.

Possible Benefits: Reduces opportunities for widespread disease transmission by reducing interpersonal contacts and increasing social distance.

Settings and Use

Facility quarantine or closing facilities is a social distancing measure that may reduce face-to-face contact in community settings to reduce the spread of diseases transmitted by contact, droplets, or air. Choose social distancing measures depending on the severity of the disease.

Operational Strategies for Threshold 1:

- Recommend worksite telecommuting options.
- Strengthen public messaging around “if sick stay home.”
- Work with employers to relax/extend sick leave benefits for employees, and encourage or require employees to remain at home if they are sick
- Provide additional guidance for high risk population movement restrictions or protection measures.
 - Make recommendations for limiting visitation hours at Long Term Care (LTC) facilities or provide guidance on appropriate protection for any visitors.
 - Assure appropriate guidance is given to assisted living centers and retirement communities to mitigate potential transmission of disease at these sites. Recommend residents be vigilant at identifying their symptoms and contact local public health jurisdictions and their healthcare provider when symptoms present and isolating at home.
 - Recommend the continued use of NPI 1-5 measures at community centers, correctional centers, and other highly frequented community gathering locations especially those where high risk individuals may congregate (i.e. VFWs).
 - Provide recommendations for the exclusion of school age children with known underlying medical conditions.
 - Strengthen recommendations for social distancing within worksites that must maintain operations.
 - Increase general messaging on NPIs 1-5 for the community at wide and develop strategically directed messages for potentially high risk populations within the state.

Operational Strategies Threshold 2:

- Continue all strategies under Level 1 activation
- Enhance recommendations directed to the impacted jurisdictions, to include:
 - Recommend closure of community centers, senior recreational centers, VFWs, ELKS clubs, etc.

- Consider closure of businesses:
 - Businesses identify all non-essential functions that could be stood down.
 - Ask all business partners to transition eligible staff to telework.
- Consider closure of schools and universities activities and events.
- Consider closures of schools, child care centers, and universities.
- Consider closure of mass transit.
- Recommend or order closures of mass community gathering locations such as bowling alleys, malls, movie theatres.
- Message across the state the potential risk to travel to impacted jurisdictions.

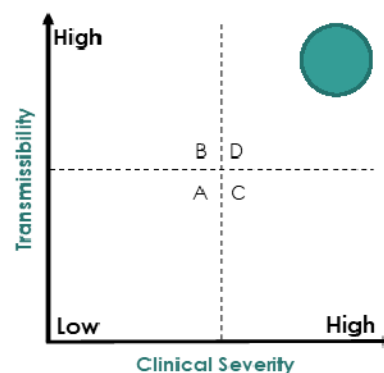
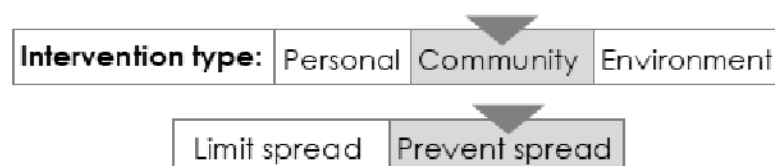
Operational Strategies Threshold 3:

- Continue all strategies under Level 2 activation
- Enhance mass messaging to the population across the state on NPI 1-7.
- Increase span of recommendations under level 2 for the entire state:
 - Recommend closure of community centers, senior recreational centers, VFWs, ELKS clubs, etc.
 - Consider closure or businesses
 - Recommend businesses identify all non-essential functions.
 - Ask all business partners to transition eligible staff to telework.
 - Consider or order closure of schools and universities activities and events.
 - Consider or order closures of schools, child care centers, and universities.
 - Consider or order closure of mass transit.
 - Recommend or order closures of mass community gathering locations such as bowling alleys, malls, movie theatres.

Intervention 12: Prevent Non-Emergency Travel Outside the Home

Limiting travel outside of the home will reduce probability of the transmission by reducing the numbers of the interpersonal contacts. Travel should be restricted to emergency use only.

Transmissibility (1-5)	5
Clinical severity (1-7)	5.5-7
Recommend implementing at	D



Rationale for Use as Public Health Strategy

This intervention is a more extreme measure of social distancing, which reduces occasions for person-to-person virus transmission to help delay the spread and slow the exponential growth of a pandemic.

Success Factors: Success depends upon compliance and authorities' ability to enforce effectively.

Possible Drawbacks: Will prevent the operation of public entities and private businesses; the effect will be felt economically by employees as loss of income, and the public as lack of commodity availability. Revenue loss; public outrage; and political backlash are possible. Travel restrictions may disproportionately affect certain cultural and community groups.

Possible Benefits: Reduces opportunities for direct or indirect disease spread, and may prevent a disease from entering new geographical region.

Settings and Use

- Travel restrictions are conditionally recommended during an early stage of a localized and extraordinarily severe pandemic for a limited period of time. Before implementing, consider cost, acceptability and feasibility, as well as ethical and legal considerations, in relation to this measure.
- This intervention should be considered when less-restrictive interventions have failed or to prevent disease introduction into new geographical areas.

Jurisdictional Authority and Key Decision Makers

Local, State

Key Decision Makers: Local governments have police power to protect the public health under the U.S. Constitution's 10th Amendment, granting authority to implement restrictions on private rights for the sake of public welfare, order, and security. It also includes reasonable regulations to protect public health and safety. Under the 10th Amendment, police powers resides with state and local authorities unless specifically delegated to federal government. Local governments

may need to collaborate with state and federal partners as the complexity of the emergency increases. Local governments may request support from the state.

The Governor has broad authority to proclaim a state of emergency in order to preserve life, health, property, or the public peace ([RCW 43.06.220](#)). A governor declared emergency could trigger limitations such as curfews, prohibitions of people on streets and open areas, limit use of streets, highways or public ways; or other broad restrictions outlined by the law, such as prohibiting travel.

Washington's laws against discrimination are outlined in RCW 49.60. Public officials should consider how communities may be impacted and take action to remove stigma that may marginalize or discriminate against groups.

Key Stakeholders: Decision should be made in coordination with local elected officials (such as mayor, city council, county council, and/or county executive), private sector, emergency managers, local law enforcement, school superintendents, boards of education, health care, and transportation agencies.

Applicable Law(s):

- [RCW 43.06.220 – State of emergency – powers of governor pursuant to proclamation](#)
- [RCW 43.70.020\(3\) – Department created](#)
- [RCW 43.70.130 – Powers and duties of the Secretary of Health](#)
- [RCW 70.05.060 – Powers and duties of local board of health](#)
- [RCW 70.05.070 – Local health officer – powers and duties](#)
- [RCW 49.60 – Discrimination – Human Rights Commission](#)
- [WAC 246-100-021 – Responsibilities and duties – Health care providers](#)
- [WAC 246-100-036 – Responsibilities and duties – Local health officers](#)
- [WAC 246-100-070 – Enforcement of local health officer orders](#)

Tribal

Tribal governments have the authority and responsibility to control communicable disease on tribal lands and are expected to do so according to the laws, rules, and regulations of the tribal government.

Federal

Key Decision Makers: The federal government has independent authority when emergencies cross state and national borders.

Applicable Law(s):

- [42 U.S.C. § 201 *et seq.* – Public Health Service Act](#)
- [42 U.S.C. § 247d – Public health emergencies](#)
- [42 U.S.C. § 264 - Regulations to control communicable diseases](#)
- [28 CFR Part 35 – Nondiscrimination on the Basis of Disability in State and Local Government Services](#)
- [Public Law No. 116-22 – 2019 Pandemic and All-Hazards Preparedness and Advancing Innovation Act \(PAHPAIA\)](#)
- [Public Law 113-5 – Pandemic and All Hazards Preparedness Reauthorization Act](#)

Decisional Objectives/Key Decision Points

- Define “essential travel”
- Define geographic location for ban on non-essential travel and length of ban.
- Communication strategies and communication plan
- Enforcement plan in coordination with law enforcement
 - Personal Protective Equipment (PPE) needed for enforcement officials
- Movement plan for individuals with essential travel needs
- Consider support of elected officials in issuing the order
- Consider how individual or community will access emergency services, if needed, during the restriction period
- Determine need for material support and services to meet essential needs (food, laundry, utilities, prescription medication, social support, etc.) and who will authorize providing services.
- Plans and logistics for specimen collection or providing other medical services, if needed.

Healthcare Considerations

- Consider impact on the healthcare system and their current capacity and if the intervention would reduce or increase burden.
- Determine if implementation would mitigate burden on health care system to maintain essential medical services, especially for underserved populations.
- Increase in absenteeism among health care workers if schools and childcare are closed.
- Potential legal and ethical issues involving altered standards of care.

Implementation Methods

- Health officer order to the public to cease all non-essential travel.
- Work with law enforcement agencies to enforce.
 - Enforcement must be feasible and within the capabilities of the agency.
- Distribute messaging to help the public understand the reason for the measure and what to do.
 - Ensure messaging is culturally and linguistically appropriate for any groups disproportionately affected by the travel restriction. Ensure messaging is accessible for individuals with disabilities and available in alternative formats.

Special Considerations

- Consider obtaining support of elected officials in issuing such a restrictive order.
- This intervention will require detailed coordination between state and local government officials.
- Law enforcement will be necessary to enforce the travel ban.
- Schools, transit services, and places of work will be affected.
- Sovereign tribal nations may decide their own criteria for non-emergency travel.
- Consider possible impacts to the health care system, such as an increase in people seeking care.
- Plan in advance any services needed to support the community during the restriction period.

Intervention 12: Prevent Non-Emergency Travel Outside the Home

Last updated: 2/24/2020

- Unintended consequences that inequitably impact historically marginalized individuals and communities may further erode trust with governmental systems needed for overall public health and future response efforts.
- Ensure all strategies, communications, and engagement are culturally and linguistically appropriate and meet readability and accessibility guidelines.

Intervention 12: Prevent Non-Emergency Travel Outside the Home

- Limiting travel outside of the home will reduce probability of the transmission by reducing the numbers of the interpersonal contacts. Travel should be restricted to emergency use only.
- Intervention 12 should not be done without Intervention 10-11 strategies also being implemented.

Thresholds for Implementation:

- Threshold 1: Unmitigated or uncontained community transmission is occurring in several or many major US cities but there may not be evidence of community transmission in WA yet. In such a circumstances, authorities should consider initiating minimally restrictive/burdensome but effective mitigation measures.
- Threshold 2: Evidence that unmitigated or uncontained community transmission is occurring in WA State, but only in one or two jurisdictions, that cannot be contained.
- Threshold 3: Evidence that unmitigated or uncontained community transmission of disease is occurring across WA State (in more than 2 large jurisdictions).
- Threshold 4: Health care system is significantly impacted and/or we have clear evidence that the case hospitalization and case fatality rate are higher than previously thought.

Rationale for Use as Public Health Strategy

This intervention is a more extreme measure of social distancing, which reduces occasions for person-to-person virus transmission to help delay the spread and slow the exponential growth of a pandemic.

General assumptions: COVID-19 is known to cause more severe disease illness in individuals with known underlying medical conditions as well as older individuals (60 years of age or greater), COVID-19 symptoms are currently believed to be relatively mild or almost non-existent in younger populations, and COVID-19 is spreading now in 47 countries outside of the United States with known community transmission occurring in 10 countries.

Success Factors: Success depends upon compliance and authorities' ability to enforce effectively.

Possible Drawbacks: Will prevent the operation of public entities and private businesses; the effect will be felt economically by employees as loss of income, and the public as lack of commodity availability. Revenue loss; public outrage; and political backlash are possible. Travel restrictions may disproportionately affect certain cultural and community groups. Includes community impacts such as food/groceries, gas station fuel, utilities.

Possible Benefits: Reduces opportunities for direct or indirect disease spread, and may prevent a disease from entering new geographical region.

Settings and Use

Travel restrictions are conditionally recommended during an early stage of a localized and extraordinarily severe pandemic for a limited period of time. Before implementing, consider cost, acceptability and feasibility, as well as ethical and legal considerations, in relation to this measure. This intervention should be considered when less-restrictive interventions have failed or to prevent disease introduction into new geographical areas.

Operational Strategy for Threshold 1:

- Strengthen public health messaging and communication efforts on NPI 1-11.
- Communicate CDC travel restrictions to WA State residents and make recommendations for limiting travel outside of the state.
 - Include enhanced messaging on traveler monitoring of symptoms for WA state residents.

Operational Strategy for Threshold 2:

- Continue efforts for messaging on NPI 1-11 as appropriate.
- Maintain communication locally on CDC travel restrictions and expand messaging to include local travel restrictions within highly impacted jurisdictions.
- Strengthen guidance for staying at home for non-emergent situations for impacted jurisdictions with 2nd generation spread of disease.
 - Additionally, consider closure of additional community businesses, closure of schools, child care centers, and other locations where people congregate within the impacted community.
 - Consider postponing or cancelling non-emergent travel for older adults and those with chronic medical conditions.

Operational Strategy for Threshold 3:

- Continue efforts under Threshold 2.
- Expand recommendation for staying at home for non-emergent situations,
 - Consider wider closure of additional community businesses, closure of schools, child care centers, and other locations where people congregate across the state.
 - Consider expanding travel restrictions for older adults and those with chronic medical conditions.
 - Including identification for alternative access to medical care/treatment that would limit need for emergency travel outside a home or facility environment.

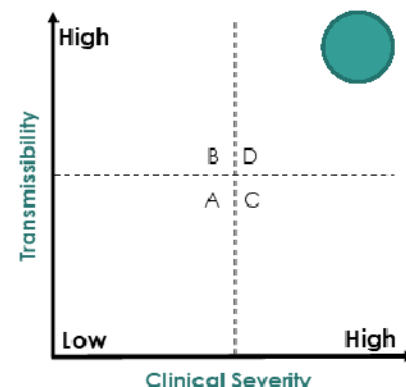
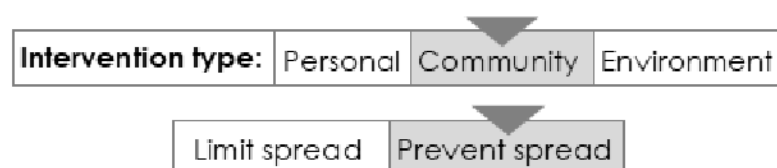
Operational Strategy for Threshold 4:

- Continue all efforts under threshold 3
- If no state of emergency has been declared, consider a declaration for non-emergency use of roadways to transport of sick persons.

Intervention 13: Establish a Cordon Sanitaire

Contains a communicable disease within specific geographical boundaries. Legally enforceable order that restricts movement into or out of an area of quarantine to reduce spread in and to persons outside affected area.

Transmissibility (1-5)	5
Clinical severity (1-7)	5.5-7
Recommend implementing at	D



Rationale for Use as Public Health Strategy

A cordon sanitaire is the restriction of movement of people in or out of the defined geographic area in order to contain disease within specific geographical boundaries. It is created around an area experiencing an outbreak or disease to prevent spread. This is a form of isolation and quarantine when applied to all inhabitants of an area as a sanitary barrier.

Success Factors: Success depends upon compliance and authorities' ability to enforce effectively. It also depends on engaging affected people to communicate the reason for the measure and gain their support for complying.

Possible Drawbacks: Controversial because it infringes on personal freedom of movement. May lead to feeling isolated or result in the isolation of an entire community. People could be stranded without support. Commerce will be heavily compromised. Revenue loss, public outrage, and political backlash are possible. It may disproportionately affect certain cultural and community groups, low-income families, rural and under-resourced communities, and individuals with un-related acute, chronic, or severe medical needs. May be difficult to solicit cooperation.

Possible Benefits: May contain a disease within the boundaries of the cordon. Reduces need for urgent evaluation of large numbers of potential contacts to determine indications for activity restrictions. May reduce transmission among groups without explicit activity restrictions.

Settings and Use

This strategy can be used when extensive transmission is occurring, a significant number of cases lack identifiable epidemiologic links at the time of evaluation, and/or restrictions placed on persons known to have been exposed are insufficient to prevent further spread.

Consider this intervention with highly transmissible and clinically severe disease that has requires geographic containment. This could apply to diseases that are easily transmitted

human-to-human via contact, droplet, and/or airborne routes when less-restrictive interventions have failed, or to prevent introduction into new geographical areas.

Jurisdictional Authority and Key Decision Makers

Local, State

Key Decision Makers: Local governments have police power to protect the public health under the US Constitution's 10th Amendment, granting authority to implement restrictions on private rights for the sake of public welfare, order, and security. It also includes reasonable regulations to protect public health and safety. Under the 10th Amendment, police powers resides with state and local authorities unless specifically delegated to federal government. Local governments may need to collaborate with state and federal partners as the complexity of the emergency increases. Local governments may request support from the state.

The Governor has broad authority to proclaim a state of emergency in order to preserve life, health, property, or the public peace ([RCW 43.06.220](#)). A governor declared emergency could trigger limitations such as curfews, prohibitions of people on streets and open areas, limit use of streets, highways or public ways; or other broad restrictions outlined by the law, such as prohibiting travel.

Washington's laws against discrimination are outlined in RCW 49.60. Public officials should consider how communities may be impacted and take action to remove stigma that may marginalize or discriminate against groups.

Applicable Law(s):

- [RCW 43.06.220 – State of emergency – powers of governor pursuant to proclamation](#)
- [RCW 43.70.020\(3\) – Department created](#)
- [RCW 43.70.130 – Powers and duties of the Secretary of Health](#)
- [RCW 70.05.060 – Powers and duties of local board of health](#)
- [RCW 70.05.070 – Local health officer – powers and duties](#)
- [RCW 49.60 – Discrimination – Human Rights Commission](#)
- [WAC 246-100-021 – Responsibilities and duties – Health care providers](#)
- [WAC 246-100-036 – Responsibilities and duties – Local health officers](#)
- [WAC 246-100-070 – Enforcement of local health officer orders](#)

Tribal

Tribal governments have the authority and responsibility to control communicable disease on tribal lands and are expected to do so according to the laws, rules, and regulations of the tribal government.

Federal

Key Decision Makers: The federal government has independent authority when emergencies cross state and national borders. HHS Secretary may declare a public health emergency under 42 USC sec. 247, which is a way to get Congress to fund a public health emergencies account, but declarations are often made receiving without associated Congressional funding.

The diseases subject to quarantine under federal law are determined by Executive Order. The most recent order published in the [Federal Register](#) includes severe acute respiratory syndromes and provides the basis for federal quarantine.

Applicable Law(s):

- [42 U.S.C. § 201 *et seq.* – Public Health Service Act](#)
- [42 U.S.C. § 247d – Public health emergencies](#)
- [42 U.S.C. § 264 - Regulations to control communicable diseases](#)
- [28 CFR Part 35 – Nondiscrimination on the Basis of Disability in State and Local Government Services](#)
- [42 C.F.R. Part 70 - Interstate Quarantine](#)
- [42 C.F.R. Part 71 - Foreign Quarantine](#)
- [Public Law No. 116-22 – 2019 Pandemic and All-Hazards Preparedness and Advancing Innovation Act \(PAHPAIA\)](#)
- [Public Law 113-5 – Pandemic and All Hazards Preparedness Reauthorization Act](#)

Decisional Objectives/Key Decision Points

- Geographic location and timeframe of cordon sanitaire.
- Communication strategies and communication plan, including:
 - How affected community will receive updates
 - Whether to set up a call center
- Work with law enforcement to determine an enforcement strategy, including non-compliance.
 - Personal Protective Equipment (PPE) for officials enforcing the cordon sanitaire
- Movement of individuals and essential personnel into and out of the cordoned area for health and safety reasons
- Movement of materials (e.g. food, medical supplies/services, waste management) into and out of the cordoned area and providing essential services (e.g. utilities and water), and who will authorize providing services.
- Plan for health and emergency services in the cordoned area, such as mental health support, telehealth, and emergency medical transport
- Plans and logistics for specimen collection or providing other medical services, if needed.
- Identify communities that will be disproportionately impacted or burdened.
- Plan community engagement efforts, methods, and approaches that are responsive to the needs, preferences, and values of the community.
- Proactively address unintended consequences that inequitably impact historically marginalized individuals and communities may further erode trust with governmental systems needed for overall public health and future response efforts.
- Ensure all strategies, communications, and engagement are culturally and linguistically appropriate and meet readability and accessibility guidelines.

Implementation Methods

- **Health officer orders a cordon for a specific geographic area.**
 - Work with local health officer to determine best geographic area; work with the Washington State Department of Transportation and other transportation partners to transport cases and/or contacts to or from a geographic area.
- **Work with law enforcement agencies to enforce the cordon.**

- Determine law enforcement needs and whether the agencies need additional officers.
- **Create and distribute accessible, public messaging,**
 - General messaging about why these measures are being taken.
 - Work with communications team to create messages that:
 - Meet readability and accessibility guidelines.
 - Are culturally and linguistically relevant.
 - Are translated into the most spoken languages in the affected area.
 - Are relevant/adaptable to the changing nature of the incident/outbreak.
 - Communicate through multiple platforms and channels appropriate to the affected communities
 - Engage with community leaders or representatives for advice and buy-in.
 - Provide messages to LHJs and other partners to share with their constituents.
 - Provide consistent messaging throughout the state via media outreach.
 - Develop tailored messaging for disproportionately impacted communities.

Special Considerations

- Requires excellent communication mechanisms to notify community of details and rationale.
- Low-income families, immigrant/refugee communities, communities of color, and individuals with criminal records may be disproportionately impacted by enforcement activities.
- Requires plans/protocols for providing essential services. Plan movement of materials (e.g., food, medical supplies/services, and waste management) into and out of the cordoned area and essential services (e.g., utilities and water) to avoid additional public health issues.
- Requires detailed coordination between state, local government officials, and community organizations/leaders/groups.
- Requires law enforcement to enforce travel restrictions and maintain security at borders, but their involvement may create stress, trauma/re-traumatization, and fear for certain communities.
- Heavily affects individual income, revenue, employment, economic opportunity, and commerce.
- Limits transportation for persons requiring medical evaluation, with appropriate infection control precautions. Consider use of telehealth resources to support this need, but that telehealth may not be an accessible resource for all individuals and communities in need.
- May disproportionately impact individuals with other, non-related chronic, severe, and acute medical conditions that require ongoing/follow-up treatment or management.
- Requires plan to divert flow of critical infrastructure supplies and materials that normally move through the cordoned area.
- Requires plan to provide mental health support.
- Risk of noncompliance, particularly as length of time increases. May require enforcement for noncompliance.
- When an entire community is involved, requires cooperation with neighboring jurisdictions that may not be using a similar intervention, particularly in situations where persons live in one city and work in another and only one locale is affected by the intervention.
- Coordination with the Office of the Governor and/or local government leadership may be needed.
- Tribal nations may decide their own criteria for cordoning and any relevant security concerns.
- Families on the brink of housing insecurity may be disproportionately impacted by loss of wages, potentially increasing risk of missing rent payments, potentially increasing risk of eviction and

homelessness. Homeless individuals already experience barriers to health care, services, and information.

- Unintended consequences that inequitably impact historically marginalized individuals and communities may further erode trust with governmental systems needed for overall public health and future response efforts.
- Ensure all strategies, communications, and engagement are culturally and linguistically appropriate and meet readability and accessibility guidelines.

Intervention 13: Establish a Cordon Sanitaire

- Contains a communicable disease within specific geographical boundaries. Legally enforceable order that restricts movement into or out of an area of quarantine to reduce spread in and to persons outside affected area. A less restrictive cordon sanitaire can also be imposed that allows essential travel and supplies into and out of the cordon as well as limited nonemergency travel.
- Intervention 13 should not be done without also considering interventions 10-12 strategies also being implemented.

Thresholds for Considering Implementation:

- Threshold 1: Second or Third generation of spread in a narrowly defined geographic region within the state or clusters of geographic transmission in defined pockets within the state.

Rationale for Use as Public Health Strategy

A cordon sanitaire is the restriction of movement of people in or out of the defined geographic area in order to contain disease within specific geographical boundaries. This is a form of combined isolation and quarantine when applied to all inhabitants of an area as a sanitary barrier.

General assumptions: COVID-19 is known to cause more severe disease illness in individuals with known underlying medical conditions as well as elderly individuals (60 years or greater), COVID-19 symptoms are currently believed to be relatively mild or almost non-existent in younger populations, and COVID-19 is spreading now in 47 countries outside of the United States with known community transmission occurring in 10 countries.

Success Factors: Success depends upon compliance and authorities' ability to enforce effectively.

Possible Drawbacks: Controversial because it infringes on personal freedom of movement. May lead to feeling isolated or result in the isolation of an entire community. People could be stranded without support. Commerce will be heavily compromised. Revenue loss, public outrage, and political backlash are possible. It may disproportionately affect certain cultural and community groups, low-income families, under-resourced communities, and individuals with un-related acute, chronic, or severe medical needs. May be difficult to solicit cooperation.

Possible Benefits: May contain a disease within the boundaries of the cordon. Reduces need for urgent evaluation of large numbers of potential contacts to determine indications for activity restrictions. May reduce transmission among groups without explicit activity restrictions.

Settings and Use

This strategy can be used when extensive transmission is occurring, a significant number of cases lack identifiable epidemiologic links at the time of evaluation, and/or restrictions placed on persons known to have been exposed are insufficient to prevent further spread.

Consider this intervention with highly transmissible and clinically severe disease that has requires geographic containment. This could apply to diseases that are easily transmitted human-to-human via contact, droplet, and/or airborne routes when less-restrictive interventions have failed, or to prevent introduction into new geographical areas.

Operational Strategy for Threshold 1:

- Refer to 13.1

TABLE 1. Non-pharmaceutical Interventions Matrix

Assessment*		Intervention	Expected Result	Example Implementation	Begin NPI use	NPI Type
Transmissibility	Clinical Severity					
1	1-4	1. Increase handwashing and use of alcohol-based sanitizer	Reduce probability of direct and indirect transmission of the disease by disinfecting hands	Conduct public messaging and media campaigns to encourage and educate the public and to promote enhanced hygiene and social distancing measures. Targeted messaging to major employers may be beneficial in encouraging the enhance behaviors in the workplace.	Y N	Personal
1	1-4	2. Respiratory Hygiene/Cough Etiquette	Reduce probability of droplet transmission of the disease by reducing the range of respiratory droplets and aerosols		Y N	
1	1-4	3. Keep distance from others (>6 feet)	Reduce probability of direct and droplet transmission by reducing the number of interpersonal contacts		Y N	Community
1	1-4	4. Frequently clean and disinfect personal surfaces (doorknobs, phones, keyboards, etc.)	Reduce the probability of indirect transmission by disinfecting fomites		Y N	Environmental
1	1-4	5. Remain home through the duration of respiratory illness	Reduce probability of transmission by preventing contacts between well and sick people		Y N	Personal
2	2 - 5	6. Voluntary isolation of sick persons	Reduce probability of transmission by preventing contacts between well and sick people	Health officers, medical providers, and public health personnel provide direct education to cases and contacts asking that they remain home for an established period of time.	Y N	
2	2 - 5	7. Voluntary quarantine of contacts of sick persons	Reduce probability of transmission in the event that the contact becomes contagious before symptoms developed.		Y N	Community
3	5 – 6.5	8. Involuntary isolation of sick persons	Reduce probability of transmission by preventing contacts between well and sick people	Health officers issue emergency detention orders or seek court orders for involuntary detention in order to involuntarily isolate or quarantine those who are uncooperative	Y N	
3	5 - 6.5	9. Involuntary quarantine of contacts of sick persons	Reduce probability of transmission in the event that the contact becomes contagious before symptoms develop		Y N	
4	5 - 7	10. Order cancellation of major public and large private gatherings	Reduce probability of transmission by reducing the number of the interpersonal contacts	Health officer orders to suspend all gatherings above a certain size with the intention to reduce risk of disease transmission if a subset of that population may be sick	Y N	
4	5 - 7	11. Order closure of schools, childcare facilities, workplaces, and public buildings	Reduce probability of transmission by reducing the number of the interpersonal contacts		Y N	
5	5.5 - 7	12. Prevent non-emergency travel outside of the home	Reduce probability of transmission by reducing the number of the interpersonal contacts	Health officer orders to halt non-emergency travel and remain indoors in order to protect those not yet sick.	Y N	
5	5.5 - 7	13. Establish a cordon sanitaire	Contain the disease within specific geographical boundaries.		Y N	

*Assessment levels are based on the following table (Table 2).

TABLE 2. Refined assessment: scaled measures of influenza virus transmissibility and clinical severity							
Measures of transmissibility and clinical severity	Scale						
	1	2	3	4	5	6	7
Transmissibility (scale of 1-5)							
Symptomatic attack rate, community	≤ 10%	11% - 15%	16% - 20%	21% - 24%	≥ 25%	-	-
Symptomatic attack rate, school	≤ 20%	21% - 25%	26% - 30%	31% - 35%	≥ 36%	-	-
Symptomatic attack rate, workplace	≤ 10%	11% - 15%	16% - 20%	21% - 24%	≥ 25%	-	-
Household secondary attack rate, symptomatic	≤ 5%	6% - 10%	11% - 15%	16% - 20%	≥ 21%	-	-
R ⁰ : basic reproductive number	≤ 1.1	1.2 – 1.3	1.4 – 1.5	1.6 – 1.7	≥ 1.8	-	-
Peak percentage of outpatient visits for influenza-like illness	1% - 3%	4% - 6%	7% - 9%	10% - 12%	≥ 13%	-	-
Clinical severity (scale of 1 – 7)							
Case-fatality ratio	<0.02%	0.02% - 0.05%	0.5% - 0.1%	0.1% - 0.25%	0.25% - 0/5%	0.5% - 1%	>1%
Case-hospitalization ratio	<0.5%	0.5% - 0.8%	0.8% - 1.5%	1.5% - 3%	3% - 5%	5% - 7%	>7%
Deaths-hospitalizations ratio	≤3%	4% - 6%	7% - 9%	10% - 12%	13% - 15%	16% - 18%	>18%

Source: Reed C, Biggerstaff M, Finelli L, et al. Novel framework for assessing epidemiologic effects of influenza epidemics and pandemics. *Emerg Infect Dis* 2013; 19:85-91

This chart transcribed from the CDC's MMWR, *Community Mitigation Guidelines to Prevent Pandemic Influenza-United States, 2017*

ADDITIONAL SUPPLEMENTAL DOCUMENTS

- 10.1S Supplemental Guidance for Intervention 10: Recommend or Order Cancellation of Major Public and Large Private Gatherings
- 11.1S Supplemental Guidance for Intervention 11: Recommend or Order of Schools, Child Care Facilities, Workplaces, and Public Buildings
- 12.1S Supplemental Guidance for Intervention 12: Prevent Non-Emergency Travel Outside the Home
- 13.1S Supplemental Guidance for Intervention 13: Establish a Cordon Sanitaire

Intervention 10: Recommend or Order Cancellation of Major Public and Large Private Gatherings

- Social distancing measures, such as cancellation or postponement of mass gatherings, reduce opportunities for person-to-person virus transmission and can help delay the spread and slow the exponential growth of disease spread. The optimal strategy is to implement these measures simultaneously in places where people gather, and to do so strategically in ways that maximize the benefit of reducing interpersonal contacts, particularly for people at increased risk, while also working to minimize the burden on society resulting from the intervention.

Thresholds for Considering Implementation:

- Threshold 1: Unmitigated or uncontained community transmission is occurring in several or many major US cities but there may not be evidence of community transmission in WA yet. In such a circumstances, authorities should consider initiating minimally restrictive/burdensome but effective mitigation measures.
- Threshold 2: Evidence that unmitigated or uncontained community transmission is occurring in WA State, but only in one or two jurisdictions, that cannot be contained.
- Threshold 3: Evidence that unmitigated or uncontained community transmission of disease is occurring across WA State (in more than 2 large jurisdictions).

Rationale for Use as Public Health Strategy

Recommending or ordering cancellation of mass gatherings, in combination with other social distancing measures (e.g., patient isolation, quarantine of exposed persons, and public site closures), may help reduce virus transmission.

General assumptions: COVID-19 is known to cause more severe disease illness in individuals with known underlying medical conditions as well as in older individuals (60 years of age and greater), COVID-19 symptoms are currently believed to be relatively mild or almost non-existent in younger populations, and as of 2/27/2020, COVID-19 is spreading now in 47 countries outside of the United States with known community transmission occurring in 10 countries.

Success Factors: Success depends upon event sponsor compliance and authorities' ability to enforce effectively. All non-pharmaceutical interventions have the greatest effect when implemented early and effectively.

Possible Drawbacks: May result in revenue loss, public outrage, or political backlash, and may disproportionately affect certain cultural and community groups. For these reasons, working with communities and event organizers to voluntarily cancel events and gatherings is strongly preferred.

Possible Benefits: Reduces opportunities for widespread disease transmission by reducing interpersonal contacts and increasing social distance. The larger the event and the closer the

interpersonal interactions/contact expected at each event, the more benefit can be derived through canceling the event

Settings and Use

Social distancing measures can be implemented in a range of community settings, including public places where people gather (e.g., parks, houses of worship, theaters, sports arenas). Modifying, cancelling, or postponing events is an approach that might reduce face-to-face contact in community settings.

Operational Strategies for Threshold 1:

- Recommend and implement voluntary event cancellations for large gatherings.
 - Specifically, recommend postponing or canceling events with large numbers of high risk individuals (older adults or individuals with known health conditions).
- For events that will be ongoing, consider:
 - Review and implement NPI 1-5 strategies at venue sites to assure adequate precautions are in place, including:
 - Screening at point of entry for symptomatic persons, including taking temperatures, at events for exclusion.
 - Ensure that hand hygiene stations are available for all attendees.
 - Address social distancing recommendations through site setup strategies.
 - Communicate with high risk groups the importance of staying home and non-attendance for major gatherings.
 - Address reimbursement policy for attendees who are ill or in a high-risk group.
- Consider partnering with the following organizations to inform decision making:
 - Event venues, city officials and planners, law enforcement organizations, local emergency management, industry associations, faith and community based organizations, etc.
- Weigh the health, economic, and cultural impacts of canceling or postponing the event.

Operational Strategies for Threshold 2:

- Continue efforts under Threshold 1.
- Stronger recommendations for event cancellations for areas impacted.
- Consider a public messaging campaign to ensure attendees are aware of the potential risks of attending.
- Can you hold the event remotely (via teleconference)? At a different location?
- Voluntary recommendations for non-high risk geographic areas in WA state.

Operational Strategies for Threshold 3:

- Continue efforts under Thresholds 2.
- Ordering of event cancellations statewide.
- Develop and implement a messaging campaign to ensure attendees are aware the event is cancelled.

Intervention 11: Recommend or Order of Schools, Child Care Facilities, Workplaces, and Public Buildings

- Viruses quickly and easily spread in places where people gather in close contact, such as community centers, VFWs, senior centers, assisted living centers, long term care facilities, schools, child care facilities, workplaces, and public buildings. Dismissing or closing such facilities may be considered to limit disease spread by reducing the number of interpersonal contacts. In cases where closure is impossible, limiting access to visitors, symptom screening prior to entry, and other measures may be considered to reduce risk of disease introduction into a congregate care or living setting.
- This intervention should be done in alignment with all other NPI strategies (1-10).

Thresholds for Implementation:

- Threshold 1: Unmitigated or uncontained community transmission is occurring in several or many major US cities but there may not be evidence of community transmission in WA yet. In such a circumstances, authorities should consider initiating minimally restrictive/burdensome but effective mitigation measures.
- Threshold 2: Evidence that unmitigated or uncontained community transmission is occurring in WA State, but only in one or two jurisdictions, that cannot be contained.
- Threshold 3: Evidence that unmitigated or uncontained community transmission of disease is occurring across WA State (in more than 2 large jurisdictions).

Rationale for Use as Public Health Strategy

Social distancing measures, including closure of buildings, reduce opportunities for person-to-person virus transmission and can help delay the spread and slow the exponential growth of disease spread. If disease spread is occurring in a school, child care facility or public building, dismissing students, staff, or the public from these locations or closing the locations early can limit further spread. The optimal strategy may be to implement several social distancing steps simultaneously where large groups of people gather.

General assumptions: COVID-19 is known to cause more severe disease illness in individuals with known underlying medical conditions as well as older individuals (60 years of age or greater), COVID-19 symptoms are currently believed to be relatively mild or almost non-existent in younger populations, and as of 2/27/2020 COVID-19 is spreading now in 47 countries outside of the United States with known community transmission occurring in 10 countries.

Success Factors: Early implementation of dismissals or closures to limit spread. Facility compliance and authorities' ability to enforce effectively.

Possible Drawbacks: May result in missed school days, revenue loss, public outrage, or political backlash. It may disproportionately affect certain cultural and community groups. Low income and other vulnerable communities may be put at risk for non-outbreak related harm if they are unsupervised, don't have access to an adult caretaker, or cannot communicate with the outside world if there is an emergency. It may cause disruption for families and communities. Adults may experience missed work and loss of income from their workplace closure or to stay home to care for children.

Possible Benefits: Reduces opportunities for widespread disease transmission by reducing interpersonal contacts and increasing social distance.

Settings and Use

Facility quarantine or closing facilities is a social distancing measure that may reduce face-to-face contact in community settings to reduce the spread of diseases transmitted by contact, droplets, or air. Choose social distancing measures depending on the severity of the disease.

Operational Strategies for Threshold 1:

- Recommend worksite telecommuting options.
 - Encourage employers to update continuity of operations plans to address telework and other ways to meet mission essential functions.
- Strengthen public messaging around "if sick stay home."
 - Ensure there is clear and consistent messaging about symptoms that should be monitored.
- Work with employers to relax/extend sick leave benefits for employees, and encourage or require employees to remain at home if they are sick.
 - Consider revising state paid sick leave regulations to improve access for impacted individuals. This could include, for example, revising the requirement for a physician's certification in order to alleviate burden on the health care system and ensure impacted individuals receive benefits in a timely manner.
- Provide additional guidance for high risk population movement restrictions or protection measures.
 - Make recommendations for limiting visitation hours at Long Term Care (LTC) facilities or provide guidance on appropriate protection for any visitors.
 - Assure appropriate guidance is given to assisted living centers and retirement communities to mitigate potential transmission of disease at these sites. Recommend residents be vigilant at identifying their symptoms and contact local public health jurisdictions and their healthcare provider when symptoms present and isolating at home.
 - Recommend the continued use of NPI 1-5 measures at community centers, correctional centers, and other highly frequented community gathering locations especially those where high risk individuals may congregate (i.e. VFWs).

- Build networks of communication with relevant partners so that specific messaging can be quickly and effectively disseminated.
- Provide recommendations for the exclusion of school age children with known underlying medical conditions.
- Strengthen recommendations for social distancing within worksites that must maintain operations.
- Increase general messaging on NPIs 1-5 for the community at wide and develop strategically directed messages for potentially high risk populations within the state.

Operational Strategies Threshold 2:

- Continue all strategies under Level 1 activation
- Enhance recommendations directed to the impacted jurisdictions, to include:
 - Recommend closure of community centers, senior recreational centers, VFWs, ELKS clubs, etc.
 - Consider closure of businesses:
 - Businesses identify all non-essential functions that could be stood down.
 - Ask all business partners to transition eligible staff to telework.
 - Consider closure of schools and universities activities and events.
 - Consider closures of schools, child care centers, and universities.
 - Consider closure of mass transit.
 - Recommend or order closures of mass community gathering locations such as bowling alleys, malls, movie theatres.
 - Message across the state the potential risk to travel to impacted jurisdictions.

Operational Strategies Threshold 3:

- Continue all strategies under Level 2 activation
- Enhance mass messaging to the population across the state on NPI 1-7.
- Increase span of recommendations under level 2 for the entire state:
 - Recommend closure of community centers, senior recreational centers, VFWs, ELKS clubs, etc.
 - Consider closure or businesses
 - Recommend businesses identify all non-essential functions.
 - Ask all business partners to transition eligible staff to telework.
 - Consider or order closure of schools and universities activities and events.
 - Consider or order closures of schools, child care centers, and universities.
 - Consider or order closure of mass transit.
 - Provide transportation options for AFN populations and mission essential workers.
 - Strategies to reduce the impact of increased traffic due to single occupancy vehicles could include:

- Decrease tolling;
 - Delay construction projects; and
 - Limit HOV lanes to public safety and mission essential workers.
- Recommend or order closures of mass community gathering locations such as bowling alleys, malls, movie theatres.

Intervention 12: Prevent Non-Emergency Travel Outside the Home

- Limiting travel outside of the home will reduce probability of the transmission by reducing the numbers of the interpersonal contacts. Travel should be restricted to emergency use only.
- Intervention 12 should not be done without Intervention 10-11 strategies also being implemented.

Thresholds for Implementation:

- Threshold 1: Unmitigated or uncontained community transmission is occurring in several or many major US cities but there may not be evidence of community transmission in WA yet. In such a circumstances, authorities should consider initiating minimally restrictive/burdensome but effective mitigation measures.
- Threshold 2: Evidence that unmitigated or uncontained community transmission is occurring in WA State, but only in one or two jurisdictions, that cannot be contained.
- Threshold 3: Evidence that unmitigated or uncontained community transmission of disease is occurring across WA State (in more than 2 large jurisdictions).
- Threshold 4: Health care system is significantly impacted and/or we have clear evidence that the case hospitalization and case fatality rate are higher than previously thought.

Rationale for Use as Public Health Strategy

This intervention is a more extreme measure of social distancing, which reduces occasions for person-to-person virus transmission to help delay the spread and slow the exponential growth of a pandemic.

General assumptions: COVID-19 is known to cause more severe disease illness in individuals with known underlying medical conditions as well as older individuals (60 years of age or greater), COVID-19 symptoms are currently believed to be relatively mild or almost non-existent in younger populations, and COVID-19 is spreading now in 47 countries outside of the United States with known community transmission occurring in 10 countries.

Success Factors: Success depends upon compliance and authorities' ability to enforce effectively.

Possible Drawbacks: Will prevent the operation of public entities and private businesses; the effect will be felt economically by employees as loss of income, and the public as lack of commodity availability. Revenue loss; public outrage; and political backlash are possible. Travel restrictions may disproportionately affect certain cultural and community groups. Includes community impacts such as food/groceries, gas station fuel, utilities.

Possible Benefits: Reduces opportunities for direct or indirect disease spread, and may prevent a disease from entering new geographical region.

Settings and Use

Travel restrictions are conditionally recommended during an early stage of a localized and extraordinarily severe pandemic for a limited period of time. Before implementing, consider

cost, acceptability and feasibility, as well as ethical and legal considerations, in relation to this measure. This intervention should be considered when less-restrictive interventions have failed or to prevent disease introduction into new geographical areas.

Operational Strategy for Threshold 1:

- Strengthen public health messaging and communication efforts on NPI 1-11.
- Communicate CDC travel restrictions to WA State residents and make recommendations for limiting travel outside of the state.
 - Include enhanced messaging on traveler monitoring of symptoms for WA state residents.

Operational Strategy for Threshold 2:

- Continue efforts for messaging on NPI 1-11 as appropriate.
- Maintain communication locally on CDC travel restrictions and expand messaging to include local travel restrictions within highly impacted jurisdictions.
- Strengthen guidance for staying at home for non-emergent situations for impacted jurisdictions with 2nd generation spread of disease.
 - Additionally, consider closure of additional community businesses, closure of schools, child care centers, and other locations where people congregate within the impacted community.
 - Consider postponing or cancelling non-emergent travel for older adults and those with chronic medical conditions.

Operational Strategy for Threshold 3:

- Continue efforts under Threshold 2.
- Expand recommendation for staying at home for non-emergent situations,
 - Consider wider closure of additional community businesses, closure of schools, child care centers, and other locations where people congregate across the state.
 - Consider expanding travel restrictions for older adults and those with chronic medical conditions.
 - Including identification for alternative access to medical care/treatment that would limit need for emergency travel outside a home or facility environment.

Operational Strategy for Threshold 4:

- Continue all efforts under threshold 3
- If no state of emergency has been declared, consider a declaration for non-emergency use of roadways to transport of sick persons.
 - Consider finding alternative ways to use mass transit to provide transportation for impacted individuals.

Intervention 13: Establish a Cordon Sanitaire

- Contains a communicable disease within specific geographical boundaries. Legally enforceable order that restricts movement into or out of an area of quarantine to reduce spread in and to persons outside affected area. A less restrictive cordon sanitaire can also be imposed that allows essential travel and supplies into and out of the cordon as well as limited nonemergency travel.
- Intervention 13 should not be done without also considering interventions 10-12 strategies also being implemented.

Thresholds for Considering Implementation:

- Threshold 1: Second or third generation of spread in a narrowly defined geographic region within the state or clusters of geographic transmission in defined pockets within the state.

Rationale for Use as Public Health Strategy

A cordon sanitaire is the restriction of movement of people in or out of the defined geographic area in order to contain disease within specific geographical boundaries. This is a form of combined isolation and quarantine when applied to all inhabitants of an area as a sanitary barrier.

General assumptions: COVID-19 is known to cause more severe disease illness in individuals with known underlying medical conditions as well as elderly individuals (60 years or greater), COVID-19 symptoms are currently believed to be relatively mild or almost non-existent in younger populations, and COVID-19 is spreading now in 47 countries outside of the United States with known community transmission occurring in 10 countries.

Success Factors: Success depends upon compliance and authorities' ability to enforce effectively.

Possible Drawbacks: Controversial because it infringes on personal freedom of movement. May lead to feeling isolated or result in the isolation of an entire community. People could be stranded without support. Commerce will be heavily compromised. Revenue loss, public outrage, and political backlash are possible. It may disproportionately affect certain cultural and community groups, low-income families, under-resourced communities, and individuals with un-related acute, chronic, or severe medical needs. May be difficult to solicit cooperation.

Possible Benefits: May contain a disease within the boundaries of the cordon. Reduces need for urgent evaluation of large numbers of potential contacts to determine indications for activity restrictions. May reduce transmission among groups without explicit activity restrictions.

Settings and Use

This strategy can be used when extensive transmission is occurring, a significant number of cases lack identifiable epidemiologic links at the time of evaluation, and/or restrictions placed on persons known to have been exposed are insufficient to prevent further spread.

Consider this intervention with highly transmissible and clinically severe disease that has requires geographic containment. This could apply to diseases that are easily transmitted human-to-human via contact, droplet, and/or airborne routes when less-restrictive interventions have failed, or to prevent introduction into new geographical areas.

Operational Strategy for Threshold 1:

- The following partners are essential to implement cordon sanitaire:
 - Local emergency management, state emergency management, local law enforcement, first responders, local and state officials, waste management companies, critical infrastructure partners, Department of Transportation, Washington Military Department, etc.
- Consider how essential supplies (food, medical supplies, etc.) and workers will get in and out of the cordon.
- Develop and implement a public information campaign to ensure those inside and outside of the cordon receive regular updates.

Novel Coronavirus (COVID-19) Guidance for Institutions of Higher Education

The Washington State Department of Health has developed this guidance to assist institutions of higher education with their response to the 2019 novel coronavirus disease (COVID-19) outbreak. While the situation is evolving, at this time we believe that those over 60, immune-compromised or those with chronic medical conditions may be at higher risk for severe illness from COVID-19. Institutions of higher education have experience managing respiratory infections and outbreaks among students and staff and should apply the same outbreak management principles to COVID-19. Additional resources on how institutions of higher education can prepare for and manage COVID-19 can be found here:

<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-ihe-response.html>

Prepare:

- **Stay informed about the local COVID-19 situation.** Know where to turn for reliable, up-to-date information in your local community. Monitor the [CDC COVID-19 website](#) and your [state and local health department websites](#) for the latest information.
- **Develop, or review, your campus' emergency operations plan.** Ensure your institution has a plan that includes strategies to reduce the spread of disease and establishes mechanisms for ongoing communication with staff, students, volunteers, and the community. This should be done in collaboration with local health departments and other relevant partners.
 - Consider including additional guidance related to congregate settings for students who depend on student housing and food services. Develop contingency plan for students who utilize dining hall services, including the potential for distribution of pre-packed goods.
- **Develop, or review, your institution's plan for individuals studying or working abroad.** Continue to monitor the [CDC's Travel Health Notices](#) and create a plan for supporting students and staff in affected areas. Consider plans for [restricting travel](#) to and from affected areas, recalling students and staff from affected areas, ensuring continuity of communications, and providing support for individuals returning to campus.
 - **Provide recommendations and up-to-date information for students who may consider traveling during school breaks.**
- **Monitor and plan for absenteeism.** A COVID-19 outbreak in your community could lead to staff and student absenteeism. Prepare alternative staffing plans to ensure as many of your facility's staff are available as possible. See the Department of Health's Guidance for [Workplaces and Employers](#) for more specific resources and information. Proactively provide alternatives for students who may need to miss classes due to quarantine or isolation activities to ensure their adherence to public health guidance and protocol

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does not impact their academic performance or opportunities. This may include options for distance learning, alternative exam dates, or other make-up options for missed coursework.

- **Establish relationships with key healthcare and public health partners in your community.** Make sure you know about healthcare and public health emergency planning and response activities in your community, and establish open lines of communication with leadership in your [local health jurisdiction](#).
- **Build relationships with key community organizations and partners who may be impacted by your campus' closure.**
- **Create an emergency contact list.** Develop and continuously update emergency contact lists for key partners and ensure the lists are accessible in key locations in your institution. For example, know how to reach your local or state health department in an emergency.
- **Develop a communications plan.** A key component to preparedness is developing a communications plan that outlines how you plan to reach different audiences including ensuring all communications are culturally and linguistically appropriate as well as accessible for individuals with disabilities.
- **Assess impacts to other services and on campus.** If your institution also operates a childcare facility, workforce center, health center, restaurant, religious services, and/or other social services, you will need to consider the impacts of an outbreak or closure on any individuals who are employed in these settings, or are customers, clients, patients, or utilizers of these services. See www.doh.wa.gov/coronavirus for more specific guidance.

Communicate:

- **Communicate about COVID-19 with your staff.** Share information about what is currently known about COVID-19 and your facility's preparedness plans. Communicate your expectations for modeling respiratory etiquette, staying home when sick, and supporting employees who need to take care of a sick person.
 - Consider the impact of disease on staff and students that may be at higher risk for adverse health complications. Inform employees that some people may be at higher risk for severe illness, such as those over 60, immune-compromised or those with chronic medical conditions. Plan to accommodate their work.
- **Communicate about COVID-19 with students and families.** Provide updates about changes to your policies or operations. Use all communication channels that you have available including your email, university/college news, website, letters, and social media to share updates. Make sure to plan ahead for linguistic needs of the student population.
- **Communication with the larger community and other impacted individuals.** Once you have assessed the impacts to other services within your institution (e.g. onsite childcare), make sure you develop a specific communication outreach plan to ensure the individuals most impacted by your decision or closure receive the information they

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need. Proactively identify and meet any needs for language assistance through the translation of materials or interpretation services.

- **Maintain up to date information on your institution's website regarding procedures for access health facilities on campus.** If a staff member or student believes they should seek medical evaluation for COVID-19, it is important to place them in a private room away from others and ask them to wear a face mask. If the student is seen in a student health services facility, ensure that they call the clinic prior to making the appointment. Make sure that the clinic is aware to immediately notify your LHJ if they think the student has COVID-19. Your LHJ will provide you with guidance.
- **Intentionally and persistently combat stigma.** Misinformation about coronavirus and COVID-19 can create fear and hostility that hurts people and makes it harder to keep everyone healthy. We're stronger as a community when we stand together against discrimination. Take advantage of these [resources](#) to prevent, interrupt, and respond to stigma.

Prevent:

- **Encourage sick students and staff to stay home and away from others.** Separate staff and students who become ill from others on campus. Send them home immediately. Ensure that your sick leave policies are flexible and consistent with public health guidance and that staff are aware of these policies.
 - If individuals have fever, cough or shortness of breath and have not been around anyone who has been diagnosed with COVID19, they should stay home away from others until 72 hours after the fever is gone and symptoms get better.
 - If an individual believes they have had close contact to someone with COVID-19 but are not currently sick, they should monitor their health for fever, cough, and shortness of breath during the 14 days after the last day they were in close contact with the sick person with COVID-19. They should not go to work or school, and should avoid public places for 14 days.
- **Perform routine environmental cleaning.** Follow the institution's routine cleaning and disinfection program. Emphasize cleaning and disinfecting of all frequently touched surfaces, such as workstations, computer labs, shared equipment, classroom furniture, countertops, handrails, and doorknobs. Clean and maintain sports and recreational equipment and facilities on a regular basis.
- **Post signs.** As part of routine measures for the respiratory season, existing [signs](#) should be visible that reminds staff, visitors, and students to perform hand hygiene, sneeze/cough into their elbow, put used tissues in a waste receptacle and to wash hands immediately after using tissues. Recommend everyone to avoid close greetings like hugs or handshakes. Ensure that all classrooms and common areas around campus are well stocked with appropriate hygiene materials, including appropriate hand sanitizer at all entrances.

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- **Emphasize normally recommended actions to prevent the spread of disease.** You can help students and staff reduce their risk for getting and spreading viral respiratory infections by encouraging them to take simple steps which will also prevent COVID-19. These include:
 - Frequent hand washing with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, and after they blow their nose. If hands are visibly dirty, use soap and water to clean hands.
 - If soap and water are not readily available, using an alcohol-based hand sanitizer with at least 60% alcohol.
 - Advising persons to avoid touching their eyes, nose, and mouth with unwashed hands.
 - Covering coughs or sneezes with a tissue, then throwing the tissue in the trash and cleaning hands with soap and water or hand sanitizer (if soap and water are not readily available).
 - Providing adequate supplies for good hygiene, including clean and functional handwashing stations, soap, paper towels, and alcohol-based hand sanitizer.

Mitigate:

- **If there is an identified case of COVID-19 in your school, work in close collaboration and coordination with your leadership, local health officials, and other health care and public health partners in your community to make decisions regarding measures to reduce the spread of COVID-19.**
- **Implement social distancing measures.** If there are cases of COVID-19 in the community, consider using social distancing rather than closing facilities until there is evidence that a case is associated with your institution in some way. Examples of social distancing include staggering class times or canceling large conferences and sporting events.
- **Communicate about potential exposure to COVID-19.** It is critical to maintain confidentiality of the individual while working to address potential fear and anxiety of students and staff.
- **Determine if, when, and for how long it may be appropriate to dismiss classes.** In general, facilities should only close or cancel classes if a student, staff member, or administrator has been diagnosed with a confirmed case of COVID-19.
 - Consider closing cancelling classes or closing facilities for 2 to 5 days and cooperate with local health officials in their investigation during this time. Seek guidance from local health officials about the need to lengthen facility closures or resuming normal operations.
 - It is not recommended to preemptively close facilities for cleaning if there are no confirmed cases of COVID-19 associated with the facility.
- **Assess alternative learning opportunities, such as web-based instruction, to assure continuity of instruction.** It is important to use an equity lens when making these plans.

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It may make more sense to cancel classes all together rather than deploying an alternative model that can be accessed by some, but not all, of your students.

Additional COVID-19 Resources

- [DOH Coronavirus \(COVID-19\) webpage](#) – updated information and resources daily
- [Resources for Higher Education Institutions](#)
- [Workplace and Employers](#)
- [Persons Who are at Higher Risk for Serious Illness](#)
- [Communities and Community Organizations](#)
- [Stigma Reduction](#)
- [How Can I Be Prepared for a COVID-19 Outbreak?](#)

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Checklist for County Governments – COVID-19 Response for Long-Term Care and Residential Facilities

Planning for pandemic events is critical for county governments. This checklist identifies prevention and mitigation strategies for county governments to consider when working with long-term care and residential facilities.

1. Know what long-term care and residential facilities are in your county

- Be familiar with the landscape of long-term care and residential facilities in your county. Example types of facilities include:
 - Assisted Living Facilities
 - Adult Family Home
 - Enhanced Service Facility
 - Supportive Living
 - Group Homes
 - Regulated (DOH) Residential Centers
 - Nursing facilities
 - Intermediate Care Facilities
 - Psychiatric Hospitals
 - Detention Centers
 - Shelters (serving unhoused individuals)
- Engage with facility managers and leaders to understand their emergency operations plans. Encourage facility managers and leaders to consider the following in their emergency operations plan:
 - Strategies to reduce the spread of disease and mechanisms for ongoing communication with staff, volunteers, and residents.
 - An understanding of the demographic profile of the community where their facility is located (including cultural and linguistic considerations, access needs, etc.). Ensure that the needs of these populations are addressed in the operation plan.
 - The make-up of the residents in the facilities, including how many residents are served, their ages, and other demographic factors.
 - How residents interact with the community when outside of the facility. This could be routine outings to events, schools, or grocery stores.
- Assign a county employee to maintain contact and situational awareness with long-term care and residential care facilities.

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2. Develop a communications plan

- ☐ Ensure long-term care and residential facilities are registered or tied into your local emergency alert and notification systems.
- ☐ Provide public health information on your county website. Reference links to guidance documents available from local, state, and federal public health agencies. Ensure that you provide information in all languages needed for your community.
- ☐ Collaborate as need with facilities on talking points for local constituents. Intentionally and persistently combat stigma as a part of your communications. For more resources about addressing stigma, visit [DOH's Stigma Reduction Webpage](#)

3. What to do if a facility has a COVID-19 outbreak

- ☐ If the county is notified of a case of COVID-19 in a facility, disseminate information to county employees and coordinate with the local public health jurisdiction and the public information officer at the county emergency operations center (EOC), if applicable.
- ☐ Determine what services the county provides to the impacted long-term care or residential facility. Identify essential services and any impacts to those services.
- ☐ Work with local public health officials to evaluate potential exposure of county staff and healthcare workers. Notify local public health and relevant partners. Consider whether quarantine is necessary for exposed individuals.
- ☐ Consider whether a facility has the proper capacity to isolate or quarantine individuals. If not, determine an appropriate alternative, including transportation logistics
- ☐ Comply with any additional facility protocols and requirements for infection control when visiting or working in facilities.
- ☐ Ensure that county first responders and emergency personnel are made aware of necessary precautions before responding to a potentially impacted facility.
- ☐ Coordinate with local health coalitions/jurisdictions for resource requests from facilities. Use the appropriate channel via the county's EOC.
- ☐ Keep track of county employees who physically visit the facility. Instruct employees to keep track of who they may come in contact with. If you find out an employee potentially has come in contact with COVID-19, inform your local health jurisdiction and follow public health recommendations.
- ☐ County employees should not self-deploy to an impacted facility without closely coordinating with County EOC.

4. Additional preparedness measures for all county agencies

- ☐ Review, update, or develop plans for:
 - Continuity of Operations – essential and non-essential functions.
 - Infection control protocols (should be updated for COVID-19).
 - Infectious disease outbreak plans.
 - Emergency response plans.

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- Crisis communication plan.
- ☐ Formalize mutual aid agreements with community groups/resources, neighboring jurisdictions, and other relevant entities.
- ☐ Establish relationships with key healthcare and public health partners, key community organizations, and trusted leaders within your community.
- ☐ Know where to turn for reliable, up-to-date information in your local community and pass it along to your employees. Monitor the CDC COVID-19 [website](#) and your state and local health department [websites](#) for the latest information.
- ☐ Instruct staff to strictly adhere to Infection control practices. For those who use personal protective equipment (PPE) ensure they are trained and PPE is for appropriate usage.
- ☐ Identify essential county services that may be accomplished remotely.

Additional COVID-19 Resources

- [DOH Coronavirus \(COVID-19\) webpage](#) – updated information and resources daily
- [Local Health Jurisdictions](#)
- [Workplace and Employers](#)
- [Persons Who are at Higher Risk for Serious Illness](#)
- [Communities and Community Organizations](#)
- [Stigma Reduction](#)
- [How Can I Be Prepared for a COVID-19 Outbreak?](#)

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Novel Coronavirus (COVID-19) Guidance for Long-Term Care Facilities

The Washington State Department of Health developed guidance to assist long term and residential care facilities in response to the 2019 novel coronavirus disease (COVID-19) outbreak. While the situation is evolving, at this time we believe that those over 60, immune-compromised or those with chronic medical conditions may be at higher risk for severe illness from COVID-19. Long-term care facilities have experience managing respiratory infections and outbreaks among residents and staff and should apply the same outbreak management principles to COVID-19.

Additional resources on how long-term care facilities can prepare for and manage COVID-19 can be found at [CDC's Resources for Healthcare Facilities](#) webpage.

Stay up-to-date:

Monitor public health updates from:

- [Local Public Health Department](#)
- [Washington State Department of Health](#)
- [Centers for Disease Control and Prevention Situation Summary](#)

Make a plan:

Review and update your infection control plan preparedness plan. If you do not have a plan, a planning checklist can be found here <https://www.cdc.gov/flu/pandemic-resources/pdf/longtermcare.pdf>.

For COVID-19, we recommend your plan include the following:

- A policy for when direct care staff should use personal protective equipment for residents with symptoms of respiratory infection.
- A plan for implementing respiratory hygiene throughout the facility. (See “Communicate with staff, residents, and visitors.”)
- A plan for grouping symptomatic residents using one or more of the following strategies:
 - Confining symptomatic residents and exposed roommates to their rooms.
 - Placing symptomatic residents together in one area of the facility.
 - Closing units where symptomatic and asymptomatic residents reside.
 - Assigning staff on either affected or non-affected units to prevent transmission between units.
 - Closing communal dining halls.
 - Canceling events where many people come together.

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- Cleaning and disinfecting frequently touched surfaces with [EPA-registered disinfectant](#) with a label indicating effectiveness against human coronavirus or emerging viral pathogens.
- Criteria and protocols for enforcing visitor limitations and how you will communicate those limitations.
 - Screen visitors for respiratory illness symptoms.
 - Consider screening visitors for recent travel to areas with COVID-19 transmission.
 - Ask visitors and family members not to visit the facility if they are experiencing respiratory symptoms. Suggest other options such as visiting by phone if possible.
- A proactive sick leave policy to address the needs of staff including:
 - Advising staff, caregivers, or volunteers who have respiratory symptoms that they should not report to work and to immediately report their symptoms to an identified manager.
 - Provide staff members with information about symptoms so they can self-assess before reporting for duty. (See “Communicate with staff, residents, and visitors.”)
- A plan for what to do if staff develop symptoms while at work.
- When staff can return to work after having a diagnosis of COVID-19. (As of February 29, public health requires confirmed cases to have two negative tests before isolation can be discontinued. This guidance may change as the situation evolves.)
- Plans to accommodate staff who need to care for ill family members.
- Identifying staff who may be at higher risk for severe COVID-19 disease and assigning them to unaffected units, if possible.
- Contingency staffing and patient placement plans:
 - Identify minimum staffing needs and prioritize critical and non-essential services based on residents’ health status, functional limitations, disabilities, and essential facility operations.
 - Contact your local health department for guidance on altered standards of care in case residents need acute care and hospital beds are not available.
 - Strategize about how your facility can help increase hospital bed capacity in the community.
- Criteria and protocols for closing units or the entire facility to new admissions when COVID-19 has been identified in the facility.

Identify and contact partners to coordinate:

Identify public health and professional resources in the table below.

Contact Name	Phone	Email
Local Health		

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Department of Health

State Long-Term
Professional Trade
Association

Identify contacts for local, regional, or state emergency preparedness groups, especially bioterrorism/communicable disease coordinators in the table below.

Name	Phone	Email
Local		
Regional		
State		

Contact local hospitals to learn who to coordinate with if one of your residents needs to be hospitalized or is being discharged from the hospital. ([List of hospitals in Washington state.](#))

- **Residents referred to the hospital:** If a resident is referred to a hospital, you will need to coordinate transport with the hospital, local health department, and medical transport service/emergency medical service to ensure that the resident can be safely transported and received by the hospital.
- **Residents discharged from the hospital:** When your resident is ready to be discharged, coordinate with the hospital regarding transportation and continued care needs, including any precautions to take in your facility. As the outbreak spreads, having open beds in hospitals is vitally important.

Hospital Contacts

Name	Phone	Email

Communicate with staff, residents, and visitors:

- Educate staff, residents, and family members of residents about COVID-19. Make sure they know the potential risks for residents and basic prevention measures, such as:
 - Wash hands often with soap and water or use alcohol-based hand sanitizer. (For staff tips, see [Clean Hands Count for Healthcare Providers.](#))
 - Cough and sneeze into the elbow or into a tissue. Throw away the tissue immediately after use and wash hands. (For staff tips, see [Respiratory Hygiene/Cough Etiquette in Healthcare Settings.](#))
 - Frequently clean and disinfect surfaces.

- Ask staff to use Personal Protective Equipment (PPE). PPE recommended when caring for COVID-19 patients, includes a gown, gloves, mask (or respirator), and eye protection. (See [Sequence for putting on Personal Protective Equipment \(PPE\)](#) for more information.)
- Staff and visitors should remain home if they are sick with cough, sneezing and/or fever. Inform staff about sick leave policies and/or the ability to work from home, if possible.
- Post signs at the entry, the reception area, and throughout the facility to help visitors, staff, and volunteers self-identify relevant symptoms and travel history. (See the [Novel Coronavirus Factsheet](#), available in 11 languages. Check for travel history information on CDC's [Coronavirus 2019 Information for Travel](#) page.)
- Let visitors know about any new policies or procedures in your preparedness plan and how they will impact their visits.
- Communicate with family members of residents to share information about the measures you are taking to protect your residents from COVID-19.
- Communicate with staff about any new policies and procedures in your preparedness plan that will impact how they do their work and what to do when they are sick.

Watch for respiratory infection and COVID-19 symptoms in residents and staff:

- Observe your residents and staff to detect respiratory infections.
 - Use and modify the resources below to monitor and track of influenza-like-illness among residents and staff:
 - [Respiratory Tract Infection Worksheet](#)
 - [Infection and Antibiotics Use Tracking Tool](#) and [Instructions](#)
 - Assess incoming residents with respiratory [symptoms](#) including coughing, fever or shortness of breath for:
 - Travel to an area with COVID-19 transmission in 14 days prior to illness onset
 - Any diagnostic testing for COVID-19
 - Recent admission to facilities with known active COVID-19 cases
- Sputum and oral swab specimens for COVID-19 should not be collected in the facility unless you have a procedure that has been cleared by your local health department.

In the case a resident has symptoms of COVID-19 or a known exposure:

Immediately contact your local health department. Your local health department will help assess the situation and provide guidance for further actions.

Novel Coronavirus (COVID-19) Guidance for Long-Term Care Facilities – Assisted Living Facilities

The Washington State Department of Health has developed this guidance to assist long-term and residential care facilities, such as Adult Family Homes, in response to the 2019 novel coronavirus disease (COVID-19) outbreak. While the situation is evolving, at this time we believe that elderly patients and those with chronic medical conditions may be at higher risk for severe illness from COVID-19. Long-term care facilities have experience managing respiratory infections and outbreaks among residents and staff and should apply the same outbreak management principles to COVID-19.

Additional resources on how long-term care facilities can prepare for and manage COVID-19 can be found at [CDC's Resources for Healthcare Facilities](#) webpage.

Stay up-to-date:

Assign one person to monitor public health updates from:

- [Local Public Health Department](#)
- [Washington State Department of Health](#)
- [Centers for Disease Control and Prevention Situation Summary](#)

Make a plan:

Review and update your infection control plan preparedness plan. If you do not have a plan, a planning checklist can be found here <https://www.cdc.gov/flu/pandemic-resources/pdf/longtermcare.pdf>.

For COVID-19, we recommend your plan include the following:

- A policy for when direct care staff should use personal protective equipment for residents with symptoms of respiratory infection.
- A plan for implementing respiratory hygiene throughout the facility. (See “Communicate with staff, residents, and visitors.”)
- A plan for grouping symptomatic residents using one or more of the following strategies:
 - Confining symptomatic residents and exposed roommates to their rooms.
 - Placing symptomatic residents together in one area of the facility.
 - Closing units where symptomatic and asymptomatic residents reside.
 - Assigning staff on either affected or non-affected units to prevent transmission between units.
 - Closing communal dining halls, instead consider delivering meals to symptomatic residents.
 - Canceling events where many people come together.

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- Cleaning and disinfecting frequently touched surfaces with [EPA-registered disinfectant](#) with a label indicating effectiveness against human coronavirus or emerging viral pathogens.
- Criteria and protocols for enforcing visitor limitations and how you will communicate those limitations.
 - Screen visitors for respiratory illness symptoms.
 - Consider screening visitors for recent travel to an area with COVID-19 transmission.
 - Ask visitors and family members not to visit the facility if they are experiencing respiratory symptoms. Suggest other options such as visiting by phone if possible.
- A proactive sick leave policy to address the needs of staff including:
 - Advising staff, caregivers, or volunteers who have respiratory symptoms that they should not report to work and to immediately report their symptoms to an identified manager.
 - Provide staff members with information about symptoms so they can self-assess before reporting for duty. (See “Communicate with staff, residents, and visitors.”)
 - A plan for what to do if staff develop symptoms while at work.
 - When staff can return to work after having a diagnosis of COVID-19. (As of February 29, public health requires confirmed cases to have two negative tests before isolation can be discontinued. This guidance may change as the situation evolves.)
 - Plans to accommodate staff who need to care for ill family members.
 - Identifying staff who may be at higher risk for severe COVID-19 disease and assigning them to unaffected units, if possible.
- Contingency staffing and patient placement plans:
 - Identify minimum staffing needs and prioritize critical and non-essential services based on residents’ health status, functional limitations, disabilities, and essential facility operations.
 - Contact your healthcare coalition for guidance on altered standards of care in case residents need acute care and hospital beds are not available.
 - Strategize about how your facility can help increase hospital bed capacity in the community.
- Criteria and protocols for closing units or the entire facility to new admissions when COVID-19 has been identified in the facility.

Identify and contact partners to coordinate:

Identify public health and professional resources in the table below.

Contact Name	Phone	Email
Local Health		
Department of Health		

State Long-Term
Professional Trade
Association

Identify contacts for local, regional, or state emergency preparedness groups, especially bioterrorism/communicable disease coordinators in the table below.

Name	Phone	Email
Local		
Regional		
State		

Contact local hospitals to learn who to coordinate with if one of your residents needs to be hospitalized or is being discharged from the hospital. ([List of hospitals in Washington state.](#))

- **Residents referred to the hospital:** If a resident is referred to a hospital, you will need to coordinate transport with the hospital, local health department, and medical transport service/emergency medical service to ensure that the resident can be safely transported and received by the hospital.
- **Residents discharged from the hospital:** When your resident is ready to be discharged, coordinate with the hospital regarding transportation and continued care needs, including any precautions to take in your facility. As the outbreak spreads, having open beds in hospitals is vitally important.

Hospital Contacts

Name	Phone	Email

Communicate with staff, residents, and visitors:

- Educate staff, residents, and family members of residents about COVID-19. Make sure they know the potential risks for residents and basic prevention measures, such as:
 - Wash hands often with soap and water or use alcohol-based hand sanitizer. (For staff tips, see [Clean Hands Count for Healthcare Providers.](#))
 - Cough and sneeze into the elbow or into a tissue. Throw away the tissue immediately after use and wash hands. (For staff tips, see [Respiratory Hygiene/Cough Etiquette in Healthcare Settings.](#))
 - Frequently clean and disinfect surfaces.

- Ask staff to use Personal Protective Equipment (PPE). PPE recommended when caring for COVID-19 patients, includes a gown, gloves, mask (or respirator), and eye protection. (See [Sequence for putting on Personal Protective Equipment \(PPE\)](#) for more information.)
- Staff and visitors should remain home if they are sick with cough, sneezing and/or fever. Inform staff about sick leave policies and/or the ability to work from home, if possible.
- Post signs at the entry, the reception area, and throughout the facility to help visitors, staff, and volunteers self-identify relevant symptoms and travel history. (See the [Novel Coronavirus Factsheet](#), available in 11 languages. Check for travel history information on CDC's [Coronavirus 2019 Information for Travel](#) page.)
- Let visitors know about any new policies or procedures in your preparedness plan and how they will impact their visits.
- Communicate with family members of residents to share information about the measures you are taking to protect your residents from COVID-19.
- Communicate with staff about any new policies and procedures in your preparedness plan that will impact how they do their work and what to do when they are sick.

Watch for respiratory infection and COVID-19 symptoms in residents and staff:

- Observe your residents and staff to detect respiratory infections.
 - Use and modify the resources below to monitor and track of influenza-like-illness (ILI) among residents and staff:
 - [Respiratory Tract Infection Worksheet](#)
 - [Infection and Antibiotics Use Tracking Tool](#) and [Instructions](#)
 - Assess incoming residents with respiratory [symptoms](#) including coughing, fever or shortness of breath for:
 - Travel to an area with COVID-19 transmission in 14 days prior to illness onset
 - Any diagnostic testing for COVID-19
- Sputum and oral swab specimens for COVID-19 should not be collected in the facility unless you have a procedure that has been cleared by your local health department.

In the case a resident has symptoms of COVID-19 or a known exposure:

Immediately contact your local health department. Your local health department will help assess the situation and provide guidance for further actions.

Additional COVID-19 Resources:

- [DOH Coronavirus \(COVID-19\) webpage](#) – updated information and resources daily
- [Long Term Care Facilities](#)
- [Workplace and Employers](#)
- [Persons Who are at Higher Risk for Serious Illness](#)

- [Communities and Community Organizations](#)
- [Stigma Reduction](#)
- [How Can I Be Prepared for a COVID-19 Outbreak?](#)

Novel Coronavirus (COVID-19) Guidance for Long-Term Care Facilities – Enhanced Living Facilities

The Washington State Department of Health has developed this guidance to assist long term and residential care facilities in response to the 2019 novel coronavirus disease (COVID-19) outbreak. While the situation is evolving, at this time we believe that those over 60, immune-compromised or those with chronic medical conditions may be at higher risk for severe illness from COVID-19. Enhanced Services Facilities (ESF) have experience managing respiratory infections and outbreaks among residents and staff and should apply the same outbreak management principles to COVID-19.

Additional resources on how long-term care facilities can prepare for and manage COVID-19 can be found at [CDC's Resources for Healthcare Facilities](#) webpage.

Stay up-to-date:

Assign one person to monitor public health updates from:

- [Local Public Health Department](#)
- [Washington State Department of Health](#)
- [Centers for Disease Control and Prevention Situation Summary](#)

Make a plan:

Review and update your infection control plan preparedness plan. If you do not have a plan, a planning template can be found here <https://www.cdc.gov/flu/pandemic-resources/pdf/longtermcare.pdf>

For COVID-19, we recommend your plan include the following:

- A policy for when direct care staff should use personal protective equipment for residents with symptoms of respiratory infection.
- A plan for implementing respiratory hygiene throughout the facility. (See “Communicate with staff, residents, and visitors.”)
- A plan for grouping symptomatic residents using one or more of the following strategies:
 - Confining symptomatic residents and exposed roommates to their rooms.
 - Placing symptomatic residents together in one area of the facility.
 - Assigning staff on either affected or non-affected residents to prevent transmission between residents.
 - Closing communal dining halls, instead consider delivering meals to symptomatic residents.
 - Canceling events where many people come together.

- Cleaning and disinfecting frequently touched surfaces with [EPA-registered disinfectant](#) with a label indicating effectiveness against human coronavirus or emerging viral pathogens.
- Criteria and protocols for enforcing visitor limitations and how you will communicate those limitations:
 - Screen visitors for respiratory illness symptoms.
 - Consider screening visitors for recent travel to an area with COVID-19 transmission.
 - Ask visitors and family members not to visit the facility if they are experiencing respiratory symptoms.
- A proactive sick leave policy to address the needs of staff including:
 - Advising staff, caregivers, or volunteers who have respiratory symptoms that they should not report to work and to immediately report their symptoms to an identified manager.
 - Provide staff members with information about symptoms so they can self-assess before reporting for duty. (See “Communicate with staff, residents, and visitors.”)
 - A plan for what to do if staff develop symptoms while at work.
 - When staff can return to work after having a diagnosis of COVID-19. (As of February 29, public health requires confirmed cases to have two negative tests before isolation can be discontinued. This guidance may change as the situation evolves.)
 - Plans to accommodate staff who need to care for ill family members.
 - Identifying staff who may be at higher risk for severe COVID-19 disease and assigning them to unaffected residents, if possible.
- Contingency staffing and resident placement plans:
 - Identify minimum staffing needs and prioritize critical and non-essential services based on residents’ health status, functional limitations, disabilities, and essential facility operations.
 - Contact your healthcare coalition for guidance on altered standards of care in case residents need acute care and hospital beds are not available.
 - Strategize about how your facility can help increase hospital bed capacity in the community.
- Criteria and protocols for closing units or the entire facility to new admissions when COVID-19 has been identified in the facility.

Identify and contact partners to coordinate:

Identify public health and professional resources in the table below.

	Contact Name	Phone	Email
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Department of Health

State Long-Term
Professional Trade
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Identify contacts for local, regional, or state emergency preparedness groups, especially bioterrorism/communicable disease coordinators in the table below.

Name	Phone	Email
Local		
Regional		
State		

Contact local hospitals to learn who to coordinate with if one of your residents needs to be hospitalized. ([List of hospitals in Washington state.](#))

- **Residents referred to the hospital:** If a resident is referred to a hospital, you will need to coordinate transport with the hospital, local health department, and medical transport service/emergency medical service to ensure that the resident can be safely transported and received by the hospital.

Hospital Contacts

Name	Phone	Email

Communicate with staff, residents, and visitors:

- Educate staff, residents, and family members of residents about COVID-19. Make sure they know the potential risks for residents and basic prevention measures, such as:
 - Wash hands often with soap and water or use alcohol-based hand sanitizer. (For staff tips, see [Clean Hands Count for Healthcare Providers.](#))
 - Cough and sneeze into the elbow or into a tissue. Throw away the tissue immediately after use and wash hands. (For staff tips, see [Respiratory Hygiene/Cough Etiquette in Healthcare Settings.](#))
 - Frequently clean and disinfect surfaces.
 - Ask staff to use Personal Protective Equipment (PPE). PPE recommended when caring for COVID-19 patients, includes a gown, gloves, mask (or respirator), and eye protection. (See [Sequence for putting on Personal Protective Equipment \(PPE\)](#) for more information.)

- Staff and visitors should remain home if they are sick with cough, sneezing and/or fever. Inform staff about sick leave policies and/or the ability to work from home, if possible.
- Post signs at the entry, the reception area, and throughout the facility to help visitors, staff, and volunteers self-identify relevant symptoms and travel history. (See the [Novel Coronavirus Factsheet](#), available in 11 languages. Check for travel history information on CDC's [Coronavirus 2019 Information for Travel](#) page.)
- Let visitors know about any new policies or procedures in your preparedness plan and how they will impact their visits.
- Communicate with family members of residents to share information about the measures you are taking to protect your residents from COVID-19.
- Communicate with staff about any new policies and procedures in your preparedness plan that will impact how they do their work and what to do when they are sick.

Watch for respiratory infection and COVID-19 symptoms in residents and staff:

- Observe your residents and staff to detect respiratory infections.
 - Use and modify the resources below to monitor and track of influenza-like-illness (ILI) among residents and staff:
 - [Respiratory Tract Infection Worksheet](#)
 - [Infection and Antibiotics Use Tracking Tool](#) and [Instructions](#)
 - Assess incoming residents with respiratory [symptoms](#) including coughing, fever or shortness of breath for:
 - Travel to an area with COVID-19 transmission in 14 days prior to illness onset
 - Any diagnostic testing for COVID-19
- Sputum and oral swab specimens for COVID-19 should not be collected in the facility unless you have a procedure that has been cleared by your local health department.

In the case a resident has symptoms of COVID-19 or a known exposure:

Immediately contact your local health department. Your local health department will help assess the situation and provide guidance for further actions.

Additional COVID-19 Resources:

- [DOH Coronavirus \(COVID-19\) webpage](#) – updated information and resources daily
- [Long Term Care Facilities](#)
- [Workplace and Employers](#)
- [Persons Who are at Higher Risk for Serious Illness](#)
- [Communities and Community Organizations](#)
- [Stigma Reduction](#)

- [How Can I Be Prepared for a COVID-19 Outbreak?](#)

From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Sent: Wednesday, March 18, 2020 5:59 PM EDT
To: Deleon, Melissa (FLNG) <Melissa.e.deleon.mil@mail.mil>
Subject: FW: [EXTERNAL] FW: LAB Requisition Form and Process Guideline for Specimen Collection PODs
Attachment(s): "COVID-19 Testing Center Requisition Form 2020.03.17_v13 for private partners.docx", "COVID-19 Testing Center Requisition Form 2020.03.17_vCVSBoston5.docx", "Informed Consent Instructional_17 MAR.docx", "Lab Process Guidelines_17 MAR.docx", "COVID_CBTS_SOP_03 17 2020.docx", "16Mar20 - HHS COVID-19 Process Flow.pptx", "Drive Through Plan FINAL copy.pdf", "Process Flow Map copy.pdf"

Linda J. McWhorter
Preparedness Bureau Chief
(850) 815-4301

From: Cooksey, Samantha <Samantha.Cooksey@flhealth.gov>
Sent: Wednesday, March 18, 2020 5:03 PM
To: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Subject: [EXTERNAL] FW: LAB Requisition Form and Process Guideline for Specimen Collection PODs

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

From: Eckes, Jeanne (OS/ASPR/EMMO) <Jeanne.Eckes@hhs.gov>
Sent: Wednesday, March 18, 2020 4:46 PM
To: Cooksey, Samantha <Samantha.Cooksey@flhealth.gov>; Otis, Aaron <Aaron.Otis@flhealth.gov>
Subject: FW: LAB Requisition Form and Process Guideline docs

Regards,
Jeanne

Jeanne Eckes-Roper, RN, MBA
DFHCO-ME Oakland – Grand Princess

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Sent: Tuesday, March 17, 2020 9:59 PM
To: Baker, Matthew (HHS/IEA) <Matthew.Baker@hhs.gov>; Baker, Michael (OS/IEA) <Michael.Baker@hhs.gov>; Beckman, Susan (HHS/IEA) <Susan.Beckman@hhs.gov>; DFOR Regional Operations Branch <ASPR.DFOR.RegionalOps@hhs.gov>; Ferreri, Anthony (HHS/IEA) <Anthony.Ferreri@hhs.gov>; Gonzalez, Dennis (HHS/IEA) <Dennis.Gonzalez@HHS.GOV>; Graham, John (HHS/IEA) <John.Graham@hhs.gov>; Heidig, Edward (HHS/IEA) <Edward.Heidig@hhs.gov>; Kahrs, Jeff (HHS/IEA) <Jeff.Kahrs@hhs.gov>; Lincoln, Carol (OS/ASPR/EMMO) <Carol.Lincoln@hhs.gov>; McCreary, Kenneth (OS/ASPR/SPPR) <Kenneth.McCreary@hhs.gov>; McGough, John (HHS/IEA) <John.McGough@hhs.gov>; O'Brien, Douglas (OS/IEA) <Douglas.O'Brien@hhs.gov>; Pereira, Esmeralda (OS/ASPR/EMMO) <esmeralda.pereira@hhs.gov>; Rigas, Laura (HHS/IEA) <Laura.Rigas@hhs.gov>; Schuster, Fred (HHS/IEA) <Fred.Schuster@hhs.gov>; tiffany.r.bilderback.mil@mail.mil; Vineyard, Michael (OS/ASPR/IO) <Michael.Vineyard@HHS.GOV>
Subject: Fw: LAB Requisition Form and Process Guideline docs

Hi All,

Additional guidance for the community-based testing sites is attached. Please share with your regional, state, and local partners.

Artensie

Artensie Flowers, PhD, MPH
CDR, US Public Health Service
Regional Emergency Coordinators Program Manager

U.S. Department of Health and Human Services | Assistant Secretary for Preparedness and Response
Division of Field Operations and Response (DFOR)
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Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.



OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

COVID-19 COMMUNITY-BASED TESTING SITES PROCESS AND STAFFING FLOW

Commissioned Corps Headquarters

March 16, 2020



DELIBERATIVE AND PRE-DECISIONAL COMMUNICATION

1



PRE-SCREENING PROCESS AND INSTRUCTIONS:

- Individual visits website to determine need for testing at [\[URL TBD\]](#)
- Instructed to Bring:
 - Photo ID for all adults needing testing
 - Health insurance card (everyone will be tested regardless if they have insurance)
 - Healthcare or first responder ID
- Instructed not to take fever-reducing medicine prior to testing (such as Tylenol [acetaminophen] or Advil [ibuprofen]) for at least 6-8hrs prior to arrival

ESTIMATED TESTING SITE CAPACITY: (per hour):

- 1 Lane Operation (for vehicles with 1 individual):
12-24 individuals screened
12 vehicles
- 2 Lane Operation (for vehicles with 2-4 individuals):
48 individuals screened
24 vehicles

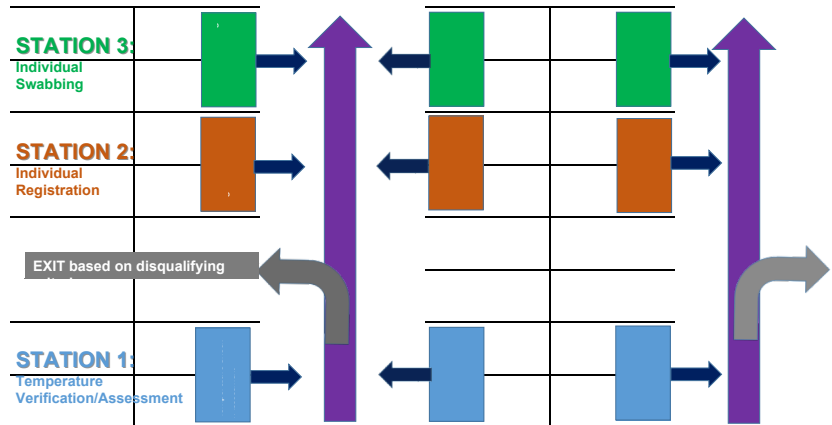
PROCESS FLOW:



DELIBERATIVE AND PRE-DECISIONAL COMMUNICATION



CBTS FLOW



Security: Greeting and confirm windows can roll down and that persons are seated next to a window

DELIBERATIVE AND PRE-DECISIONAL COMMUNICATION



STATION 1: Temperature

Verification/Assessment

Personnel Roles:

1. **Runners:** Take and document temperature on collection form (form holds patient ID number)
2. **Assessors:** Provide a document to vehicle providing public health information to include:
 - What should you do while you wait for test results?
 - Monitoring symptoms
 - If you test positive for COVID-19, continue to monitor your symptoms and manage appropriately
 - When can you stop isolating at home?

Individuals Must Meet one of these Criteria:

Criteria 1:	65 years of age and older with temperature of 99.6F or greater and respiratory symptoms
Criteria 2:	First responders, Healthcare workers* (regardless of symptoms)

Individuals not meeting criteria are asked to leave the line

If you develop symptoms after leaving the site, visit [\[URL TBD\]](#) to check if you qualify for testing

**Healthcare workers = personnel who are currently working in a healthcare facility, including long-term care facilities.*

DELIBERATIVE AND PRE-DECISIONAL COMMUNICATION

EAD: added "Criteria 3: Any person with respiratory symptoms and a temperature over 100.4F"

**STATION 2: Individual Registration****Personnel Roles:**

- **Recorder (1):** Document on written form demographic information for patient(s). Record unique identifier (barcode), site, date and lane number.

- **Recorder (2):** Registers document in electronic data collection tool capturing demographic information for patients to be tested

First	Email	Form of Identification
Last	Address	Healthcare or First Responder ID
Phone	License Plate	Insurance Information

Unique Identifier (Barcode), Site, Date and Lane Info

Information flow dependent upon state requirements and processes

Note: information collected may change based on testing company requirements

DELIBERATIVE AND PRE-DECISIONAL COMMUNICATION



STATION 3: Individual Swabbing

Personnel Roles:

Primary Swabber	Decon Staff	Secondary Swabber	Quality Control Staff	Runner
- Issue individual tissue (clear nasal passage) - Use pen light to check for nasal obstructions. Do not force swab – if an obstruction is encountered, try the other nostril. If both nostrils are obstructed, contact on-site medical provider. - Receive collection tube/swab - Take swab of patient(s) in car - Return swab back into tube - Label tube with patient ID - Insert tube into secondary containment (sample bag) - Receive decon wipe to decon sample bag - Place sample bag onto temporary sample bag staging table - Work with decon staff to doff top layer PPE - Remove PPE: Gloves, Sleeves	- Observe swabbing operation for safety/occupational contamination - Provide decon wipes without touching swabber(s) - Assist the swabber during doffing	- Don PPE (i.e., replace gloves and sleeves) to prepare for next vehicle - Becomes primary swabber for next vehicle	- Collects deconned sample bag to ensure sample ID is on the sample tube - Collects collection form from the runner - Verifies patient ID on tube and form is the same - Places form and sample bag in envelope, signs form as chain of custody, places envelope in shipping container - Confirms temperature in cooler stays within range	- Documents temperature on collection form and relevant demographic data - Stays with vehicle throughout all 3 stations - Returns to station 1 to prepare for next vehicle after donning clean PPE

DELIBERATIVE AND PRE-DECISIONAL COMMUNICATION

EAD: added to QC Staff: “confirms temperature in cooler stays within range” and added under runner, “after donning clean PPE”

NOTE: identified need for Swabber to have either: a table to put bag/tube on, so they can provide tissue/gauze and also check nares for any obstruction prior to conducting swab or an “assistant swabber” to facilitate the nares review prior to swabbing

**STATION 3:** Individual Swabbing**Swab Processing:****Collection:**

1. Swabber confirms verbal authorization from passenger
2. Swabber confirms no obstruction in nares of person being swabbed (using pen light)
3. Swabber collects sample
4. Swabber bags collected sample
 1. Offers tissue or gauze to person being swabbed
 2. Conducts swab
 3. Places swab into proper collection tube and breaks swab as needed
 4. Caps sample tube
 5. Places sealed tube in corresponding sample bag
 6. Places tube, form, and sample bag into a second bag
5. QC officer verifies that all UNIs match on sample tube, bag, and paperwork
6. Sample is deposited in the refrigerator and then transferred to the insulated shipping container with cold pack and telatemp [must be packed by trained personnel]
7. Samples are mailed to corresponding lab within 48 hours
 1. Plan is to mail samples twice daily to appropriate lab

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COVID-19**COMMUNITY-BASED TESTING SITES****STAFFING RECOMMENDATIONS**

TESTING STATIONS	STATE CBTS (1-lane operation)	STATE CBTS (2-lane operation)
Assessment	Assessor: 2 Runners: 1	Assessor: 4 Runner: 2
Registration	Registration: 2 Runner: 1	Registration: 4 Runner: 2
Sampling/Decon	Samplers: 4 Runner: 1 Decon: 2	Samplers: 8 Runner: 2 Decon: 4
Admin	Logistics: 2 Safety Officer: 2 Admin/Planning: 1 Team Lead: 1	Logistics: 4 Safety Officer: 2 Admin/Planning: 1 Team Lead: 1
Other Staff	Facilitator: 1	Facilitator: 1 Water/Sanitation: 3
Estimated Personnel	20	33

2-lane operation for vehicles with driver and 1+ passenger(s): 12 (min) – 48 (max) individuals/hour

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**make sure there is a note/slide that includes # position type per hour, because while assessment and/or registration pax can stay for ~4-8hrs, swabber swill need to rotate more often, which ultimately requires more swabbers

**CBTS OPERATION CONSIDERATIONS**

OTHER CONSIDERATIONS FOR LOCAL DECISION:

- Security
- Local Fire/EMS Support
- Traffic Control
- Operator Communications
 - Including training and signage at each tent
- Linguistics / Interpreters
- Public Communication
- Water / Feeding for Operators
- Sanitation / Safety
- Training – Safety Officer
- Training – Quality Control Officer
- Recommendations for change of clothes/laundrying of clothes worn during operations
- Access and Functional Capability Requirements
- Daily tracking and reporting mechanism for results

For additional information about Community-Based Testing Sites, please contact your FEMA Regional Administrator.

DELIBERATIVE AND PRE-DECISIONAL COMMUNICATION

EAD: added Local Fire/EMS support and Quality Control officer Training, recommendations for change of clothes/laundrying of clothes work during operations

Should we also add:

1. handwashing stations/protocol?
 2. How to mix/check bleach/sanitizing solution protocol
 3. QC/temp monitoring protocol (including cold-pack storage overnight protocol)
- to this slide?

Site Organization and ID Number:

Site Location:

Site Address:

COVID-19 by PCR Requisition Form

No other test may be ordered on this COVID-19 by PCR requisition form

Ordering Physician: Dr. Erica Schwartz, MD Ordering Physician NPI: 1427034826 Quest Account Number: 73916469 LabCorp Account Number: 32044780 Result to: <u>Maximus</u>	CPT Code: 87635 Test Name: COVID-19 by PCR Sample Type: Nasopharyngeal ICD-10 Code: Z03.818
--	--

1. DATE of Collection (MM/DD/YYYY) **2.TIME of Collection** **3. Language (if not English)**

MM	/	DD	/	2020		
----	---	----	---	------	--	--

4. LAST NAME **5. FIRST NAME** **6. DOB**
(MM/DD/YYYY)

		MM	/	DD	/	YYYY
--	--	----	---	----	---	------

7. ADDRESS

8. CITY

--	--

9. STATE

10. ZIP CODE

11. PHONE (primary)

		Cell / Home
--	--	-------------

12. Insurance Carrier Name

13. Group Number

--	--

14. Member/Individual Number

--

Patient has verbally provided informed consent to participate in this testing: YES
NO

Patient has received a copy of the privacy notice: YES
NO

Barcode or Unique Identifier affixed below

Site Organization and ID Number: CVS 10596

Site Location: Massachusetts COVID-19 Testing Site

Site Address: 720 Boston Turnpike, Shrewsbury, MA 01545

COVID-19 by PCR Requisition Form

No other test may be ordered on this COVID-19 by PCR requisition form

Ordering Physician: Dr. Erica Schwartz, MD Ordering Physician NPI: 1427034826 Quest Account Number: 73916469 LabCorp Account Number: 32044780 Result to: <u>Maximus</u>	CPT Code: 87635 Test Name: COVID-19 by PCR Sample Type: Nasopharyngeal ICD-10 Code: Z03.818
--	--

1. DATE of Collection (MM/DD/YYYY) **2.TIME of Collection** **3. Language (if not English)**

MM	/	DD	/	YYYY	2020		
----	---	----	---	------	------	--	--

4. LAST NAME **5. FIRST NAME** **6. DOB**
(MM/DD/YYYY)

		MM	/	DD	/	YYYY
--	--	----	---	----	---	------

7. ADDRESS

8. CITY

--	--

9. STATE

10. ZIP CODE

11. PHONE (primary)

		Cell / Home
--	--	-------------

12. Insurance Carrier Name

13. Group Number

--	--

14. Member/Individual Number

--

Patient has verbally provided informed consent to participate in this testing: YES
NO

Patient has received a copy of the privacy notice: YES
NO

Barcode or Unique Identifier affixed below



COVID-19 COMMUNITY-BASED TESTING SITES (CBTS) CONCEPT OF OPERATIONS

March 17, 2020

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Pre-Screening Process and Instructions

- CALL or EMAIL a health care provider first. If the provider recommends obtaining a test or seek care, follow the provider's advice **BEFORE** going into any health care facility.
- **DO NOT** go to an emergency room to get a test for COVID-19 unless you are having a medical emergency. For COVID-19, that means severe respiratory symptoms, such as shortness of breath or breathing difficulties.
- DO call 911 or go to an emergency room if you are having a medical emergency. Tell the dispatcher your symptoms and proceed as advised.
- Instruct individuals to visit website, determining need for drive-thru testing at **<URL TBD>**.
- Instructed to bring to any CBTS:
 - Photo ID for all adults needing testing
 - Health insurance card (everyone will be tested regardless if they have insurance)
 - Healthcare or first responder ID
- Instructed not to take fever-reducing medicine within 6-8 hours prior to testing [such as Tylenol (acetaminophen) or Advil (ibuprofen)]
- If eligible, patients will be provided a list of available times and testing center(s) for their visit.
- People who come to be tested at the CBTS must bring:
 - Photo Identification (does not need to be government issued).
- If the CBTS personnel determine an individual meets the testing criteria, they will be tested. If the person does **NOT** meet the criteria to be tested, they will **NOT** be tested.

Other Considerations:

- Be prepared for longer wait times. No restrooms may be available.
- For the safety of all personnel, testing sites will only be operational contingent upon safe weather (testing sites may have to close unexpectedly as needed)

Media Presence

Be prepared for media personnel and/or live coverage. Although this may be discouraged by the community sites, it is a possibility. (Collaborate with State Health Department to protect patient privacy and discourage media coverage).



Language/Translators

Telephone interpretation may be available for speakers of other languages or anyone requesting translation. Phone call-in translation is available. Local health systems have such partnerships and resources and can utilize what is currently used within local healthcare system networks.

Pre-Screening Criteria

1. **Criteria 1:** Anyone ≥ 65 years of age with on-site confirmed temperature of 99.6°F and with respiratory symptoms
2. **Criteria 2:** First responders, Healthcare workers* (regardless of presence of symptoms). *This includes only staff with direct contact with patients (not those in administrative roles) or as determined at the state level.

Definition of First Responder: Any individual responding to the public health task or mission, as determined by the jurisdiction.

Definition of Healthcare Worker: any individual working or providing direct patient care in acute or critical settings (hospitals, clinics, long-term care facilities, emergency medicine).

Regional/State sites can clarify or expand this classification based on needs/demand and adjust accordingly.

Pre-Arrival to Testing Site Instructions

1. Ensure pre-screening completed online (highly recommended)
2. If there are multiple people in one vehicle, each person will be individually registered and be tested if they meet the testing criteria.
3. Passenger Capacity: 3 - Max of 4 individuals per vehicle
 - a. Must be sitting at an operating/usable window
 - b. additional passengers to be tested will have to start at the front of the line after moving to operational window
4. Every person(s) must remain in the vehicle from time of arrival to departure of testing area
5. Testing will be done via open vehicle window. Ensure windows are operational.

At Arrival to Testing Site Instructions

1. Pull forward slowly, as instructed until arriving to first station.
2. Place car into park.
3. Roll down window.
4. Shut off engine.



Testing Flow- See Appendix A for 3-Station Personnel Role Details

Station 1 – Temperature verification/Assessment (est. time: 3-5 min)

- Assessors use infrared thermometers to verify individual temperature
 - Preference for laser thermometers to reduce any potential contact
- Assessor should verbalize date to the Runner assigned to each vehicle
 - Follow criteria guidelines to determine if individual should proceed or exit
 - If no temperature based on criteria (below), person should exit
 - If temperature noted according to guidelines below, the person should proceed with drive-thru testing
- Individuals must meet one of these 2 criteria:
 - **Criteria 1:** Anyone ≥ 65 years of age with on-site confirmed temperature of 99.6°F or greater **and** with respiratory symptoms
 - **Criteria 2:** First responders, Healthcare workers* (regardless of presence of symptoms).
 - Individuals who do NOT meet testing criteria will exit the drive thru via a dedicated exit point
- Assessors provide an information packet to vehicle telling patients public health information to include contact information
- Assessors should disinfect or remove sleeves/outer gloves at decon station in station 1, according to their level of contact
 - No contact = disinfect
 - Contact = remove and replace outer layer of sleeves/gloves
- Runners document temperature on collection form and follow car through the entire site
 - Form holds patient ID number and other demographic information
 - Awaits confirmation from Assessor/Temp Checker that vehicle/individual will proceed to station 2
 - Follows each vehicle through entire process

Station 2 – Individual Registration (est.time: ~5 min per person)

- Recorders complete paper form with demographic information for each patient to be tested (information relayed to Recorders via the Runner for each car):
 - First Name
 - Last Name



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- Phone
- Email
- Address
- Insurance (Carrier, Plan ID, Group ID)
- Recorders enter patient information from form in electronic data collection tool

Station 3 – Swabbing and Decontamination (est. time: 6-8 min)

- **Primary Swabber**
 - Confirm verbal authorization from person being swabbed for swab collection (ask runner)
 - Issue individual tissue (clear nasal passage/cover cough/sneeze post collection)
 - Use pen light to check nares for obstructions
 - Receive collection tube/swab from runner
 - Take swab of individual(s) in car
 - Return swab back into tube
 - Label tube with patient ID
 - Insert tube into secondary containment (sample bag)
 - Receive decon wipe to decon sample bag
 - Place sample bag into temporary sample bag staging table
 - Places form and sample bag in envelope, signs form as chain of custody, places envelope in shipping container
 - Have QC officer verify all labels match, and place sample into sample cooler
 - Samples must stay at temperature between 2 -8 C
 - Samples must be shipped in less than 48 hours from collection
 - Work with decon staff to doff top layer PPE
- Runner should now doff all PPE/decon as appropriate, and then rehab, and get fresh PPE for next car. Please note if runner used clipboard as a writing surface, they would need to sanitize it.
- Remove PPE: Gloves, Sleeves, Decon staff (at least one decon staff at all times)
 - Observe swabbing operation for safety/occupational contamination
 - Provide decon wipes without touching swabber(s)



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- Assist the swabber during doffing, following listed steps on signage in decon area
- **Secondary Swabber**
 - Don PPE (i.e., replace gloves and sleeves) PPE to prepare for next vehicle
 - Becomes primary swabber for next vehicle
- **Quality Control Staff**
 - Collects deconned sample bag to ensure sample ID is on the sample tube
 - Collects collection form from the runner
 - Verifies patient ID on tube and form is the same
 - Verifies temperature of samples from collection until shipping
 - Samples will be moved to refrigeration until shipping
 - Shipping should be arranged for at least 2x per day
[add shipping and storage guidelines]
- **Insurance**
 - Billing to be done when request for lab results are submitted; if they do not have insurance that's acceptable
- Call Center (for results):
 - Contracted call center will be calling each individual/custodian with test results.
 - 3 scenarios have been predetermined with scripting to be given to those calling (THIS IS NOT FINALIZED/AVAILABLE)
- Provider Credentialing:
 - Registered Nurse (minimum), Advanced Practice Providers (Nurse Practitioner or Physician Assistant), Pharmacists trained on swabbing procedures, or Physicians. Provider must have a current and valid license as required by state operating in.
- **Laboratory Processing**
 - All labs will be processed using LabCorp or Quest.



Staffing Recommendations

*consider multi-lane operations to expedite sample collection and minimize wait times in the event of increased surge

Station 3 – Individual Swabbing

TESTING STATIONS	Fully Federal or private partner (1-lane operation)	Fully Federal or private partner (2-lane operation)
TEMP CHECK	Assessor: 2 Runners: 1	Assessor: 4 Runner: 2
REGISTRATION	Registration: 2 Runner: 1	Registration: 4 Runner: 2
SAMPLING/DECON	Samplers: 4 Runner: 1 Decon: 2	Samplers: 8 Runner: 2 Decon: 4
Admin	Logistics: 2 Safety Officer: 2 Admin/Planning: 1 Team Lead: 1	Logistics: 4 Safety Officer: 2 Admin/Planning: 1 Team Lead: 1 (P)
Other Staff	Team Leader(Provider) : 1	Team Leader(provider): 1 Water/Sanitation: 3
Total Count	20	38

- Please note that security and EMS need to be discussed with the local community

Individual Roles

Role	PPE
Temp checker	N95, Scrubs, Gown, Double Gloves, Faceshield, Apron, Ear Loop Mask, Sleeves
Security	Gloves, Faceshield, N95, Gown
HCP	PAPR, Tyvek, Apron, Double glove, Booties, Shroud, Scrubs, Sleeves



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Runner / Documentation	Goggles, Gown, Double Gloves, Scrubs, N95, Sleeves
Decontamination	Tyvek, Booties, Double Glove, N95, Shroud, Scrubs
Logs	Work Gloves, Surgical Mask, Faceshield
Safety Officer	Faceshield, N95, Gloves, Scrubs, Gown
Admin / Finance	Computer, Faceshield, Gloves, Scrubs
Team Lead	Faceshield, Ear Loop Mask, Gloves, Apron, Scrubs
Data Entry	Computer, Faceshield, Ear Loop Mask, Gloves, Scrubs
Quality Control / Sample Processing	N95, Scrubs, Gown, Gloves, Faceshield, Apron, Ear Loop Mask



Estimated Community Based Testing Site (CBTS) Capacity

- 1-lane operation:
 - 12-24 (max) individuals screened per hour
- 2-lane operation for vehicles with driver and 1+passenger(s):
 - 48 (max) individuals screened per hour
 - ~24 vehicles per hour at each station
 - 12 hours a day operational period

Recommended Training

All team members:

- Personal Protective Equipment (PPE) Types (per role requirement), Donning and Doffing, PPE usage, PPE decontamination between patients, PPE disposal
- Respiratory Protection / Fit Testing
- Role-specific training (process, communications to team and persons being tested)
- Drive Through Site Operations, Safety, Clean Boundaries, PPE requirements in potentially contaminated areas, Leadership and Chain of Command, Emergency Procedures

Additional Training for Specific Site Roles:

Temp checker (Assessor)	Temperature monitoring equipment training; crowd control, standard greetings (script)
Security	NA
HCP	Scope of Practice, Code Procedures, Data Reporting Plan to Local Health
Runner	NA
Decontamination	Spill cleanup
Logs	Inventory, Resupply ordering procedures
Safety Officer	ICS 215, 208, HASP/HERA for site/region
Admin / Finance / Data entry	Electronic record procedures, site personnel (accountability), end of shift screening data
Team Lead	Public Information / Talking Points
Quality Control / Sample Processing	Sample processing form completion (site specific), chain of custody procedures, sample handling, processing, storage, packaging for transfer



Site Request / Site Suitability Requests

- Physical Address
- Spacing Recommendations
 - 2-lane drive-through set up: 80 ft x 50 ft (44 personnel)
 - 1-lane drive-through set up: 80 ft x 25 ft (20 personnel)
- Traffic flow pattern / map in and around site
- ICS 206 Medical Plan Completion (to best of ability)
- Points of Contact for Security (local law enforcement), , Local and/or State Health Department, Local Fire/EMS services, Biohazard Waste Services (e.g., Local Health Department)
- Other anticipated requirements (e.g., gaps in supply list, personnel augmentation)

Other Operations Considerations

- Security
- Local Fire/EMS standby
- Communications for site operations
- Linguistics/
- Public Communication
- Water/Sanitation
 - Define hazardous waste and who will collect
- Training – Safety Officer
- Training – Quality Control Officer
- Report mechanism for results
 - Lab reports results to local public health department for contact screening
 - Call center for patients test results (being established)
- Equipment storage
 - Refrigeration of samples/ice packs
 - Tents (if applicable)
 - PPE
 - Other equipment
- Handwashing stations

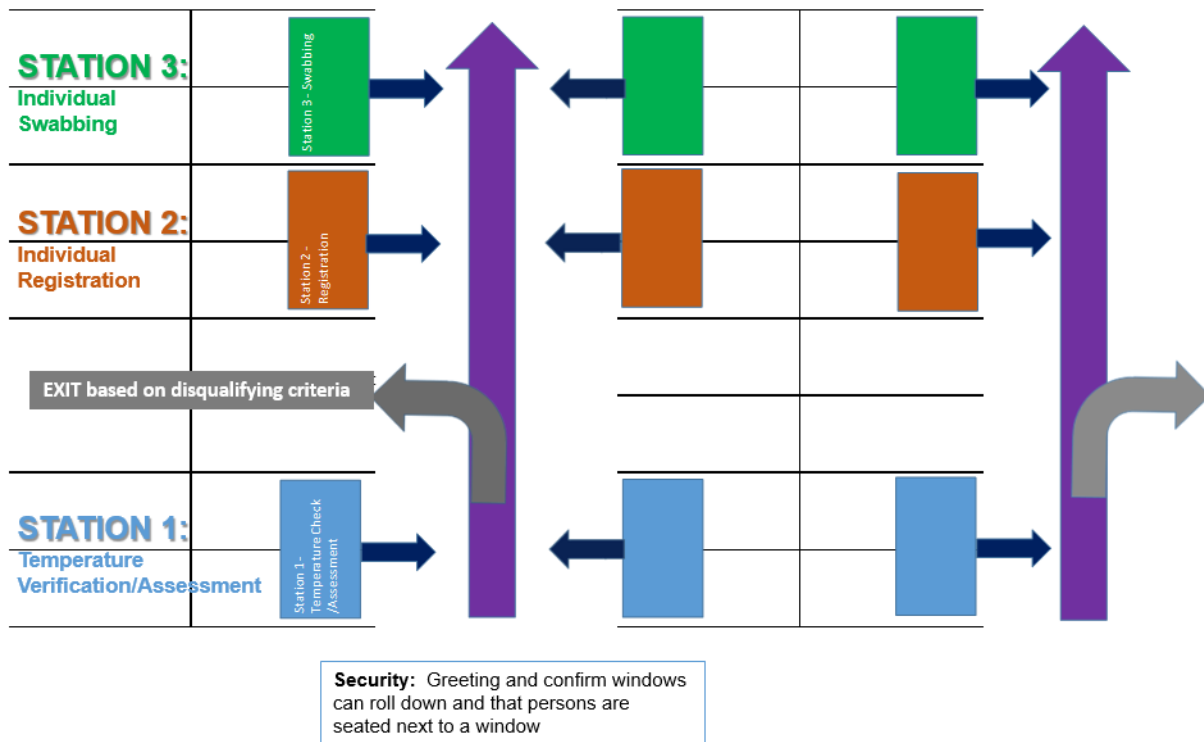


CBTS Staff Participation – Post Operation

- All participants involved in the CBTS will be followed up in accordance with local and state Department of Public Health requirements and ideally, would be consistent with healthcare worker protocols in that designated area.

Appendix A: Community-Based Testing Sites (CBTS) Supply List (see attached “Complete CBTS Supply List 17Mar2020 1130hrs”)

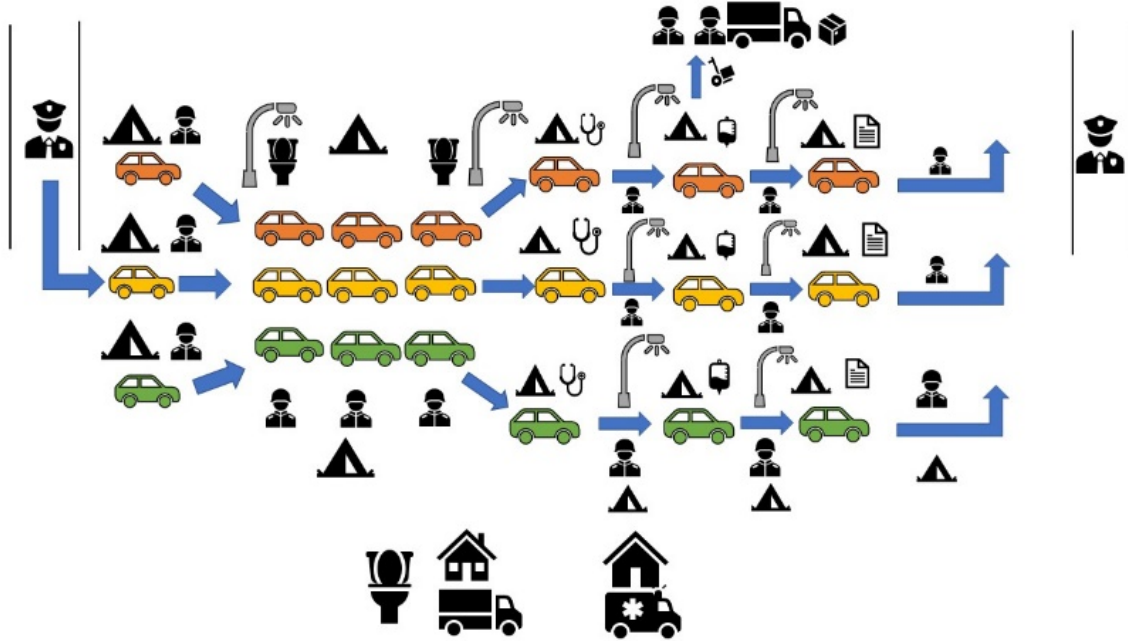
Appendix B: Example CBTS Flow Map



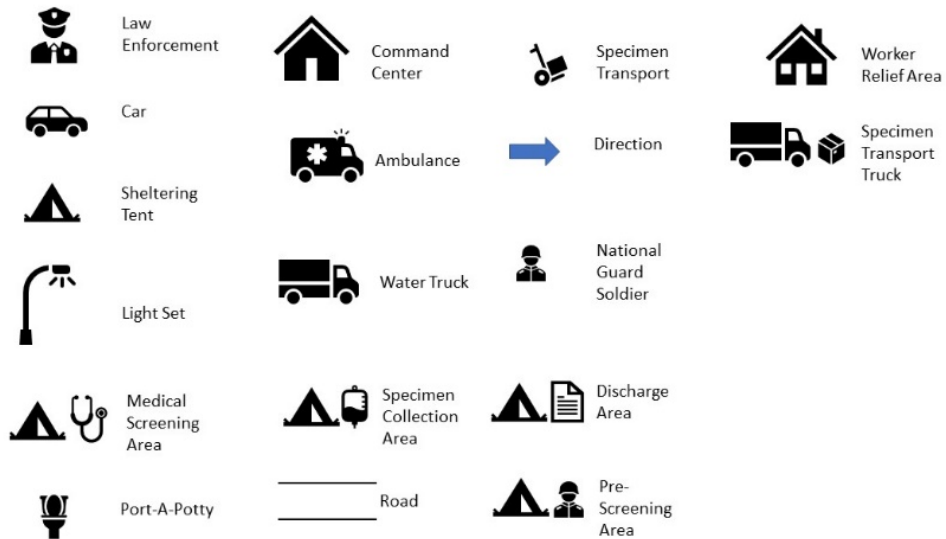
Appendix C: CBTS Station 3 Individual Swabbing Personnel Roles:

Primary Swabber	Decon Staff	Secondary Swabber	Quality Control Staff	Runner
• Issue individual tissue (clear nasal passage) • Use pen light to check for nasal obstructions • Receive collection tube/swab • Take swab of patient(s) in car • Return swab back into tube • Label tube with patient ID • Insert tube into secondary containment (sample bag) • Receive decon wipe to decon sample bag • Place sample bag onto temporary sample	• Observe swabbing operation for safety/occupational contamination • Provide decon wipes without touching swabber(s) • Assist the swabber during doffing	• Don PPE (i.e., replace gloves and sleeves) to prepare for next vehicle • Becomes primary swabber for next vehicle	• Collects deconned sample bag to ensure sample ID is on the sample tube • Collects collection form from the runner • Verifies patient ID on tube and form is the same • Places form and sample bag in DEW-20-0674-A-0005211 form as chain of custody, places envelope in shipping container	• Documents temperature on collection form and relevant demographic data • Stays with vehicle throughout all 3 stations • Returns to station 1 to

Three-Lane Drive-Through



Key



List of Staffing Needs:

Please see the chart below for the list of staffing needs per day for a one lane and three lane drive-through system.

Staffing Tally	Unit	Per Lane	Per 4-hr Shift	Per 12 hr day	3 Lane drive-through per 12 hr day
National Guard					
Soldiers for traffic flow	2 X 4 hr shifts	2	2	6	18
Soldiers at first station	2 X 4 hr shifts	2	2	6	18
Soldiers at Queue	4 X 4 hr shifts	4	4	12	36
Soldiers in between stations	4 X 4 hr shifts	4	4	12	36
Soldiers loading truck	2 X 4 hr shifts		2	6	6
Soldiers runners	2 X 4 hr shifts		2	6	6
Soldiers at Discharge Station	1 X 4 hr shifts	1	1	3	9
Medics at Screening Station	1 X 4 hr shifts	1	1	3	9
Medics at Specimen Collection	1 X 4 hr shifts	1	1	3	9
OIC	Per site			1	1
NCOIC	Per site			1	1
Hospital Staff					
Nurses at Screening Station	1 X 4 hr shifts	1	1	3	9
Nurses at Specimen Collection	1 X 4 hr shifts	1	1	3	9
Administrative Staff at Discharge	1 X 4 hr shifts	1	1	3	9
Head Nurse	Per site			1	1
Doctor	Per site			1	1
Interpreters					
ASL	1 X 4 hr shifts	1	1	3	9
Spanish	1 X 4 hr shifts	1	1	3	9
Creole	1 X 4 hr shifts	1	1	3	9
Portuguese	1 X 4 hr shifts	1	1	3	9
PIO	per site			2	2
Overnight Security	4 overnight			4	4
Total		20	24	82	202

List of Supplies Needed:

Please see the chart below for the list of supply needs per day for a one lane and three lane drive-through system.

Supplies	Unit	One Lane	3 lane drive-through
Porta-potties in collection/vehicle waiting	1	4	4
Porta-potties for medical/other staff	1	2	2
Hand Washing Station	1	1	2
Ambulance	1	1	2
Refrigerated trucks	1	2	2
Tow truck (on standby)	1	1	1
20x20 Tents	1	4	8
10X10 Tents	1	6	6
High Vehicle Tent	1	0	4
Industrial Fan	1	4	12
Box Fans	1	3	3
PPE			
Coveralls	1	180	400
Gloves	1	1000	3000
N95 Mask	1	180	400
Booties	1	180	400
Hand-held radios	1	10	20
Light Sets	1	4	8
Incident Command	1	1	1
50 ft extension cords	1	10	20
6 ft tables	1	10	20
chairs	1	20	40
sunscreen	1	10	10
forklift	1	1	1
pallet jack	1	1	1
tent identification signs	1	4	12
directional arrows	1	5	15
exit signs	1	4	12
coolers and ice	1	10	40
2-pocket folders	1	1000	5000
red pieces of paper	1	1000	5000
pens	1	1000	5000
golf carts	1	1	2
plastic sheet protectors	1	1000	5000
2-inch binders	1	1000	5000
laptops	1	1	2

brick cell phones	1	1	2
Wi-Fi devices	1	1	2
collection kits	1	1000	5000
banker boxes	1	50	100
Cleaning Crew	per site	1 crew	1 crew
Hand sanitizer (67.6 Ounce Bottle)	1	8	24
Disinfecting Wipes (Container of 60 wipes)	1	100	300
Trash Cans	1	10	14
Trash Can Liners	1	50	100
Hazardous Waste Trash Cans	1	4	12
Hazardous Waste Trash Can Liners	1	50	100
Ice Truck	1	1	1
Water Truck	1	1	1
Isolated foam shipping kit	1	100	100
Cold Packs	1	100	100

PRIVACY ACT STATEMENT AND INFORMED CONSENT

Community Based Testing Sites are recommended to:

1. Print the attached 1-page “Informed Consent” verbiage.
2. Both English and Spanish versions are provided.
3. Recommend print multiple copies (double-sided printing)
4. Laminate if possible (for ease of sanitizing, as needed)
5. Identify the personnel at the registration site who will verbally read this to each individual proceeding for testing.
6. Recommended: hold up the Informed Consent for individuals to follow along while it is being verbally read.
7. For any individual requesting translation, utilize resources available, including telephonic. Collaborate with local healthcare network systems if necessary.

Verbal Informed Consent to be read out loud to each individual (see page 2):

THIS PAGE LEFT INTENTIONALLY BLANK

PRIVACY ACT STATEMENT

Collection of this information is authorized by the Public Readiness and Emergency Preparedness Act (PREP Act), Pub. L. No. 109-148, and the President's Proclamation of a National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak. Your information will be used to notify you of your test results and to seek reimbursement from your health insurance provider, if applicable. Providing this information is voluntary, however failure to do so will make it impossible for us to notify you of your results. We will share this information with a diagnostics lab that will test your sample, with a call center that will notify you of your results, and with your health insurance provider.

“You have agreed, by coming to this test site, to participate in testing designed to identify whether you have been infected by the novel coronavirus and have developed COVID-19, the disease caused by the novel coronavirus. Your participation in this process is voluntary. Should you decide not to participate, you will not suffer any penalty or loss of benefits to which you are otherwise entitled. In addition, you should be aware of the following: This test involves the administration of a nasal swab that will capture mucus and secretions from your nose. This procedure is called a nasopharyngeal swab and is used to identify upper respiratory infections. Administering the swab is a low risk procedure, but there is a small risk that the swab could cause damage to the posterior nasopharynx. Your participation in this process and any records developed as a result of your participation that could be used to identify you are confidential and will be maintained in confidence.

Please indicate verbally that I have read this statement to you and that you give your informed consent to participate in this testing.”

Pre-Sampling Lab Process Instructions

Sample Test Medium Instructions:

- Your sampling kits contain Universal Transport Medium (UTM); please read this **CRITICAL** information:
 - **Storage Considerations:**
This product must be stored in its original packaging at a temperature between 2-25°C (35.6 - 77°F) until the time of use. Do not overheat or freeze prior to use.
 - After collection, the specimen should be stored at 2-8°C (35.6-46.4°F) and processed within 48 hours.
 - When shipped, sample must remain at 2-8°C (35.6-46.4°F).
For full product package insert instruction: <https://www.copanusa.com/wp-content/uploads/2020/02/UTM-Package-Insert.pdf>

Requisition Form Instructions for Sites:

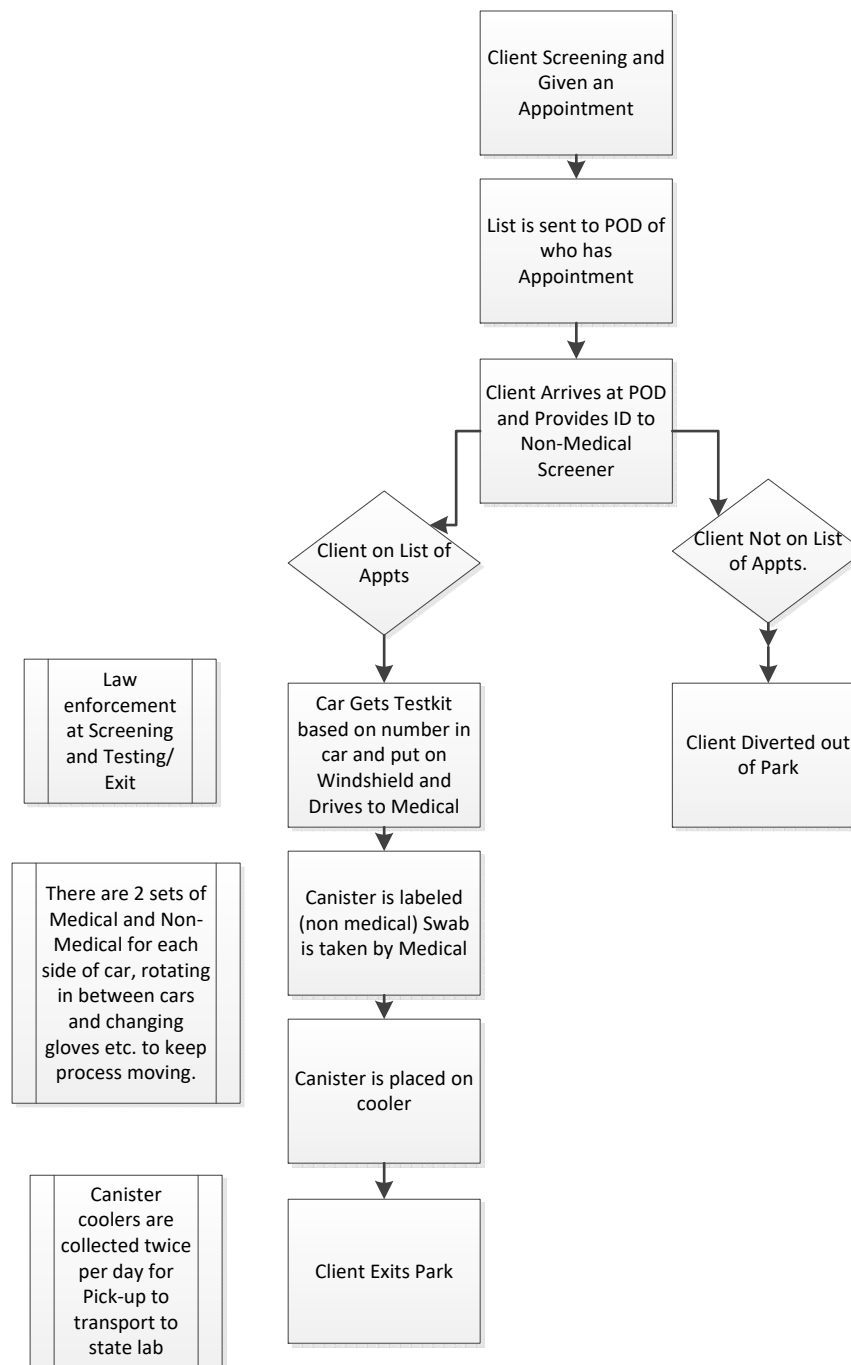
- Recommend sites update certain fields within the form (before printing on-site):
 - **Site ID/Number:** Add organization name and ID as applicable (i.e. CVS #2100)
 - **Site Location:** If Community Based Testing Site (CBTS) has a specific name, input this here and keep it consistent throughout duration of testing. Labs will associate samples with this site specifically.
 - **Site Address:** Physical location must be added within header to include city, state, zip code.
 - Consider pre-populate the month and year within the form. Only date will need to be entered manually on-site
 - Print estimated amount needed for operations for the week.
 - **Every field** on the attached form **is required** for the labs to be able to successfully process samples (including the fields within the header).
 - LABS WILL NOT PROCESS SAMPLE IF ANY PORTION OF THIS FORM IS NOT FILLED OUT.
 - Sites must identify and designate a personnel member to verbally **read** the informed consent and privacy language to individuals (*verbiage is below*) before proceeding with registration and accurately identifying responses at the bottom of the form. Both ENGLISH/SPANISH versions are provided.
- **SAMPLE BARCODES**
 - Each individual being tested will receive a unique sample identification from the contract lab company.

- Two (2) unique adhesive **matched barcodes** will be placed on 1) the sample tube and 2) on the requisition form.
 - All samples will be identified with **two items**: a unique barcode and a label with written DOB of individual being tested.
 - The barcodes must meet the following specifications:
 - § Must have a human readable string (16 character max)
 - § Must be Code 128 (barcode standard)
- Required supplies have been put on state supply list: paper/printers for forms, barcodes, labels (for DOB on sample), pens
 - Note: Quest has recommended a company called Standard Register who is ready to assist with form printing and would be able to print forms with barcodes pre-attached. If states want to procure forms and barcodes through them, the contact is Kevin Witte, cell phone: 973-723-1317, email: kevin.witte@taylorcommunications.com

*if community based testing sites are in collaboration with local health networks, and already have pre-existing electronic intake process(es) or a pre-existing hardcopy intake forms that includes all information that needs to be identified, please utilize those.

The attached intake form is **highly recommended**, as it includes ALL necessary components for labs to successfully process samples as intended. If using other private sector forms, but intending to send sample results to either LabCorp or Quest, ensure the required fields within the requisition form here are also populated on the other (private sector) form.

Drive Thru POD



From: Sayler, Erik <Erik.Sayler@em.myflorida.com>

Sent: Wednesday, March 25, 2020 5:18 PM EDT

To: St Laurent, Louise R <Louise.StLaurent@flhealth.gov>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>

CC: Larson, Bradford U (Brad) Col USAF NG FLANG (USA) <bradford.u.larson.mil@mail.mil>; Deleon, Melissa (FLNG) <Melissa.e.deleon.mil@mail.mil>

Subject: FW: [EXTERNAL] FW: MOA for CST testing lab (UNCLASSIFIED)

Attachment(s): "MOA FLARNG CST and DOH 20200324.docx"

Louise & Stefan,

Attached is the FLNG MOA for the testing machine between DOH and FLNG. Col. Bradford's team drafted it. Are these the right state parties to the MOA? The Colonel said the lab comes with some NG personnel, but they are not currently CLIA certified. Also, supplies and wrap-around services will need to be procured. Do you have any edits? If you have any questions, please let me know.

All,

Some logistics items to be addressed/questions to be answered about the lab, but don't necessarily need to be addressed in the MOA. These are logs/finc/management questions but worth noting and sharing internally.

1. Staffing the lab
 - a. How many lab techs are needed to operate the lab at full capacity.
 - b. The Colonel says the lab can test 500 samples per day, but is that in an 8, 12, or 24 hour period?
 - c. Currently the NG personnel are not CLIA certified; so lab techs will need to be procured – who pays for the lab techs (DOH, AHCA, DEM)
2. Testing materials
 - a. What materials are included with the lab (what not included)
 - b. What materials are needed to operate the lab at full capacity
 - c. Procuring those material that help the lab operate – who procures/pays for these material
3. Wrap-around services
 - a. What services are needed (ie, 24-hr security, food for staff, maintenance of lab, etc.)
 - b. Who pays for the wrap-around services (DOH, AHCA, DEM)?
4. Timing – It will take at least a week to get the lab.
5. Location – where to stage the lab – that's a logs/mgt decision
6. Other items??

Erik L. Sayler

Deputy General Counsel

Florida Division of Emergency Management

Direct: (850) 815-4154 | Mobile: (850) 694-6620 | Erik.Sayler@em.myflorida.com

Florida has a very broad public records law. Written communications to or from state officials regarding state business constitute public records. Public records are available to the public and media upon request, unless the information is subject to a specific statutory exemption. Therefore, any information that you send to this address, including your contact information, may be subject to public disclosure.

-----Original Message-----

From: Larson, Bradford U (Brad) Col USAF NG FLANG (USA) <bradford.u.larson.mil@mail.mil>

Sent: Wednesday, March 25, 2020 4:25 PM

To: Sayler, Erik <Erik.Sayler@em.myflorida.com>

Subject: [EXTERNAL] FW: MOA for CST and DOH (UNCLASSIFIED)

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

CLASSIFICATION: UNCLASSIFIED

Erik

Attached is the draft MOA we discussed. Please let me know if you have any suggestions. I contacted LTC Eastman and asked what we would need and what we may receive to run this machine. The National Guard Bureau is still working those details as far as what PPE, pipets, kits, etc. may come with the machine. He will get back with me. NGB is sending 2 to NY, so we will have a good idea of what to expect based on what they receive. He did say this would not get to us for about a week even if we do get one.

V/R

Brad

BRADFORD U. LARSON, Col, FLANG

Command Judge Advocate

Florida National Guard

AM
OVERSIGHT

FL-DEM-20-0674-A-000532

Work: 904-823-0683
Cell: 850-774-3000

CLASSIFICATION: UNCLASSIFIED

Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

**MEMORANDUM OF AGREEMENT
BETWEEN
FLORIDA NATIONAL GUARD
44th WEAPONS OF MASS DESTRUCTION - CIVIL SUPPORT TEAM
AND
FLORIDA DEPARTMENT OF HEALTH
AGREEMENT NO.: DOH-03-24-2020**

I. PURPOSE

The purpose of this Memorandum of Agreement (MOA) is to enable the Florida National Guard (FLNG) 44th Weapons of Mass Destruction Civil Support Team (WMD-CST) to provide assistance to the State of Florida, Department of Health (DOH) in relation to the COVID-19 Pandemic.

It is understood by the parties to this MOA that requests by DOH for the support of the WMD-CST to assist in response to the response to the COVID-19 Pandemic may include multi-agency, federal, state, and local cooperative agencies and law enforcement activities (Governmental Entities). It is further understood that each party's participation in these activities is limited as specified in Paragraph II, Scope of Work, of this MOA and that each party will bear their own expenses related to execution of this MOA.

II. SCOPE OF WORK

For the purposes of this agreement, the WMD-CST will:

1. Work under the Command and Control of Military leadership while assisting the FL DOH to accomplish the objectives outlined by FL DOH.
2. Provide any NGB CST program issued ABI 7500 PCR machine for use by the FL DOH, provide maintenance of such machinery, and provide non-medical/non-laboratory certified personnel to assist, as necessary.

Commented [LBU CMN1]: Please fill in with real name.

For purposes of this agreement, the FL DOH will:

1. Define objectives FL DOH and WMD-CST are working to accomplish.
2. Provide CLIA certified personnel to collect and analyze specimens as needed during the COVID-19 Pandemic using the NGB CST program issued ABI 7500 PCR machine.
3. Provide any necessary training to WMD-CST members.

III. AUTHORITY AND COMPLIANCE WITH RELEVANT LAWS AND REGULATIONS

DOH shall not request, and the WMD-CST shall not provide, any services not in compliance with all state and federal laws. Any support provided by WMD-CST under this MOA is done in the performance of those members' duty under the provisions of Florida Statute 250.31.

In the event that WMD-CST is assisting an entity and comes into contact with protected information, the parties will ensure proper controls and protections are in place and such information is managed in accordance with applicable law.

IV. FLORIDA NATIONAL GUARD POINT OF CONTACT

The Point of Contact for the FLNG is:

Lieutenant Colonel Troy M. Eastman,

Commander, FLARNG 44th Weapons of Mass Destruction – Civil Support Team (WMD-CST) Florida

Phone: 904-682-2401 (direct); 904-813-4043 (mobile)

E-mail: troy.m.eastman.mil@mail.mil

V. STATE OF FLORIDA POINT OF CONTACT

The Point of Contact for the DOH is:

Phone: _____

E-mail: _____

V. NOTIFICATIONS BY FLNG OF SERVICES

DOH acknowledges that the FLNG may notify the National Guard Bureau was about tasks performed under this MOA. Any information provided will be limited to a general categorization of the service provided, general client classification, and will not include specific details or outcomes. No further details will be disclosed to ensure client confidentiality.

VI. TERM

This MOA shall commence on the date of the last signature below, and shall end on **August 31, 2020**, or sooner if the State emergency in response to COVID-19 Pandemic ends, services as contemplated by this MOA are completed and accepted by DOH, or if this MOA is terminated as set forth in paragraph VII below.

VII. MODIFICATIONS TO THIS AGREEMENT

Any amendments or changes to this to this Agreement must be in writing and executed by all parties hereto.

VIII. TERMINATION

Either party may terminate this MOA by giving written notice to all parties hereto. Early termination of support must provide a minimum of 48 hours' notice, and such notice shall be delivered by email. Such termination notice period shall not commence until receipt of delivery is obtained.

IX. COMPENSATION

The parties understand and agree that all parties bear their own cost associated with services provided pursuant to this MOA.

X. DISCLAIMER OF LIABILITY

Pursuant to Florida Statute 250.31, in no event shall the DOH, the FLNG or its members be liable to DOH or any third parties affected by the services provided by FLNG for any damages of any kind whatsoever, arising out of services provided pursuant to this Agreement, or for special, indirect, consequential, incidental, or punitive damages however caused, and regardless of the theory of liability, arising out of the services provided by the FLNG. Any claims by any person against the FLNG will be directed to the Florida Department of Legal Affairs.

XI. SEVERABILITY

In the event that any provision or section herein is held invalid or unenforceable, the remaining provisions and sections shall remain in full force and effect.

Florida Department of Health

??????

Executive Director

Date: _____

Florida National Guard

Major General James Eifert

The Adjutant General

Date: _____

From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Sent: Thursday, February 20, 2020 2:45 PM EST
To: Patrick, Robert <robert.patrick@fema.dhs.gov>
CC: Robert King <rlkingtraining@gmail.com>
Subject: FW: [EXTERNAL] Fwd: AHPS Course Request Sheet
Attachment(s): "ALL HAZARDS GREEN SHEET Manatee Safety.pdf"

Mr. Patrick,

Forwarded for your review/actions as appropriate – Florida concurs with request.

Linda J. McWhorter
Preparedness Bureau Chief
(850) 815-4301

From: Robert King <rlkingtraining@gmail.com>
Sent: Thursday, February 20, 2020 12:40 PM
To: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Subject: [EXTERNAL] Fwd: AHPS Course Request Sheet

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Linda, Have you had the opportunity to forward this BSPS request to Robert Patrick? Any AHPS exam results from last Friday's testing?

Bob

----- Forwarded message -----

From: **Robert King** <rlkingtraining@gmail.com>
Date: Sun, Feb 16, 2020 at 10:56 PM
Subject: AHPS Course Request Sheet
To: McWhorter, Linda <linda.mcwhorter@em.myflorida.com>
Cc: Judd Wright <blueskiesps@gmail.com>

Good Day Linda,

I have attached the "green sheet" for conducting one (1) All-Hazards Position Specific Safety Officer course commencing March 30, in Manatee County. Looking for your approval and forwarding to Robert Patrick at EMI.

Thanxs for your time and consideration.

Bob



Request to Conduct NIMS ICS Training Class

All agencies desiring to offer All-Hazards Position Specific or the NIMS ICS Train-the-Trainer Curricula classes in their jurisdiction will route requests to their respective Emergency Management State Training Officer via this completed form.

No classes will receive credit or EMI Certificates of Completion unless this form is completed, transmitted to the State Training Officer (STO), Tribal Training Officer (TTO) or Federal training management lead, and then forwarded to the Training Specialist/Course Manager for processing.

Completed request forms must be transmitted to EMI at least 45 days prior to the class start date.

Course to be delivered (Only one course request per form):

Select	Course Code	Course Title
☐	L0949	Communications Unit Leader TtT <i>(Must be coordinated with SWIC)</i>
☐	L0950	Incident Commander
☐	L0951	Incident Commander TtT
☐	L0952	Public Information Officer
☐	L0953	Public Information Officer TtT
☒	L0954	Safety Officer
☐	L0955	Safety Officer TtT
☐	L0956	Liaison Officer
☐	L0957	Liaison Officer TtT
☐	L0958	Operations Section Chief
☐	L0959	Operations Section Chief TtT
☐	L0960	Division/Group Supervisor
☐	L0962	Planning Section Chief
☐	L0963	Planning Section Chief TtT
☐	L0964	Situation Unit Leader
☐	L0965	Resource Unit Leader
☐	L0967	Logistics Section Chief
☐	L0968	Logistics Section Chief TtT
☐	L0969	Communications Unit Leader <i>(Must be coordinated with SWIC)</i>
☐	L0970	Supply Unit Leader
☐	L0971	Facilities Unit Leader
☐	L0973	Finance/Administration Section Chief
☐	L0974	Finance/Administration Section Chief TtT
☐	L0975	Finance/Administration Unit Leader
☐	L0978	Situation Unit Leader TtT
☐	L0984	Task Force/Strike Team Leader

Select	Course Code	Course Title
☐	L0986	Air Support Group Supervisor
☐	L0987	Introduction to Air Operations
☐	L0988	Air Group Supervisor TtT
☐	L0989	Introduction to Air Operations TtT
☐	L0449	ICS Train the Trainer Curricula

Point of Contact:

- Name: James Wright
- Email Address: blueskiespps@gmail.com
- Phone number: 321-624-6140

Projected Number of Students: 35

Instructor (Lead): James J. Wright

Instructor (Support): Jeffrey Money

Instructor (Support): _____

Scheduled Class Dates:

- Class Start Date: 30-Mar-2020
- Class End Date: 02-Apr-2020
- Course Length: 32

Class Location:

- City: BRADENTON
- State: Florida

Mailing address for delivery of Course Evaluation forms:

- Street Address: PO BOX 204
- City: O'Brien
- State: Florida
- Zip: 32071

Note: Save the file using the following naming convention:
CourseCodeCitySTMonYr.pdf (Example: L0950DenverCOSep18.pdf)

Transmit via Email to:

Robert C. Patrick
Training Specialist/Course Manager
robert.patrick@fema.dhs.gov
(301) 447-1297

From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Sent: Thursday, February 20, 2020 12:48 PM EST
To: Patrick, Robert <robert.patrick@fema.dhs.gov>
CC: Robert King <rlkingtraining@gmail.com>
Subject: FW: [EXTERNAL] Fwd: AHPS Course Request Sheet
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Mr. Patrick,

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Linda J. McWhorter
Preparedness Bureau Chief
(850) 815-4301

From: Robert King <rlkingtraining@gmail.com>
Sent: Thursday, February 20, 2020 12:40 PM
To: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Subject: [EXTERNAL] Fwd: AHPS Course Request Sheet

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☐	L0952	Public Information Officer
☐	L0953	Public Information Officer TtT
☒	L0954	Safety Officer
☐	L0955	Safety Officer TtT
☐	L0956	Liaison Officer
☐	L0957	Liaison Officer TtT
☐	L0958	Operations Section Chief
☐	L0959	Operations Section Chief TtT
☐	L0960	Division/Group Supervisor
☐	L0962	Planning Section Chief
☐	L0963	Planning Section Chief TtT
☐	L0964	Situation Unit Leader
☐	L0965	Resource Unit Leader
☐	L0967	Logistics Section Chief
☐	L0968	Logistics Section Chief TtT
☐	L0969	Communications Unit Leader <i>(Must be coordinated with SWIC)</i>
☐	L0970	Supply Unit Leader
☐	L0971	Facilities Unit Leader
☐	L0973	Finance/Administration Section Chief
☐	L0974	Finance/Administration Section Chief TtT
☐	L0975	Finance/Administration Unit Leader
☐	L0978	Situation Unit Leader TtT
☐	L0984	Task Force/Strike Team Leader

Select	Course Code	Course Title
☐	L0986	Air Support Group Supervisor
☐	L0987	Introduction to Air Operations
☐	L0988	Air Group Supervisor TtT
☐	L0989	Introduction to Air Operations TtT
☐	L0449	ICS Train the Trainer Curricula

Point of Contact:

- Name: James Wright
- Email Address: blueskiespps@gmail.com
- Phone number: 321-624-6140

Projected Number of Students: 35

Instructor (Lead): James J. Wright

Instructor (Support): Jeffrey Money

Instructor (Support): _____

Scheduled Class Dates:

- Class Start Date: 30-Mar-2020
- Class End Date: 02-Apr-2020
- Course Length: 32

Class Location:

- City: BRADENTON
- State: Florida

Mailing address for delivery of Course Evaluation forms:

- Street Address: PO BOX 204
- City: O'Brien
- State: Florida
- Zip: 32071

Note: Save the file using the following naming convention:
CourseCodeCitySTMonYr.pdf (Example: L0950DenverCOSep18.pdf)

Transmit via Email to:

Robert C. Patrick
Training Specialist/Course Manager
robert.patrick@fema.dhs.gov
(301) 447-1297

From: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>
Sent: Saturday, February 01, 2020 12:19 PM EST
To: Deleon, Melissa (FLNG) <Melissa.e.deleon.mil@mail.mil>
Subject: FW: [EXTERNAL] Fwd: Coronavirus FORPRO Guidanc
Attachment(s): "Untitled attachment 00010.pdf", "Untitled attachment 00013.html"

A lot of jargon I don't understand in here.

Kevin Guthrie | Deputy Director

Office: (850) 815-4101
Cell: (850) 294-8250
Kevin.Guthrie@em.myflorida.com

From: Eifert, James O Maj Gen USAF NG FLARNG (USA) <james.o.eifert.mil@mail.mil>
Sent: Saturday, February 1, 2020 10:37 AM
To: Moskowitz, Jared <Jared.Moskowitz@em.myflorida.com>
Cc: Moulton, Diane <Diane.Moulton@eog.myflorida.com>; Strum, Shane <Shane.Strum@eog.MyFlorida.com>
Subject: [EXTERNAL] Fwd: Coronavirus FORPRO Guidanc

Jared,

For your situational awareness, this email chain and attachment discuss the current DoD and NORTHCOM responses to the coronavirus. Currently we have received no requests for assistance, however since AMCIT evacuations are imminent, there's a chance Florida could be impacted in the near future.

I have directed the FLNG DOMS to begin dusting off our Ebola and Zika response lessons learned and pandemic response plans in case we are needed.

Please let me know if you think of anything else we should be doing.

Cheers,

Eif

James O. Eifert
Major General
The Adjutant General

DSN: 822-0101, Comm:(904) 823-0101
Cell: (904) 481-6387

Begin forwarded message:

From: "Valle, Michael Anthony Col USAF NG FLANG (USA)" <michael.a.valle4.mil@mail.mil>
Date: February 1, 2020 at 8:33:23 AM EST
To: "Eifert, James O Maj Gen USAF NG FLARNG (USA)" <james.o.eifert.mil@mail.mil>
Cc: "Haas, John D BG USARMY NG FLARNG (USA)" <john.d.haas.mil@mail.mil>, "Reinwald, Allison NFG NG FLARNG (USA)" <allison.reinwald2.nfg@mail.mil>, "Johnson, Gray A Jr COL USARMY NG FLARNG (USA)" <gray.a.johnson.mil@mail.mil>, "Steele, John L III Col USAF NG FLANG (USA)" <john.l.steele.mil@mail.mil>
Subject: FW: Coronavirus FORPRO Guidance

Boss,

FYI - Here's the latest from NORTHCOM ref coronavirus. DoDs response is picking up speed fast.

Torch

Sent with BlackBerry Work
(www.blackberry.com)

From: Wimmer, Van A (Jethro) CIV USAF 1 AF (USA) <van.a.wimmer.civ@mail.mil>
Date: Friday, Jan 31, 2020, 20:48
To: Sasseville, Marc H Lt Gen USAF 1 AF (USA) <marc.h.sasseville2.mil@mail.mil>
Cc: JOYCE, DEREK MAJGEN CA USAF ACC AFNORTH/CD <derek.joyce.ca@us.af.mil>, EKMAN, KENNETH P Brig Gen USAF ACC AFNORTH/1AF/CV <kenneth.ekman@us.af.mil>, SIMPLER, BRIAN M Maj Gen USAF ACC AFNORTH/1 AF CG <brian.simpler@us.af.mil>, Radliff, Bryan P Brig Gen USAF 1 AF (USA) <bryan.p.radliff.mil@mail.mil>, BEIGHTOL, BRANDON K Col USAF ACC AFNORTH/Chief of Staff <brandon.beightol@us.af.mil>, MARKS, DALE R GS-15 USNORTHCOM ACC AFNORTH/CONR-1AF <dale.marks@us.af.mil>, Werchan, Jason S CIV USAF 1 AF (USA) <jason.s.werchan.civ@mail.mil>, PRIOLEAU, BAKARI S Capt USAF ACC AFNORTH/1AF DEPUTY CAG <bakari.prioleau@us.af.mil>, MUSSELMAN, DOUGLAS A Col USAF ACC AFNORTH/A3 <douglas.musselman@us.af.mil>, GRIMES, JOHN M GS-14 USAF 186 ARW
FL-DEM-20-0674-A-000543

186AOG/CV <john.grimes.1@us.af.mil>, PENNING, GREGORY S GS-14 USAF ACC AFNORTH/A3 <gregory.penning.2@us.af.mil>, Cardon, Thatcher R Col USAF 1 AF (USA) <thatcher.r.cardon.mil@mail.mil>, LABEE, SHOMELA R GS-13 USAF ACC AFNORTH/SG <shomela.labee.2@us.af.mil>, SANDERS, JONATHAN J GS-14 USAF ACC AFNORTH/NSEP <jonathan.sanders.15@us.af.mil>, BALZANO, ROBERTO A Col USAF ACC AFNORTH/1AF/LNO-NCR <roberto.balzano@us.af.mil>, TERRITT, THOMAS F Col USAF ACC AFNORTH/LNO <thomas.territt@us.af.mil>, PALMORE, WADE M GS-15 USAF ACC LANGLEY AFNORTH/LNO-ACC <wade.palmore.1@us.af.mil>, SALINAS, EDGAR A GS-14 USAF AFRC AFNORTH/AMOC <edgar.salinas.1@us.af.mil>

Subject: SPOTREP - N-NC Battle Staff Recall

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FOIA Caveat: This email contains pre-decisional, deliberative and interagency collaborative information and as such is not releasable under FOIA exemption [Ref: Freedom Of Information Act, 5 U.S.C. §552 (b)(5)].

Sir,

BLUF: N-NC recalled the battle staff due to changes in DOD's handling of Corona Virus-related AMCIT repatriation. There will be several Battle Rhythm events which include the components tomorrow. The CAC (Crisis Action Center) is stood up 24/7 until no-longer required. Attached are the slides used to brief Gen O at his CUB (conducted at 1730 MST this evening). Situation follows:

SITUATION:

- All coord for use of DOD facilities to date (March ARB) was handled directly with the services.
- There was a DOD sync today, with DASD Saleses where all services offered the use of more installations due to DOS/HHS request for assistance
- DOS is conducting a second round of AMCIT evac and repatriation. This round will consist of 1000 AMCITs, via 4 chartered airliners, to arrive in the US on Monday and Tuesday.
- DOD has offered the use of:
 - Travis, Lackland, Miramar, Ft Carson in addition to March ARB.
- Since this is now a joint flavor, CJCS (a few hours ago) ordered NORTHCOM to assume their role as DOD synchronizer for this event. That's what has kicked us into motion.

BATTLE RHYTHM events for tomorrow are developing and subject to change, but here's what I know right now:

- 0800 MST - UNCLASS telecon/VTC for component CATs with the NC CAC, Purpose is to provide initial sync and guidance
- 1000 MST - DOD Sync, chaired by NC, no components
- 1200 MST - CUB for Gen O, components will be asked to attend via VTC
- 1330 MST - J3 Sync with component 3s
- 1700 MST - CCDR's decision brief, don't know if any components will be invited

This is all subject to change.....

RFA Tasks (VOCO), HHS requests:

- housing for AMCITS on installations
- Fuel, baggage handling, etc. in order to turn the aircraft after landing

TASKS from the CCDR to the staff:

- Handle this like we do any DSCA event, any Cat 1 DSCA EXORD forces are available (DCOs, EPLOs, etc.)
- Think through this problem and start thinking about the next wave of potential problems
- There is already rumor of another directed evacuation of AMCITS later in the week, this time 2000
- Today INDOPACOM ordered all DOD personnel out of China. Where are they going? Coming here? RFI in to INDOPACOM
- There are 200,000 known AMCITs in China right now, what if.....
- Find out who will have authorities for enforcement of the directed 14 day quarantine (law enforcement, etc.)
- Do not offer anything DOD can't or shouldn't do (analyze and reject the crazy requests just like we would for any DSCA scenario)

UNKNOWN At this time:

- Who has tasking authority to the services to provide services? Does NC or are we just the middle-man/synchronizer?
- Will the service components have a role here? Reporting, coordinating, tasking? TBD
- Will tasking fall under any specific OPLANs (repatriation, pandemic, etc.)?
- How long will this go? Certainly the quarantine period will drive this operation into weeks. Will there be follow-on repatriation requests?
- It is expected that this will include interagency support like we had at March, to what extent..... TBD.

That is what I know for now, I will report further tomorrow.

Jethro

Mr. Al Wimmer

CONR-1AF(AFNORTH) LNO to NORAD and USNORTHCOM

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PERSONNEL AND
READINESS

OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

JAN 30 2020

MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS
CHAIRMAN OF THE JOINT CHIEFS OF STAFF
UNDER SECRETARIES OF DEFENSE
GENERAL COUNSEL OF THE DEPARTMENT OF DEFENSE
ASSISTANT SECRETARY OF DEFENSE FOR LEGISLATIVE
AFFAIRS
ASSISTANT TO THE SECRETARY OF DEFENSE FOR PUBLIC
AFFAIRS
DIRECTORS OF THE DEFENSE AGENCIES
DIRECTORS OF THE DOD FIELD ACTIVITIES

SUBJECT: Force Health Protection Guidance for the Novel Coronavirus Outbreak

This memorandum provides initial guidance to DoD personnel on the novel coronavirus (2019-nCoV) outbreak. DoD is coordinating closely with the interagency to align our increased preparedness posture.

The DoD will follow the regularly updated Centers for Disease Control and Prevention (CDC) guidance for this outbreak, found at: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>. A summary of the latest guidance from CDC is published via the Health Alert Network at: <https://emergency.cdc.gov/han/index.asp>. Related Military Health System (MHS) information and links to the CDC are at: <https://www.health.mil/News/In-the-Spotlight/Coronavirus>. The MHS is prepared to execute updated or additional guidance due to the fluidity of the situation. Due to the dynamic nature of this outbreak, individuals should frequently check the CDC 2019-nCoV website for additional updates.

Current Situation: The 2019-nCoV outbreak continues, with the CDC reporting several thousand cases worldwide, to include cases in the United States. CDC has published a warning to avoid all nonessential travel (Level 3) to China and advises that travelers to China should take enhanced precautions to prevent exposure to 2019-nCoV (<https://wwwnc.cdc.gov/travel/notices/warning/novel-coronavirus-china>).

Risk to DoD Personnel: Per the CDC, identifying a person at risk, or Patients Under Investigation (PUI), is based on symptoms and exposure history; additional criteria are at: <https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>. The risk to DoD personnel who do not meet the PUI criteria is low.

- While the immediate risk of this new virus to the American public is believed to be low at this time, everyone can do their part to help us respond to this emerging public health threat: 1) Because it is currently influenza and respiratory disease season, CDC recommends getting an influenza vaccine, taking everyday preventive actions to

help stop the spread of germs, and taking influenza antivirals if prescribed; 2) If you are a healthcare provider, be on the lookout for people with travel history to China and fever and respiratory symptoms; and 3) If you are a healthcare provider caring for a 2019-nCoV patient, please take care of yourself and follow recommended infection control procedures.

- **Per CDC, the best way to prevent infection is to avoid being exposed to this virus.** DoD personnel can reduce risk from respiratory viruses by: 1) **appropriately washing hands with soap and water for at least 20 seconds, and if soap and water are unavailable, use an alcohol-based hand sanitizer that contains at least 60 percent alcohol;** 2) **avoiding touching their eyes, nose, and mouth with unwashed hands;** 3) **avoiding close contact with those who are sick;** and 4) **cleaning and disinfecting frequently touched objects and surfaces.** Additional information from CDC can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/about/prevention-treatment.html>.
- **If DoD personnel have recently returned from travel to China in the last 14 days or had close contact with someone infected with 2019-nCoV and feel sick with fever, cough, or difficulty breathing, CDC directs these individuals to:** 1) **seek medical care right away. Before going to a doctor's office or emergency room, call ahead and tell them about the recent travel and symptoms;** 2) **avoid contact with others;** 3) **not travel while sick;** 4) **cover the mouth and nose with a tissue or sleeve (not hands) when coughing or sneezing;** and 5) **wash hands often with soap and water for at least 20 seconds to avoid spreading the virus to others. Use an alcohol-based hand sanitizer that contains at least 60 percent alcohol if soap and water are unavailable.**

The CDC has provided answers to frequently asked questions on 2019-nCoV that may be found at: <https://www.cdc.gov/coronavirus/2019-ncov/faq.html>. A copy of these frequently asked questions as of January 27, 2020 is attached to this guidance.

Healthcare Guidance: DoD will follow CDC guidance for healthcare providers at: <https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>. Additional DoD reference material for personal protective equipment that may go beyond current CDC guidelines is available at: <https://health.mil/Reference-Center/Policies/2018/09/25/Personal-Protective-Equipment-Policy-Guidance>.

Patient Screening and Isolation: Screening of individuals potentially exposed to 2019-nCoV should be based on their risk of exposure, using CDC PUI criteria. **Per CDC, PUIs for 2019-nCoV infection should be asked to wear a facemask as soon as they are identified and be evaluated in a private room with the door closed, ideally an airborne infection isolation room if available.** For updated CDC guidance please refer to: <https://www.cdc.gov/coronavirus/2019-nCoV/guidance-hcp.html>.

Diagnosis: As of January 27, 2020, diagnostic testing is only available by the CDC. Currently, testing for this virus must take place at CDC, but in the coming days and weeks, CDC will share these tests with domestic and international partners. Guidance for sample collection and laboratories is at: <https://www.cdc.gov/coronavirus/2019-nCoV/guidance-laboratories.html>.

Treatment: There are no specific treatments recommended for 2019-nCoV at this time. People infected with 2019-nCoV should receive supportive care to help relieve symptoms. For severe cases, treatment should include care to support vital organ functions.

Reportable Medical Events: Responsible medical authorities will report all PUIs for 2019-nCoV infection to: 1) the MHS via the Disease Reporting System internet; 2) installation/local public health authorities using established reporting procedures; and 3) the Armed Forces Health Surveillance Division Alert and Response Operations at: dha.ncr.health-surv.list.ib-alert-response@mail.mil.

Additional Considerations: The Office of the Assistant Secretary of Defense for Health Affairs is working with the Joint Staff and others for any potential increased screening of DoD populations at ports of embarkation or debarkation.

My point of contact for this guidance is COL Jennifer M. Kishimori. COL Kishimori may be reached at (703) 681-8179 or jennifer.m.kishimori.mil@mail.mil.



Matthew P. Donovan
Performing the Duties of the Under Secretary of
Defense for Personnel and Readiness

Attachment:
As stated



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

2019 Novel Coronavirus, Wuhan, China

Frequently Asked Questions and Answers

Disease Basics

Q: What is 2019 Novel Coronavirus?

A: The 2019 Novel Coronavirus, or 2019-nCoV, is a new respiratory virus first identified in Wuhan, Hubei Province, China.

[Learn about 2019 Novel Coronavirus.](#)

Q: What is a novel coronavirus?

A: A novel coronavirus (CoV) is a new coronavirus that has not been previously identified.

Q: What is the source of 2019-nCoV?

A: Public health officials and partners are working hard to identify the source of the 2019-nCoV. Coronaviruses are a large family of viruses, some causing illness in people and others that circulate among animals, including camels, cats and bats. Analysis of the genetic tree of this virus is ongoing to know the specific source of the virus. SARS, another coronavirus that emerged to infect people, came from civet cats, while MERS, another coronavirus that emerged to infect people, came from camels. More information about the source and spread of 2019-nCoV is available on the [2019-nCoV Situation Summary: Source and Spread of the Virus](#).

Q: How does the virus spread?

A: This virus probably originally emerged from an animal source but now seems to be spreading from person-to-person. It's important to note that person-to-person spread can happen on a continuum. Some viruses are highly contagious (like measles), while other viruses are less so. At this time, it's unclear how easily or sustainably this virus is spreading between people. Learn what is known about the [spread of newly emerged coronaviruses](#).

Q: Is 2019-nCoV the same as the MERS-CoV or SARS virus?

A: No. Coronaviruses are a large family of viruses, some causing illness in people and others that circulate among animals, including camels, cats and bats. The recently emerged 2019-nCoV is not the same as the coronavirus that causes Middle East Respiratory Syndrome (MERS) or the coronavirus that causes Severe Acute Respiratory Syndrome (SARS). However, genetic analyses suggest this virus emerged from a virus related to SARS. There are ongoing investigations to learn more. This is a rapidly evolving situation and information will be updated as it becomes available.

Prevention

Q: How can I help protect myself?

A: Visit the [2019-nCoV Prevention and Treatment](#) page to learn about how to protect yourself from respiratory illnesses, like 2019-nCoV.

Q: What should I do if I had close contact with someone who has 2019-nCoV?

A: There is information for [people who have had close contact](#) with a person confirmed to have, or being evaluated for, 2019-nCoV infection available online.

Medical Information

Q: What are the symptoms and complications that 2019-nCoV can cause?

A: Current symptoms reported for patients with 2019-nCoV have included mild to severe respiratory illness with fever¹, cough, and difficulty breathing. Read about [2019-nCoV Symptoms](#).

Q: Should I be tested for 2019-nCoV?

A: If you develop a fever¹ and symptoms of respiratory illness, such as cough or shortness of breath, within 14 days after travel from China, you should call ahead to a healthcare professional and mention your recent travel or close contact. If you have had close contact² with someone showing these symptoms who has recently traveled from this area, you should call ahead to a healthcare professional and mention your close contact and their recent travel. Your healthcare professional will work with your state's public health department and CDC to determine if you need to be tested for 2019-nCoV.

Q: How do you test a person for 2019-nCoV?

A: At this time, diagnostic testing for 2019-nCoV can be conducted only at CDC.

State and local health departments who have identified a [person under investigation \(PUI\)](#) should immediately notify CDC's Emergency Operations Center (EOC) to report the PUI and determine whether testing for 2019-nCoV at CDC is indicated. The EOC will assist local/state health departments to collect, store, and ship specimens appropriately to CDC, including during afterhours or on weekends/holidays.

For more information on specimen collection see [CDC Information for Laboratories](#).

Q: What should healthcare professionals and health departments do?

A: For recommendations and guidance on patients under investigation; infection control, including personal protective equipment guidance; home care and isolation; and case investigation, see [Information for Healthcare Professionals](#). For information on specimen collection and shipment, see [Information for Laboratories](#).

Public Health Response and Current Situation

Q: What is CDC doing about 2019-nCoV?

A: This is an emerging, rapidly evolving situation and CDC will continue to provide updated information as it becomes available. CDC works 24/7 to protect people's health. It is CDC's job to be concerned and move quickly whenever there is a potential public health problem. More information about [CDC's response to 2019-nCoV](#) is available online.

Q: Am I at risk for 2019-nCoV infection in the United States?

A: This is a rapidly evolving situation and the [risk assessment](#) may change daily. The latest updates are available on CDC's 2019 Novel Coronavirus website.

Q: Has anyone in the United States gotten infected?

A: Yes. The first infection with 2019-nCoV in the United States was reported on January 21, 2020. See the [current U.S. case count of infection with 2019-nCoV](#).

Q: Am I at risk for novel coronavirus from a package or products shipping from China?

There is still a lot that is unknown about the newly emerged 2019 novel coronavirus (2019-nCoV) and how it spreads. Two other coronaviruses have emerged previously to cause severe illness in people (MERS and SARS). 2019-nCoV is more genetically related to SARS than MERS, but both are betacoronaviruses with their origins in bats. While we don't know for sure that this virus will behave the same way as SARS and MERS, we can use the information from both of these earlier coronaviruses to guide us. In general, because of poor survivability of these coronaviruses on surfaces, there is likely very low risk of spread from products or packaging that are shipped over a period of days or weeks at ambient temperatures. Coronaviruses are generally thought to be spread most often by respiratory droplets. Currently there is no evidence to support transmission of 2019-nCoV associated with imported goods and there have not been any cases of 2019-nCoV in the United States associated with imported goods. Information will be provided on the [2019 Novel Coronavirus website](#) as it becomes available.

Travel

Q: Is it safe to travel to China or other countries where 2019-nCoV cases have occurred?

A: The situation is evolving. Stay up to date with [CDC's travel health notices related to this outbreak](#). These notices will be updated as more information becomes available.

Q: What if I recently traveled to China and got sick?

A: If you were in China and feel sick with fever, cough, or difficulty breathing, within 14 days after you left, you should

- Seek medical care right away. Before you go to a doctor's office or emergency room, call ahead and tell them about your recent travel and your symptoms.
- Avoid contact with others.
- Not travel while sick.
- Cover your mouth and nose with a tissue or your sleeve (not your hands) when coughing or sneezing.
- Wash hands often with soap and water for at least 20 seconds to avoid spreading the virus to others. Use an alcohol-based hand sanitizer if soap and water are not available.

CDC does have additional [specific guidance for travelers](#) available online.

2019-nCoV and Animals

Q: What about animals or animal products imported from China?

CDC does not have any evidence to suggest that animals or animal products imported from China pose a risk for spreading 2019-nCoV in the United States. This is a rapidly evolving situation and information will be updated as it becomes available. The [United States Department of Agriculture regulates](#)  the importation of animals and animal products, and [CDC regulates](#) the importation of animals and animal products capable of spreading human disease.

Q: Should I be concerned about pets or other animals and 2019-nCoV?

While this virus seems to have emerged from an animal source, it is now spreading from person-to-person. CDC recommends that people traveling to China avoid animals both live and dead, but there is no reason to think that any animals or pets in the United States might be a source of infection with this new coronavirus.

Q: Should I avoid contact with pets or other animals if I am sick?

Do not handle pets or other animals while sick. Although there have not been reports of pets or other animals becoming sick with 2019-nCoV, several types of coronaviruses can cause illness in animals and spread between animals and people. Until we know more, avoid contact with animals and wear a facemask if you must be around animals or care for a pet.

Footnotes

¹Fever may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain fever-lowering medications. Clinical judgment should be used to guide testing of patients in such situations.

²Close contact is defined as—

- a. being within approximately 6 feet (2 meters), or within the room or care area, of a novel coronavirus case for a prolonged period of time while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection); close contact can include caring for, living with, visiting, or sharing a health care waiting area or room with a novel coronavirus case. – or –
- b. having direct contact with infectious secretions of a novel coronavirus case (e.g., being coughed on) while not wearing recommended personal protective equipment.

See CDC's [Interim Healthcare Infection Prevention and Control Recommendations for Patients Under Investigation for 2019 Novel Coronavirus](#)

Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with novel coronavirus (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to those exposed in health care settings.

Page last reviewed: January 27, 2020

Content source: [National Center for Immunization and Respiratory Diseases \(NCIRD\), Division of Viral Diseases](#)

From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Sent: Saturday, March 21, 2020 9:25 AM EDT
To: Deleon, Melissa (FLNG) <Melissa.e.deleon.mil@mail.mil>
CC: Guidicelli, Ian <Ian.Guidicelli@em.myflorida.com>; Kincaid, Brooke <Brooke.Kincaid@em.myflorida.com>
Subject: FW: [EXTERNAL] Fwd: COVID19 Screening Questionnaire V2
Attachment(s): "COVID19 Screening Questionnaire V2.docx", "ATT00001.htm"

FYI...

Linda J. McWhorter
Preparedness Bureau Chief
2555 Shumard Oak Blvd
Tallahassee, FL 32399-21000
Office: (850) 815-4301
Mobile: (850) 528-7528
Linda.mcwhorter@em.myflorida.com

From: Sharon Denton-Gow <sdentongow@yahoo.com>
Sent: Saturday, March 21, 2020 9:10 AM
To: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Cc: Barbara Bruce <bbruce@mhs.net>; sdentongow@yahoo.com
Subject: [EXTERNAL] Fwd: COVID19 Screening Questionnaire V2

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Sharon Denton-Gow, MPH
Professional Educator
sdentongow@yahoo.com

Begin forwarded message:

From: "Bruce, Barbara" <BBruce@mhs.net>
Subject: Fwd: COVID19 Screening Questionnaire V2
Date: March 21, 2020 at 9:07:06 AM EDT
To: "sdentongow@yahoo.com" <sdentongow@yahoo.com>

Begin forwarded message:

From: "Strokin, Natasha M" <NStrokin@mhs.net>
Date: March 20, 2020 at 9:07:58 PM EDT
To: "sgilmartin@broward.org" <sgilmartin@broward.org>
Cc: "Bruce, Barbara" <BBruce@mhs.net>
Subject: COVID19 Screening Questionnaire V2

Thank you!! Please print 20. J

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COVID19 Screening Questionnaire V. 2 3/20/20

1. Are you a First Responder (Law Enforcement, Fire EMS, Hospital Worker with ID)

OR

2. Are you exhibiting symptoms of acute lower respiratory illness (e.g., fever, cough, shortness of breath)

Check all that apply: Fever ☐ Temp ☐ Cough ☐ Shortness of Breath ☐

-AND-

Meets one or more of the following criteria:

Have you had close contact with a person with COVID-19 that was confirmed by a laboratory

Have you traveled to or from an affected place with widespread community transmission

Have you had recent international travel or been on a cruise, in the last 2 weeks

Are you 65 or older and have a chronic health condition (diabetes, high blood pressure, lung disease)

Do you have a weak immune system (unable to fight infection or diseases)

From: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>

Sent: Thursday, March 19, 2020 6:52 AM EDT

To: Vaughn, Phyllis <Phyllis.Vaughn@em.myflorida.com>; Hunt, Kaitlyn <Kaitlyn.Hunt@em.myflorida.com>; Munoz, Jesse <Jesse.Munoz@fema.dhs.gov>; McDaniel, Susanne <Susanne.McDaniel@em.myflorida.com>

Subject: FW: [EXTERNAL] Fwd: Tallahassee-Leon County Launches "Open for Takeout"

Kevin Guthrie | Deputy Director

Office: (850) 815-4101

Cell: (850) 294-8250

Kevin.Guthrie@em.myflorida.com

From: Kevin Peters <PetersK@leoncountyfl.gov>

Sent: Wednesday, March 18, 2020 8:09 PM

To: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>

Cc: Bradshaw, Brian <Brian.Bradshaw@em.myflorida.com>; Buerkle, Eugene <Eugene.Buerkle@em.myflorida.com>

Subject: [EXTERNAL] Fwd: Tallahassee-Leon County Launches "Open for Takeout"

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

FYI, if you are having trouble finding who is doing take-out/delivery locally, this map may help if you are looking for SEOC feeding options.

KLP

Get [Outlook for Android](#)

From: Leon County <leon@service.govdelivery.com>

Sent: Wednesday, March 18, 2020 6:01:27 PM

To: Kevin Peters <PetersK@leoncountyfl.gov>

Subject: Tallahassee-Leon County Launches "Open for Takeout"

This message is being sent on behalf of the Tallahassee-Leon County Office of Economic Vitality.

Tallahassee-Leon County Launches “Open for Takeout”

Initiative highlights businesses offering online, takeout and delivery options

TALLAHASSEE, Fla., March 18, 2020 – To continue supporting local businesses in Florida’s capital during the Coronavirus pandemic, the Tallahassee-Leon County Office of Economic Vitality (OEV) today launched its “Open for Takeout” initiative to encourage residents to support local businesses while practicing social distancing to minimize the spread of Coronavirus. The initiative also features an [interactive map](#) that allows users to view which businesses are open and offer takeout, curbside, delivery and drive through options.

The Open For Takeout initiative is complemented by OEV’s [Business Resource Guide](#) and [Business Outreach Survey](#). The Business Resource Guide was designed as a reference to support employers and business owners. The Business Outreach Survey encourages feedback from employers to identify the needs of the business community. This feedback is critical to identifying the needs of our business community, and the best ways in which OEV can leverage resources for local businesses and employees.

“OEV is committed to stepping in to promote our local businesses in ways that align with social distancing guidelines,” Director of OEV Cristina Paredes said. “To that effect, our Open For Takeout initiative will spotlight restaurants remaining open and providing food service through delivery, take-out, curbside pickup, or drive through.”

Based upon the “Open for Business” online interactive map that was developed after back to back active hurricanes seasons, OEV’s Open for Takeout map showcases the hours of operation and contact information for local businesses offering alternative dining options, making it easier for local residents to directly contact businesses for products and services. The Open For Takeout initiative will spotlight restaurants remaining open and providing food service through digital and social media efforts.

Please contact the Tallahassee-Leon County Office of Economic Vitality at 850-219-1060 or email info@oevforbusiness.org if you have questions or need assistance.

About the Tallahassee - Leon County Office of Economic Vitality (OEV)

When you are looking to grow, relocate or start your business in Florida’s capital city, the Office of Economic Vitality is your front door to business resources. OEV can guide you in a variety of ways: site location, talent solutions, financial assistance, for instance. To foster a strong business climate, the Office of Economic Vitality provides data, resources and support to site selectors, state partners, and business leaders in the community alike. We serve as the connector between state economic development, workforce development and business

###



850.606.5300 | cmr@LeonCountyFL.gov | www.LeonCountyFL.gov
301 S. Monroe St., Suite 502, Tallahassee, FL 32301



The 2020 Census is approaching and Leon County Government wants you to Make It Count. Learn how at www.LeonCountyFL.gov/Census

Update your subscriptions, modify your password or e-mail address, or stop subscriptions at any time on your [Subscriber Preferences Page](#).

This email was sent to petersk@leoncountyfl.gov using GovDelivery Communications Cloud on behalf of: Leon County Government
· 301 S. Monroe Street · Tallahassee, FL 32301 · 850-606-5300

exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

From: Saylor, Erik <Erik.Saylor@em.myflorida.com>

Sent: Monday, March 23, 2020 9:37 PM EDT

To: Baker, Stuart <Stuart.Baker@fema.dhs.gov>; Goodman, Amy <amy.goodman@fema.dhs.gov>; Gary, Bruey (FEMA) <Gary.Bruey@fema.dhs.gov>

Subject: FW: [EXTERNAL] Governor Ron DeSantis Requests Major Disaster Declaration from President Donald Trump

If you didn't receive a copy of the Governor's DR request, there is a link to it in this press release.

Erik L. Saylor

Deputy General Counsel, Florida Division of Emergency Management
Direct: (850) 815-4154 | Mobile: (850) 694-6620 | Erik.Saylor@em.myflorida.com

Most written communications to or from state employees are public records obtainable by the public upon request. Emails sent to me at this email address may be considered public and will only be withheld from disclosure if deemed confidential pursuant to the laws of the State of Florida.

Sent via the Samsung Galaxy S9, an AT&T 5G Evolution smartphone.

----- Original message -----

From: "Mahon, Jason" <Jason.Mahon@em.myflorida.com>

Date: 3/23/20 9:14 PM (GMT-05:00)

To: "Saylor, Erik" <Erik.Saylor@em.myflorida.com>

Subject: FW: [EXTERNAL] Governor Ron DeSantis Requests Major Disaster Declaration from President Donald Trump

From: Governor's Press Office

Sent: Monday, March 23, 2020 9:14:32 PM (UTC-05:00) Eastern Time (US & Canada)

Subject: [EXTERNAL] Governor Ron DeSantis Requests Major Disaster Declaration from President Donald Trump

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For Immediate Release
March 23, 2020

Contact: Governor's Press Office
(850) 717-9282
Media@eog.myflorida.com

Governor Ron DeSantis Requests Major Disaster Declaration from President Donald Trump

Tallahassee, Fla. – Governor Ron DeSantis sent a letter to President Donald Trump formally requesting that he declare a Major Disaster as Florida responds to COVID-19.

The letter requested the inclusion of the following Individual Assistance Programs in the declaration: Disaster Unemployment Assistance, Crisis Counseling, Community Disaster Loans and the Disaster Supplemental Nutrition Program.

The declaration is submitted as a result of the COVID-19 response for the incident period beginning January 20, 2020, for all sixty-seven (67) counties. In addition to the Individual Assistance Programs, the declaration requests additional resources and support from FEMA.

To view the Governor's letter to President Trump, click [HERE](#).

###

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Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

FL-DEM-20-0674-A-000561

From: Mahon, Jason <Jason.Mahon@em.myflorida.com>
Sent: Friday, March 20, 2020 1:07 PM EDT
To: Keenan, Gwen (FEMA) <Gwen.Keenan@fema.dhs.gov>
Subject: FW: [EXTERNAL] MEMORANDUM: Executive Order 20-70
Attachment(s): "EO 20-70.pdf"

From: Governor's Press Office <Governor'sPressOffice@eog.myflorida.com>
Sent: Friday, March 20, 2020 11:53 AM
Subject: [EXTERNAL] MEMORANDUM: Executive Order 20-70

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

MEMORANDUM

TO: Members of the Press
FROM: Helen Aguirre Ferré, Director of Communications, Governor Ron DeSantis
DATE: March 20, 2020
RE: Executive Order 20-70

Good morning:

Today, Governor Ron DeSantis issued Executive Order 20-70, directing all movie theatres, concert houses, auditoriums, playhouses, bowling alleys, arcades, gymnasiums, fitness studios and beaches to close in Broward County and Palm Beach County. These closures shall remain in effect in accordance with the President's "15 Days to Slow the Spread", initiated on March 16, 2020. These closures shall expire on March 31, 2020 but may be renewed upon the written request of the County Administrator. The Broward County and Palm Beach County Administrators will also have the ability to enforce, relax, modify or remove these closures as they see fit.

Additionally, the Executive Order requires all restaurants, bars, pubs, night clubs, banquet halls, cabarets, breweries, cafeterias and any other alcohol and/or food service business establishment with seating for more than ten people within the incorporated and unincorporated areas of Broward County and Palm Beach County to close on-premises service of customers.

A PDF copy of the Executive Order is attached to this email and provided below.

Sincerely,

Helen Aguirre Ferré
Director of Communications
Governor Ron DeSantis

STATE OF FLORIDA

OFFICE OF THE GOVERNOR

EXECUTIVE ORDER NUMBER 20-70

(Emergency Management – COVID-19 – Broward and Palm Beach County Closures)

WHEREAS, on March 1, 2020, I issued Executive Order 20-51 directing the Florida Department of Health to issue a Public Health Emergency; and

WHEREAS, on March 1, 2020, the State Surgeon General and State Health Officer declared a Public Health Emergency exists in the State of Florida as a result of COVID-19; and

WHEREAS, on March 9, 2020, I issued Executive Order 20-52 declaring a state of emergency for the entire State of Florida as a result of COVID-19; and

WHEREAS, on March 16, 2020, President Donald J. Trump and the Centers for Disease Control and Prevention (“CDC”) issued the “15 Days to Slow the Spread” guidance advising individuals to adopt far-reaching social distancing measures, such as avoiding gatherings of more than 10 people, and in states with evidence of community spread, bars, restaurants, food courts, and gyms should be closed; and

WHEREAS, my Administration has consulted with Broward County and Palm Beach County authorities, both of which requested application of the CDC recommendations; and

WHEREAS, COVID-19 poses a health risk to Broward County and Palm Beach County residents and minimization of contact is necessary to avoid COVID-19 infection for the residents of the counties; and

WHEREAS, restaurants, bars, taverns, pubs, night clubs, banquet halls, cocktail lounges, cabarets, breweries, cafeterias, movie theaters, concert houses, auditoriums, playhouses, bowling alleys, arcades, gymnasiums, fitness studios and beaches are potential gathering places for the spread of COVID-19; and

WHEREAS, Broward County and Palm Beach County seek to harmonize with Miami-Dade County which has already restricted access to venues and closed its beaches to public access due to the risk of community spread; and

WHEREAS, it is necessary and appropriate to take action to ensure that COVID-19 remains controlled, and that residents and visitors in Florida remain safe and secure;

NOW, THEREFORE, I, RON DESANTIS, as Governor of Florida, by virtue of the authority vested in me by Article IV, Section (1)(a) of the Florida Constitution, Chapter 252, Florida Statutes, and all other applicable laws, promulgate the following Executive Order to take immediate effect:

Section 1. I hereby order all restaurants, bars, taverns, pubs, night clubs, banquet halls, cocktail lounges, cabarets, breweries, cafeterias and any other alcohol and/or food service business establishment with seating for more than ten (10) people within the incorporated and unincorporated areas of Broward County and Palm Beach County to close on-premises service of customers. Notwithstanding the foregoing, such establishments may operate their kitchens for the purpose of providing delivery services, as authorized in Section 3 below, and employees, janitorial personnel, contractors and delivery personnel shall be allowed access to such establishments.

Section 2. This order shall not apply to grocery stores, pharmacies, gas stations and convenience stores, except that those discrete portions of such establishments that provide alcohol and/or food service with seating for more than ten (10) people shall abide by the restrictions in Section 1.

Section 3. This order shall not apply to delivery services, pick-up or take out services provided by any of the establishments listed in Sections 1 or 2.

Section 4. This order shall not apply to restaurants that are ancillary to essential services, including the airports, port facilities, secure facilities and hospitals. Other essential services may be determined by the county administrators.

Section 5. All movie theatres, concert houses, auditoriums, playhouses, bowling alleys, arcades, gymnasiums, fitness studios and beaches shall close. This order shall not apply to gymnasiums or fitness centers which are: (i) amenities of hotels which have a capacity of 10 persons or less, (ii) are an amenity of a residential building, (iii) are interior to any fire or police stations or (iv) are located inside any single-occupant office building.

Section 6. The closures in this order shall remain in effect in accordance with the President’s “15 Days to Slow the Spread”, initiated on March 16, 2020. These closures shall expire on March 31, 2020, but may be renewed upon the written request of the County Administrator.

Section 7. The Broward County Administrator and the Palm Beach County Administrator shall have the ability to enforce, relax, modify or remove these closures, as warranted, pursuant to the directives and parameters as set forth in Executive Order 20-68.

Section 8. The provisions of this order shall serve as minimum standards. Municipalities may impose more stringent

standards within their jurisdictions.

###

Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

STATE OF FLORIDA

OFFICE OF THE GOVERNOR EXECUTIVE ORDER NUMBER 20-70

(Emergency Management – COVID-19 – Broward and Palm Beach County Closures)

WHEREAS, on March 1, 2020, I issued Executive Order 20-51 directing the Florida Department of Health to issue a Public Health Emergency; and

WHEREAS, on March 1, 2020, the State Surgeon General and State Health Officer declared a Public Health Emergency exists in the State of Florida as a result of COVID-19; and

WHEREAS, on March 9, 2020, I issued Executive Order 20-52 declaring a state of emergency for the entire State of Florida as a result of COVID-19; and

WHEREAS, on March 16, 2020, President Donald J. Trump and the Centers for Disease Control and Prevention (“CDC”) issued the “15 Days to Slow the Spread” guidance advising individuals to adopt far-reaching social distancing measures, such as avoiding gatherings of more than 10 people, and in states with evidence of community spread, bars, restaurants, food courts, and gyms should be closed; and

WHEREAS, my Administration has consulted with Broward County and Palm Beach County authorities, both of which requested application of the CDC recommendations; and

WHEREAS, COVID-19 poses a health risk to Broward County and Palm Beach County residents and minimization of contact is necessary to avoid COVID-19 infection for the residents of the counties; and

WHEREAS, restaurants, bars, taverns, pubs, night clubs, banquet halls, cocktail lounges, cabarets, breweries, cafeterias, movie theaters, concert houses, auditoriums, playhouses, bowling alleys, arcades, gymnasiums, fitness studios and beaches are potential gathering places for the spread of COVID-19; and

WHEREAS, Broward County and Palm Beach County seek to harmonize with Miami-Dade County which has already restricted access to venues and closed its beaches to public access due to the risk of community spread; and

WHEREAS, it is necessary and appropriate to take action to ensure that COVID-19 remains controlled, and that residents and visitors in Florida remain safe and secure;

NOW, THEREFORE, I, RON DESANTIS, as Governor of Florida, by virtue of the authority vested in me by Article IV, Section (1)(a) of the Florida Constitution, Chapter 252, Florida Statutes, and all other applicable laws, promulgate the following Executive Order to take immediate effect:

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Section 2. This order shall not apply to grocery stores, pharmacies, gas stations and convenience stores, except that those discrete portions of such establishments that provide alcohol and/or food service with seating for more than ten (10) people shall abide by the restrictions in Section 1.

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Section 7. The Broward County Administrator and the Palm Beach County Administrator shall have the ability to enforce, relax, modify or remove these closures, as warranted, pursuant to the directives and parameters as set forth in Executive Order 20-68.

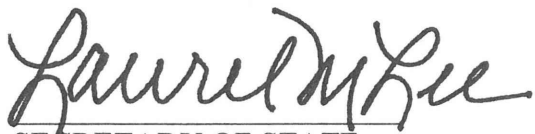
Section 8. The provisions of this order shall serve as minimum standards. Municipalities may impose more stringent standards within their jurisdictions.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Florida to be affixed, at Tallahassee, this 20th day of March, 2020

RON DESANTIS, GOVERNOR

ATTEST:


SECRETARY OF STATE

FILED
2020 MAR 20 AM 10:45
TALLAHASSEE, FLORIDA

From: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>
Sent: Tuesday, March 17, 2020 7:48 AM EDT
To: Boswell, Alexandra <Alexandra.Boswell@em.myflorida.com>
CC: Keenan, Gwen (FEMA) <Gwen.Keenan@fema.dhs.gov>
Subject: FW: [EXTERNAL] Next phase - Seattle

Gwen,

Please start forwarding items like these to Alexandra.boswell@em.myflorida.com

Kevin Guthrie | Deputy Director

Office: (850) 815-4101
Cell: (850) 294-8250
Kevin.Guthrie@em.myflorida.com

From: Keenan, Gwen (FEMA) <Gwen.Keenan@fema.dhs.gov>
Sent: Monday, March 16, 2020 12:16 PM
To: Lee Newsome <LNewsome@ERECinc.com>; Boswell, Alexandra <Alexandra.Boswell@em.myflorida.com>; Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>
Subject: [EXTERNAL] Next phase - Seattle

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Summary from below article: (Some longer term ideas from Washington State/China):

1. Worker availability:
 - a. Staff over the age of 60 "should continue to work per their regular schedules"
 - b. People who are pregnant, immunocompromised or over 60 and with underlying health conditions were "invited to talk to their team leader or manager about any concerns," noting that hospital workers' personal protective equipment would minimize exposure risks.
2. Hospitals passed capacity in China:
 - a. In response, two new hospitals were built to exclusively serve COVID-19 patients; in all, officials dedicated more than 26,000 beds at 48 hospitals for people with the virus.
 - b. An additional 13,000 beds at quarantine centers were set aside for patients with mild symptoms.
3. Shortages of supplies, staff and space.
 - a. Staffing:
 - i. "top priority" to reviewing applications for temporary practice permits for nurses to help during the COVID-19 crisis.
 - ii. Department of Health also said it was allowing volunteer out-of-state health practitioners who are licensed elsewhere to practice without a Washington license.
 - iii. All the doctors with UW Medicine have been trained, or are being trained on how to care for patients via telemedicine. The number of people using the service has increased tenfold since public health officials urged patients to not visit emergency rooms or visit clinics for minor issues, said Dr. John Scott, director of digital health at UW Medicine.
 - b. Space.
 - i. Some hospitals are creating wards for COVID-19 patients. EvergreenHealth, in Kirkland, converted its 8th floor for the use of these patients.
 - ii. King County officials last week purchased a motel, which could allow patients to recover outside a clinical setting and free up beds. Supply problems are ongoing, even after the federal government fulfilled a first shipment that included tens of thousands of N95 respirator masks, surgical masks and disposable gowns from a federal stockpile.
 - c. Supplies
 - i. members at area hospitals are being asked to reuse or share personal protective equipment,
 - ii. wear only one mask a shift or conserve masks for use exclusively with COVID-19 confirmed patients.
 - iii. The next step is to start thinking about alternate care systems or alternate care facilities. These are facilities that could potentially be used outside the clinic or the health care system walls."

https://www.governing.com/now/Seattle-Coronavirus-Care-Short-in-Staff-Supplies-and-Space.html?utm_term=READ%20MORE&utm_campaign=Pandemic%20Provides%20Defining%20Moment%20for%20Government%20Leaders&utm_content=email&utm_source=Act-On+Software&utm_medium=email

Seattle Coronavirus Care: Short in Staff, Supplies and Space

At ground zero of America's coronavirus outbreak, Seattle is overwhelmed by patients needing care. Social distancing and persistent hand washing is no longer enough. "The next step is to start thinking about alternate care systems."

Evan Bush, The Seattle Times | March 14, 2020 | News

(TNS) — Amid the first signs that the novel coronavirus was spreading in the Seattle area, a senior officer at the University of Washington Medical Center sent an urgent note to staffers.

"We are currently exceptionally full and are experiencing some challenges with staffing," Tom Staiger, UW Medical Center's medical director, wrote on Feb. 29. He asked hospital staff to "expedite appropriate discharges asap," reflecting the need for more beds.

That same day, health officials announced King County's — and the nation's — first death from the coronavirus. Now as cases of virus-stricken patients suffering from COVID-19 multiply, government and hospital officials are facing the real-life consequences of shortcomings they've documented on paper for years.

And researchers this week made stark predictions for COVID-19's impact on King and Snohomish counties, estimating 400 deaths and some 25,000 infections by April 7 without social-distancing measures.

"If you start doing that math in your head, based on every person who was infected infecting two other people, you can see every week you have a doubling in the number of new cases," state health officer Dr. Kathy Lofy said.

Hand-washing, staying home from work and other measures were no longer enough to sufficiently slow the virus, Lofy said.

Hospital administrators are rapidly changing protocols as the outbreak stresses the system, while frontline health care workers are beginning to feel the effects of disruptions to daily life. UW Medicine on Thursday told employees it would begin postponing elective procedures, beginning March 16.

"We've seen what has happened in other countries where they've had really rapid spread. The health care system has become overwhelmed," Lofy said. "We want to do everything we can to prevent that from happening here."

"We're Always Full"

AMERICAN
OVERSIGHT

FL-DEM-20-0674-A-000569

King and Snohomish counties offer some 4,900 staffed hospital beds, of which about 940 are used for critical care, according to the researchers — with the Institute for Disease Modeling, the Bill & Melinda Gates Foundation and the Fred Hutchinson Cancer Research Center — who modeled the outbreak's potential growth. "... This capacity may quickly be filled," they wrote.

Some of Seattle's largest hospitals were already near capacity before the outbreak Harborview Medical Center in downtown Seattle operated at 95 percent of its capacity in 2019, based on its licensed 413 beds and the days of patient care it reported to the Department of Health.

Of 81 hospitals that reported data for all of 2019, excluding psychiatric hospitals, the median hospital operated at 50 percent of its licensed capacity, according to a Seattle Times analysis. Many hospitals staff fewer beds than the maximum their license allows for, so the actual occupancy rate is likely higher.

Katharine Liang, a psychiatry resident physician who works rotations for Seattle-area hospitals, said requests for UW Medicine staffers to discharge patients in a timely fashion are not uncommon as administrators seek extra beds.

"The safety net hospitals, we're always full," Liang said, referring to medical centers that care for patients without insurance or means to pay.

Susan Gregg, a spokeswoman for UW Medicine, which operates UW Medical Center, Harborview Medical Center, Valley Medical Center and Northwest Hospital, said that each hospital had a surge-capacity plan being adapted for the outbreak.

"Our daily planning sessions monitor our available beds, supply usage and human resources," Gregg said in a statement.

While Washington state has a robust system for detecting and monitoring infectious diseases, it has struggled to build the capacity to respond to emergencies like the coronavirus outbreak, according to a review of public data and interviews.

On a per-person basis, the state lags most others in nurses and hospital rooms designed to isolate patients with infectious, airborne diseases, according to a nationwide index of health-security measures.

The U.S. Centers for Disease Control and Prevention launched this initiative — called the National Health Security Preparedness Index — in 2013 to comprehensively evaluate the nation's readiness for public health emergencies.

The state's greatest strength, according to the index, is in its ability to detect public-health threats and contain them — scoring 8.5 points out of a possible 10, above the national average.

"It's a leading state now in terms of how testing capabilities are playing out" for COVID-19, said Glen Mays, a professor at the Colorado School of Public Health who directs the index work.

With the scope of the outbreak becoming clear, the focus is turning to an area that is the state's weakest on the index: providing access to medical care during emergencies.

When it comes to nurses per 100,000 people, Washington state ranked near the bottom — 46th among states and the District of Columbia — in 2018. It ranked 43rd nationally in the number of hospital isolation rooms — commonly referred to as "negative pressure" rooms, which draw in air to prevent an airborne disease from spreading — per 100,000 people and in neighboring states.

"It's an area of concern," Mays said of the state's health care delivery capacity.

This vulnerability is well known to state policymakers. John Wiesman, Washington state's health secretary, serves on the national advisory committee of the index and has championed its use as a tool for improvement, Mays said. He recalled Washington seeking lessons from other states that have been more successful and building a "medical reserve corps," another area where the state has lagged.

The state scored 2.5 points for managing volunteers in an emergency in 2013. In 2018, it had improved to just 2.6.

Health Workers Strained

Less than a week after diagnosed cases of COVID-19 grew rapidly in the Seattle area, administrators at several area hospitals had to hunt for additional medical supplies and called for rationing. They also established fast-shifting isolation policies for sick or potentially exposed staffers.

"Hospitals are being very vigilant. If you have the slightest signs of illness, don't come to work," said Alexander Adami, a UW Medicine resident, on Monday.

On March 6, UW Medicine directed employees who tested positive for COVID-19, the illness caused by coronavirus, to remain isolated at home for a minimum of seven days after symptoms developed, according to internal UW documents. Hospital workers told workers with symptoms who hadn't been tested to remain isolated until they were three days without symptoms. Those who tested negative, or had influenza, could return after 24 hours.

Quarantines for sick workers means others must backfill.

"Programs are having to pull residents in other blocks in other hospitals and other clinics to fill gaps," Adami said. "There simply aren't enough people."

School closures further complicate staffing.

Liang, the resident physician who works rotations for several area hospitals, said she had been pulled into an expanded backup pool on short notice to cover shifts.

Liang is the mother of a 1-year-old. On Wednesday, her family's day care closed, as it typically does when Seattle schools close. Gov. Jay Inslee has ordered all schools in King, Pierce and Snohomish counties to close until late April.

"I'm not really sure what we're going to do going forward," Liang said. "My demands at home are increasing, and now, at the same time because of the same problem, my demands at the hospital are increasing as well."

Adami, a second-year internal medicine resident, said residents were used to taxing hours, and demands had not been much more excessive than usual, but he remained concerned for the future.

"I would be worried about: We eventually get to the point where there are so many health care workers who become sick we have to accept things like saying, All right: Do you have a fever? No? Take a mask and keep working, because there are people to care for," he said.

One sign of demand: Some hospitals are asking workers at greater risk of COVID-19 to continue in their roles, even after public health officials encouraged people in these at-risk groups among the broader public to stay home.

Staff over the age of 60 "should continue to work per their regular schedules," a UW Medicine policy statement said. People who are pregnant, immunocompromised or over 60 and with underlying health conditions were "invited to talk to their team leader or manager about any concerns," noting that hospital workers' personal protective equipment would minimize exposure risks.

A registered nurse at Swedish First Hill who is over 60 and who has a history of cardiac issues said she told a manager last week of her concern about working with potential or confirmed COVID-19 patients.

She said a manager adjusted her schedule for an initial shift, but couldn't guarantee that she would be excused from caring for these patients.

Hours later, the nurse said she suffered a cardiac event and was later admitted to another hospital with a stress-induced cardiomyopathy. The nurse did not want to be named for fear of reprisal by Swedish.

"I'm afraid for my life to work in there," the nurse said. "I don't think we're being adequately protected."

The nurse is now on medical leave.

In a statement, Swedish said it could not comment on an individual caregiver's specific circumstances, but that employees at a higher risk are able to request reassignment and if it can not be accommodated, they can take a leave of absence.

"Providing a safe environment for our caregivers and patients is always our top priority, but especially during the current COVID-19 outbreak," according to the statement.

Anne Piazza, senior director of strategic initiatives for the the Washington State Nurses Association said she had heard from a "flood" of nurses with similar concerns.

Additionally, "we are seeing increased demand for nurse staffing and that we do have reports of nurses being required to work mandatory overtime."

Wuhan was Overwhelmed

China might provide an example of what could happen to the U.S. hospital system if the pace of transmission escalates, according to unpublished work from researchers with Johns Hopkins University, Harvard University and other institutions.

In Wuhan, the people seeking care for COVID-19 symptoms quickly outpaced local hospitals' ability to keep up, the researchers found. Even after the city went on lockdown in late January, the number of people needing care continued to rise.

Between Jan. 10 and the end of February, physicians served an average of 637 intensive-care unit patients and more than 3,450 patients in serious condition each day.

But by the epidemic's peak, nearly 20,000 people were hospitalized on any given day. In response, two new hospitals were built to exclusively serve COVID-19 patients; in all, officials dedicated more than 26,000 beds at 48 hospitals for people with the virus. An additional 13,000 beds at quarantine centers were set aside for patients with mild symptoms.

The researchers analyzed what might happen if a Wuhan-like outbreak happened here.

"Our critical-care resources would be overwhelmed," said Caitlin Rivers, an epidemiologist at Johns Hopkins Center for Health Security who helped lead the study.

"The lesson here, though, is we have an opportunity to learn from their experience and to intervene before it gets to that point."

Preparing For The Worst

Hospital administrators are stretching to make the most of their staff, avoid burnout and find space for patients flooding into hospitals.

As of Thursday afternoon, there hadn't been an unusual uptick in hospitals asking emergency responders to divert patients elsewhere, according to Beth Zborowski, a spokeswoman for the Washington State Hospital Association.

Zborowski said administrators are getting creative to deal with shortages of supplies, staff and space, such as potentially hiring temporary workers

The state is trying to reduce regulations to help scale up staffing.

The state health department's Nursing Commission said last Friday it would give "top priority" to reviewing applications for temporary practice permits for nurses to help during the COVID-19 crisis.

After the governor's emergency proclamation, the Department of Health also said it was allowing volunteer out-of-state health practitioners who are licensed elsewhere to practice without a Washington license.

All the doctors with UW Medicine have been trained, or are being trained on how to care for patients via telemedicine. The number of people using the service has increased tenfold since public health officials urged patients to not visit emergency rooms or visit clinics for minor issues, said Dr. John Scott, director of digital health at UW Medicine.

Some hospitals are creating wards for COVID-19 patients. EvergreenHealth, in Kirkland, converted its 8th floor for the use of these patients.

King County officials last week purchased a motel, which could allow patients to recover outside a clinical setting and free up beds.

"These are places for people to recover and convalesce who are not at grave medical risk, and therefore do not need to be in a hospital," said Alex Fryer, spokesperson for King County Executive Dow Constantine.

Supply problems are ongoing, even after the federal government fulfilled a first shipment that included tens of thousands of N95 respirator masks, surgical masks and disposable gowns from a federal stockpile.

Piazza said the nursing association continues to receive reports that members at area hospitals are being asked to reuse or share personal protective equipment, wear only one mask a shift or conserve masks for use exclusively with COVID-19 confirmed patients.

"We need to address the safety of frontline caregivers," Piazza said.

State officials placed a second order for supplies last weekend.

Casey Katims, director of federal affairs for Inslee, said three trucks of medical supplies from the federal stockpile arrived Thursday morning, including 129,380 N-95 respirators; 308,206 surgical masks; 58,688 face shields; 47,850 surgical gowns; and 170,376 glove pairs.

If the measures taken now aren't enough, state officials have contingency plans they've been working on "for a while now," said Lofy, the state health officer.

The next step is to start thinking about alternate care systems or alternate care facilities. These are facilities that could potentially be used outside the clinic or the health care system walls.

(Seattle Times reporters Hannah Furfaro, Steve Miletich and Ryan Blethen contributed to this story.)

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Gwen Keenan
Team Lead and Preparedness Specialist, Florida FEMA Integration Team, FEMA Region IV
Mobile: (404) 387-3773
Gwen.Keenan@fema.dhs.gov

FL-DEM-20-0674-A-000571



Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

From: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>
Sent: Monday, March 23, 2020 2:50 PM EDT
To: Williams, Paul (FEMA) <Paul.Williams6@fema.dhs.gov>
Subject: FW: [EXTERNAL] RA/State Director - COVID-19 touch base call

Kevin Guthrie | Deputy Director

Office: (850) 815-4101
Cell: (850) 294-8250
Kevin.Guthrie@em.myflorida.com

From: Samaan, Robert <Robert.Samaan@fema.dhs.gov>
Sent: Monday, March 23, 2020 2:41 PM
To: Gracia, Szczech (FEMA) <Gracia.Szczech@fema.dhs.gov>; Hastings, Brian <brian.hastings@ema.alabama.gov>; Moskowitz, Jared <Jared.Moskowitz@em.myflorida.com>; Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>; Homer Bryson <homer.bryson@gema.ga.gov>; Dossett, Michael E (KyEM) <Michael.E.Dossett@ky.gov>; Greg Michel <gmichel@mema.ms.gov>; Sprayberry, Mike A <mike.sprayberry@ncdps.gov>; Kim Stenson <Kstenson@emd.sc.gov>; Patrick Sheehan <patrick.sheehan@tn.gov>; Terry, Quarles (FEMA) <Terry.Quarles@fema.dhs.gov>; Gary, Bruey (FEMA) <Gary.Bruey@fema.dhs.gov>; Baker, Stuart <Stuart.Baker@fema.dhs.gov>; Goodman, Amy <amy.goodman@fema.dhs.gov>; Toro, Manny J <Manny.Toro@fema.dhs.gov>; Dickinson, Jeanette (OS/ASPR/EMMO) <Jeanette.Dickinson@hhs.gov>; BowmanHHS, Thomas (OGA) <thomas.bowman@hhs.gov>; Ashe, Robert <robert.p.ashe.mil@mail.mil>; Robinson, Donald <Donald.Robinson@cisa.dhs.gov>
Cc: Monique Draper <mdraper@mema.ms.gov>; Bryan Olier <bolier@mema.ms.gov>; Exec Calendar <execalendar@msmema.onmicrosoft.com>; Hudak, Mary <Mary.Hudak@fema.dhs.gov>; Cintron, Morgan <Morgan.Cintron@em.myflorida.com>; Steven Batson <sbatson@emd.sc.gov>; Miller, Carly <carly.miller@em.myflorida.com>; Gunnin, Stacy <Stacy.Gunnin@fema.dhs.gov>
Subject: [EXTERNAL] RA/State Director - COVID-19 touch base call

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Good afternoon everyone, we are still planning on having the call at 3pm ET.

877-446-3914
Pin 611452

Talk to you soon.

From: Szczech, Gracia
Sent: Monday, March 16, 2020 6:31:54 PM
To: Szczech, Gracia <Gracia.Szczech@fema.dhs.gov>; Hastings, Brian <brian.hastings@ema.alabama.gov>; Moskowitz, Jared <Jared.Moskowitz@em.myflorida.com>; Guthrie, Kevin <kevin.guthrie@em.myflorida.com>; Homer Bryson <homer.bryson@gema.ga.gov>; Dossett, Michael E (KyEM) <Michael.E.Dossett@ky.gov>; Greg Michel <gmichel@mema.ms.gov>; Sprayberry, Mike A <mike.sprayberry@ncdps.gov>; Kim Stenson <Kstenson@emd.sc.gov>; Patrick Sheehan <patrick.sheehan@tn.gov>; Quarles, Terry <Terry.Quarles@fema.dhs.gov>; Bruey, Gary <Gary.Bruey@fema.dhs.gov>; Baker, Stuart <Stuart.Baker@fema.dhs.gov>; Goodman, Amy <amy.goodman@fema.dhs.gov>; Toro, Manny J <Manny.Toro@fema.dhs.gov>; Dickinson, Jeanette (OS/ASPR/EMMO) <Jeanette.Dickinson@hhs.gov>; BowmanHHS, Thomas (OGA) <thomas.bowman@hhs.gov>; Ashe, Robert <robert.p.ashe.mil@mail.mil>; Robinson, Donald <Donald.Robinson@cisa.dhs.gov>
Cc: Monique Draper <mdraper@mema.ms.gov>; Bryan Olier <bolier@mema.ms.gov>; Exec Calendar <execalendar@msmema.onmicrosoft.com>; Samaan, Robert <Robert.Samaan@fema.dhs.gov>; Hudak, Mary <Mary.Hudak@fema.dhs.gov>; Cintron, Morgan <Morgan.Cintron@em.myflorida.com>; Steven Batson <sbatson@emd.sc.gov>; Miller, Carly <carly.miller@em.myflorida.com>; Gunnin, Stacy <Stacy.Gunnin@fema.dhs.gov>
Subject: RA/State Director - COVID-19 touch base call
When: Monday, March 23, 2020 3:00 PM-4:00 PM.
Where: 1 877 446 3914 pin 611452

Per my e-mail, this call is to touch base with the EM State Directors on current operations as we know it. Thank you!

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From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Sent: Monday, March 02, 2020 10:59 AM EST
To: Flick, Russell <russell.flick@fema.dhs.gov>
CC: Rowe, Ann <Ann.Rowe@flhealth.gov>; Bailey, Bobby <Bobby.Bailey@flhealth.gov>
Subject: FW: [EXTERNAL] RE: FEMA INDEPENDENT STUDY TEST ANSWERS (WEBSITE)
Attachment(s): "AER-EMI Training Ethics Letter 3-2-2020.docx"

Please see attached comments

Linda J. McWhorter
Preparedness Bureau Chief
(850) 815-4301

From: Rowe, Ann <Ann.Rowe@flhealth.gov>
Sent: Monday, March 2, 2020 10:56 AM
To: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>; Bailey, Bobby <Bobby.Bailey@flhealth.gov>
Subject: [EXTERNAL] RE: FEMA INDEPENDENT STUDY TEST ANSWERS (WEBSITE)
Importance: High

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Linda and Bobby,

I'm sharing the attached letter/comment I just sent to FEMA/EMI.

Thank You

Ann E. Rowe

Training Unit / Program Manager
Bureau of Preparedness & Response
Florida Department of Health
4052 Bald Cypress Way
Tallahassee, FL 32399
(850) 617-1541 ofc
(850) 274-6658 cell
Ann.Rowe@flhealth.gov
www.floridahealth.gov
<https://www.linkedin.com/in/annrowe64/>

Graphics for Hurricane Week



Mission: To protect and promote the health of all residents and visitors in the state through organized state and community efforts, including cooperative agreements with counties.

Innovation: We search for creative solutions and manage resources wisely.

Collaboration: We use teamwork to achieve common goals & solve problems.

Accountability: We perform with integrity & respect.

Responsiveness: We achieve our mission by serving our customers & engaging our partners.

Excellence: We promote quality outcomes through learning & continuous performance improvement.

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How am I doing? Please let me know by taking this short survey. Thank you!
<https://www.surveymonkey.com/r/ZCZ5BYL>

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TO FEMA EMI

<https://training.fema.gov/contactus/sendcomment.aspx>

March 2, 2020

Good Morning - I wanted to share my shock in finding the following link - it is a website dedicated to the FEMA IS Course Answers. You may want to contact the website owner - as this is ethically not desirable for students to obtain their knowledge in a passive way. We try so hard to engage our learners in our trainings (at the local, state, federal level), especially as it relates to emergency preparedness and response. I'm highly disappointed to see this.

<https://www.fematestanswers.com/fema-is-100-c-introduction-to-the-incident-command-system-ics-100-answers/>

**Ann Rowe, Training Unit Program Manager
Training and Exercise Section
Bureau of Preparedness and Response
Florida Department of Health
4052 Bald Cypress Way
Tallahassee, Florida 32399
(850) 617-1541 ofc
(850) 274-6588 cell
Ann.Rowe@flhealth.gov
www.floridahealth.gov**

From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Sent: Wednesday, March 25, 2020 3:39 PM EDT
To: Luddeke, R <R.Luddeke@fema.dhs.gov>
Subject: FW: [EXTERNAL] RE: Personal Protective Equipment for COVID
Attachment(s): "image001.png"

FYI...information pertaining to Miccosukee

Linda J. McWhorter
Preparedness Bureau Chief
2555 Shumard Oak Blvd
Tallahassee, FL 32399-21000
Office: (850) 815-4301
Mobile: (850) 528-7528
Linda.mcwhorter@em.myflorida.com

From: Jeanine Bennett <JeanineB@miccosukeetribe.com>
Sent: Wednesday, March 25, 2020 2:18 PM
To: Otis, Aaron <Aaron.Otis@flhealth.gov>; Cassandra Osceola <CassandraO@miccosukeetribe.com>
Cc: Williams, Paul (FEMA) <Paul.Williams6@fema.dhs.gov>; Jeanne Eckes <Jeanne.Eckes@hhs.gov>; Cooksey, Samantha <samantha.cooksey@flhealth.gov>; McWhorter, Linda <Linda.McWhorter@em.myflorida.com>; Davis, Ashley <Ashley.Davis@em.myflorida.com>
Subject: [EXTERNAL] RE: Personal Protective Equipment for COVID

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Aaron,

My apologies for this taking longer than expected. I just received the completed paperwork. Our Health Director required input from our on-site pharmacist in the creation of the reduced and refined list. The form and list are now complete but they require Chairman Cypress' signature. I am in the process of attempting to obtaining that signature as we speak. I will forward to you as soon as I receive the signature.

Thank you for your patience.

Jeanine



Jeanine Bennett, Esq.
Miccosukee Tribe of Indians of Florida

General Counsel, In-House

jeanineb@miccosukeetribe.com

O: 305.223.8380 Ext: 5211 F: 305.894.5212

From: Otis, Aaron <Aaron.Otis@flhealth.gov>
Sent: Wednesday, March 25, 2020 1:53 PM
To: Jeanine Bennett <JeanineB@miccosukeetribe.com>; Cassandra Osceola <CassandraO@miccosukeetribe.com>
Cc: Paul.Williams6@fema.dhs.gov; Jeanne Eckes-Roper <Jeanne.Eckes@hhs.gov>; Cooksey, Samantha <Samantha.Cooksey@flhealth.gov>; Linda McWhorter <Linda.Mcwhorter@em.myflorida.com>; Davis, Ashley <Ashley.Davis@em.myflorida.com>
Subject: Personal Protective Equipment for COVID

Afternoon,

This is a follow-up to our discussion yesterday morning where you indicated that a resource request would be submitted to me via email. At this point I have not received the resource request; once we have this request we be able process your PPE shipment. I can be reached at the mobile phone listed below.

Aaron

CDR Aaron B. Otis
Public Health Advisor
Bureau of Preparedness and Response
Division of Emergency Preparedness and Community Support
Florida Department of Health

United States Public Health Service
CDC Public Health Advisor

AMERICAN
OVERSIGHT

FL-DEM-20-0674-A-000576

4052 Bald Cypress Way Bin A23
Tallahassee, Florida 32399

aaron.otis@flhealth.gov
850-617-1534
850-445-1380 Mobile
850-245-4580 Fax

DOH Mission Statement: To protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

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How am I doing? Please let me know by taking this short survey. Thank you!

<http://survey.doh.state.fl.us/survey/entry.jsp?id=1389303062486>

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From: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>
Sent: Tuesday, March 03, 2020 5:46 PM EST
To: Gracia, Szczech (FEMA) <Gracia.Szczech@fema.dhs.gov>
CC: Miller, Carly <carly.miller@em.myflorida.com>
Subject: FW: [EXTERNAL] Region IV - COVID-19 Regional Engagement

I will be handling this assignment. Will start working it tomorrow.

Kevin Guthrie | Deputy Director

Office: (850) 815-4101
Cell: (850) 294-8250
Kevin.Guthrie@em.myflorida.com

From: Moskowitz, Jared <Jared.Moskowitz@em.myflorida.com>
Sent: Tuesday, March 3, 2020 3:40 PM
To: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>; Bussey, Jon <Jon.Bussey@em.myflorida.com>
Cc: Lukis, Adrian <Adrian.Lukis@eog.myflorida.com>
Subject: FW: [EXTERNAL] Region IV - COVID-19 Regional Engagement

Kevin,

Please arrange.

Adrian for awareness

Jared Moskowitz, Esq.
Director
Florida Division of Emergency Management
2555 Shumard Oak Boulevard
Tallahassee, FL 32399
Office-850-815-4000
Jared@em.myflorida.com
www.floridadisaster.org

From: Gracia, Szczech (FEMA) <Gracia.Szczech@fema.dhs.gov>
Sent: Tuesday, March 3, 2020 3:08 PM
To: Hastings, Brian <brian.hastings@ema.alabama.gov>; Moskowitz, Jared <Jared.Moskowitz@em.myflorida.com>;
Homer.bryson@gema.ga.gov; Dossett, Michael E (KyEM) <michael.e.dossett@ky.gov>; Greg Michel <gmichel@mema.ms.gov>;
Sprayberry, Mike A <mike.sprayberry@ncdps.gov>; Kim Stenson - SC Emergency Management Division (kstenson@emd.sc.gov)
<kstenson@emd.sc.gov>; patrick.sheehan@tn.gov
Cc: Samaan, Robert <Robert.Samaan@fema.dhs.gov>; Toro, Manny J <Manny.Toro@fema.dhs.gov>; Sachtleben, Glen
<Glen.Sachtleben@fema.dhs.gov>; BowmanHHS, Thomas (OGA) <thomas.bowman@hhs.gov>
Subject: [EXTERNAL] Region IV - COVID-19 Regional Engagement

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Good Afternoon State Directors,

As you all move forward with COVID-19 response, the level of complexity is ever increasing and the volume of information can quickly become overwhelming. These past weeks, we have had the opportunity to participate in and listen to the many calls with HHS and FEMA HQs.

As we prepare to enter the next phase of a COVID-19 mitigation strategy we are supporting HHS ASPR Region IV with setting up a "Regional Engagement Plan." By doing this it is intended to bridge emergency management communication with HHS as you are likely doing at the state level with your public health partners.

In the near future, in partnership with Regional HHS ASPR, we would like to have a short call between you your state public health counterpart and us. The intent is to start the open dialogue and conversation of how can we best support you and how we can most effectively share information between public health and emergency management at the federal and state levels.

Thanks!

Gracia

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FL-DEM-20-0674-A-000579

From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Sent: Wednesday, March 11, 2020 11:52 AM EDT
To: Keenan, Gwen (FEMA) <Gwen.Keenan@fema.dhs.gov>
Subject: FW: [EXTERNAL] St. Lucie Exercise Postponement Approval Letter
Attachment(s): "Florida St Lucie Exercise Postponement.pdf"

FYI...

Linda J. McWhorter
Preparedness Bureau Chief
(850) 815-4301

From: Sharkey, Kim <Kimberly.Sharkey@em.myflorida.com>
Sent: Wednesday, March 11, 2020 11:33 AM
To: Culbreath, Erik <Erik.Culbreath@em.myflorida.com>; McWhorter, Linda <Linda.McWhorter@em.myflorida.com>; Keenan, Gwen (FEMA) <Gwen.Keenan@fema.dhs.gov>; Dietrich, Robert <Robert.Dietrich@em.myflorida.com>; Davis, Ashley <Ashley.Davis@em.myflorida.com>; Guidicelli, Ian <Ian.Guidicelli@em.myflorida.com>; Pecci, Bill (Martin Co Alt EM) <wpecci@martin.fl.us>; myersk@stlucieco.org; Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>
Cc: Giani, Margaret <Margaret.Giani@em.myflorida.com>
Subject: FW: [EXTERNAL] St. Lucie Exercise Postponement Approval Letter

Good morning,

Attached is the approval letter from FEMA agreeing to the postponement of the St. Lucie NPP Exercise.

Kim

Kimberly Sharkey
Lead Radiological Emergency Planner
Florida Division of Emergency Management
Kimberly.Sharkey@em.myflorida.com
850-528-8976 Cell
850-815-4321 Office

From: Robertson, Larry <Larry.Robertson@fema.dhs.gov>
Sent: Wednesday, March 11, 2020 11:24 AM
To: Sharkey, Kim <Kimberly.Sharkey@em.myflorida.com>
Cc: Hecht, Randall <Randall.Hecht@fema.dhs.gov>; Pelchat, John <John.Pelchat@nrc.gov>; Quinn, Vanessa <Vanessa.Quinn@fema.dhs.gov>; Harris III, Timothy <timothy.harrisiii@fema.dhs.gov>; Spence, Robert <Robert.Spence@fema.dhs.gov>; Mclemore, Gerald <Gerald.Mclemore@fema.dhs.gov>; Ackermann, John <John.Ackermann@fema.dhs.gov>; Hill, Autum <autum.hill@fema.dhs.gov>; Griffin, Beverly <Beverly.Griffin@fema.dhs.gov>
Subject: [EXTERNAL] St. Lucie Exercise Postponement Approval Letter

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Kim,

We have attached the formal approval letter for the postponement of the St. Lucie Exercise to November 17 and 18, 2020.

Please contact Bob Spence or Gerald McLemore if you have any questions.

Lawrence Robertson
Central Section Chief
Technological Hazards Branch
National Preparedness Division
FEMA Region IV
404-695-3846

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Department of Homeland Security
Region IV
3003 Chamblee-Tucker Road
Atlanta, Georgia 30341

FEMA

March 11, 2020

Kimberly Sharkey
Lead Radiological Emergency Planner
Florida Division of Emergency Management
255 Shumard Oak Boulevard
Tallahassee, FL 32399-2100

Dear Ms. Sharkey:

We have received and approved your request to postpone the St. Lucie Nuclear Power Plant exercise from March 24 and 25, 2020 to November 17 and 18, 2020 due to growing health concerns involving the COVID-19 virus currently affecting the State of Florida. We understand that all parties stated that if an actual event occurred at the St. Lucie Nuclear Power Plant, they would respond to protect the health and safety of the public.

The postponement was coordinated with the Nuclear Regulatory Commission Region II. The Federal partners scheduled to participate in the ingestion phase of the exercise also stated they would be able to assist the State of Florida and the affected local governments during the November exercise.

Should you have questions please contact Robert Spence at 404.803.8266 or Gerald McLemore at 404.803.5572.

Sincerely,

LAWRENCE A
ROBERTSON

Digitally signed by
LAWRENCE A
ROBERTSON
Date: 2020.03.11 11:18:29
-04'00'

for

Randall L. Hecht, Branch Chief
Technological Hazards Branch

From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Sent: Wednesday, March 04, 2020 4:57 PM EST
To: Moskowitz, Jared <Jared.Moskowitz@em.myflorida.com>
CC: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>; Davis, Ashley <Ashley.Davis@em.myflorida.com>; Keenan, Gwen (FEMA) <Gwen.Keenan@fema.dhs.gov>
Subject: FW: [EXTERNAL] Thunderbolt #4 AAR and Invoice
Attachment(s): "AAR_FDEM_Thunderbolt#4_27Feb20Final.pdf"

FYI....please share as appropriate

Linda J. McWhorter
Preparedness Bureau Chief
(850) 815-4301

From: Alan Petty <alan.petty@irsolutions-llc.com>
Sent: Wednesday, March 4, 2020 4:03 PM
To: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Cc: Anthony Riscica <anthony.riscica@irsolutions-llc.com>; Alan Petty <alan.petty@irsolutions-llc.com>
Subject: [EXTERNAL] Thunderbolt #4 AAR and Invoice

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Linda, good afternoon. Please find attached the AAR and Invoice for Thunderbolt #4 conducted on 27 Feb 2020. Please let me know if you need additional information or have any questions. It was a unique, challenging exercise and turned out to be a great learning experience for your leadership and employees. Thanks again for the opportunity.

Also, has this Covid-19 threat evolved sufficiently to impact our delivery of the next TB? Is the SERT activated yet? Do you anticipate activation?

Alan

Alan Petty
Interagency Readiness Solutions, LLC
C: 904-814-3030
W: 904-824-8273
www.irsolutions-llc.com

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INTERAGENCY READINESS SOLUTIONS, LLC (IRS)

4 March 2020

MEMORANDUM FOR: Linda McWhorter, Preparedness Bureau Chief, Florida Division of Emergency Management, 2555 Shumard Oak Boulevard, Tallahassee, Florida 32399

SUBJECT: After-Action Review (AAR) for Florida Division of Emergency Management Thunderbolt Exercise #4, February 27, 2020.

1. Administrative:

- a. Location of Training: State Emergency Operations Center, Tallahassee, FL
- b. Number Trained: 29
- c. Facilitator: Scott Chappell

2. Exercise Scope & Objectives:

The Thunderbolt Exercises are a series of brief, focused, no-notice facilitated exercises delivered over a six-month timeframe. These Functional Exercises are generally planned for approximately 2-3 hours at the Florida State Emergency Operations Center. Exercise play is limited to FDEM staff and leadership, SERT Team members, and Emergency Coordinating Officers. The exercise objectives are designed around each scenario and describe the expected outcomes for the exercise. The objectives are linked to core capabilities, which are distinct critical elements necessary to achieve the specific mission areas. The objectives and aligned core capabilities are guided by elected and appointed officials and were selected by the Exercise Planning Team. For this particular exercise the objectives were as follows:

- Develop an IAP;
- Develop recommended protective measures;
- Decision to request a Governors Executive Order.

3. Exercise Scenario:

The National Oceanic and Atmospheric Administration (NOAA) Space Weather Prediction Center (SWPC) has forecasted and warned of potential G5 geomagnetic storming associated sunspots, solar flares, and coronal mass ejections (CME) with impacts as far south as the state of Texas and Florida.

Additional Information:

- Exercise weather is as the actual weather conditions are on the day of the exercise.
- Florida will suffer direct and indirectly impacted due to energy shortfalls in the region.
- Disruption of communication with the exception of some geostationary satellite-based communication and high frequency radio.
- NOAA SWPC anticipates impacts sometime within the next 12 hours to four days with a duration of one to two days
- You have 2 hours to prepare a message as well as an Incident Action Plan (IAP) to present to the governor regarding impending impacts.

Exercise Questions:

- What are the likely impacts from a G5 geomagnetic storm?
- Who are the stakeholders that need to participate in the planning and preparation?
- What are the possible consequences, near and long-term effects of this threat?
- What are the likely impacts to Florida if multiple large power transformers (LPT) are damaged or destroyed in the southeast United States?

4. Timeline:

1010 Exercise start – scenario, additional information, and exercise questions delivered to the participants. Note: SWO working Turkey Point Radiological Exercise and tracking COVID-19.

1020 Notifications made and Thunderbolt Exercise moved to SEOC floor. Discussion started regarding possible impacts to Florida and cascading effects.

1030 SERT Chief Kevin Guthrie arrives and is briefed regarding scenario and possible impacts based on discussions. SERT Chief advises group:

- G5 geomagnetic storm will very likely impact Florida
- Satellites will likely be damaged and Florida's power grid will suffer impacts
- Satellite based communications will be spotty at best
- Line of site communications may be the only option

SERT Chief instructed group to research potential impacts, cascading effects, mitigation strategies, and solutions for Florida and to brief him by 1115 so he can brief governor at 1130.

- Comms – Contact internet and wireless companies - Impact to wireless and VOIP? Impacts due to satellite damage and GPS timing disrupted? Think worst case.

- Power – Contact power companies - impact to utilities and LPTs in Florida?
 - Logistics – Secure every available generator in warehouse or through contracts (notional)
 - ESF 18 (notional) what will be the impact to electric/battery powered vehicles (Tesla)?
- 1040 SERT Chief - Notifications to the Governor's Chief of Staff and recommend SEOC move to Level 2. Governor's Executive Order being drafted with input from Legal. Contact SWO Rad/Nuke team (involved with Turkey Point Exercise) regarding possible impacts to Florida's powerplants. Notify counties that there will be a county conference call at 1230 to update them on the situation. Prepare for impacts if FAA grounds all aircraft.
- 1050 Legislative Affairs office notified. Will brief house and senate leadership immediately following the 1130 brief to governor.
- 1100 Communications group discussion.
- The smaller agencies may have not comms backup plan
 - Cell phones may or may not work
 - GPS will likely be down with all of the cascading effects
 - Need to develop fuel plan to support SLERS towers
 - SAT phones may or may not work
 - "old school" radios with vacuum tubes will work
 - Iridium Radios may be best option for communications but only about 1/3 of counties have them.
- 1105 ESF 14 discussion messaging for public. Prepare for up to 7 days. Similar to hurricane prep. Cautions regarding generator use. Fuel vehicles, charge batteries, and then limit electrical consumption to minimize strain on grid pre-impact
- 1110 Logistic discussion – partly real world regarding COVID-19 as well as exercise related regarding procurement of generators
- 1115 Brief SERT Chief
- Communications – SLERS will be down, will develop an 205 Comms plan ahead of the impact, back up radios may not work, EM Net will not work as it is tied to satellites, reach out to counties and IO Chairs to prepare for loss of comms, TelCom companies will minimize impacts by deenergizing sites and then have planned outages, regional liaisons will be sent to counties to assist with comms, MSAT will be out of service, Iridium Radios may be best option but only 1/3 of counties have them, fixed sites for satellite data may or may not be impacted, mobile satellite data equipment will not work due to GPS,

HAM radio may work, and recommend removal of batteries from radios to minimize damage

- Question: will we lose fiber-based internet? Possibly.
- Logistics – over 100 generators are available for immediate deployment from contractors plus what is in the SLRC.
- Power – Not able to reach all of their SMEs but does not think that this will have a huge impact on Florida power infrastructure. Largest vulnerability are to the LPTs. Planned outages and isolation of grids (islands) will minimize damage.
- ESF 14 – pre-impact messaging to public to prepare supplies and cash and to limit travel, safety message, social media messaging, the public is not in immediate danger, charge batteries and minimize electrical demand. Post-impact message to include method to report outages and for the public to follow instruction from local governments

Recommendations to include in Governors brief:

- Educating leaders regarding impacts of a G5 geomagnetic storm
- Executive Order
- SEOC to Level 2 or Level 1
- Move governor south to an area with less impacts to support situational awareness, communication and messaging

Discussion:

- What will the impacts be to Florida if GPS timing goes down?
- Are the nation's GPS satellites and systems prepared to handle G5?

1140 EndEx.

1145 SERT lead Hot-wash and AAR discussion

5. Hot-wash Review:

Summary of facilitator and participant comments are as follows:

Sustains:

- ESF 14 – great job anticipating the messaging needs.
- The initial group of to whom the scenario was delivered immediately discussed the range of impacts and notified the proper personnel.
- As soon as the SERT Chief arrived and was briefed, he provided clear instructions and direction to the group with a 30 minute deadline so he can be prepared to brief the Governor in 45 minutes.
- The entire SERT worked well together to anticipate impacts, prepare to mitigate, and develop contingency plans
- The SERT was able to balance a Turkey Point Exercise, COVID-19 preparation, and a Thunderbolt Exercise very well and left no area lacking.

Things we would do differently:

There was nothing specific identified that this team would have done differently.

- Had there not been a coinciding drill at Turkey Point and COVID-19, some additional players may have participated. On the other hand, having an EOC pulled up multiple ways added realism and the SERT balanced all responsibilities well.
- Some of the breakout groups felt that they could/should have arrived to some of their conclusions more quickly, but the nature of brainstorming and breakout groups is to work your way through a complicated problem. If it were easy, a breakout group would not be needed.

Follow up for SERT:

- Contact CA to see what the impacts were to their power system when they shut down grids due to wildfires.
- ESF 18 – what will be impacts to electric vehicles?
- Develop or edit a draft PowerPoint presentation regarding geomagnetic storms to brief senior leaders so it will be ready if needed
- Iridium radios – more are needed in FL

6. Summary:

The SERT staff agreed that the exercise objectives were met. While they planned for all of the potential impacts of a G5 geomagnetic storm, the group recognized the wide range of impacts and made no assumptions that anything would survive this event unscathed. As such, they planned for the unknown and were prepared to be dynamic as they would adjust their response to the situation as it unfolded. This Thunderbolt Exercise was delivered on a busy day at the SEOC (Turkey Point Exercise, COVID-19 preparation, and a VIP from the Pentagon touring the facility) and without hesitation the team came together to attack the scenario head-on.

Interagency Readiness Solutions wishes to express our sincere appreciation to the SERT leadership and staff for their commitment to excellence, specifically Ms. Linda McWhorter who provided valuable guidance to the exercise planning team. We always appreciate the opportunity to work with true professionals.

7. Point of Contact (POC):

I am the POC at 904-814-3030. Email: alan.petty@irsolutions-llc.com



William A. Petty
President
Interagency Readiness Solutions, LLC

1 Enclosure
Participant Sign-in Sheets

From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Sent: Wednesday, February 12, 2020 12:26 PM EST
To: Jourdan-Walker, Canika <Canika.Jourdan-Walker@fema.dhs.gov>
CC: Lock, Ryan <Ryan.Lock@em.myflorida.com>; Cureton, Brett <BrettCureton@fdle.state.fl.us>; Keenan, Gwen (FEMA) <Gwen.Keenan@fema.dhs.gov>
Subject: FW: [EXTERNAL] Training Opportunity No. 1574 Course E8515 2020 Cybersecurity Symposium MS
Attachment(s): "FEMA AWR366 Certificate.pdf", "FEMA AWR353 Certificate.pdf"

Ms. Jourdan-Walker,

I would like to respectfully submit Mr. Brett Cureton as a candidate to attend the upcoming Cybersecurity Symposium. Florida will be submitting additional candidates shortly for additional seats that may open. Thanks in advance for consideration of this request.

Linda J. McWhorter
Preparedness Bureau Chief
(850) 815-4301

From: Cureton, Brett <BrettCureton@fdle.state.fl.us>
Sent: Wednesday, February 12, 2020 11:53 AM
To: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Subject: [EXTERNAL] Training Opportunity No. 1574 Course E8515 2020 Cybersecurity Symposium MS

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Linda,

Attached are the training certificates for the prerequisite courses required for the upcoming Cybersecurity Symposium being hosted by DHS at the Emergency Management Institute in Emmitsburg, MA March 30-April 2.

Additionally I have written up a justification below. Let me know if it is too lengthy or needs to be altered in some way to meet DHS/FEMA needs:

My role within the State of Florida on a variety of statewide cybersecurity initiatives aligns closely with the target audience for this training symposium. My primary role is serving in the Florida Department of Law Enforcement's Cyber High-tech Crime Unit as the statewide team leader in the Network Intrusion Investigations program. As part of this position I have served for 5 years on the State of Florida's Domestic Security Cyber Terrorism Committee where I have led numerous cyber projects at a Project Director. These projects include facilitating network security training for IT security personnel (SANS FOR500, SANS ICS410, SANS SEC566, and Fundamentals of Information Security) within Florida's Critical Infrastructure to improve the overall cybersecurity posture of the State. Other relevant projects include designing and procuring security cyber incident response 'Jump-Kits' as well as a primary author of the State of Florida's Cyber Disruption Response Plan (CDRP), which is envisioned as a possible Annex to the State of Florida Emergency Response Plan. Additionally I am the Project Director for the State of Florida's upcoming Tabletop Exercise designed to be the initial test the CDRP in April.

In addition to these cyber terrorism related responsibilities, other relevant roles would include serving on the statewide task force to secure the Florida Elections Cyber Infrastructure. Since 2016 I have represented the state law enforcement component, along with the FBI, DHS, the Florida Department of State, The Florida Department of Management Services, the Association of Florida County Supervisors of Elections, the Florida National Guard and other cyber security stakeholders to secure elections processes.

Based on the provided agenda and the prerequisite training, I feel this symposium will be very relevant and timely in advancing my knowledge base needed to assist in developing the State of Florida in these Statewide cybersecurity efforts. Most specifically I believe it would be a significant benefit to integrating the state's Cyber Disaster Plan with the processes and concepts of a cyber annex and the HSEEP methodologies. And finally, I would welcome the opportunity develop useful contacts within the national ecosystem for emergency management as it relates to cyber disaster planning.

Thank you for your consideration.

Brett

Brett Cureton
CISSP, EnCE,
PCIP
Senior IT Consultant

Florida Department of Law Enforcement
Office of Statewide Investigative Services
2331 Phillips Road, Tallahassee, FL 32308
(W: (850) 410-8399 C: (850) 363-7832
+ BrettCureton@fdle.state.fl.us
+ Brett.cureton.sle@dhs.sgov.gov



NATIONAL CYBERSECURITY PREPAREDNESS CONSORTIUM



FEMA

IN COOPERATION WITH
THE DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY
AND
THE UNIVERSITY OF TEXAS AT SAN ANTONIO
CENTER FOR INFRASTRUCTURE ASSURANCE AND SECURITY

Brett C. Cureton

has successfully completed

Using the Community Cyber Security Maturity Model (CCSMM) to Develop a Cyber Security Program

2 Hours
February 10, 2020

Gregory B. White, Ph.D., NCPC Chairman
The University of Texas at San Antonio
Center for Infrastructure Assurance and Security



H. Lawson, Jr., Director
National Emergency Response and Recovery Training Center
Texas A&M Engineering Extension Service

FL-DEM-20-0674-A-000591

State Board for Educator Certification #500132



NATIONAL CYBERSECURITY PREPAREDNESS CONSORTIUM



FEMA

IN COOPERATION WITH
THE DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY
AND
THE UNIVERSITY OF TEXAS AT SAN ANTONIO
CENTER FOR INFRASTRUCTURE ASSURANCE AND SECURITY

Brett C. Cureton

has successfully completed

Developing a Cyber Security Annex for Incident Response

6 Hours

February 12, 2020

Gregory B. White, Ph.D., NCPC Chairman
The University of Texas at San Antonio
Center for Infrastructure Assurance and Security



H. Lawson, Jr., Director
National Emergency Response and Recovery Training Center
Texas A&M Engineering Extension Service

FL-DEM-20-0674-A-000592

State Board for Educator Certification #500132

From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Sent: Wednesday, March 11, 2020 4:25 PM EDT
To: Tidwell, Thomas <Thomas.Tidwell@fema.dhs.gov>
CC: Perez, Pablo <Pablo_Perez@sheriff.org>; Dowling, Mindy <Mindy.Dowling@em.myflorida.com>
Subject: FW: [EXTERNAL] Upcoming Training at FEMA CDP

Tom,

Per email below – will CDP be closing its doors for COVID-19 or will you abide by information released by NDPC – please advise?

Linda J. McWhorter
Preparedness Bureau Chief
(850) 815-4301

From: Perez, Pablo <Pablo_Perez@sheriff.org>
Sent: Wednesday, March 11, 2020 4:12 PM
To: Dowling, Mindy <Mindy.Dowling@em.myflorida.com>
Cc: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Subject: [EXTERNAL] Upcoming Training at FEMA CDP

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good Afternoon,

My name is Pablo Perez. I am currently scheduled to attend the HMO training at the FEMA CDP from 04/05/20 through 04/11/20. With all these concerns regarding the COVID-19, is there a possibility that the training will be postponed or cancelled?

Thank you,

Det. Perez

Detective Pablo Perez
Broward Sheriff's Office
Department of Professional Standards
Public Corruption Unit
Email: Pablo_Perez@sheriff.org
t:954-321-4564
f:954-327-3911
c:954-444-2943



Please note that Florida has a broad public records law, and that all correspondence sent to me via email may be subject to disclosure.

Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Sent: Monday, March 23, 2020 11:29 AM EDT
To: Keenan, Gwen (FEMA) <Gwen.Keenan@fema.dhs.gov>
Subject: Fwd: [EXTERNAL] FW: LAB Requisition Form and Process Guideline for Specimen Collection PODs
Attachment(s): "COVID-19 Testing Center Requisition Form 2020.03.17_v13 for private partners.docx", "COVID-19 Testing Center Requisition Form 2020.03.17_vCVSBoston5.docx", "Informed Consent Instructional_17 MAR.docx", "Lab Process Guidelines_17 MAR.docx", "COVID_CBTS_SOP_03 17 2020.docx", "16Mar20 - HHS COVID-19 Process Flow.pptx"

Get [Outlook for Android](#)

----- Forwarded message -----

From: "McWhorter, Linda" <Linda.McWhorter@em.myflorida.com>
Date: Fri, Mar 20, 2020 at 10:21 AM -0400
Subject: FW: [EXTERNAL] FW: LAB Requisition Form and Process Guideline for Specimen Collection PODs
To: "Dumas, Wendell" <Wendell.Dumas@em.myflorida.com>

From: Cooksey, Samantha <Samantha.Cooksey@flhealth.gov>
Sent: Wednesday, March 18, 2020 5:03 PM
To: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Subject: [EXTERNAL] FW: LAB Requisition Form and Process Guideline for Specimen Collection PODs

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From: Eckes, Jeanne (OS/ASPR/EMMO) <Jeanne.Eckes@hhs.gov>
Sent: Wednesday, March 18, 2020 4:46 PM
To: Cooksey, Samantha <Samantha.Cooksey@flhealth.gov>; Otis, Aaron <Aaron.Otis@flhealth.gov>
Subject: FW: LAB Requisition Form and Process Guideline docs

Regards,
Jeanne

Jeanne Eckes-Roper, RN, MBA
DFHCO-ME Oakland – Grand Princess

61 Forsyth Street, SW Suite 5B95
Atlanta, GA 30303

cell: 404.772.9701
fax: 404.562.7913
email: Jeanne.eckes@hhs.gov
HSDN: Jeanne.eckesroper@dhs.sgov.gov

Alternate phone numbers

cell: 202.322.1930 AT&T (primary)
cell: 202.909.6950 Verizon (secondary)

From: Flowers, Artensie (OS/ASPR/EMMO) <Artensie.Flowers@hhs.gov>
Sent: Tuesday, March 17, 2020 9:59 PM
To: Baker, Matthew (HHS/IEA) <Matthew.Baker@hhs.gov>; Baker, Michael (OS/IEA) <Michael.Baker@hhs.gov>; Beckman, Susan (HHS/IEA) <Susan.Beckman@hhs.gov>; DFOR Regional Operations Branch <ASPR.DFOR.RegionalOps@hhs.gov>; Ferreri, Anthony (HHS/IEA) <Anthony.Ferreri@hhs.gov>; Gonzalez, Dennis (HHS/IEA) <Dennis.Gonzalez@HHS.GOV>; Graham, John (HHS/IEA) <John.Graham@hhs.gov>; Heidig, Edward (HHS/IEA) <Edward.Heidig@hhs.gov>; Kahrs, Jeff (HHS/IEA) <Jeff.Kahrs@hhs.gov>; Lincoln, Carol (OS/ASPR/EMMO) <Carol.Lincoln@hhs.gov>; McCreary, Kenneth (OS/ASPR/SPPR) <Kenneth.McCreary@hhs.gov>; McGough, John (HHS/IEA) <John.McGough@hhs.gov>; O'Brien, Douglas (OS/IEA) <Douglas.O'Brien@hhs.gov>; Pereira, Esmeralda (OS/ASPR/EMMO) <esmeralda.pereira@hhs.gov>; Rigas, Laura (HHS/IEA) <Laura.Rigas@hhs.gov>; Schuster, Fred (HHS/IEA) <Fred.Schuster@hhs.gov>; tiffany.r.bilderback.mil@mail.mil; Vineyard, Michael (OS/ASPR/IO) <Michael.Vineyard@HHS.GOV>
Subject: Fw: LAB Requisition Form and Process Guideline docs

Hi All,

Additional guidance for the community-based testing sites is attached. Please share with your regional, state, and local partners.

Artensie

Artensie Flowers, PhD, MPH
CDR, US Public Health Service
Regional Emergency Coordinators Program Manager

U.S. Department of Health and Human Services | Assistant Secretary for Preparedness and Response
Division of Field Operations and Response (DFOR)
200 C Street, SW | O'Neil Federal Building | Washington, DC 20515
Phone: 202-836-2406 | Email: artensie.flowers@hhs.gov



Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.



OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

COVID-19 COMMUNITY-BASED TESTING SITES PROCESS AND STAFFING FLOW

Commissioned Corps Headquarters

March 16, 2020



DELIBERATIVE AND PRE-DECISIONAL COMMUNICATION

1



PRE-SCREENING PROCESS AND INSTRUCTIONS:

- Individual visits website to determine need for testing at [\[URL TBD\]](#)
- Instructed to Bring:
 - Photo ID for all adults needing testing
 - Health insurance card (everyone will be tested regardless if they have insurance)
 - Healthcare or first responder ID
- Instructed not to take fever-reducing medicine prior to testing (such as Tylenol [acetaminophen] or Advil [ibuprofen]) for at least 6-8hrs prior to arrival

ESTIMATED TESTING SITE CAPACITY: (per hour):

- 1 Lane Operation (for vehicles with 1 individual):
12-24 individuals screened
12 vehicles
- 2 Lane Operation (for vehicles with 2-4 individuals):
48 individuals screened
24 vehicles

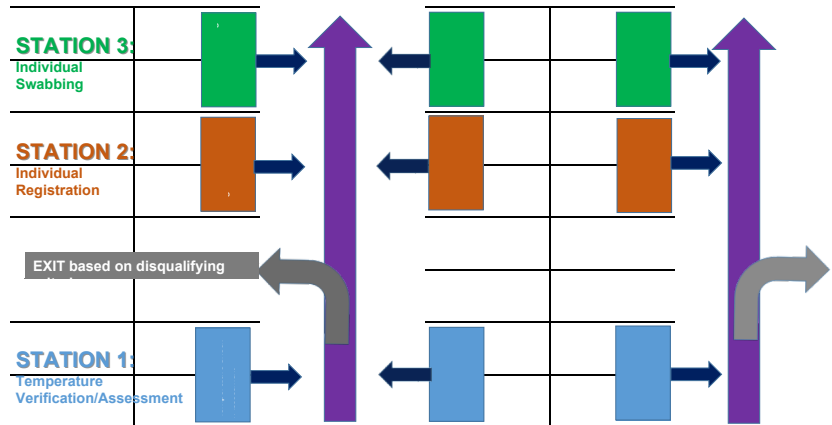
PROCESS FLOW:



DELIBERATIVE AND PRE-DECISIONAL COMMUNICATION



CBTS FLOW



Security: Greeting and confirm windows can roll down and that persons are seated next to a window



STATION 1: Temperature

Verification/Assessment

Personnel Roles:

1. **Runners:** Take and document temperature on collection form (form holds patient ID number)
2. **Assessors:** Provide a document to vehicle providing public health information to include:
 - What should you do while you wait for test results?
 - Monitoring symptoms
 - If you test positive for COVID-19, continue to monitor your symptoms and manage appropriately
 - When can you stop isolating at home?

Individuals Must Meet one of these Criteria:

Criteria 1:	65 years of age and older with temperature of 99.6F or greater and respiratory symptoms
Criteria 2:	First responders, Healthcare workers* (regardless of symptoms)

Individuals not meeting criteria are asked to leave the line

If you develop symptoms after leaving the site, visit [\[URL TBD\]](#) to check if you qualify for testing

*Healthcare workers = personnel who are currently working in a healthcare facility, including long-term care facilities.

DELIBERATIVE AND PRE-DECISIONAL COMMUNICATION

EAD: added "Criteria 3: Any person with respiratory symptoms and a temperature over 100.4F"

**STATION 2: Individual Registration****Personnel Roles:**

- **Recorder (1):** Document on written form demographic information for patient(s). Record unique identifier (barcode), site, date and lane number.

- **Recorder (2):** Registers document in electronic data collection tool capturing demographic information for patients to be tested

First	Email	Form of Identification
Last	Address	Healthcare or First Responder ID
Phone	License Plate	Insurance Information

Unique Identifier (Barcode), Site, Date and Lane Info

Information flow dependent upon state requirements and processes

Note: information collected may change based on testing company requirements

DELIBERATIVE AND PRE-DECISIONAL COMMUNICATION



STATION 3: Individual Swabbing

Personnel Roles:

Primary Swabber	Decon Staff	Secondary Swabber	Quality Control Staff	Runner
- Issue individual tissue (clear nasal passage) - Use pen light to check for nasal obstructions. Do not force swab – if an obstruction is encountered, try the other nostril. If both nostrils are obstructed, contact on-site medical provider. - Receive collection tube/swab - Take swab of patient(s) in car - Return swab back into tube - Label tube with patient ID - Insert tube into secondary containment (sample bag) - Receive decon wipe to decon sample bag - Place sample bag onto temporary sample bag staging table - Work with decon staff to doff top layer PPE - Remove PPE: Gloves, Sleeves	- Observe swabbing operation for safety/occupational contamination - Provide decon wipes without touching swabber(s) - Assist the swabber during doffing	- Don PPE (i.e., replace gloves and sleeves) to prepare for next vehicle - Becomes primary swabber for next vehicle	- Collects deconned sample bag to ensure sample ID is on the sample tube - Collects collection form from the runner - Verifies patient ID on tube and form is the same - Places form and sample bag in envelope, signs form as chain of custody, places envelope in shipping container - Confirms temperature in cooler stays within range	- Documents temperature on collection form and relevant demographic data - Stays with vehicle throughout all 3 stations - Returns to station 1 to prepare for next vehicle after donning clean PPE

DELIBERATIVE AND PRE-DECISIONAL COMMUNICATION

EAD: added to QC Staff: “confirms temperature in cooler stays within range” and added under runner, “after donning clean PPE”

NOTE: identified need for Swabber to have either: a table to put bag/tube on, so they can provide tissue/gauze and also check nares for any obstruction prior to conducting swab or an “assistant swabber” to facilitate the nares review prior to swabbing

**STATION 3:** Individual Swabbing**Swab Processing:****Collection:**

1. Swabber confirms verbal authorization from passenger
2. Swabber confirms no obstruction in nares of person being swabbed (using pen light)
3. Swabber collects sample
4. Swabber bags collected sample
 1. Offers tissue or gauze to person being swabbed
 2. Conducts swab
 3. Places swab into proper collection tube and breaks swab as needed
 4. Caps sample tube
 5. Places sealed tube in corresponding sample bag
 6. Places tube, form, and sample bag into a second bag
5. QC officer verifies that all UNIs match on sample tube, bag, and paperwork
6. Sample is deposited in the refrigerator and then transferred to the insulated shipping container with cold pack and telatemp [must be packed by trained personnel]
7. Samples are mailed to corresponding lab within 48 hours
 1. Plan is to mail samples twice daily to appropriate lab

DELIBERATIVE AND PRE-DECISIONAL COMMUNICATION

COVID-19**COMMUNITY-BASED TESTING SITES****STAFFING RECOMMENDATIONS**

TESTING STATIONS	STATE CBTS (1-lane operation)	STATE CBTS (2-lane operation)
Assessment	Assessor: 2 Runners: 1	Assessor: 4 Runner: 2
Registration	Registration: 2 Runner: 1	Registration: 4 Runner: 2
Sampling/Decon	Samplers: 4 Runner: 1 Decon: 2	Samplers: 8 Runner: 2 Decon: 4
Admin	Logistics: 2 Safety Officer: 2 Admin/Planning: 1 Team Lead: 1	Logistics: 4 Safety Officer: 2 Admin/Planning: 1 Team Lead: 1
Other Staff	Facilitator: 1	Facilitator: 1 Water/Sanitation: 3
Estimated Personnel	20	33

2-lane operation for vehicles with driver and 1+ passenger(s): 12 (min) – 48 (max) individuals/hour

DELIBERATIVE AND PRE-DECISIONAL COMMUNICATION

**make sure there is a note/slide that includes # position type per hour, because while assessment and/or registration pax can stay for ~4-8hrs, swabber swill need to rotate more often, which ultimately requires more swabbers

**CBTS OPERATION CONSIDERATIONS**

OTHER CONSIDERATIONS FOR LOCAL DECISION:

- Security
- Local Fire/EMS Support
- Traffic Control
- Operator Communications
 - Including training and signage at each tent
- Linguistics / Interpreters
- Public Communication
- Water / Feeding for Operators
- Sanitation / Safety
- Training – Safety Officer
- Training – Quality Control Officer
- Recommendations for change of clothes/laundrying of clothes worn during operations
- Access and Functional Capability Requirements
- Daily tracking and reporting mechanism for results

For additional information about Community-Based Testing Sites, please contact your FEMA Regional Administrator.

DELIBERATIVE AND PRE-DECISIONAL COMMUNICATION

EAD: added Local Fire/EMS support and Quality Control officer Training, recommendations for change of clothes/laundrying of clothes work during operations

Should we also add:

1. handwashing stations/protocol?
 2. How to mix/check bleach/sanitizing solution protocol
 3. QC/temp monitoring protocol (including cold-pack storage overnight protocol)
- to this slide?

Site Organization and ID Number:

Site Location:

Site Address:

COVID-19 by PCR Requisition Form

No other test may be ordered on this COVID-19 by PCR requisition form

Ordering Physician: Dr. Erica Schwartz, MD Ordering Physician NPI: 1427034826 Quest Account Number: 73916469 LabCorp Account Number: 32044780 Result to: <u>Maximus</u>	CPT Code: 87635 Test Name: COVID-19 by PCR Sample Type: Nasopharyngeal ICD-10 Code: Z03.818
--	--

1. DATE of Collection (MM/DD/YYYY) **2.TIME of Collection** **3. Language (if not English)**

MM	/	DD	/	2020		
----	---	----	---	------	--	--

4. LAST NAME **5. FIRST NAME** **6. DOB**
(MM/DD/YYYY)

		MM	/	DD	/	YYYY
--	--	----	---	----	---	------

7. ADDRESS

8. CITY

--	--

9. STATE

10. ZIP CODE

11. PHONE (primary)

		Cell / Home
--	--	-------------

12. Insurance Carrier Name

13. Group Number

--	--

14. Member/Individual Number

--

Patient has verbally provided informed consent to participate in this testing: YES
NO

Patient has received a copy of the privacy notice: YES
NO

Barcode or Unique Identifier affixed below

Site Organization and ID Number: CVS 10596

Site Location: Massachusetts COVID-19 Testing Site

Site Address: 720 Boston Turnpike, Shrewsbury, MA 01545

COVID-19 by PCR Requisition Form

No other test may be ordered on this COVID-19 by PCR requisition form

Ordering Physician: Dr. Erica Schwartz, MD Ordering Physician NPI: 1427034826 Quest Account Number: 73916469 LabCorp Account Number: 32044780 Result to: <u>Maximus</u>	CPT Code: 87635 Test Name: COVID-19 by PCR Sample Type: Nasopharyngeal ICD-10 Code: Z03.818
--	--

1. DATE of Collection (MM/DD/YYYY) **2.TIME of Collection** **3. Language (if not English)**

MM	/	DD	/	2020		
----	---	----	---	------	--	--

4. LAST NAME **5. FIRST NAME** **6. DOB**
(MM/DD/YYYY)

		MM	/	DD	/	YYYY
--	--	----	---	----	---	------

7. ADDRESS

8. CITY

--	--

9. STATE

10. ZIP CODE

11. PHONE (primary)

		Cell / Home
--	--	-------------

12. Insurance Carrier Name

13. Group Number

--	--

14. Member/Individual Number

--

Patient has verbally provided informed consent to participate in this testing: YES
NO

Patient has received a copy of the privacy notice: YES
NO

Barcode or Unique Identifier affixed below



COVID-19 COMMUNITY-BASED TESTING SITES (CBTS) CONCEPT OF OPERATIONS

March 17, 2020

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Pre-Screening Process and Instructions

- CALL or EMAIL a health care provider first. If the provider recommends obtaining a test or seek care, follow the provider's advice **BEFORE** going into any health care facility.
- **DO NOT** go to an emergency room to get a test for COVID-19 unless you are having a medical emergency. For COVID-19, that means severe respiratory symptoms, such as shortness of breath or breathing difficulties.
- DO call 911 or go to an emergency room if you are having a medical emergency. Tell the dispatcher your symptoms and proceed as advised.
- Instruct individuals to visit website, determining need for drive-thru testing at **<URL TBD>**.
- Instructed to bring to any CBTS:
 - Photo ID for all adults needing testing
 - Health insurance card (everyone will be tested regardless if they have insurance)
 - Healthcare or first responder ID
- Instructed not to take fever-reducing medicine within 6-8 hours prior to testing [such as Tylenol (acetaminophen) or Advil (ibuprofen)]
- If eligible, patients will be provided a list of available times and testing center(s) for their visit.
- People who come to be tested at the CBTS must bring:
 - Photo Identification (does not need to be government issued).
- If the CBTS personnel determine an individual meets the testing criteria, they will be tested. If the person does **NOT** meet the criteria to be tested, they will **NOT** be tested.

Other Considerations:

- Be prepared for longer wait times. No restrooms may be available.
- For the safety of all personnel, testing sites will only be operational contingent upon safe weather (testing sites may have to close unexpectedly as needed)

Media Presence

Be prepared for media personnel and/or live coverage. Although this may be discouraged by the community sites, it is a possibility. (Collaborate with State Health Department to protect patient privacy and discourage media coverage).



Language/Translators

Telephone interpretation may be available for speakers of other languages or anyone requesting translation. Phone call-in translation is available. Local health systems have such partnerships and resources and can utilize what is currently used within local healthcare system networks.

Pre-Screening Criteria

1. **Criteria 1:** Anyone ≥ 65 years of age with on-site confirmed temperature of 99.6°F and with respiratory symptoms
2. **Criteria 2:** First responders, Healthcare workers* (regardless of presence of symptoms). *This includes only staff with direct contact with patients (not those in administrative roles) or as determined at the state level.

Definition of First Responder: Any individual responding to the public health task or mission, as determined by the jurisdiction.

Definition of Healthcare Worker: any individual working or providing direct patient care in acute or critical settings (hospitals, clinics, long-term care facilities, emergency medicine).

Regional/State sites can clarify or expand this classification based on needs/demand and adjust accordingly.

Pre-Arrival to Testing Site Instructions

1. Ensure pre-screening completed online (highly recommended)
2. If there are multiple people in one vehicle, each person will be individually registered and be tested if they meet the testing criteria.
3. Passenger Capacity: 3 - Max of 4 individuals per vehicle
 - a. Must be sitting at an operating/usable window
 - b. additional passengers to be tested will have to start at the front of the line after moving to operational window
4. Every person(s) must remain in the vehicle from time of arrival to departure of testing area
5. Testing will be done via open vehicle window. Ensure windows are operational.

At Arrival to Testing Site Instructions

1. Pull forward slowly, as instructed until arriving to first station.
2. Place car into park.
3. Roll down window.
4. Shut off engine.



Testing Flow- See Appendix A for 3-Station Personnel Role Details

Station 1 – Temperature verification/Assessment (est. time: 3-5 min)

- Assessors use infrared thermometers to verify individual temperature
 - Preference for laser thermometers to reduce any potential contact
- Assessor should verbalize date to the Runner assigned to each vehicle
 - Follow criteria guidelines to determine if individual should proceed or exit
 - If no temperature based on criteria (below), person should exit
 - If temperature noted according to guidelines below, the person should proceed with drive-thru testing
- Individuals must meet one of these 2 criteria:
 - **Criteria 1:** Anyone ≥ 65 years of age with on-site confirmed temperature of 99.6°F or greater **and** with respiratory symptoms
 - **Criteria 2:** First responders, Healthcare workers* (regardless of presence of symptoms).
 - Individuals who do NOT meet testing criteria will exit the drive thru via a dedicated exit point
- Assessors provide an information packet to vehicle telling patients public health information to include contact information
- Assessors should disinfect or remove sleeves/outer gloves at decon station in station 1, according to their level of contact
 - No contact = disinfect
 - Contact = remove and replace outer layer of sleeves/gloves
- Runners document temperature on collection form and follow car through the entire site
 - Form holds patient ID number and other demographic information
 - Awaits confirmation from Assessor/Temp Checker that vehicle/individual will proceed to station 2
 - Follows each vehicle through entire process

Station 2 – Individual Registration (est.time: ~5 min per person)

- Recorders complete paper form with demographic information for each patient to be tested (information relayed to Recorders via the Runner for each car):
 - First Name
 - Last Name



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- Phone
- Email
- Address
- Insurance (Carrier, Plan ID, Group ID)
- Recorders enter patient information from form in electronic data collection tool

Station 3 – Swabbing and Decontamination (est. time: 6-8 min)

- **Primary Swabber**
 - Confirm verbal authorization from person being swabbed for swab collection (ask runner)
 - Issue individual tissue (clear nasal passage/cover cough/sneeze post collection)
 - Use pen light to check nares for obstructions
 - Receive collection tube/swab from runner
 - Take swab of individual(s) in car
 - Return swab back into tube
 - Label tube with patient ID
 - Insert tube into secondary containment (sample bag)
 - Receive decon wipe to decon sample bag
 - Place sample bag into temporary sample bag staging table
 - Places form and sample bag in envelope, signs form as chain of custody, places envelope in shipping container
 - Have QC officer verify all labels match, and place sample into sample cooler
 - Samples must stay at temperature between 2 -8 C
 - Samples must be shipped in less than 48 hours from collection
 - Work with decon staff to doff top layer PPE
- Runner should now doff all PPE/decon as appropriate, and then rehab, and get fresh PPE for next car. Please note if runner used clipboard as a writing surface, they would need to sanitize it.
- Remove PPE: Gloves, Sleeves, Decon staff (at least one decon staff at all times)
 - Observe swabbing operation for safety/occupational contamination
 - Provide decon wipes without touching swabber(s)



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- Assist the swabber during doffing, following listed steps on signage in decon area
- **Secondary Swabber**
 - Don PPE (i.e., replace gloves and sleeves) PPE to prepare for next vehicle
 - Becomes primary swabber for next vehicle
- **Quality Control Staff**
 - Collects deconned sample bag to ensure sample ID is on the sample tube
 - Collects collection form from the runner
 - Verifies patient ID on tube and form is the same
 - Verifies temperature of samples from collection until shipping
 - Samples will be moved to refrigeration until shipping
 - Shipping should be arranged for at least 2x per day
[add shipping and storage guidelines]
- **Insurance**
 - Billing to be done when request for lab results are submitted; if they do not have insurance that's acceptable
- Call Center (for results):
 - Contracted call center will be calling each individual/custodian with test results.
 - 3 scenarios have been predetermined with scripting to be given to those calling (THIS IS NOT FINALIZED/AVAILABLE)
- Provider Credentialing:
 - Registered Nurse (minimum), Advanced Practice Providers (Nurse Practitioner or Physician Assistant), Pharmacists trained on swabbing procedures, or Physicians. Provider must have a current and valid license as required by state operating in.
- **Laboratory Processing**
 - All labs will be processed using LabCorp or Quest.



Staffing Recommendations

*consider multi-lane operations to expedite sample collection and minimize wait times in the event of increased surge

TESTING STATIONS	Fully Federal or private partner (1-lane operation)	Fully Federal or private partner (2-lane operation)
TEMP CHECK	Assessor: 2 Runners: 1	Assessor: 4 Runner: 2
REGISTRATION	Registration: 2 Runner: 1	Registration: 4 Runner: 2
SAMPLING/DECON	Samplers: 4 Runner: 1 Decon: 2	Samplers: 8 Runner: 2 Decon: 4
Admin	Logistics: 2 Safety Officer: 2 Admin/Planning: 1 Team Lead: 1	Logistics: 4 Safety Officer: 2 Admin/Planning: 1 Team Lead: 1 (P)
Other Staff	Team Leader(Provider) : 1	Team Leader(provider): 1 Water/Sanitation: 3
Total Count	20	38

- Please note that security and EMS need to be discussed with the local community

Individual Roles

Role	PPE
Temp checker	N95, Scrubs, Gown, Double Gloves, Faceshield, Apron, Ear Loop Mask, Sleeves
Security	Gloves, Faceshield, N95, Gown
HCP	PAPR, Tyvek, Apron, Double glove, Booties, Shroud, Scrubs, Sleeves



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Runner / Documentation	Goggles, Gown, Double Gloves, Scrubs, N95, Sleeves
Decontamination	Tyvek, Booties, Double Glove, N95, Shroud, Scrubs
Logs	Work Gloves, Surgical Mask, Faceshield
Safety Officer	Faceshield, N95, Gloves, Scrubs, Gown
Admin / Finance	Computer, Faceshield, Gloves, Scrubs
Team Lead	Faceshield, Ear Loop Mask, Gloves, Apron, Scrubs
Data Entry	Computer, Faceshield, Ear Loop Mask, Gloves, Scrubs
Quality Control / Sample Processing	N95, Scrubs, Gown, Gloves, Faceshield, Apron, Ear Loop Mask



Estimated Community Based Testing Site (CBTS) Capacity

- 1-lane operation:
 - 12-24 (max) individuals screened per hour
- 2-lane operation for vehicles with driver and 1+passenger(s):
 - 48 (max) individuals screened per hour
 - ~24 vehicles per hour at each station
 - 12 hours a day operational period

Recommended Training

All team members:

- Personal Protective Equipment (PPE) Types (per role requirement), Donning and Doffing, PPE usage, PPE decontamination between patients, PPE disposal
- Respiratory Protection / Fit Testing
- Role-specific training (process, communications to team and persons being tested)
- Drive Through Site Operations, Safety, Clean Boundaries, PPE requirements in potentially contaminated areas, Leadership and Chain of Command, Emergency Procedures

Additional Training for Specific Site Roles:

Temp checker (Assessor)	Temperature monitoring equipment training; crowd control, standard greetings (script)
Security	NA
HCP	Scope of Practice, Code Procedures, Data Reporting Plan to Local Health
Runner	NA
Decontamination	Spill cleanup
Logs	Inventory, Resupply ordering procedures
Safety Officer	ICS 215, 208, HASP/HERA for site/region
Admin / Finance / Data entry	Electronic record procedures, site personnel (accountability), end of shift screening data
Team Lead	Public Information / Talking Points
Quality Control / Sample Processing	Sample processing form completion (site specific), chain of custody procedures, sample handling, processing, storage, packaging for transfer



Site Request / Site Suitability Requests

- Physical Address
- Spacing Recommendations
 - 2-lane drive-through set up: 80 ft x 50 ft (44 personnel)
 - 1-lane drive-through set up: 80 ft x 25 ft (20 personnel)
- Traffic flow pattern / map in and around site
- ICS 206 Medical Plan Completion (to best of ability)
- Points of Contact for Security (local law enforcement), , Local and/or State Health Department, Local Fire/EMS services, Biohazard Waste Services (e.g., Local Health Department)
- Other anticipated requirements (e.g., gaps in supply list, personnel augmentation)

Other Operations Considerations

- Security
- Local Fire/EMS standby
- Communications for site operations
- Linguistics/
- Public Communication
- Water/Sanitation
 - Define hazardous waste and who will collect
- Training – Safety Officer
- Training – Quality Control Officer
- Report mechanism for results
 - Lab reports results to local public health department for contact screening
 - Call center for patients test results (being established)
- Equipment storage
 - Refrigeration of samples/ice packs
 - Tents (if applicable)
 - PPE
 - Other equipment
- Handwashing stations

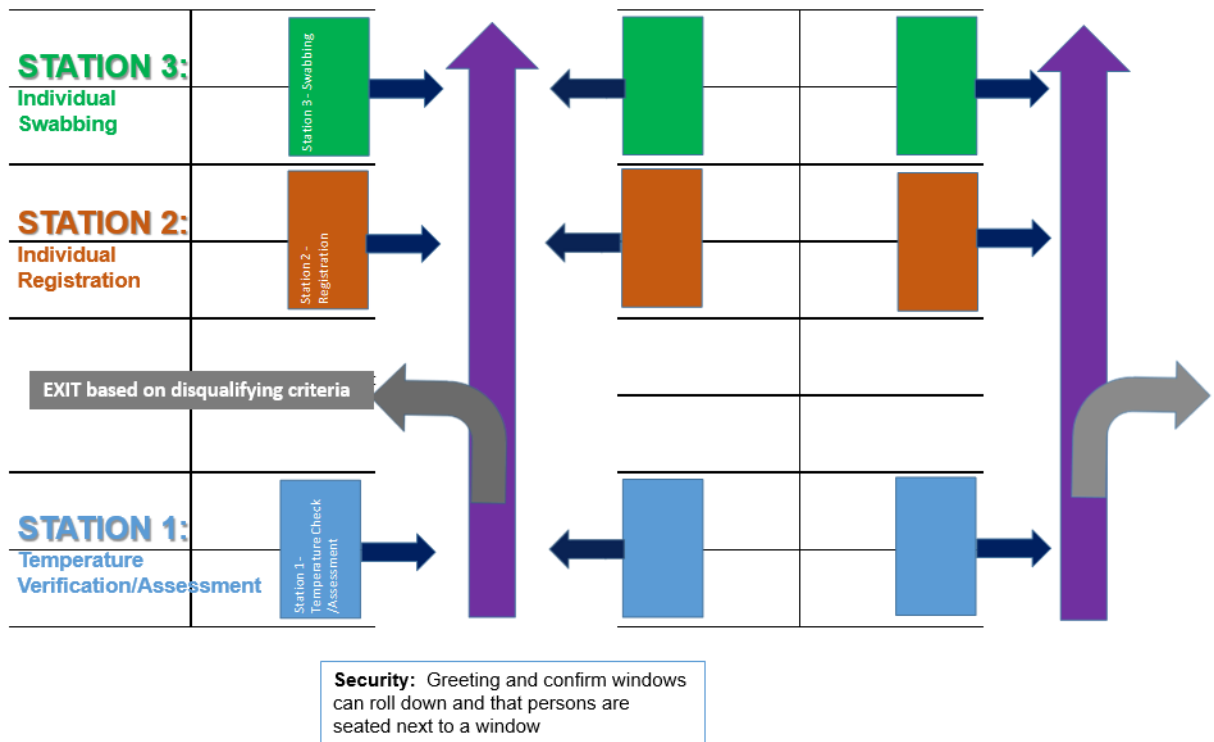


CBTS Staff Participation – Post Operation

- All participants involved in the CBTS will be followed up in accordance with local and state Department of Public Health requirements and ideally, would be consistent with healthcare worker protocols in that designated area.

Appendix A: Community-Based Testing Sites (CBTS) Supply List (see attached “Complete CBTS Supply List 17Mar2020 1130hrs”)

Appendix B: Example CBTS Flow Map



Appendix C: CBTS Station 3 Individual Swabbing Personnel Roles:

Primary Swabber	Decon Staff	Secondary Swabber	Quality Control Staff	Runner
• Issue individual tissue (clear nasal passage) • Use pen light to check for nasal obstructions • Receive collection tube/swab • Take swab of patient(s) in car • Return swab back into tube • Label tube with patient ID • Insert tube into secondary containment (sample bag) • Receive decon wipe to decon sample bag • Place sample bag onto temporary sample	• Observe swabbing operation for safety/occupational contamination • Provide decon wipes without touching swabber(s) • Assist the swabber during doffing	• Don PPE (i.e., replace gloves and sleeves) to prepare for next vehicle • Becomes primary swabber for next vehicle	• Collects deconned sample bag to ensure sample ID is on the sample tube • Collects collection form from the runner • Verifies patient ID on tube and form is the same • Places form and sample bag in DEW-20-0674-A-000618 as chain of custody, places envelope in shipping container	• Documents temperature on collection form and relevant demographic data • Stays with vehicle throughout all 3 stations • Returns to station 1 to

PRIVACY ACT STATEMENT AND INFORMED CONSENT

Community Based Testing Sites are recommended to:

1. Print the attached 1-page “Informed Consent” verbiage.
2. Both English and Spanish versions are provided.
3. Recommend print multiple copies (double-sided printing)
4. Laminate if possible (for ease of sanitizing, as needed)
5. Identify the personnel at the registration site who will verbally read this to each individual proceeding for testing.
6. Recommended: hold up the Informed Consent for individuals to follow along while it is being verbally read.
7. For any individual requesting translation, utilize resources available, including telephonic. Collaborate with local healthcare network systems if necessary.

Verbal Informed Consent to be read out loud to each individual (see page 2):

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PRIVACY ACT STATEMENT

Collection of this information is authorized by the Public Readiness and Emergency Preparedness Act (PREP Act), Pub. L. No. 109-148, and the President's Proclamation of a National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak. Your information will be used to notify you of your test results and to seek reimbursement from your health insurance provider, if applicable. Providing this information is voluntary, however failure to do so will make it impossible for us to notify you of your results. We will share this information with a diagnostics lab that will test your sample, with a call center that will notify you of your results, and with your health insurance provider.

“You have agreed, by coming to this test site, to participate in testing designed to identify whether you have been infected by the novel coronavirus and have developed COVID-19, the disease caused by the novel coronavirus. Your participation in this process is voluntary. Should you decide not to participate, you will not suffer any penalty or loss of benefits to which you are otherwise entitled. In addition, you should be aware of the following: This test involves the administration of a nasal swab that will capture mucus and secretions from your nose. This procedure is called a nasopharyngeal swab and is used to identify upper respiratory infections. Administering the swab is a low risk procedure, but there is a small risk that the swab could cause damage to the posterior nasopharynx. Your participation in this process and any records developed as a result of your participation that could be used to identify you are confidential and will be maintained in confidence.

Please indicate verbally that I have read this statement to you and that you give your informed consent to participate in this testing.”

Pre-Sampling Lab Process Instructions

Sample Test Medium Instructions:

- Your sampling kits contain Universal Transport Medium (UTM); please read this **CRITICAL** information:
 - **Storage Considerations:**
This product must be stored in its original packaging at a temperature between 2-25°C (35.6 - 77°F) until the time of use. Do not overheat or freeze prior to use.
 - After collection, the specimen should be stored at 2-8°C (35.6-46.4°F) and processed within 48 hours.
 - When shipped, sample must remain at 2-8°C (35.6-46.4°F).
For full product package insert instruction: <https://www.copanusa.com/wp-content/uploads/2020/02/UTM-Package-Insert.pdf>

Requisition Form Instructions for Sites:

- Recommend sites update certain fields within the form (before printing on-site):
 - **Site ID/Number:** Add organization name and ID as applicable (i.e. CVS #2100)
 - **Site Location:** If Community Based Testing Site (CBTS) has a specific name, input this here and keep it consistent throughout duration of testing. Labs will associate samples with this site specifically.
 - **Site Address:** Physical location must be added within header to include city, state, zip code.
 - Consider pre-populate the month and year within the form. Only date will need to be entered manually on-site
 - Print estimated amount needed for operations for the week.
 - **Every field** on the attached form **is required** for the labs to be able to successfully process samples (including the fields within the header).
 - LABS WILL NOT PROCESS SAMPLE IF ANY PORTION OF THIS FORM IS NOT FILLED OUT.
 - Sites must identify and designate a personnel member to verbally **read** the informed consent and privacy language to individuals (*verbiage is below*) before proceeding with registration and accurately identifying responses at the bottom of the form. Both ENGLISH/SPANISH versions are provided.
- **SAMPLE BARCODES**
 - Each individual being tested will receive a unique sample identification from the contract lab company.

- Two (2) unique adhesive **matched barcodes** will be placed on 1) the sample tube and 2) on the requisition form.
 - All samples will be identified with **two items**: a unique barcode and a label with written DOB of individual being tested.
 - The barcodes must meet the following specifications:
 - § Must have a human readable string (16 character max)
 - § Must be Code 128 (barcode standard)
- Required supplies have been put on state supply list: paper/printers for forms, barcodes, labels (for DOB on sample), pens
 - Note: Quest has recommended a company called Standard Register who is ready to assist with form printing and would be able to print forms with barcodes pre-attached. If states want to procure forms and barcodes through them, the contact is Kevin Witte, cell phone: 973-723-1317, email: kevin.witte@taylorcommunications.com

*if community based testing sites are in collaboration with local health networks, and already have pre-existing electronic intake process(es) or a pre-existing hardcopy intake forms that includes all information that needs to be identified, please utilize those.

The attached intake form is **highly recommended**, as it includes ALL necessary components for labs to successfully process samples as intended. If using other private sector forms, but intending to send sample results to either LabCorp or Quest, ensure the required fields within the requisition form here are also populated on the other (private sector) form.

From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Sent: Wednesday, March 25, 2020 5:31 PM EDT
To: Deleon, Melissa (FLNG) <Melissa.e.deleon.mil@mail.mil>
Subject: Fwd: [EXTERNAL] FW: MOA for CST testing lab (UNCLASSIFIED)
Attachment(s): "MOA FLARNG CST and DOH 20200324.docx"

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----- Forwarded message -----

From: "Sayler, Erik" <Erik.Sayler@em.myflorida.com>
Date: Wed, Mar 25, 2020 at 5:27 PM -0400
Subject: FW: [EXTERNAL] FW: MOA for CST testing lab (UNCLASSIFIED)
To: "Guthrie, Kevin" <Kevin.Guthrie@em.myflorida.com>, "Davis, Ashley" <Ashley.Davis@em.myflorida.com>, "Bussey, Jon" <Jon.Bussey@em.myflorida.com>, "Vaughn, Phyllis" <Phyllis.Vaughn@em.myflorida.com>, "McWhorter, Linda" <Linda.McWhorter@em.myflorida.com>
Cc: "Twomey, Stephanie" <Stephanie.Twomey@em.myflorida.com>, "Primrose, Nicholas" <nicholas.primrose@eog.myflorida.com>

Kevin & all,
The Guard drafted a MOA between FLNG and DOH (attached). The lawyers are reviewing.

Timing: The Colonel said it would be about a week before the lab could arrive (assuming we get one).

Questions: There are some logistical & finance questions that will need to be addressed (below). Who will handle those questions?

Erik L. Sayler

Deputy General Counsel
Florida Division of Emergency Management
Direct: (850) 815-4154 | Mobile: (850) 694-6620 | Erik.Sayler@em.myflorida.com



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From: Sayler, Erik
Sent: Wednesday, March 25, 2020 5:19 PM
To: St Laurent, Louise R <Louise.StLaurent@flhealth.gov>; Grow, Stefan <Stefan.Grow@ahca.myflorida.com>
Cc: Larson, Bradford U (Brad) Col USAF NG FLANG (USA) <bradford.u.larson.mil@mail.mil>; Deleon, Melissa (FLNG) <Melissa.e.deleon.mil@mail.mil>
Subject: FW: [EXTERNAL] FW: MOA for CST testing lab (UNCLASSIFIED)

Louise & Stefan,
Attached is the FLNG MOA for the testing machine between DOH and FLNG. Col. Bradford's team drafted it. Are these the right state parties to the MOA? The Colonel said the lab comes with some NG personnel, but they are not currently CLIA certified. Also, supplies and wrap-around services will need to be procured. Do you have any edits? If you have any questions, please let me know.

All,
Some logistics items to be addressed/questions to be answered about the lab, but don't necessarily need to be addressed in the MOA. These are logs/finc/management questions but worth noting and sharing internally.

1. Staffing the lab
 - a. How many lab techs are needed to operate the lab at full capacity.
 - b. The Colonel says the lab can test 500 samples per day, but is that in an 8, 12, or 24 hour period?
 - c. Currently the NG personnel are not CLIA certified; so lab techs will need to be procured – who pays for the lab techs (DOH, AHCA, DEM)
 - d. Housing for lab staff (is it needed) & guard personnel (FLNG?)
2. Testing materials
 - a. What materials are included with the lab (what not included)
 - b. What materials are needed to operate the lab at full capacity
 - c. Procuring those material that help the lab operate – who procures/pays for these material
3. Wrap-around services
 - a. What services are needed (ie, 24-hr security, food for staff, maintenance of lab, etc.)
 - b. Who pays for the wrap-around services (DOH, AHCA, DEM)?
4. Timing – It will take at least a week to get the lab.

FL-DEM-20-0674-A-000624

5. Location – where to stage the lab – that's a logs/mgt decision
6. Other items??

Erik L. Sayler
Deputy General Counsel
Florida Division of Emergency Management
Direct: (850) 815-4154 | Mobile: (850) 694-6620 | Erik.Sayler@em.myflorida.com

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-----Original Message-----

From: Larson, Bradford U (Brad) Col USAF NG FLANG (USA) <bradford.u.larson.mil@mail.mil>
Sent: Wednesday, March 25, 2020 4:25 PM
To: Sayler, Erik <Erik.Sayler@em.myflorida.com>
Subject: [EXTERNAL] FW: MOA for CST and DOH (UNCLASSIFIED)

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

CLASSIFICATION: UNCLASSIFIED

Erik

Attached is the draft MOA we discussed. Please let me know if you have any suggestions. I contacted LTC Eastman and asked what we would need and what we may receive to run this machine. The National Guard Bureau is still working those details as far as what PPE, pipets, kits, etc. may come with the machine. He will get back with me. NGB is sending 2 to NY, so we will have a good idea of what to expect based on what they receive. He did say this would not get to us for about a week even if we do get one.

V/R
Brad

BRADFORD U. LARSON, Col, FLANG
Command Judge Advocate
Florida National Guard
Work: 904-823-0683
Cell: 850-774-3000

CLASSIFICATION: UNCLASSIFIED

Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

**MEMORANDUM OF AGREEMENT
BETWEEN
FLORIDA NATIONAL GUARD
44th WEAPONS OF MASS DESTRUCTION - CIVIL SUPPORT TEAM
AND
FLORIDA DEPARTMENT OF HEALTH
AGREEMENT NO.: DOH-03-24-2020**

I. PURPOSE

The purpose of this Memorandum of Agreement (MOA) is to enable the Florida National Guard (FLNG) 44th Weapons of Mass Destruction Civil Support Team (WMD-CST) to provide assistance to the State of Florida, Department of Health (DOH) in relation to the COVID-19 Pandemic.

It is understood by the parties to this MOA that requests by DOH for the support of the WMD-CST to assist in response to the response to the COVID-19 Pandemic may include multi-agency, federal, state, and local cooperative agencies and law enforcement activities (Governmental Entities). It is further understood that each party's participation in these activities is limited as specified in Paragraph II, Scope of Work, of this MOA and that each party will bear their own expenses related to execution of this MOA.

II. SCOPE OF WORK

For the purposes of this agreement, the WMD-CST will:

1. Work under the Command and Control of Military leadership while assisting the FL DOH to accomplish the objectives outlined by FL DOH.
2. Provide any NGB CST program issued ABI 7500 PCR machine for use by the FL DOH, provide maintenance of such machinery, and provide non-medical/non-laboratory certified personnel to assist, as necessary.

Commented [LBU CMN1]: Please fill in with real name.

For purposes of this agreement, the FL DOH will:

1. Define objectives FL DOH and WMD-CST are working to accomplish.
2. Provide CLIA certified personnel to collect and analyze specimens as needed during the COVID-19 Pandemic using the NGB CST program issued ABI 7500 PCR machine.
3. Provide any necessary training to WMD-CST members.

III. AUTHORITY AND COMPLIANCE WITH RELEVANT LAWS AND REGULATIONS

DOH shall not request, and the WMD-CST shall not provide, any services not in compliance with all state and federal laws. Any support provided by WMD-CST under this MOA is done in the performance of those members' duty under the provisions of Florida Statute 250.31.

In the event that WMD-CST is assisting an entity and comes into contact with protected information, the parties will ensure proper controls and protections are in place and such information is managed in accordance with applicable law.

IV. FLORIDA NATIONAL GUARD POINT OF CONTACT

The Point of Contact for the FLNG is:

Lieutenant Colonel Troy M. Eastman,

Commander, FLARNG 44th Weapons of Mass Destruction – Civil Support Team (WMD-CST) Florida

Phone: 904-682-2401 (direct); 904-813-4043 (mobile)

E-mail: troy.m.eastman.mil@mail.mil

V. STATE OF FLORIDA POINT OF CONTACT

The Point of Contact for the DOH is:

Phone: _____

E-mail: _____

V. NOTIFICATIONS BY FLNG OF SERVICES

DOH acknowledges that the FLNG may notify the National Guard Bureau was about tasks performed under this MOA. Any information provided will be limited to a general categorization of the service provided, general client classification, and will not include specific details or outcomes. No further details will be disclosed to ensure client confidentiality.

VI. TERM

This MOA shall commence on the date of the last signature below, and shall end on **August 31, 2020**, or sooner if the State emergency in response to COVID-19 Pandemic ends, services as contemplated by this MOA are completed and accepted by DOH, or if this MOA is terminated as set forth in paragraph VII below.

VII. MODIFICATIONS TO THIS AGREEMENT

Any amendments or changes to this to this Agreement must be in writing and executed by all parties hereto.

VIII. TERMINATION

Either party may terminate this MOA by giving written notice to all parties hereto. Early termination of support must provide a minimum of 48 hours' notice, and such notice shall be delivered by email. Such termination notice period shall not commence until receipt of delivery is obtained.

IX. COMPENSATION

The parties understand and agree that all parties bear their own cost associated with services provided pursuant to this MOA.

X. DISCLAIMER OF LIABILITY

Pursuant to Florida Statute 250.31, in no event shall the DOH, the FLNG or its members be liable to DOH or any third parties affected by the services provided by FLNG for any damages of any kind whatsoever, arising out of services provided pursuant to this Agreement, or for special, indirect, consequential, incidental, or punitive damages however caused, and regardless of the theory of liability, arising out of the services provided by the FLNG. Any claims by any person against the FLNG will be directed to the Florida Department of Legal Affairs.

XI. SEVERABILITY

In the event that any provision or section herein is held invalid or unenforceable, the remaining provisions and sections shall remain in full force and effect.

Florida Department of Health

??????

Executive Director

Date: _____

Florida National Guard

Major General James Eifert

The Adjutant General

Date: _____

From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Sent: Monday, March 23, 2020 11:20 AM EDT
To: Keenan, Gwen (FEMA) <Gwen.Keenan@fema.dhs.gov>
Subject: Fwd: [EXTERNAL] Fw: Please Disseminate: Community-based Testing Sites Updated Handouts and Call Center Script

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----- Forwarded message -----

From: "McWhorter, Linda" <Linda.McWhorter@em.myflorida.com>
Date: Fri, Mar 20, 2020 at 9:37 PM -0400
Subject: Re: [EXTERNAL] Fw: Please Disseminate: Community-based Testing Sites Updated Handouts and Call Center Script
To: "Cooksey, Samantha" <samantha.cooksey@flhealth.gov>

Thank you

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On Fri, Mar 20, 2020 at 7:44 PM -0400, "Cooksey, Samantha" <Samantha.Cooksey@flhealth.gov> wrote:

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From: Sturrock, Lochlin (OS/ASPR/EMMO) <Lochlin.Sturrock@hhs.gov>
Sent: Friday, March 20, 2020 6:49 PM
To: Anspaugh-Naples, Stephanie <Stephanie.Anspaugh-Naples@flhealth.gov>; Cooksey, Samantha <Samantha.Cooksey@flhealth.gov>; Leah.Hoffacker@dph.ga.gov <Leah.Hoffacker@dph.ga.gov>
Cc: Szczech, Gracia (DHS/FEMA) <Gracia.Szczech@fema.dhs.gov>; Manny.Toro@fema.dhs.gov <Manny.Toro@fema.dhs.gov>
Subject: Fwd: Please Disseminate: Community-based Testing Sites Updated Handouts and Call Center Script

FYI

From: "Flowers, Artensie (OS/ASPR/EMMO)" <Artensie.Flowers@hhs.gov>
Subject: Please Disseminate: Community-based Testing Sites Updated Handouts and Call Center Script
Date: 20 March 2020 18:39
To: "DFOR Regional Operations Branch" <ASPR.DFOR.RegionalOps@hhs.gov>, "Bethea, Tenisha (OS/ASPR/EMMO)" <Tenisha.Bethea@hhs.gov>

****Please disseminate all to your state and local partners****

Please find attached the following:

1. Updated handouts being disseminated at the CBTS
2. Script being used at the CBTS Call Center - Health departments would like to know what the call center is telling individuals when obtaining test results

Artensie Flowers, PhD, MPH
CDR, US Public Health Service
Regional Emergency Coordinators Program Manager

U.S. Department of Health and Human Services | Assistant Secretary for Preparedness and Response
Division of Field Operations and Response (DFOR)

FL-DEM-20-0674-A-000629

200 C Street, SW | O'Neil Federal Building | Washington, DC 20515
Phone: 202-836-2406 | Email: artensie.flowers@hhs.gov



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From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Sent: Saturday, March 21, 2020 9:36 AM EDT
To: alexander.v.harlamor.mil@mail.mil <alexander.v.harlamor.mil@mail.mil>
Subject: Fwd: [EXTERNAL] Fwd: COVID19 Screening Questionnaire V2
Attachment(s): "COVID19 Screening Questionnaire V2.docx", "ATT00001.htm"

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----- Forwarded message -----

From: "McWhorter, Linda" <Linda.McWhorter@em.myflorida.com>
Date: Sat, Mar 21, 2020 at 9:25 AM -0400
Subject: FW: [EXTERNAL] Fwd: COVID19 Screening Questionnaire V2
To: "Deleon, Melissa (FLNG)" <Melissa.e.deleon.mil@mail.mil>
Cc: "Guidicelli, Ian" <Ian.Guidicelli@em.myflorida.com>, "Kincaid, Brooke" <Brooke.Kincaid@em.myflorida.com>

FYI...

Linda J. McWhorter
Preparedness Bureau Chief
2555 Shumard Oak Blvd
Tallahassee, FL 32399-21000
Office: (850) 815-4301
Mobile: (850) 528-7528
Linda.mcwhorter@em.myflorida.com

From: Sharon Denton-Gow <sdentongow@yahoo.com>
Sent: Saturday, March 21, 2020 9:10 AM
To: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Cc: Barbara Bruce <bbruce@mhs.net>; sdentongow@yahoo.com
Subject: [EXTERNAL] Fwd: COVID19 Screening Questionnaire V2

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Sharon Denton-Gow, MPH
Professional Educator
sdentongow@yahoo.com

Begin forwarded message:

From: "Bruce, Barbara" <BBruce@mhs.net>
Subject: Fwd: COVID19 Screening Questionnaire V2
Date: March 21, 2020 at 9:07:06 AM EDT
To: "sdentongow@yahoo.com" <sdentongow@yahoo.com>

Begin forwarded message:

From: "Strokin, Natasha M" <NStrokin@mhs.net>
Date: March 20, 2020 at 9:07:58 PM EDT
To: "sgilmartin@broward.org" <sgilmartin@broward.org>
Cc: "Bruce, Barbara" <BBruce@mhs.net>
Subject: COVID19 Screening Questionnaire V2

Thank you!! Please print 20. J

CONFIDENTIALITY NOTICE: DO NOT FORWARD THIS MESSAGE TO OTHERS WITHOUT PERMISSION OF THE SENDER.

This e-mail, including any attachments, may contain confidential or privileged material that is exempt from disclosure under applicable law. Any unauthorized review, use, disclosure, dissemination, copying, or taking any action in reliance on its contents is prohibited. If you have any reason to believe this e-mail was not intended for you, please delete the e-mail and any attachments, and notify the sender immediately.

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AMERICAN
OVERSIGHT

FL-DEM-20-0674-A-000631

COVID19 Screening Questionnaire V. 2 3/20/20

1. Are you a First Responder (Law Enforcement, Fire EMS, Hospital Worker with ID)

OR

2. Are you exhibiting symptoms of acute lower respiratory illness (e.g., fever, cough, shortness of breath)

Check all that apply: Fever ☐ Temp ☐ Cough ☐ Shortness of Breath ☐

-AND-

Meets one or more of the following criteria:

Have you had close contact with a person with COVID-19 that was confirmed by a laboratory

Have you traveled to or from an affected place with widespread community transmission

Have you had recent international travel or been on a cruise, in the last 2 weeks

Are you 65 or older and have a chronic health condition (diabetes, high blood pressure, lung disease)

Do you have a weak immune system (unable to fight infection or diseases)

From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Sent: Tuesday, February 18, 2020 9:18 PM EST
To: Patrick, Robert <robert.patrick@fema.dhs.gov>
Subject: Fwd: [EXTERNAL] Re: [EXTERNAL] Re: AHPS TESTING

Bob,

What's your thought process on flooding system with new material when we still have individuals that need to test. O have not graded his exam yet.

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----- Forwarded message -----

From: "Nigel Baker" <nigelbakerone@gmail.com>
Date: Tue, Feb 18, 2020 at 7:32 PM -0500
Subject: [EXTERNAL] Re: [EXTERNAL] Re: AHPS TESTING
To: "McWhorter, Linda" <Linda.McWhorter@em.myflorida.com>

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Linda,

I took the L964 Situation Unit Leader final exam with Luz last Friday. I am certain I passed with a score of 90 or more. I have a class in WPB next week and will be using the new student manual materials for participants (books are already printed up). Can you please send me the link to the New SITL Instructor Guide ASAP so we will be in sync with the student manual material we have printed up. Thanks -Nigel

On Wed, Feb 12, 2020, 12:36 PM Nigel Baker <nigelbakerone@gmail.com> wrote:

Thanks Linda.

On Wed, Feb 12, 2020 at 12:34 PM McWhorter, Linda <Linda.McWhorter@em.myflorida.com> wrote:

Bob,

All test material has been forwarded to Luz and she will see you guys on Friday, February 14th at 3PM

Linda J. McWhorter

Preparedness Bureau Chief

(850) 815-4301

From: Robert King <rkingtraining@gmail.com>
Sent: Wednesday, February 12, 2020 8:20 AM
To: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>; Judd Wright <blueskiesps@gmail.com>; judith tear <judith.chipkar@gmail.com>; Nigel Baker <NigelBakerone@gmail.com>
Subject: [EXTERNAL] Re: AHPS TESTING

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We Thank You for making this happen....

Nigel would like to add the Planning Section, Situation Unit Leader, and Resources Unit Leader.

Judd would like to add Resources

Judi would like to add Strike Team/Task Force Leader

Bob would like to Strike Team

THANXS BOB!!!

On Fri, Feb 7, 2020 at 3:29 PM Robert King <rlkingtraining@gmail.com> wrote:

Linda. Hoping all is well. Are we a GO for Claudia Baker proctoring AHPS exams for us on Tuesday, February 11, 2020 at the Orange County EOC??

JUDI TEAR - Operations Section Chief

ROBERT KING - Operations Section Chief

- Liaison Officer

NIGEL BAKER - Operations Section Chief

- ST/TF Leader

- Liaison Officer

JUDD WRIGHT - Liaison Officer

We instructing an O305 and Claudia is registered to attend. Please advise if thus is a GO!

Bob

From: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>
Sent: Tuesday, March 17, 2020 8:28 PM EDT
To: Deleon, Melissa (FLNG) <Melissa.e.deleon.mil@mail.mil>
Subject: Fwd: [EXTERNAL] RFI - COVID 19 Testing Site Locations and Supplies Form (DUE NLT 1100hrs, Monday, March 16, 2020)
Attachment(s): "image001.jpg", "ATT00001.htm", "Testing Site Locations and supplies form R4.xlsx", "ATT00002.htm", "Supplies per site per week.xlsx", "ATT00003.htm"

Sent from my iPhone

Begin forwarded message:

From: "Toro, Manny J" <Manny.Toro@fema.dhs.gov>
Date: March 15, 2020 at 6:57:28 PM EDT
To: "Davis, Ashley" <Ashley.Davis@em.myflorida.com>
Cc: "Moskowitz, Jared" <Jared.Moskowitz@em.myflorida.com>, "Guthrie, Kevin" <Kevin.Guthrie@em.myflorida.com>, "Gracia, Szczech (FEMA)" <Gracia.Szczech@fema.dhs.gov>, "Samaan, Robert" <Robert.Samaan@fema.dhs.gov>, "Toro, Manny J" <Manny.Toro@fema.dhs.gov>, R04-RRCC-OSC <r04-rrcc-osc@fema.dhs.gov>
Subject: [EXTERNAL] RFI - COVID 19 Testing Site Locations and Supplies Form (DUE NLT 1100hrs, Monday, March 16, 2020)

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Ashley

Attached you will find a form that we need filled out and back to me by NLT 1100hrs, Monday, March 16, 2020. This form lists the specific details needed by HHS to fill the supply needs/requirements for testing sites. Also cc R04-RRCC-OSC@fema.dhs.gov

There's also a spreadsheet with a list of the actual supplies to be shipped to the designated location. HHS will only provide the supplies listed on the bottom of the sheet labeled "Testing Supplies". The other items listed are expected to be provided or filled at the State/Local level.

Let me know if you have any further questions.

Thanks
Manny

Manny J. Toro
Director
Response Division

DHS/FEMA - Region IV

Mobile: (202) 286-5673

manny.toro@fema.dhs.gov

Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.



FEMA

	A	B	C	D	E
1					
2		Preliminary Site Supply List - Per Site			
3					
4		Logistics Support Recommendations - Local Responsibility			
5		Items			
6		Item	Quantity	Unit of Measure	Potential Source
7		Large Tent 19x35 (insulated) w/ Environmental Control Unit	5	Each	Western Shelter 1935 Gaurdian
8		Mifi/ Wireless Internet for 10 users	1	Each	Plum Case ®
9		Surge Protectors	10	Each	commerical procurement
10		Extension Cord 25ft	10	Each	commerical procurement
11		Chalk	10	boxes	commerical procurement
12		Cablepath Tape	5	rolls	commerical procurement
13		Fire Extinguishers (A/B/C)	5	Each	commerical procurement
14		Pallet Jacks	2	Each	commerical procurement
15		Trash Bags (weekly)	50	boxes	commerical procurement
16		Bio Bags (weekly)	100	boxes	commerical procurement
17		Copier/Scanners/Printers	3	Each	commerical procurement
18		toner cartridges (weekly)	3	Each	commerical procurement
19		Duct Tape	4	rolls	commerical procurement
20		Folding Chairs	50	Each	commerical procurement
21		Folding Tables	10	Each	commerical procurement
22		Cross-cut Shredders	2	Each	Potential for Shred Bin Contract instead
23		Trash cans	8	Each	commerical procurement
24		EZ Up Tents	6	Each	commerical procurement
25		White Board	4	Each	commerical procurement
26		Duct Tape	10	packs	commerical procurement
27		Whistle	10	Each	commerical procurement
28		caution tape	5	rolls	commerical procurement
29		Cones	100	each	commerical procurement
30		broomhandle	100	Each	commerical procurement
31		Safety Vest	25	Each	commerical procurement
32		SIGN Forward Arrow	2	Each	commerical procurement
33		SIGN Left Arrow	2	Each	commerical procurement
34		SIGN Right Arrow	2	Each	commerical procurement
35		SIGN No Parking	6	Each	commerical procurement
36		Paper (weekly)	50	Reams	commerical procurement
37		Pens (weekly)	100	Each	commerical procurement
38		Staplers	10	Each	commerical procurement
39		Folders (weekly)	10	boxes	commerical procurement
40		Filing Cabinet 3/4 drawers	4	Each	commerical procurement
41		Refridgerators	5	Each	commerical procurement
42		Laptop Computers + chargers	8	Each	commerical procurement
43		Garbage Cans (55 Gal)	7	Each	Procurement
44		Trash Bags (55 Gal)	210	Each	Procurement
45		Sharpies (thin point, regular)	200	Each	Procurement
46		Duct Tape Rolls	50	Each	Procurement
47					
48		Contracted-based Services			
49		Biological Waste Service			Contracted
50		Dumpster Service	1	Each	Contracted
51		Portajons w/ Hand Wash Statuon 2 Reg 2 ADA 2 HWS	6	Each	contracted w. decon service
52		5 KT Forklift	1	Each	Contracted
53		Potential Shredder Bins	2	Each	

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6	Notes
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8	Capable of providing interent based off terristerial communications cellular network
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40	
41	40 Cu Ft or larger
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50	8 Cu/yd or greater Emptied Daily
51	Emptied/ Decon Daily
52	Confirm Fuel Type
53	If shredders arent available for purchase

	A	B	C	D	E
54		Retail Fuel Capability	1	Each	GSA/ United Rentals
55		Fuel	100	gallons	Pool/Fleet Card
56		Refridgerated Trailer	1	Each	Lease
57					
58					
59		Testing Supplies			
60		Item	Quantity	Unit of Measure	Potential Source
61		Test Kits	2,500	Each	Procurement
62		Non-contact infrared thermometer	4	Each	National stockpile
63		Gloves (Nitrile) *for those with allergies	10,000	Each	National Stockpile
64		Gloves (Latex) 6,700 per size	20,100	Each	National Stockpile
65		Shoe Covers	2,800	Each	Procurement
66		Scrub top (all sizes) 100 Small, 100 Large, 100 2XL	300	Each	Procurement
67		Scrub pants (all sizes)	300	Each	Procurement
68		Socks - mid calf or higher	300	Each	Procurement
69		PAPRs	50	Each	National stockpile
70		PAPR Visors	500	Each	commerical procurement
71		Faceshields	500	Each	National stockpile
72		N-95 Respirators (S, M, L)	4,480	Each	National stockpile
73		Surgical Gowns	500	Each	Procurement
74		Tyvek Suits - Size L	250	Each	National stockpile
75		Tyvek Suits - Size xxL	250	Each	Procurement
76		Goggles (Anti-fog)	250	Each	Procurement
77		Sleeves	20,000	Each	Procurement
78		Handwashing Stations	7	Each	Procurement
79		Biohazard Burn Boxes	50	Each	Procurement
80		Biohazard Bags (25/wk x2 = 50 boxes)	50	Each	Procurement
81		Shrouds	500	Each	Procurement
82		Earloops Surgical Masks	1,000	Each	Procurement
83		Plastic Aprons (Not Surgical Aprons)	10,000	Each	Procurement
84		Cooling vests for swabbers to wear in warm climates	12	Each	Procurement
85					

	F
54	Truck w/ in Bed fuel tank for DS2
55	daily requirement for 100 gallons DS2
56	If refridgerators are not available immediately
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	A	B	C	D	E	F
1	Region	State	Metro Area	Allocation	Shipping Location	Drive-Through Testing Location
2			EXAMPLE LOCATION		Building Address City, State, Zip	Building Address City, State, Zip
3						
4	4	FL	NE	1		
5	4	FL	Central	1		
6	4	FL	SE	1		
7	4	GA	(unclear)	2		

	G	H	I
1	Requests	Point of Contact	Private Sector Solution Available:
2	Additional Resources Required (e.g., medical personnel)	Name Phone Email	Don't Edit
3			
4			
5			
6			
7			Walmart/Walgreens (2)

	A	B	C	D	E	F	G	H
1	State	Metro Area	Allocation	Shipping Location	Drive-Through Testing Location	Requests	Point of Contact	Private Sector Solution Available:
2	DC	EXAMPLE LOCATION	1	Building Address City, State, Zip	Building Address City, State, Zip	Additional Resources Required (e.g., medical personnel)	Name Phone Email	Don't Edit
3	PA	Philadelphia	1	TBD	Citizens Bank Park Parking Lot			Rite Aid (5)
4	PA	Montgomery County	1	Upper Dublin Twp. Building 801 Loch Alsh Ave. Fort Washington, PA	Temple Ambler 580 Meetinghouse Road Ambler, PA 19002			

From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Sent: Friday, March 13, 2020 8:49 PM EDT
To: Keenan, Gwen (FEMA) <Gwen.Keenan@fema.dhs.gov>
Subject: Fwd: Stafford Act for COVID-19 Statement

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----- Forwarded message -----

From: "Campen, Amanda" <Amanda.Campen@em.myflorida.com>
Date: Fri, Mar 13, 2020 at 8:34 PM -0400
Subject: Re: Stafford Act for COVID-19 Statement
To: "County Emergency Management Directors" <CountyEmergencyManagementDirectors@em.myflorida.com>
Cc: "EOC-Plans" <EOC-Plans@em.myflorida.com>, "Guthrie, Kevin" <Kevin.Guthrie@em.myflorida.com>, "McLeary, Allison" <Allison.McLeary@em.myflorida.com>, "Shirah, Melissa" <Melissa.Shirah@em.myflorida.com>, "Dickinson, Buck" <Frederick.Dickinson@em.myflorida.com>, "Morales, Jose" <Jose.Morales@em.myflorida.com>, "DEM Recovery" <DEM_Recovery@em.myflorida.com>, "EOC-Recovery" <Recovery@em.myflorida.com>, "Moskowitz, Jared" <Jared.Moskowitz@em.myflorida.com>

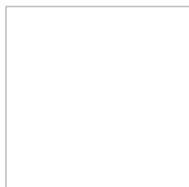
Good Evening All,

I know you all have a bunch of questions regarding the President's announcement earlier today of an emergency declaration, allowing for 75% federal reimbursement of emergency protective measures (Cat B) costs. We are working with our FEMA counterparts to develop guidance on how this funding will complement other types of federal funding. I anticipate getting this guidance out to you and your financial administrators sometime this weekend. This guidance will include activities typically funded and what documentation will be required to justify these costs. We will also be sending out separate guidance to you that will be specific to the costs that hospitals can claim and those documentation requirements.

We will also be sending along information regarding the status of the Federal-State Agreement, how entities can submit requests for public assistance, etc. later this weekend.

As always- the Bureau of Recovery looks forward to working with you and your teams to work through this process. For questions in the meantime, do not hesitate to email our EOC-Recovery email: Recovery@em.myflorida.com.

Best,



Amanda Campen | Bureau Chief
Bureau of Recovery
Florida Division of Emergency Management

Rebuilding Together
(850) 815-4155 (o) | (850) 766-6361 (m)
Email: amanda.campen@em.myflorida.com

From: EOC-Plans
Sent: Friday, March 13, 2020 7:12 PM
To: County Emergency Management Directors
Subject: Stafford Act for COVID-19 Statement

Good evening all,

Attached is the statement released by the Federal Emergency Management Agency Regarding the Stafford Act Declaration for COVID-19. Both documents have been uploaded to WebEOC Info Message 130.

Ryan Lock | Florida Division of Emergency Management
Preparedness Bureau | All-Hazards Preparedness Manager
State Emergency Response Team | Planning Section Chief
(m) 850-841-9484 | (o) 850-815-4303
Sadowski Office 320B

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Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.
Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Sent: Friday, February 14, 2020 3:47 PM EST
To: McDaniel, Susanne <Susanne.McDaniel@em.myflorida.com>
CC: Roberts, Dee <Dee.Roberts@fema.dhs.gov>
Subject: FY202 FEMA Preparedness Grant Manual
Attachment(s): "FEMA_PreparednessGrantsManual_21320_1605_508c.pdf"

Linda J. McWhorter
Preparedness Bureau Chief
(850) 815-4301



FEMA Preparedness Grants Manual

FEMA Grant Programs Directorate

February 2020



FL-DEM-20-0674-A-000650

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About the Federal Emergency Management Agency (FEMA)

Overview of FEMA

For more than 40 years, FEMA has helped people before, during, and after disasters. FEMA remains committed to building and developing a culture of preparedness across the country and unifying all levels of community and government into an integrated approach to emergency management. FEMA is part of a larger team of federal agencies, state, local, tribal, and territorial (SLTT) governments, and non-governmental partners that share responsibility for emergency management and national preparedness. Those closest to impacted areas are the true first responders during any emergency or disaster—individuals, families, neighbors, and local communities. FEMA's role is to coordinate Federal resources to supplement SLTT capabilities. FEMA does this by coordinating through the levels of government, meaning that states and their local political subdivisions, tribes, and territories are our primary partners.

Overview of Preparedness Grant Programs

FEMA has the statutory authority to deliver numerous disaster and non-disaster financial assistance programs in support of FEMA's mission, largely through grants and cooperative agreements. These programs account for a significant amount of the Federal funds for which FEMA is accountable. FEMA officials are responsible and accountable for the proper administration of these funds pursuant to Federal laws and regulations, Office of Management and Budget circulars, and Federal appropriations law principles. FEMA has developed this Manual to provide additional direction on grant policy and implementation for the following grant programs:

Homeland Security Grant Program (HSGP)

The HSGP includes a suite of risk-based grants to assist SLTT efforts in preventing, preparing for, protecting against, and responding to acts of terrorism. The grants under HSGP include:

- *State Homeland Security Program (SHSP)*
SHSP assists state, local, tribal, and territorial efforts to build, sustain, and deliver the capabilities necessary to prevent, prepare for, protect against, and respond to acts of terrorism.
- *Urban Area Security Initiative (UASI)*
UASI assists high-threat, high-density Urban Areas efforts to build, sustain, and deliver the capabilities necessary to prevent, prepare for, protect against and respond to acts of terrorism.
- *Operation Stonegarden (OPSG)*
OPSG supports enhanced cooperation and coordination among Customs and Border Protection (CBP), United States Border Patrol (USBP), and federal, state, local, tribal, and territorial law enforcement agencies to improve overall border security. OPSG provides funding to support joint efforts to secure the United States' borders along routes of ingress/egress to and from international borders, to include travel corridors in states bordering Mexico and Canada, as well as states and territories with international water borders. State, local, tribal, and territorial (SLTT) law enforcement agencies utilize their own law enforcement authorities to support the border security mission and do not receive any additional authority as a result of participation in OPSG.

[Tribal Homeland Security Grant Program \(THSGP\)](#)

The THSGP provides funding directly to eligible tribes to strengthen their capacities to prevent, prepare for, protect against, and respond to potential terrorist attacks.

[Nonprofit Security Grant Program \(NSGP\)](#)

The NSGP provides funding for physical security enhancements and other security-related activities to nonprofit organizations that are at high risk of a terrorist attack. The NSGP also seeks to integrate the preparedness activities of nonprofit organizations with broader state and local preparedness efforts.

[Transit Security Grant Program \(TSGP\)](#)

The TSGP provides funds to eligible public transportation systems (which include intra-city bus, ferries, and all forms of passenger rail) to protect critical transportation infrastructure and the travelling public from terrorism, and to increase transportation infrastructure resilience.

[Intercity Bus Security Grant Program \(IBSGP\)](#)

The IBSGP provides funds to eligible private operators of intercity over-the-road bus transportation systems to protect critical transportation infrastructure and travelling public from acts of terrorism, and to increase transportation infrastructure resilience.

[Intercity Passenger Rail \(IPR\) Program – Amtrak](#)

The IPR provides funds to the National Railroad Passenger Corporation (Amtrak) to protect critical transportation infrastructure and the travelling public from terrorism, and to increase transportation infrastructure resilience.

[Port Security Grant Program \(PSGP\)](#)

The PSGP provides funding to port authorities, facility operators, and State and local agencies for activities associated with implementing Area Maritime Security Plans (AMSPs), facility security plans, and other port-wide risk management efforts.

[Emergency Management Performance Grant \(EMPG\)](#)

The FY 2020 EMPG program will provide funds to assist state, local, tribal, and territorial emergency management agencies in obtaining the resources required for implementation of the National Preparedness System and the National Preparedness Goal (the Goal) of a secure and resilient nation.

Foreword

FEMA has developed this **Preparedness Grants Manual** to guide applicants and grant recipients on how to manage their grants and other resources. Recipients seeking guidance on policies and procedures for managing preparedness grants should reference this manual for further information on both program-specific information as well as overall guidance on rules and regulations that guide the proper management of FEMA grants.

The National Preparedness Goal

The National Preparedness Goal (the Goal) is “[a] secure and resilient Nation with the capabilities required across the whole community to prevent, protect against, mitigate, respond to, and recover from the threats and hazards that pose the greatest risk.” See Dep’t of Homeland Sec., *National Preparedness Goal, Second Edition*, 1 (Sept. 2015). The Goal essentially defines what it means for all communities to be prepared collectively for the threats and hazards that pose the greatest risk to the nation. The Goal identifies 32 distinct activities, called core capabilities, needed to address the risks. The Goal organizes these core capabilities into five categories, called mission areas. Some core capabilities apply to more than one mission area. For example, the first three core capabilities—Planning, Public Information and Warning, and Operational Coordination—are cross-cutting capabilities, meaning they apply to each of the five mission areas. The [National Preparedness Goal](#) describes the five mission areas as follows:

- **Prevention:** Prevent, avoid or stop an imminent, threatened or actual act of terrorism.
- **Protection:** Protect our citizens, residents, visitors, and assets against the greatest threats and hazards in a manner that allows our interests, aspirations and way of life to thrive.
- **Mitigation:** Reduce the loss of life and property by lessening the impact of future disasters.
- **Response:** Respond quickly to save lives, protect property and the environment, and meet basic human needs in the aftermath of an incident.
- **Recovery:** Recover through a focus on the timely restoration, strengthening and revitalization of infrastructure, housing and a sustainable economy, as well as the health, social, cultural, historic, and environmental fabric of communities affected by an incident.

The mission areas and core capabilities organize the activities and tasks performed before, during, and after disasters into a framework for achieving the goal of a secure and resilient Nation. Resilience is the desired outcome, defined in the Goal as the “ability to adapt to changing conditions and withstand and rapidly recover from disruption due to emergencies.” *Id.* at A-2.

For more information about the National Preparedness Goal, go to <https://www.fema.gov/national-preparedness-goal>. Recipients will use the National Preparedness System to build, sustain, and deliver these core capabilities. The components of the National Preparedness System are: Identifying and Assessing Risk, Estimating Capability Requirements, Building and Sustaining Capabilities, Planning to Deliver Capabilities, Validating Capabilities, and Reviewing and Updating. Additional information on the National Preparedness System is available at <http://www.fema.gov/national-preparedness-system>. Additional details regarding the National Preparedness System and how it is supported by these grant programs can be found in the program-specific appendices.

Pre-Award Application and Submission

Pre-Submission Information

These instructions apply to the following programs:

- Homeland Security Grant Program¹
- Tribal Homeland Security Grant Program
- Nonprofit Security Grant Program
- Transit Security Grant Program
- Intercity Bus Security Grant Program
- Intercity Passenger Rail Program
- Port Security Grant Program
- Emergency Management Performance Grant Program

All applications **must** be received by the established deadline. The Non-Disaster (ND) Grants System has a date stamp that indicates when an application is submitted. Applicants will receive an electronic message confirming receipt of their submission. For additional information on how an applicant will be notified of application receipt, see the section titled “Timely Receipt Requirements and Proof of Timely Submission.”

DHS/FEMA will not review applications that are received after the deadline or consider them for funding. DHS/FEMA may, however, extend the application deadline on request for an applicant who can demonstrate that good cause exists to justify extending the deadline. Good cause for an extension may include technical problems outside of the applicant’s control that prevent submission of the application by the deadline, other exigent or emergency circumstances, or statutory requirements for DHS/FEMA to make an award.

Applicants experiencing technical problems outside of their control must notify the respective FEMA Program Analyst as soon as possible and before the application deadline. Failure to timely notify FEMA of the issue that prevented the timely filing of the application may preclude consideration of the award. “Timely notification” of FEMA means the following: prior to the application deadline and within 48 hours after the applicant became aware of the issue.

For additional assistance using the ND Grants System, please contact the ND Grants Service Desk at (800) 865-4076 or NDGrants@fema.dhs.gov. The ND Grants Service Desk is available Monday through Friday, 9:00 a.m. – 6:00 p.m. ET. If applicants do not know their FEMA Program Analyst or if there are programmatic questions or concerns, please contact the Centralized Scheduling and Information Desk (CSID) by phone at (800) 368-6498 or by e-mail at askcsid@fema.dhs.gov, Monday through Friday, 9:00 a.m. – 5:00 p.m. ET.

Agreeing to Terms and Conditions of the Award

By submitting an application, the applicant agrees to comply with the requirements of the applicable NOFO, this Manual, and the applicable appendix to this Manual, as well as the terms and conditions of its award should it receive an award.

¹ Under this program, these instructions also apply to SHSP, UASI, and OPSG.

Address to Request Application Package

Initial applications are processed through the [Grants.gov](https://www.grants.gov) portal. Final applications are completed and submitted through FEMA's Non-Disaster Grants (ND Grants) System. Application forms and instructions are available on [Grants.gov](https://www.grants.gov), and hard copies of the NOFO and associated application materials are not available. To access these materials, go to <http://www.grants.gov>, select "Applicants" then "Apply for Grants." In order to obtain the application package, select "Download a Grant Application Package." Enter the Assistance Listings (formerly CFDA) and/or the funding opportunity number located on the cover of this NOFO, select "Download Package," and then follow the prompts to download the application package. In addition, the following Telephone Device for the Deaf (TDD) and/or Federal Information Relay Service (FIRS) number available for this Notice and all relevant NOFOs is (800) 462-7585.

Steps Required to Obtain a Unique Entity Identifier, Register in the System for Award Management (SAM), and Submit an Application

Applying for an award under the programs covered by this Manual is a multi-step process. To ensure that their applications are submitted on time, applicants are advised to start the required steps well in advance of their application submissions. Failure of an applicant to comply with any of the required steps before the deadline for submitting an application may disqualify that application from funding.

In order to apply for an award, all applicants must:

1. Apply for, update, or verify their Data Universal Numbering System (DUNS) number from Dun & Bradstreet and Employer Identification Number from the Internal Revenue Service;
2. In the application, provide a valid DUNS number, which is currently the unique entity identifier;
3. Have an account with [login.gov](https://www.login.gov);
4. Register for, update, or verify their SAM account and ensure the account is active before submitting the application;
5. Create a Grants.gov account;
6. Add a profile to a Grants.gov account;
7. Establish an Authorized Organizational Representative (AOR) in Grants.gov;
8. Register in ND Grants;
9. Submit an initial application in Grants.gov;
10. **Submit the final application in ND Grants, including electronically signing applicable forms; and**
11. Continue to maintain an active SAM registration with current information at all times during which it has an active federal award or an application or plan under consideration by a federal awarding agency.

Specific instructions on how to apply for, update, or verify a DUNS number or SAM registration or establish an AOR are included below in the steps for applying through Grants.gov. Applicants are advised that DHS/FEMA may not make a federal award until the applicant has complied with all applicable DUNS and SAM requirements. Therefore, an applicant's SAM registration must be active not only at the time of application, but also during the application review period and when DHS/FEMA is ready to make a federal award. Further, as noted above, an applicant's or recipient's SAM registration must remain active for the duration of an active federal award. If an applicant's SAM registration is expired at the time of application, expires during application review, or expires any other time before award, DHS/FEMA may determine that the applicant is not qualified to receive a federal award and use that determination as a basis for making a federal award to another applicant.

Electronic Delivery

DHS/FEMA is participating in the Grants.gov initiative to provide the grant community with a single site to find and apply for grant funding opportunities. DHS/FEMA requires applicants to submit their initial applications online through Grants.gov and to submit their final applications through ND Grants.

How to Register to Apply through Grants.gov

1. **Instructions:** Registering and applying for an award under this program is a multi-step process and requires time to complete. Read the instructions below about registering to apply for DHS/FEMA funds. Applicants should read the registration instructions carefully and prepare the information requested before beginning the registration process. Reviewing and assembling the required information before beginning the registration process will alleviate last-minute searches for required information.

The registration process can take up to four weeks to complete. Therefore, registration should be done in sufficient time to ensure it does not impact your ability to meet required application submission deadlines.

Organizations must have a Data Universal Numbering System (DUNS) Number and an active System for Award Management (SAM) registration.

Organizations must also have a Grants.gov account to apply for an award under this program.

In order to apply through Grants.gov, organizations must have a DUNS Number, an active SAM registration, and a Grants.gov account to apply for grants.

If individual applicants are eligible to apply for a grant funding opportunity, refer to <https://www.grants.gov/web/grants/applicants/registration.html>.

Organization applicants can find complete instructions here: <https://www.grants.gov/web/grants/applicants/organization-registration.html>.

2. **Obtain a DUNS Number:** All entities applying for funding, including renewal funding, must have a DUNS number from Dun & Bradstreet (D&B). Applicants must enter the DUNS number in the data entry field labeled "Organizational DUNS" on the SF-424 form.

For more detailed instructions for obtaining a DUNS number, refer to <https://www.grants.gov/web/grants/applicants/organization-registration/step-1-obtain-duns-number.html>.

3. **Obtain Employer Identification Number:** In addition to having a DUNS number, all entities applying for funding must provide an employer Identification Number (EIN). The EIN can be obtained from the IRS by visiting: <https://www.irs.gov/businesses/small-businesses-self-employed/apply-for-an-employer-identification-number-ein-online>.
4. **Create a login.gov account:** Applicants must have a login.gov account in order to register with SAM or update their SAM registration. Applicants can create a login.gov account here: https://secure.login.gov/sign_up/enter_email?request_id=34f19fa8-14a2-438c-8323-a62b99571fd3.

Applicants only have to create a login.gov account once. For applicants that are existing SAM users, use the same email address for the login.gov account as with SAM.gov so that the two accounts can be linked.

For more information on the login.gov requirements for SAM registration, refer to:
<https://www.sam.gov/SAM/pages/public/loginFAQ.jsf>.

5. **Register with SAM:** In addition to having a DUNS number, all organizations applying online through Grants.gov must register with SAM. Failure to register with SAM will prevent your organization from applying through Grants.gov. SAM registration must be renewed annually.

For more detailed instructions for registering with SAM, refer to
<https://www.grants.gov/web/grants/applicants/organization-registration/step-2-register-with-sam.html>.

6. **Create a Grants.gov Account:** The next step in the registration process is to create an account with Grants.gov. Applicants must know their or their organization's DUNS number to complete this process.

For more information, follow the on-screen instructions or refer to
<https://www.grants.gov/web/grants/applicants/registration.html>.

7. **Add a Profile to a Grants.gov Account:** A profile in Grants.gov corresponds to a single applicant organization the user represents or an individual applicant. If you work for or consult with multiple organizations and have a profile for each, you may log in to a single Grants.gov account to access all of your grant applications. To add an organizational profile to your Grants.gov account, enter the DUNS Number for the organization in the DUNS field while adding a profile.

For more detailed instructions about creating a profile on Grants.gov, refer to
<https://www.grants.gov/web/grants/applicants/registration/add-profile.html>.

8. **EBiz POC Authorized Profile Roles:** After you register with Grants.gov and create an Organization Applicant Profile, the organization applicant's request for Grants.gov roles and access are sent to the EBiz POC. The EBiz POC will then log in to Grants.gov and authorize the appropriate roles, which may include the AOR role, thereby giving you permission to complete and submit applications on behalf of the organization. You will be able to submit your application online any time after you have been assigned the AOR role.

For more detailed instructions about creating a profile on Grants.gov, refer to
<https://www.grants.gov/web/grants/applicants/registration/authorize-roles.html>.

9. **Track Role Status:** To track your role request, refer to
<https://www.grants.gov/web/grants/applicants/registration/track-role-status.html>.
10. **Electronic Signature:** When applications are submitted through Grants.gov, the name of the organization applicant with the AOR role that submitted the application is inserted into the signature line of the application, serving as the electronic signature. The EBiz POC must authorize individuals who are able to make legally binding commitments on behalf of the organization as an AOR. Please ensure you have been authorized by the EBiz POC as this step is often missed, and it is crucial for valid and timely submissions.

How to Submit an Initial Application to DHS/FEMA via Grants.gov

Grants.gov applicants apply online using a workspace. A workspace is a shared, online environment where members of a grant team may simultaneously access and edit different web forms within an application. For each Notice of Funding Opportunity (NOFO), you can create individual instances of a workspace. Applicants are encouraged to submit their initial applications in [Grants.gov](https://www.grants.gov) at least seven days before the application deadline.

In Grants.gov, applicants need to submit the following forms:

- SF-424, Application for Federal Assistance
- Grants.gov Lobbying Form, Certification Regarding Lobbying

Below is an overview of applying on Grants.gov. For access to complete instructions on how to apply for opportunities using a workspace, refer to: <https://www.grants.gov/web/grants/applicants/workspace-overview.html>

1. **Create a Workspace:** Creating a workspace allows you to complete it online and route it through your organization for review before submitting.
2. **Complete a Workspace:** Add participants to the workspace to work on the application together, complete all the required forms online or by downloading PDF versions, and check for errors before submission.
3. **Adobe Reader:** If you decide not to apply by filling out web forms, you can download individual PDF forms in Workspace so that they will appear similar to other Standard or DHS/FEMA forms. The individual PDF forms can be downloaded and saved to your local device storage, network drive(s), or external drives, and then accessed through Adobe Reader.

NOTE: Visit the Adobe Software Compatibility page on [Grants.gov](https://www.grants.gov) to download the appropriate version of the software at <https://www.grants.gov/web/grants/applicants/adobe-software-compatibility.html>.

4. **Mandatory Fields in Forms:** In the forms, you will note fields marked with an asterisk and a different background color. These fields are mandatory fields that must be completed to successfully submit your application.
5. **Complete SF-424 Fields First:** The forms are designed to fill in common required fields across other forms, such as the applicant name, address, and DUNS number. To trigger this feature, an applicant must complete the SF-424 information first. Once it is completed, the information will transfer to the other forms.
6. **Submit a Workspace:** An application may be submitted through workspace by clicking the “Sign and Submit” button on the Manage Workspace page, under the Forms tab. Grants.gov recommends submitting your application package at least seven days prior to the close date to provide you with time to correct any potential technical issues that may disrupt the application submission.
7. **Track a Workspace:** After successfully submitting a workspace package, a Grants.gov Tracking Number (GRANTXXXXXXXX) is automatically assigned to the application. The number will be listed on the confirmation page that is generated after submission. Using the tracking number,

access the Track My Application page under the Applicants tab or the Details tab in the submitted workspace.

Additional Training and Applicant Support: For additional training resources, including video tutorials, refer to <https://www.grants.gov/web/grants/applicants/applicant-training.html>. Grants.gov provides applicants 24/7 support via the toll-free number 1-800-518-4726 and email at support@grants.gov. For questions related to a specific grant contact the number listed in the application package of the grant for which you are applying.

If you are experiencing difficulties with your submission, it is best to call the [Grants.gov](https://www.grants.gov) Support Center and get a ticket number. The Support Center ticket number will assist the DHS/FEMA with tracking your issue and understanding background information on the issue.

Submitting the Final Application in Non-Disaster Grants System (ND Grants)

After submitting the initial application in [Grants.gov](https://www.grants.gov), eligible applicants will be notified by DHS/FEMA and asked to proceed with submitting their complete application package in [ND Grants](#). Applicants can register early with ND Grants and are encouraged to begin their ND Grants registration at the time of this announcement or, at the latest, seven days before the application deadline. Early registration will allow applicants to have adequate time to start and complete their applications.

Applicants needing assistance registering for the ND Grants system should contact ndgrants@fema.dhs.gov or (800) 865-4076. For step-by-step directions on using the ND Grants system and other guides, please see <https://www.fema.gov/non-disaster-grants-management-system>.

In [ND Grants](#), applicants will be prompted to submit the standard application information required as described in the “Content and Form of Application Submission” section below. The Standard Forms are auto-generated in ND Grants, but applicants may access these forms in advance through the Forms tab under the [SF-424 family on Grants.gov](#). Applicants should review these forms before applying to ensure they have all the information required.

For program-specific application submission requirements, please refer to the applicable program NOFO and applicable appendix to this Manual.

Timely Receipt Requirements and Proof of Timely Submission

As application submission is a two-step process, the applicant with the AOR role who submitted the application in Grants.gov will receive an acknowledgement of receipt, a tracking number (GRANTXXXXXXXX) from Grants.gov, and an Agency Tracking Number (EMX-2020-XX-XXXX) with the successful transmission of its initial application. This notification does not serve as proof of timely submission, as the application is not complete until it is submitted in ND Grants.

All applications must be received in ND Grants by **5:00 PM ET** on the application deadline. Proof of timely submission is automatically recorded by ND Grants. An electronic date/time stamp is generated within the system when the application is successfully received by ND Grants. Additionally, the applicant(s) listed as contacts on the application will receive a system-generated email to confirm receipt.

Content and Form of Application Submission

Required Forms

For all programs, the following forms or information are required to be submitted in either Grants.gov or ND Grants. The Standard Forms (SFs), submitted either through Grants.gov, through forms generated in

ND Grants, or as an attachment in ND Grants, are available at <https://www.grants.gov/web/grants/forms/sf-424-family.html>.

- **SF-424, Application for Federal Assistance**, submitted through Grants.gov
- **Grants.gov Lobbying Form, Certification Regarding Lobbying**, submitted through Grants.gov
- **SF-424A, Budget Information (Non-Construction)**, submitted via the forms generated by ND Grants
 - **For construction under an award, submit: SF-424C, Budget Information (Construction)**, submitted via the forms generated by ND Grants, in addition to or instead of SF-424A
- **SF-424B, Standard Assurances (Non-Construction)**, submitted via the forms generated by ND Grants
 - **For construction under an award, submit: SF-424D, Standard Assurances (Construction)**, submitted via the forms generated by ND Grants, in addition to or instead of SF-424B
- **SF-LLL, Disclosure of Lobbying Activities**, via the forms generated by ND Grants
- **Indirect Cost Agreement**, submitted as an attachment in ND Grants if the budget includes indirect costs and the applicant is required to have an indirect cost rate agreement. If the applicant is not required to have an indirect cost rate agreement but will charge indirect costs and is required to have an indirect cost rate proposal, the applicant must provide a copy of their indirect cost rate proposal with the application. See the section below on indirect costs for more information or contact the relevant Program Analyst or Grants Management Specialist for further instructions.

Generally, applicants have to submit either the non-construction forms (i.e., SF-424A and SF-424B) or construction forms (i.e., SF-424C and SF-424D), meaning that applicants that only have construction work and do not have any non-construction work need only submit the construction forms (i.e., SF-424C and SF-424D) and not the non-construction forms (i.e., SF-424A and SF-424B), and vice versa. However, applicants who have both construction and non-construction work under this program need to submit both the construction and non-construction forms.

Intergovernmental Review

An intergovernmental review may be required. Applicants must contact their State's Single Point of Contact (SPOC) to comply with the State's process under Executive Order 12372.

See <https://www.archives.gov/Federal-register/codification/executive-order/12372.html>;
<https://www.whitehouse.gov/wp-content/uploads/2019/02/SPOC-February-2019.pdf>.

Funding Restrictions and Allowable Costs

All costs charged to awards covered by this Manual must comply with the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at 2 C.F.R. Part 200, unless otherwise indicated in this Manual, the applicable program NOFO, or the terms and conditions of the award. For more information on FEMA's implementation of 2 C.F.R. Part 200, see [Information Bulletin \(IB\) No. 400](#).

In general, the Cost Principles establish standards for the allowability of costs, provide detailed guidance on the cost accounting treatment of costs as direct or administrative costs, and set forth allowability principles for selected items of cost. More specifically, except as otherwise stated in the applicable program appendix to this Manual or the program NOFO, costs charged to awards covered by this Manual must be consistent with the Cost Principles for Federal Awards located at 2 C.F.R. Part 200, Subpart E. In

order to be allowable, all costs charged to a FEMA award or applied to the cost share must be reasonable in nature and amount and allocable to the particular FEMA award.

Additionally, all costs charged to awards must comply with the grant program's applicable statutes, policies, NOFOs, and requirements in this Manual as well as with the terms and conditions of the award. If FEMA staff identify costs that are inconsistent with any of these requirements, these costs may be disallowed, and FEMA may recover funds as appropriate, consistent with applicable laws, regulations, and policies.

As part of those requirements, grant recipients and subrecipients may only use federal funds or funds applied to a cost share for the purposes set forth in this Manual, applicable NOFOs, and the terms and conditions of the award and must be consistent with the statutory authority for the award. Award funds may not be used for matching funds for other federal grants/cooperative agreements, lobbying, or intervention in federal regulatory or adjudicatory proceedings. In addition, federal funds may not be used to sue the Federal Government or any other government entity. Recipients are also expected to conform, as applicable, with accepted engineering practices, established codes, standards, modeling techniques, and best practices, and participate in the development of case studies demonstrating the effective use of grant funds, as requested.

Specific investments made in support of the funding priorities discussed in the appendices to this Manual generally fall into one of the following eight allowable expense categories:

1. Construction
2. Equipment
3. Exercises
4. Management & Administration (M&A)
5. Organization
6. Operational Activities
7. Planning
8. Training

Please refer to the relevant program-specific appendix for more information on funding restrictions, funding priorities, and these categories.

Authorized Equipment List

The Authorized Equipment List (AEL) is a list of approved equipment types allowed under FEMA's preparedness grant programs. The intended audience of this tool is emergency managers, first responders, and other homeland security professionals. The list consists of equipment categories divided into categories, sub-categories and then individual equipment items.

Prohibitions on Expending Grant or Cooperative Agreement Funds for Certain Telecommunications and Video Surveillance Services or Equipment

Effective August 13, 2020, DHS/FEMA recipients and subrecipients may not use grant funds under the programs covered by this Manual and provided in FY 2020 or previous years to:

1. Procure or obtain, extend or renew a contract to procure or obtain, or enter into a contract to procure or obtain any equipment, system, or service that uses "covered telecommunications equipment or services" as a substantial or essential component of any system, or as critical technology of any system; or

2. Enter into contracts or extend or renew contracts with entities that use “covered telecommunications equipment or services” as a substantial or essential component of any system, or as critical technology as part of any system.

This prohibition regarding certain telecommunications and video surveillance services or equipment is mandated by section 889 of the [John S. McCain National Defense Authorization Act for Fiscal Year 2019 \(FY 2019 NDAA\)](#), Pub. L. No. 115-232 (2018). Recipients and subrecipients may use DHS/FEMA grant funding to procure replacement equipment and services impacted by this prohibition, provided the costs are otherwise consistent with the requirements of this Manual, applicable appendix to this Manual, and applicable NOFO. DHS/FEMA will publish additional guidance in a subsequent Information Bulletin or similar notice.

Per section 889(f)(2)-(3) of the FY 2019 NDAA, covered telecommunications equipment or services means:

1. Telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation, (or any subsidiary or affiliate of such entities);
2. For the purpose of public safety, security of Government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities);
3. Telecommunications or video surveillance services provided by such entities or using such equipment; or
4. Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise connected to, the People’s Republic of China.

Award Determination and Obligation

Allocations

Risk Methodology

DHS/FEMA defines risk as: “potential for an unwanted outcome resulting from an incident, event, or occurrence, as determined by its likelihood and the associated consequences.” See Risk Steering Committee, *DHS Risk Lexicon: 2010 Edition*, (Sept. 2010), at 27, available at <http://www.dhs.gov/xlibrary/assets/dhs-risk-lexicon-2010.pdf>. The DHS/FEMA risk methodology is focused on three elements:

- **Threat:** the likelihood of an attack being attempted by an adversary
- **Vulnerability:** the likelihood that an attack is successful, given that it is attempted
- **Consequence:** the effect of an event, incident, or occurrence

Please see the applicable appendix of the Preparedness Grants Manual for each award program for specific information on the risk methodology applied for each program.

Application Evaluation Criteria

Programmatic Criteria

See the Manual appendices and relevant program NOFOs for specific information on the application criteria specific to each program.

Financial Integrity Criteria

Prior to making a federal award, FEMA is required by 31 U.S.C. § 3321 note, 41 U.S.C. § 2313, and 2 C.F.R. § 200.205 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information. Therefore, application evaluation criteria may include the following risk-based considerations of the applicant:

1. Financial stability.
2. Quality of management systems and ability to meet management standards.
3. History of performance in managing federal award.
4. Reports and findings from audits.
5. Ability to effectively implement statutory, regulatory, or other requirements.

All investments selected for recommendation will also undergo an additional risk review conducted by the DHS/FEMA Grants Management Specialist to evaluate the risk for noncompliance in carrying out the federal award. Using their subject-matter expertise, the questions the DHS/FEMA Grants Management Specialist may assess include, but are not limited to:

- Is the applicant on any exclusion lists as identified in the System for Award Management (SAM.gov)?
- If the applicant has received federal funding in the past, has the applicant performed all audits required by the Single Audit requirements under 2 C.F.R. Part 200, Subpart F?
- Has the applicant provided sufficient budget information and justification as required by the NOFO?
- Are the costs proposed by the applicant in the budget information and justification allowable and reasonable based on the criteria set forth in this Manual and the applicable appendix, NOFO, and regulations?

- Is the budget representative of the total cost of performance of the projects?
- If indirect costs are included, has the applicant provided an approved Indirect Cost Rate agreement?
- Is the applicant delinquent on any federal debt?
- Has the applicant had substandard performance in a prior award?
- Is the applicant on the Do Not Pay List?

Based on the outcome of this review, DHS/FEMA may determine that it will not make an award to an applicant that poses a risk of noncompliance. DHS/FEMA may also determine that it will make an award to an at-risk applicant, subject to additional terms and conditions as described in 2 C.F.R. § 200.207.

Supplemental Financial Integrity Review

Prior to making a federal award where the anticipated federal share will be greater than the simplified acquisition threshold, currently \$250,000 (*see FEMA Information Bulletin No. 434*, Increases and Changes to the Micro-Purchase and Simplified Acquisition Thresholds):

- DHS/FEMA is required to review and consider any information about the applicant in the designated integrity and performance system accessible through the System for Award Management (SAM), which is currently the [Federal Awardee Performance and Integrity Information System](#) (FAPIIS) and is accessible through the [SAM](#) website.
- An applicant, at its option, may review information in FAPIIS and comment on any information about itself that a federal awarding agency previously entered.
- DHS/FEMA will consider any comments by the applicant, in addition to the other information in FAPIIS, in making a judgment about the applicant's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants, as described in 2 C.F.R. § 200.205.

Review and Selection Process

Please see the applicable NOFO for the review and selection process for that program.

Federal Award Administration Information

Notice of Award

Before accepting the award, the AOR and recipient should carefully review the award package. The award package includes instructions on administering the grant award and the terms and conditions associated with responsibilities under federal awards. Recipients must accept all conditions in the applicable program NOFO as well as this Manual, in addition to any special terms and conditions in the Notice of Award to receive an award under the applicable program.

Notification of award approval is made through the ND Grants system through an automatic electronic mail to the recipient's authorized official listed in the initial application. The award date will be the date that DHS/FEMA approves the award. The recipient should follow the directions in the notification to confirm acceptance of the award. Funds will remain on hold until the recipient accepts the award through the ND Grants system and all other conditions of the award have been satisfied or until the award is otherwise rescinded.

Recipients must accept their awards no later than 60 days from the award date. The recipient shall notify DHS/FEMA of its intent to accept and proceed with work under the award through the ND Grants system. For instructions on how to accept or decline an award in the ND Grants system, please see the

[ND Grants Recipient Training Manual](#). Failure to accept a grant award within the 60-day timeframe may result in a loss of funds.

Pass-Through Requirements

Please see the applicable NOFO and applicable appendix to this Manual for information on pass-through requirements for that program.

Administrative and National Policy Requirements

All successful applicants for all DHS/FEMA grant and cooperative agreements are required to comply with DHS Standard Terms and Conditions, which are available online at:

<https://www.dhs.gov/publication/fy15-dhs-standard-terms-and-conditions>.

The applicable DHS Standard Terms and Conditions will be those in effect at the time the award was made. What terms and conditions will apply for the award will be clearly stated in the award package at the time of award.

Environmental Planning and Historic Preservation (EHP) Compliance

As a federal agency, DHS/FEMA is required to consider the effects of its actions on the environment and historic properties to ensure that all activities and programs funded by DHS/FEMA, including grant-funded projects, comply with Federal EHP regulations, laws, and Executive Orders, as applicable.

Recipients and subrecipients proposing projects that have the potential to impact the environment, including, but not limited to, the construction of communication towers, modification or renovation of existing buildings, structures, and facilities, or new construction including replacement of facilities, must participate in the DHS/FEMA EHP review process. The EHP review process involves the submission of a detailed project description along with any supporting documentation requested by DHS/FEMA in order to determine whether the proposed project has the potential to impact environmental resources or historic properties.

In some cases, DHS/FEMA is also required to consult with other regulatory agencies and the public in order to complete the review process. The EHP review process must be completed before funds are released to carry out the proposed project; otherwise, DHS/FEMA may not be able to fund the project due to noncompliance with EHP laws, executive order, regulations, and policies.

Additionally, all recipients and subrecipients receiving funding under a program covered by this Manual are required to comply with [DHS/FEMA EHP Policy Guidance, FEMA Policy #108-023-1](#). The EHP screening form is located <https://www.fema.gov/media-library/assets/documents/90195>, and further EHP guidance can be found at <https://www.fema.gov/media-library/assets/documents/118323>.

Ensuring the Protection of Civil Rights

As the Nation works towards achieving the [National Preparedness Goal](#), it is important to continue to protect the civil rights of individuals. Recipients must carry out their programs and activities, including those related to the building, sustainment, and delivery of core capabilities, in a manner that respects and ensures the protection of civil rights for protected populations. Federal civil rights statutes, such as Section 504 of the Rehabilitation Act of 1973 and Title VI of the Civil Rights Act of 1964, along with DHS/FEMA regulations, prohibit discrimination on the basis of race, color, national origin, sex, religion, age, disability, English proficiency, or economic status in connection with programs and activities receiving federal financial assistance from DHS/FEMA. The DHS Standard Terms and Conditions include a complete list of the civil rights provisions that apply to recipients. These terms and conditions

can be found in the [DHS Standard Terms and Conditions](#). Additional information on civil rights provisions is available at <https://www.fema.gov/office-equal-rights>.

FirstNet

The Middle Class Tax Relief and Job Creation Act of 2012, Pub. L. No. 112-96, as amended (codified in part at 47 U.S.C. §§ 1401-1473) established the First Responder Network Authority (hereinafter FirstNet Authority) as an independent authority within the National Telecommunications and Information Administration (NTIA). 47 U.S.C. § 1424(a). The FirstNet Authority's statutory mission is to establish a nationwide public safety broadband network (FirstNet). 47 U.S.C. § 1426(b). FirstNet uses the 700 MHz D block spectrum to provide Long-Term Evolution (LTE)-based broadband services and applications to public safety entities. 47 U.S.C. §§ 1401(2), 1421(a). FirstNet became operational in March 2018 and is based on a single, national network architecture that will evolve with technological advances and initially consist of a core network and radio access network (RAN).

FirstNet provides public safety entities with mission-critical broadband data capabilities and services including, but not limited to messaging, image sharing, video streaming, group text, voice, data storage, application, location-based services, and Quality of Service, Priority, and Preemption. Public safety entities seeking to enhance their operational capabilities using broadband technology may seek grant funding from appropriate programs to support the following:

- Planning for integration of information technology (IT) infrastructure, software, and site upgrades necessary to connect to FirstNet
- Handheld broadband devices including smartphones, feature phones, tablets, wearables, push-to-talk (PTT) devices
- Vehicle-mounted or otherwise field operated data devices, such as ruggedized laptops
- Network access devices, including portable Wi-Fi devices, Universal Serial Bus (USB) modems/dongles, trunk-mounted modems, routers
- Customer Owned and Managed (COAM) broadband deployable equipment, enabling public safety to own and dispatch coverage expansion or capacity enhancement equipment within their jurisdiction
- Broadband device accessories that enable efficient and safe public safety operations such as headsets, belt clips, earpieces, remote Bluetooth sensors, ruggedized cases
- Subscriber Identification Modules (SIMs)/Universal Integrated Circuit Cards (UICCs) to allow public safety users to update existing devices to operate on public safety prioritized services.
- One-time purchase and subscription-based applications for public safety use which could include, among several other options, enterprise mobility management (EMM), mobile device management (MDM), mobile Virtual Private Network (VPN), identity services, or cloud service tools.

As FirstNet is built out in all 56 states and territories and coverage and capacity for first responders expands, recipients are strongly encouraged to coordinate with the Statewide Interoperability Coordinator (SWIC) and FirstNet on the planning, deployment timelines, and operational availability of the network deployment within a specific state or territory and to ensure that project does not conflict with network planning efforts and complies with all technical requirements. FirstNet requires participating agencies to demonstrate a subscription to public safety-prioritized broadband services to purchase FirstNet broadband devices or applications. Information Bulletin #386 has been rescinded by prior NOFOs and remains rescinded as the technical requirements and nationwide network architecture has been developed, and FirstNet is operational. Recipients, however, must coordinate with FirstNet in advance of any strategic acquisition of broadband LTE equipment to ensure that purchases adhere to all applicable standards for

public safety entities. Recipients with questions on FirstNet should contact info@firstnet.gov. Please also refer to the most recent [SAFECON guidance](#) for additional guidance.

National Incident Management System (NIMS) Implementation

Prior to allocation of any federal preparedness awards, recipients must ensure and maintain adoption and implementation of NIMS. The list of objectives used for progress and achievement reporting is at <https://www.fema.gov/implementation-guidance-and-reporting>.

Emergency management and incident response activities require carefully managed resources (personnel, teams, facilities, equipment, and/or supplies) to meet incident needs. Utilization of the standardized resource management concepts such as typing, credentialing, and inventorying promote a strong national mutual aid capability needed to support the delivery of core capabilities. Additional information on resource management, NIMS resource typing definitions, job titles, and position qualifications is available at <https://www.fema.gov/implementation-guidance-and-reporting>. Please also see the individual program appendices in this Manual for additional requirements regarding NIMS compliance for specific programs.

FEMA developed the *NIMS Guideline for the Credentialing of Personnel* to describe national credentialing standards and to provide written guidance regarding the use of those standards. This guideline describes credentialing and typing processes and identifies tools that Federal Emergency Response Officials and emergency managers at all levels of government may use routinely and to facilitate multijurisdictional coordinated responses.

Although state, local, tribal, territorial, and private sector partners (including nongovernmental organizations) are not required to credential their personnel in accordance with these guidelines, FEMA strongly encourages them to do so to leverage the federal investment in the Federal Information Processing Standards 201 infrastructure and to facilitate interoperability for personnel deployed outside their home jurisdiction.

Additional information about NIMS in general is available at <http://www.fema.gov/nims-doctrine-supporting-guides-tools>.

SAFECON

All entities using preparedness grant funding to support emergency communications investments are required to comply with the [SAFECON Guidance on Emergency Communications Grants \(SAFECON Guidance\)](#). The SAFECON Guidance provides current information on emergency communications policies, eligible costs, best practices, and technical standards for SLTT recipients investing federal funds in emergency communications projects. It is also designed to promote and align with the National Emergency Communications Plan (NECP). Conformance with the SAFECON Guidance helps ensure that federally funded investments are compatible, interoperable, resilient, and support national goals and objectives for improving emergency communications.

Emergency communications investments also will be reviewed jointly by DHS/FEMA and the DHS Cybersecurity and Infrastructure Security Agency (CISA) to verify compliance with SAFECON guidance. DHS/FEMA will coordinate directly with the recipient on any compliance concerns and will provide technical assistance as necessary to help ensure full compliance.

Post-Award Management and Implementation

Reporting

Recipients are required to submit various financial and programmatic reports as a condition of award acceptance. Future awards and funds drawdown may be withheld if these reports are delinquent.

Federal Financial Reporting Requirements

Federal Financial Report (FFR)

Recipients must report obligations and expenditures on a quarterly basis through the FFR form (SF-425) to DHS/FEMA. Recipients may review the Federal Financial Reporting Form (FFR) (SF-425) at <https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortBy=1>. Recipients must file the FFR electronically using the Payment and Reporting Systems (PARS).

Financial Reporting Periods and Due Dates

An FFR must be submitted quarterly throughout the period of performance (POP), including partial calendar quarters, as well as in periods where no grant award activity occurs. Future awards and fund drawdowns may be withheld if these reports are delinquent, demonstrate a lack of progress, or are insufficient in detail.

The following reporting periods and due dates apply for the FFR:

Reporting Period	Report Due Date
October 1 – December 31	January 30
January 1 – March 31	April 30
April 1 – June 30	July 30
July 1 – September 30	October 30

Program Performance Reporting Requirements

Performance Progress Report (PPR)

Recipients are responsible for providing updated performance reports on a biannual basis as an attachment in ND Grants. The PPR should include the following:

- A brief narrative of overall project(s) status
- A summary of project expenditures
- A description of any potential issues that may affect project completion

Note: This requirement does NOT apply to EMPG, which has different performance reporting requirements. These are described in the EMPG Program Appendix to this Manual.

Program Performance Reporting Periods and Due Dates

The following reporting periods and due dates apply for the PPR:

Reporting Period	Report Due Date
January 1 – June 30	July 30
July 1 – December 31	January 30

Additional Programmatic Reporting Requirements and Information

Biannual Strategy Implementation Report (BSIR)²

In addition to the quarterly financial and biannual performance progress reports, recipients are responsible for completing and submitting BSIRs through the [Grants Reporting Tool](#) (GRT). The BSIR is due within 30 days after the end of the reporting period (July 30 for the reporting period of January 1 through June 30 (the summer BSIR report); and January 30 for the reporting period of July 1 through December 31 (winter BSIR report). All required attributes of each project must be included. Updated obligations, expenditures, and significant developments must be provided within the BSIR to show the progress of implementation for every project as well as how expenditures support Planning, Organization, Equipment, Training, and Exercises (POETE). The first BSIR will be due by December 31 of each calendar year in which the grant is awarded. Subsequent BSIR reports will require recipients to report on a project-by-project basis.

Recipients also are responsible for completing and submitting a closeout BSIR. When an award's period of performance (POP) or the liquidation period ends in the middle of a reporting period, a "regular" BSIR must be submitted with full accounting of actual project information/expenditures before a Closeout BSIR can be created/submitted. The last "regular" BSIR is required because the Closeout BSIR does NOT contain full functionality to edit any project information/expenditures. Once the last "regular" BSIR is approved by GPD, the Closeout BSIR can be created/submitted. Please contact your HQ Program Analyst for guidance on the information required for the Closeout BSIR.

Closeout Reporting Requirements

Within 90 days after the end of the POP for the prime award or after an amendment has been issued to close out an award, whichever occurs first, recipients must submit the following documentation in ND Grants:

1. The final request for payment, if applicable;
2. The final FFR (SF-425);
3. Final PPR;
4. A qualitative narrative summary of the impact of those accomplishments throughout the entire POP submitted to the respective FEMA Program Analyst; and
5. Other documents required by program guidance, NOFOs, appendices to this Manual, or terms and conditions of the award.

² BSIR requirements are only applicable to the following grant programs: HSGP (SHSP, UASI, and OPSG), THSGP, EMPGP, and NSGP.

In addition, any recipient that issues subawards to any subrecipient is responsible for closing out those subawards as described in 2 C.F.R. § 200.343. Recipients must ensure that they complete the closeout of their subawards in time to submit all necessary documentation and information to DHS/FEMA during the closeout of their prime award.

After the prime award closeout reports have been reviewed and approved by DHS/FEMA, a closeout notice will be completed. The notice will indicate the POP as closed, list any remaining funds that will be deobligated, and address the requirement of maintaining the award records for at least three years from the date of the final FFR. The record retention period may be longer than three years due to an audit, litigation, or other circumstances outlined in 2 C.F.R. § 200.333.

Recipients are responsible for refunding to FEMA any unobligated balances that FEMA paid that are not authorized to be retained per 2 C.F.R. § 200.343(d).

Administrative Closeout

Administrative closeout is a mechanism for FEMA to unilaterally move forward with closeout of an award using available award information in lieu of final reports from the recipient. It is a last resort available to FEMA, and **if FEMA needs to administratively close an award, this may negatively impact a recipient's ability to obtain future funding.** This mechanism can also require FEMA to make cash or cost adjustments and ineligible cost determinations based on the information it has, which may result in identifying a debt owed to FEMA by the recipient.

FEMA may use the administrative closeout process when a recipient is not responsive to FEMA's reasonable efforts to collect required reports needed to complete the standard closeout process. FEMA will make three written attempts to collect required reports before initiating administrative closeout.

If FEMA administratively closes an award where no final FFR has been submitted, FEMA uses that administrative closeout date in lieu of the final FFR submission date as the start of the three-year record retention period under 2 C.F.R. § 200.333.

In addition, if an award is administratively closed, FEMA may decide to impose remedies for noncompliance per 2 C.F.R. § 200.338, consider this information in reviewing future award applications, or apply special conditions to existing or future awards.

Disclosing Information per 2 C.F.R. § 180.335

This reporting requirement pertains to disclosing information related to government-wide suspension and debarment requirements. Before a recipient enters into a grant award with FEMA, the recipient must notify FEMA if it knows if it or any of the recipient's principals under the award fall under one or more of the four criteria listed at 2 C.F.R. § 180.335:

- Are presently excluded or disqualified;
- Have been convicted within the preceding three years of any of the offenses listed in 2 C.F.R. § 180.800(a) or had a civil judgment rendered against it or any of the recipient's principals for one of those offenses within that time period;
- Are presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses listed in 2 C.F.R. § 180.800(a); or
- Have had one or more public transactions (federal, state, or local) terminated within the preceding three years for cause or default.

At any time after accepting the award, if the recipient learns that it or any of its principals falls under one or more of the criteria listed at 2 C.F.R. § 180.335, the recipient must provide immediate written notice to FEMA in accordance with 2 C.F.R. § 180.350.

Reporting of Matters Related to Recipient Integrity and Performance

Per 2 C.F.R. Part 200, Appendix I § F.3, the additional post-award reporting requirements in 2 C.F.R. Part 200, Appendix XII may apply to applicants who, if upon becoming recipients, have a total value of currently active grants, cooperative agreements, and procurement contracts from all federal awarding agencies that exceeds \$10,000,000 for any period of time during the period of performance of an award under this funding opportunity.

Recipients that meet these criteria must maintain current information reported in FAPIIS about civil, criminal, or administrative proceedings described in paragraph 2 of Appendix XII at the reporting frequency described in paragraph 4 of Appendix XII.

Single Audit Report

For fiscal years beginning on or after December 26, 2014, recipients that expend \$750,000.00 or more from all federal funding sources during their fiscal year are required to submit an organization-wide financial and compliance audit report, also known as a “single audit” report.

The audit must be performed in accordance with the requirements of Government and Accountability Office’s (GAO) Government Auditing Standards, located at <https://www.gao.gov/yellowbook/overview>, and the requirements of Subpart F of 2 C.F.R. Part 200, located at <http://www.ecfr.gov/cgi-bin/text-idx?node=sp2.1.200.f>.

Additional Information

Monitoring and Oversight

Overview

Per 2 C.F.R. § 200.336, FEMA, through its authorized representatives, has the right, at all reasonable times, to make site visits or conduct desk reviews to review project accomplishments and management control systems to review award progress and to provide any required technical assistance. During site visits or desk reviews, FEMA will review recipients' files related to the award. As part of any monitoring and program evaluation activities, recipients must permit FEMA, upon reasonable notice, to review grant-related records and to interview the organization's staff and contractors regarding the program. Recipients must respond in a timely and accurate manner to FEMA requests for information relating to the award.

Effective monitoring and oversight help FEMA ensure that recipients use grant funds for their intended purpose(s), verify that projects undertaken are consistent with approved plans, and ensure that recipients make adequate progress towards stated goals and objectives. Additionally, monitoring serves as the primary mechanism to ensure that recipients comply with applicable laws, rules, regulations, program guidance, and requirements. FEMA regularly monitors all grant programs both financially and programmatically in accordance with federal laws, regulations (including 2 C.F.R. Part 200), program guidance, and the terms and conditions of the award. All monitoring efforts ultimately serve to evaluate progress towards grant goals and proactively target and address issues that may threaten grant success during the period of performance.

FEMA staff will monitor recipients periodically to ensure that administrative processes, policies and procedures, budgets, and other related award criteria are meeting Federal Government-wide and FEMA regulations. Aside from reviewing quarterly financial and programmatic reports, FEMA may also conduct enhanced monitoring through desk-based reviews, onsite monitoring visits, or both. Enhanced monitoring will involve the review and analysis of financial compliance and administrative processes, policies, activities, and other attributes of each federal assistance award, and it will identify areas where the recipient may need technical assistance, corrective actions, or other support.

Financial and programmatic monitoring are complementary processes within FEMA's overarching monitoring strategy that function together to ensure effective grants management, accountability, and transparency; validate progress against grant and program goals; and safeguard federal funds against fraud, waste, and abuse. Financial monitoring primarily focuses on statutory and regulatory compliance with administrative grant requirements, while programmatic monitoring seeks to validate and assist in grant progress, targeting issues that may be hindering project goals and ensuring compliance with the purpose of the grant and grant program. Both monitoring processes are similar in that they feature initial reviews of all open awards, and in-depth monitoring of grants requiring additional attention.

Recipients and subrecipients who are pass-through entities are responsible for monitoring their subrecipients in a manner consistent with the terms of the federal award at 2 C.F.R. Part 200, including 2 C.F.R. § 200.331. This includes the pass-through entity's responsibility to monitor the activities of the subrecipient as necessary to ensure that the subaward is used for authorized purposes, in compliance with federal statutes, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved.

Recipient and subrecipient responsibilities also include but are not limited to: accounting of receipts and expenditures, cash management, maintaining adequate financial records, reporting and refunding expenditures disallowed by audits, monitoring if acting as a pass-through entity, other assessments and reviews, and ensuring overall compliance with the terms and conditions of the award or subaward, as applicable, including the terms of 2 C.F.R. Part 200.

Financial Monitoring

DHS/FEMA's approach to financial monitoring provides a standard monitoring framework that promotes consistent processes across all monitoring staff. There are four core components of the monitoring process:

1. **Monitoring Assessment:** Monitoring staff measure each grant's monitoring needs using a system of pre-determined evaluation criteria. The criteria helps assess the recipient and potential challenges to the success of the grant award.
2. **Monitoring Selection and Scheduling:** Monitoring staff make selection and scheduling decisions in accordance with applicable statutory requirements, such as the *Homeland Security Act of 2002*, as amended (hereafter HSA), and consider the results of the monitoring assessment process.
3. **Monitoring Activities:** Monitoring activities include cash analysis, desk reviews, and site visits. Grants Management Specialists (GMSs) are responsible for conducting quarterly or semi-annual reviews of all grants via cash analysis. Desk reviews and site visits are additional monitoring activities conducted on grants where the monitoring assessment process identified the need for additional monitoring and validated the use of FEMA resources for these activities.
4. **Post-Monitoring Actions:** Monitoring staff may follow up with recipients via post-monitoring actions based on the outcomes of monitoring activities. Post-monitoring actions include conducting additional monitoring; reviewing Corrective Action Plans (CAP) and monitoring the progress of CAP deliverables; documenting the resolution of identified corrective actions and issues; providing technical assistance and recipient training; and debt collection.

In addition to the monitoring guidance outlined above, section 2022 of the HSA mandates the frequency of monitoring activities for applicable preparedness grants. The applicable section of the HSA reads as follows:

Not less than once every 2 years, the Administrator shall conduct, for each state and high-risk urban area receiving a grant administered by the Department, a programmatic and financial review of all grants awarded by the Department to prevent, prepare for, protect against, or respond to natural disasters, acts of terrorism, or other man-made disasters, excluding assistance provided under section 203, title IV, or title V of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5133, 5170 et seq., and 5191 et seq.).

The following preparedness grant programs are subject to HSA monitoring requirements:

- Emergency Management Performance Grant Program
- Homeland Security Grant Program
 - Operation Stonegarden Grant Program
 - State Homeland Security Grant Program
 - Urban Area Security Initiative
- Nonprofit Security Grant Program
- Transit Security Grant Program
- Port Security Grant Program

Standard Monitoring Activity: Cash Analysis

Through cash analysis, a GMS assesses and reports on the recipients' cash-on-hand, expenditures, and unliquidated obligations; gauges potential cost share shortfalls; cash on hand issues; and spend down activities within the POP. The analysis reconciles and compares grant disbursement records with the recipient-submitted FFR. This process identifies recipients that may require additional monitoring due to issues identified with drawdowns or FFR submissions.

Enhanced Monitoring Activities: Desk Review, Site Visit

Desk reviews and site visits are two forms of additional monitoring that FEMA conducts on a recipient. Table 1 defines the key differences and similarities.

Table 1 - Enhanced Financial Monitoring Activities (Site Visit and Desk Review)

Attribute	Desk Review	Site Visit
Location/Logistics	A detailed, paper-based review and evaluation conducted at a FEMA office. Desk reviews do not require travel.	A visit by FEMA grants management staff conducted at the site of the recipient's operations and/or selected performance sites. Site visits may require travel.
Materials Reviewed	Required reports, correspondence, and other documentation, including policies and procedures, to substantiate compliance. Additional documentation available remotely may include information available through the grant file, financial reports, interviews, and other documentation and correspondence to verify compliance.	Includes documents listed under the desk review in addition to all applicable documents and required reports necessary to assess recipient capability and progress, validate records, and substantiate compliance with laws, regulations, and policies.
Goal of Monitoring Activity	The goals of FEMA's financial desk review monitoring activities are, as applicable, to: • Review grant files to verify compliance, conduct interviews to confirm adherence to approved program plans, and confirm equipment acquisition,	The goals of FEMA's financial site visit monitoring activities are, as applicable, to: • Review grant files to verify compliance, conduct interviews to confirm adherence to approved program plans, and confirm equipment acquisition, allowable use, and inventory controls;

Attribute	Desk Review	Site Visit
	allowable use, and inventory controls; - Document that recipient institutions possess adequate internal controls, policies, processes, and systems to manage FEMA grants effectively; - Assist the recipient with the grant process and provide guidance to improve recipient administrative efficiencies; - Identify and analyze relevant problems that might prevent the program from achieving its internal and external objectives; and - Provide technical assistance.	- Document that recipient institutions possess adequate internal controls, policies, processes, and systems to manage FEMA grants effectively; - Assist the recipient with the grant process and provide guidance to improve recipient administrative efficiencies; - Identify and analyze relevant problems that might prevent the program from achieving its internal and external objectives; and - Provide technical assistance.

Programmatic Monitoring Overview and Approach

Programmatic monitoring involves oversight throughout the award lifecycle in order for FEMA to verify that programs and projects undertaken by recipients are consistent with approved plans and comply with applicable laws, regulations, program guidance, and the terms and conditions of the award.

FEMA's monitoring approach complies with the monitoring requirements described in section 2022 of the HSA. Programmatic monitoring also plays an important role in ensuring that FEMA preparedness grant funding builds and sustains capabilities at the SLTT levels that advance the National Preparedness Goal. Programmatic monitoring also is an opportunity for FEMA staff to build relationships with recipients and to work collaboratively to identify and mitigate factors that may impede programmatic performance.

Those programs included in the programmatic monitoring approach are listed below, including the programs subject to section 2022 of the HSA and three additional programs (THSGP, IPR, and IBSGP).

Figure 2 - Preparedness Grants Subject to Programmatic Monitoring

- Emergency Management Performance Grant (EMPG) - Homeland Security Grant Program (HSGP) (includes Operation Stonegarden, SHSP, and UASI) - Tribal Homeland Security Grant Program (THSGP) - Nonprofit Security Grant Program (NSGP) - Port Security Grant Program (PSGP) - Transit Security Grant Program (TSGP) - Intercity Bus Security Grant Program (IBSGP) - Intercity Passenger Rail (IPR)
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FEMA uses a risk- and project-based programmatic monitoring framework for its preparedness grant programs that is designed for data-driven grants management and which interacts seamlessly with other aspects of the grant lifecycle. FEMA uses monitoring as a vehicle to validate data previously self-reported by recipients in applications and reporting tools. FEMA does not utilize monitoring as a data collection

tool in and of itself. By specializing monitoring in this way, FEMA avoids duplicative data collection, targets its resources more effectively, and provides stronger and more proactive technical assistance to its recipients. The framework also comprehensively documents grant management decisions for resource allocation.

This programmatic monitoring approach establishes baseline monitoring of all open awards across the FEMA preparedness grant portfolio using a First Line Review (FLR). The FLR identifies recipients and awards with a high potential for noncompliance with regulations or failure to meet project objectives. The FLR uses quantifiable measures (criteria) to prioritize and rank recipients and awards according to identified risks that threaten the success of FEMA's preparedness grant awards. Results of this prioritization process determine which high-risk recipients and awards will receive advanced monitoring. Post-monitoring actions document and communicate findings and recommendations for resolution to the recipients and FEMA leadership and allow for increasingly cohesive programmatic and financial monitoring processes.

Case Studies and Use of Grant-Funded Resources During Real-World Incident Operations

Analyzing the use of grant-funded investments in real-world incidents will improve the ability of FEMA and its SLTT partners to assess the effectiveness of these investments and to better understand how grant funds support improvements in nationwide capability levels. Currently, FEMA conducts case studies with a limited number of grant recipients each year to explore how jurisdictions prioritize grant investments based on risk and capability assessments and the ways specific investments improve SLTT preparedness (<https://www.fema.gov/grant-case-studies>). By accepting the award the recipient agrees to participate in a case study or evaluation if requested.

Conflicts of Interest in the Administration of Federal Awards or Subawards

To avoid conflicts of interest under grant-funded procurements and contracts, refer to the section on Procurement Integrity in the applicable NOFO, this Manual, and 2 C.F.R. §§ 200.317 – 200.326. To eliminate and reduce the impact of conflicts of interest in the subaward process, recipients and pass-through entities must follow their own policies and procedures regarding the elimination or reduction of conflicts of interest when making subawards. Recipients and pass-through entities are also required to follow any applicable federal or SLTT statutes or regulations governing conflicts of interest in the making of subawards.

The recipient or pass-through entity must disclose to the respective Program Analyst or Program Manager, in writing, any real or potential conflict of interest that may arise during the administration of the federal award, as defined by the federal or SLTT statutes or regulations or their own existing policies, within five days of learning of the conflict of interest. Similarly, subrecipients, whether acting as subrecipients or as pass-through entities, must disclose any real or potential conflict of interest to the recipient or next-level pass-through entity as required by the recipient or pass-through entity's conflict of interest policies, or any applicable federal or SLTT statutes or regulations.

Conflicts of interest may arise during the process of FEMA making a federal award in situations where an employee, officer, or agent, any members of his or her immediate family, or his or her partner has a close personal relationship, a business relationship, or a professional relationship, with an applicant, subapplicant, recipient, subrecipient, or FEMA employee.

Period of Performance (POP) Extensions

Extensions to the POP for programs addressed in this Manual are allowed under limited circumstances. Extensions to the initial POP identified in the award will only be considered through formal, written requests to the recipient's FEMA Program Analyst and must contain specific and compelling justifications as to why an extension is required. Recipients are advised to coordinate with the FEMA Program Analyst as needed when preparing an extension request. All extension requests must address the following:

1. The grant program, fiscal year, and award number;
2. Reason for the delay, including details of the legal, policy, or operational challenges that prevent the final outlay of awarded funds by the deadline;
3. Current status of the activity(ies);
4. Approved POP termination date and new project completion date;
5. Amount of funds drawn down to date;
6. Remaining available funds, both federal and non-federal;
7. Budget outlining how remaining federal and non-federal funds will be expended;
8. Plan for completion, including milestones and timeframes for achieving each milestone and the position or person responsible for implementing the plan for completion; and
9. Certification that the activity(ies) will be completed within the extended POP without any modification to the original Statement of Work, as described in the investment justification and as approved by FEMA.

Extension requests will be granted only due to compelling legal, policy, or operational challenges. Extension requests will only be considered for the following reasons:

- Contractual commitments by the grant recipient with vendors or subrecipients prevent completion of the project within the existing POP;
- The project must undergo a complex environmental review that cannot be completed within the existing POP;
- Projects are long-term by design, and therefore acceleration would compromise core programmatic goals; or
- Where other special or extenuating circumstances exist.

Recipients should submit all proposed extension requests to FEMA for review and approval at least 90 days prior to the end of the POP to allow sufficient processing time. Extensions are typically granted for no more than a six-month period.

Procurement Integrity

Through audits conducted by the DHS Office of Inspector General (OIG) and FEMA grant monitoring, findings have shown that some FEMA recipients have not fully adhered to proper procurement requirements when spending grant funds. Anything less than full compliance with federal procurement requirements jeopardizes the integrity of the grant as well as the grant program.

The below highlights the Federal procurement requirements for FEMA recipients when procuring goods and services with federal grant funds. DHS will include a review of recipients' procurement practices as part of the normal monitoring activities. **All procurement activity must be conducted in accordance with Federal Procurement Standards at 2 C.F.R. §§ 200.317 – 200.326.** Select requirements under

these standards are listed below. The recipient and any of its subrecipients must comply with all requirements, even if they are not listed below.

Under 2 C.F.R. § 200.317, when procuring property and services under a federal award, states must follow the same policies and procedures they use for procurements from their non-federal funds; additionally, states must follow 2 C.F.R. § 200.322 regarding procurement of recovered materials, and 2 C.F.R. § 200.326 regarding required contract provisions.

All other non-federal entities, including tribal governments, must use their own documented procurement procedures that reflect applicable SLTT laws and regulations, provided that the procurements conform to applicable federal law and the standards identified in 2 C.F.R. Part 200. These standards include, but are not limited to, providing for full and open competition consistent with the standards of 2 C.F.R. § 200.319.

Competition and Conflicts of Interest

Among the requirements of 2 C.F.R. § 200.319(a) applicable to all non-federal entities other than states, in order to ensure objective contractor performance and eliminate unfair competitive advantage, contractors that develop or draft specifications, requirements, statements of work, or invitations for bids or requests for proposals must be excluded from competing for such procurements. FEMA considers these actions to be an organizational conflict of interest and interprets this restriction as applying to contractors that help a non-federal entity develop its grant application, project plans, or project budget. This prohibition also applies to the use of former employees to manage the grant or carry out a contract when those former employees worked on such activities while they were employees of the non-federal entity.

Under this prohibition, unless the non-federal entity solicits for and awards a contract covering both development and execution of specifications (or similar elements as described above), and this contract was procured in compliance with 2 C.F.R. §§ 200.317 – 200.326, federal funds cannot be used to pay a contractor to carry out the work if that contractor also worked on the development of those specifications. This rule applies to all contracts funded with federal grant funds, including pre-award costs, such as grant writer fees, as well as post-award costs, such as grant management fees.

Additionally, some of the situations considered to be restrictive of competition include, but are not limited to:

- Placing unreasonable requirements on firms in order for them to qualify to do business;
- Requiring unnecessary experience and excessive bonding;
- Noncompetitive pricing practices between firms or between affiliated companies;
- Noncompetitive contracts to consultants that are on retainer contracts;
- Organizational conflicts of interest;
- Specifying only a “brand name” product instead of allowing “an equal” product to be offered and describing the performance or other relevant requirements of the procurement; and
- Any arbitrary action in the procurement process.

Per 2 C.F.R. § 200.319(b), non-federal entities other than states must conduct procurements in a manner that prohibits the use of statutorily or administratively imposed SLTT geographical preferences in the evaluation of bids or proposals, except in those cases where applicable federal statutes expressly mandate or encourage geographic preference. Nothing in this section preempts state licensing laws. When contracting for architectural and engineering services, geographic location may be a selection criterion provided its application leaves an appropriate number of qualified firms, given the nature and size of the

project, to compete for the contract. Under 2 C.F.R. § 200.318(c)(1), non-federal entities other than states are required to maintain written standards of conduct covering conflicts of interest and governing the actions of their employees engaged in the selection, award, and administration of contracts. **No employee, officer, or agent may participate in the selection, award, or administration of a contract supported by a federal award if he or she has a real or apparent conflict of interest.** Such conflicts of interest would arise when the employee, officer or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in or a tangible personal benefit from a firm considered for a contract.

The officers, employees, and agents of the non-federal entity may neither solicit nor accept gratuities, favors, or anything of monetary value from contractors or parties to subcontracts. However, non-federal entities may set standards for situations in which the financial interest is not substantial, or the gift is an unsolicited item of nominal value. The standards of conduct must provide for disciplinary actions to be applied for violations of such standards by officers, employees, or agents of the non-federal entity. If the recipient or subrecipient (other than states) has a parent, affiliate, or subsidiary organization that is not a state, local government, territory, or Indian tribe, the non-federal entity must also maintain written standards of conduct covering organizational conflicts of interest. In this context, organizational conflict of interest means that because of a relationship with a parent company, affiliate, or subsidiary organization, the non-federal entity is unable or appears to be unable to be impartial in conducting a procurement action involving a related organization. The non-federal entity must disclose in writing any potential conflicts of interest to FEMA or the pass-through entity in accordance with applicable FEMA policy.

Supply Schedules and Purchasing Programs

Generally, a non-federal entity may seek to procure goods or services from a federal supply schedule, state supply schedule, or group purchasing agreement.

General Services Administration Schedules

States, tribes, and local governments, and any instrumentality thereof (such as local education agencies or institutions of higher education) may procure goods and services from a General Services Administration (GSA) schedule. GSA offers multiple efficient and effective procurement programs for state, tribal, and local governments, and instrumentalities thereof, to purchase products and services directly from pre-vetted contractors. The GSA Schedules (also referred to as the Multiple Award Schedules and the Federal Supply Schedules) are long-term government-wide contracts with commercial firms that provide access to millions of commercial products and services at volume discount pricing.

Information about GSA programs for states, tribes, and local governments, and instrumentalities thereof, can be found at <https://www.gsa.gov/resources-for/programs-for-State-and-local-governments> and <https://www.gsa.gov/buying-selling/purchasing-programs/gsa-schedules/schedule-buyers/state-and-local-governments>.

For tribes, local governments, and their instrumentalities that purchase off of a GSA schedule, this will satisfy the federal requirements for full and open competition provided that the recipient follows the GSA ordering procedures; however, tribes, local governments, and their instrumentalities will still need to follow the other rules under 2 C.F.R. §§ 200.317 – 200.326, such as contract cost and price (§ 200.323) and solicitation of minority, women-owned, or small businesses (§ 200.321).

Other Supply Schedules and Programs

For non-federal entities other than states, such as tribes, that want to procure goods or services from a state supply schedule, cooperative purchasing program, or other similar program, in order for such procurements to be permissible under federal requirements, the following must be true:

- The procurement of the original contract or purchasing schedule and its use by the non-federal entity complies with state and local law, regulations, and written procurement procedures;
- The state or other entity that originally procured the original contract or purchasing schedule entered into the contract or schedule with the express purpose of making it available to the non-federal entity and other similar types of entities;
- The contract or purchasing schedule specifically allows for such use, and the work to be performed for the non-federal entity falls within the scope of work under the contract as to type, amount, and geography;
- The procurement of the original contract or purchasing schedule complied with all of the procurement standards applicable to a non-federal entity other than states under at 2 C.F.R. §§ 200.317 – 200.326; and
- With respect to the use of a purchasing schedule, the non-federal entity must follow ordering procedures that adhere to applicable state, tribal, and local laws and regulations and the minimum requirements of full and open competition under 2 C.F.R. Part 200.

If a non-federal entity other than a state seeks to use a state supply schedule, cooperative purchasing program, or other similar type of arrangement, FEMA recommends the recipient discuss the procurement plans with its FEMA Program Analyst.

Procurement Documentation

Per 2 C.F.R. § 200.318(i), non-federal entities other than states and territories are required to maintain and retain records sufficient to detail the history of procurement covering at least the rationale for the procurement method, contract type, contractor selection or rejection, and the basis for the contract price. States and territories are encouraged to maintain this information as well and are reminded that in order for any cost to be allowable, it must be adequately documented per 2 C.F.R. § 200.403(g). Examples of the types of documents that would cover this information include but are not limited to:

- Solicitation documentation, such as requests for quotes, invitations for bids, or requests for proposals;
- Responses to solicitations, such as quotes, bids, or proposals;
- Pre-solicitation independent cost estimates and post-solicitation cost/price analyses on file for review by federal personnel, if applicable;
- Contract documents and amendments, including required contract provisions; and
- Other documents required by federal regulations applicable at the time a grant is awarded to a recipient.

Record Retention

Record Retention Period

The record retention period **may be longer than three years** in certain cases. These include:

- Records for real property and equipment acquired with Federal funds must be retained for 3 years after final disposition of the property. *See* 2 C.F.R. § 200.333(c).

- If any litigation, claim, or audit is started before the expiration of the 3-year period, the records must be retained until all litigation, claims, or audit findings involving the records have been resolved and final action taken. *See* 2 C.F.R. § 200.333(a).
- The record retention period will be extended if the recipient is notified in writing of the extension by DHS/FEMA, the cognizant or oversight agency for audit, or the cognizant agency for indirect costs. *See* 2 C.F.R. § 200.333(b).
- Where DHS/FEMA requires recipients to report program income after the period of performance ends, the program income record retention period begins at the end of the recipient's fiscal year in which program income is earned. *See* 2 C.F.R. § 200.333(e).
- For indirect cost rate proposals, cost allocation plans, or other rate computation records, the start of the record retention period depends on whether the indirect cost rate documents were submitted for negotiation. If the indirect cost rate documents were submitted for negotiation, the record retention period begins from the date those documents were submitted for negotiation. If indirect cost rate documents were not submitted for negotiation, the record retention period begins at the end of the recipient's fiscal year or other accounting period covered by that indirect cost rate. *See* 2 C.F.R. § 200.333(f).

Types of Records to Retain

FEMA requires that non-federal entities maintain the following documentation for federally funded purchases:

- Specifications
- Solicitations
- Competitive quotes or proposals
- Basis for selection decisions
- Purchase orders
- Contracts
- Invoices
- Cancelled checks

Non-federal entities should keep detailed records of all transactions involving the grant. FEMA may at any time request copies of any relevant documentation and records, including purchasing documentation along with copies of cancelled checks for verification. *See, e.g.,* 2 C.F.R. §§ 200.318(i), 200.333, 200.336. In order for any cost to be allowable, it must be adequately documented per 2 C.F.R. § 200.403(g). Non-federal entities who fail to fully document all purchases may find their expenditures questioned and subsequently disallowed.

Actions to Address Noncompliance

Non-federal entities receiving financial assistance from FEMA are required to comply with requirements in the terms and conditions of their awards or subawards, including the terms set forth in applicable federal statutes, regulations, NOFOs, policies, and this Manual. Throughout the award lifecycle or even after an award has been closed, FEMA or the pass-through entity may discover potential or actual noncompliance on the part of a recipient or subrecipient. This potential or actual noncompliance may be discovered through routine monitoring, audits, closeout, or reporting from various sources.

In the case of any potential or actual noncompliance, FEMA may place special conditions on an award per 2 C.F.R. §§ 200.207 and 200.338, FEMA may place a hold on funds until the matter is corrected, or additional information is provided per 2 C.F.R. § 200.338, or it may do both. In the event the noncompliance is not able to be corrected by imposing additional conditions or if the recipient or

subrecipient refuses to correct the matter, FEMA may use other remedies allowed under 2 C.F.R. § 200.338. These remedies include actions to disallow costs, recover funds, wholly or partly suspend or terminate the award, initiate suspension and debarment proceedings, withhold further federal awards, or take other actions that may be legally available.

FEMA may discover and take action on noncompliance even after an award has been closed. The closeout of an award does not affect FEMA's right to disallow costs and recover funds as long the action to disallow costs takes place during the record retention period. *See* 2 C.F.R. §§ 200.333, 200.344(a). Closeout also does not affect the obligation of the non-federal entity to return any funds due as a result of later refunds, corrections, or other transactions. 2 C.F.R. § 200.344(a)(2). The types of funds FEMA might attempt to recover include, but are not limited to, improper payments, cost share reimbursements, program income, interest earned on advance payments, or equipment disposition amounts.

FEMA may seek to recover disallowed costs through a Notice of Potential Debt Letter, Remedy Notification, or other letter. The document will describe the potential amount owed, the reason why FEMA is recovering the funds, the recipient's appeal rights, how the amount can be paid, and the consequences for not appealing or paying the amount by the deadline. If the recipient neither appeals nor pays the amount by the deadline, the amount owed will become final. Potential consequences if the debt is not paid in full or otherwise resolved by the deadline include the assessment of interest, administrative fees, and penalty charges; administratively offsetting the debt against other payable federal funds; and transferring the debt to the U.S. Department of the Treasury for collection.

FEMA notes the following common areas of noncompliance for the preparedness grant programs:

- Insufficient documentation and lack of record retention.
- Failure to follow the procurement under grants requirements.
- Failure to submit closeout documents in a timely manner.
- Failure to follow EHP requirements.
- Failure to comply with the POP deadline.

Audits

FEMA grant recipients are subject to audit oversight from multiple entities including the DHS OIG, the GAO, the pass-through entity, or independent auditing firms for single audits, and may cover activities and costs incurred under the award. Auditing agencies such as the DHS OIG, the GAO, and the pass-through entity, if applicable, and FEMA in its oversight capacity, must have access to records pertaining to the FEMA award. Recipients and subrecipients must retain award documents for at least three years from the date the final FFR is submitted, and longer in some cases, subject to the requirements of 2 C.F.R. § 200.333. In the case of administrative closeout, documents must be retained for at least three years from the date of closeout, or longer, subject to 2 C.F.R. § 200.333. If documents are retained longer than the required retention period, the DHS OIG, GAO, and pass-through entity, as well as FEMA in its oversight capacity, have the right to access these records as well. *See* 2 C.F.R. §§ 200.333, 200.336.

Additionally, non-federal entities must comply with the single audit requirements at 2 C.F.R. Part 200, Subpart F. Specifically, non-federal entities, other than for-profit subrecipients, that expend \$750,000 or more in federal awards during their fiscal year must have a single or program-specific audit conducted for that year in accordance with Subpart F. 2 C.F.R. § 200.501. A single audit covers all federal funds expended during a fiscal year, not just FEMA funds. The cost of audit services may be allowable per 2 C.F.R. § 200.425, but non-federal entities must select auditors in accordance with 2 C.F.R. § 200.509,

including following the proper procurement procedures. For additional information on single audit reporting requirements, see the section in this Manual titled “Single Audit Report.”

The objectives of single audits are to:

- Determine if financial statements conform to generally accepted accounting principles (GAAP);
- Determine whether the schedule of expenditures of federal awards is presented fairly;
- Understand, assess, and test the adequacy of internal controls for compliance with major programs; and
- Determine if the entity complied with applicable laws, regulations, and contracts or grants.

For single audits, the auditee is required to prepare financial statements reflecting its financial position, a schedule of federal award expenditures, and a summary of the status of prior audit findings and questioned costs. The auditee also is required to follow up and take appropriate corrective actions on new and previously issued but not yet addressed audit findings. The auditee must prepare a corrective action plan to address the new audit findings. 2 C.F.R. §§ 200.508, 200.510, 200.511.

Non-federal entities must have an audit conducted, either single or program-specific, of their financial statements and federal expenditures annually or biennially pursuant to 2 C.F.R. § 200.504. Non-federal entities must also follow the information submission requirements of 2 C.F.R. § 200.512, including submitting the audit information to the [Federal Audit Clearinghouse](#) within the earlier of 30 calendar days after receipt of the auditor’s report(s) or nine months after the end of the audit period. The audit information to be submitted include the data collection form described at 2 C.F.R. § 200.512(c) and Appendix X to 2 C.F.R. Part 200 as well as the reporting package described at 2 C.F.R. § 200.512(b).

The non-federal entity must retain one copy of the data collection form and one copy of the reporting package for three years from the date of submission to the Federal Audit Clearinghouse. 2 C.F.R. § 200.512; *see also* 2 C.F.R. § 200.517 (setting requirements for retention of documents by the auditor and access to audit records in the auditor’s possession).

FEMA, the DHS OIG, the GAO, and the pass-through entity, if applicable, as part of monitoring or as part of an audit, may review a non-federal entity’s compliance with the single audit requirements. In cases of continued inability or unwillingness to have an audit conducted in compliance with 2 C.F.R. Part 200, Subpart F, FEMA and the pass-through entity, if applicable, are required to take appropriate remedial action under 2 C.F.R. § 200.338 for noncompliance, pursuant to 2 C.F.R. § 200.505.

Disability and Limited English Proficiency Integration

Preparedness grant recipients should engage with the whole community to advance individual and community preparedness and to work as a nation to build and sustain resilience. In doing so, recipients are encouraged to consider the needs of individuals with disabilities and limited English proficiency in the activities and projects funded by the grant.

FEMA expects that the integration of the needs of people with disabilities and limited English proficiency will occur at all levels, including planning; alerting, notification, and public outreach; training; purchasing of equipment and supplies; protective action implementation; and exercises/drills. The following are examples that demonstrate the integration of the needs of people with disabilities and limited English proficiency in carrying out FEMA awards:

- Include representatives of organizations that work with/for people with disabilities on planning committees, work groups and other bodies engaged in development and implementation of the grant programs and activities.
- Hold all activities related to the grant in locations that are accessible to persons with physical disabilities to the extent practicable.
- Acquire language translation services, including American Sign Language, that provide public information across the community and in shelters.
- Ensure shelter-specific grant funds are in alignment with FEMA's [Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters](#).
- If making alterations to an existing building to a primary function area utilizing federal funds, complying with the most recent codes and standards and making path of travel to the primary function area accessible to the greatest extent possible.
- Implement specific procedures used by public transportation agencies that include evacuation and passenger communication plans and measures for individuals with disabilities.
- Identify, create, and deliver training to address any training gaps specifically aimed toward whole-community preparedness. Include and interact with individuals with disabilities, aligning with the designated program capability.
- Establish best practices in inclusive planning and preparedness that consider physical access, language access, and information access. Examples of effective communication access include providing auxiliary aids and services such sign language interpreters, Computer Aided Real-time Translation (CART), and materials in braille or alternate formats.

FEMA grant recipients can fund projects towards the resiliency of the whole community, including people with disabilities and limited English proficiency, such as training, outreach, and safety campaigns, provided that the project aligns with the applicable NOFO, this Manual, applicable appendix to this Manual, and the terms and conditions of the award. For specific guidelines on funding a disability or limited English proficiency inclusive project, please refer to the program-specific appendix in this Manual.

National Campaigns and Programs

Preparedness grant funding can generally be used to support the following campaigns and programs that have been developed by or in partnership with DHS or FEMA.

Whole Community Preparedness

Preparedness is a shared responsibility; it calls for the involvement of everyone — not just the government — in preparedness efforts. By working together, everyone can help keep the nation safe from harm and help keep it resilient when struck by hazards, such as natural disasters, acts of terrorism, and pandemics. Whole Community includes:

- Individuals and families, including those with access and functional needs
- Businesses
- Faith-based and community organizations
- Nonprofit groups
- Schools and academia
- Media outlets
- All levels of government, including state, local, tribal, territorial, and federal partners

The phrase “whole community” appears repeatedly in preparedness materials, as it is one of the guiding principles. It means two things:

1. Involving people in the development of national preparedness documents.
2. Ensuring their roles and responsibilities are reflected in the content of the materials.

Additional information on incorporating whole community preparedness may be available in the applicable program-specific appendix to this Manual.

Active Shooter Preparedness

DHS aims to enhance national preparedness through a whole-community approach by providing the necessary products, tools, and resources to help all stakeholders prepare for and respond to an active shooter incident. To that end, DHS has developed a comprehensive Active Shooter Preparedness website, which includes informational resources, available at <https://www.dhs.gov/active-shooter-preparedness>.

An additional resource, the Joint DHS and Federal Bureau of Investigation (FBI) Countering Violent Extremism (CVE) and Active Shooter Web Portal is located within the Homeland Security Information Network (HSIN). The portal provides a restricted-access forum to share Unclassified, For Official Use Only (FOUO), Sensitive but Unclassified (SBU), and Law Enforcement Sensitive (LES) information. The portal provides users and training practitioners with accurate, appropriate, and relevant CVE and Active Shooter training development resources, subject-matter expert information, and outreach initiatives. It also has forums to provide feedback, products useful to others, and allows participants to ask questions concerning CVE or the Active Shooter Program. Persons with a job-related duty, public service interest, or who support a CVE and/or Active Shooter program can request access to this Portal. Additional information can be found at: <https://www.dhs.gov/cveas-portal#>.

States and Urban Areas are encouraged to review the referenced [active shooter guidance](#), evaluate their preparedness needs, and consider applying for funding to address any needs identified in this area (please see the most current Notice of Funding Opportunity (NOFO) for allowable costs). To address training needs associated with active shooter incidents, FEMA's Emergency Management Institute provides a free, web-based training course entitled *IS-907: Active Shooter: What You Can Do*, available at the following website: <https://training.fema.gov/is/courseoverview.aspx?code=is-907>.

Soft Targets and Crowded Places

There are continued and growing threats facing Soft Targets and Crowded Places (ST-CP) throughout the nation. ST-CPs are those locations or environments that are easily accessible to large numbers of people on a predictable or semi-predictable basis that have limited security or protective measures in place. These locations are vulnerable to attack using simple tactics and readily accessible weapons such as small arms, edged weapons, vehicles, improvised explosive devices, and unmanned aerial systems. ST-CPs can include places such as town centers, shopping malls, open-air venues, outside hard targets/venues perimeters, and other places of meeting and gathering. DHS is committed to reducing the risk of attacks against ST-CPs and the impact of attacks if they do occur. However, the protection and security of ST-CPs is a shared responsibility among whole community partners including the public, ST-CP owners and operators, security industry partners, the Federal Government, and SLTT government partners. States, territories, urban areas, and public and private sector partners are encouraged to identify security gaps and build capabilities that address security needs of ST-CPs, understanding the unique challenges related to protecting locations that are open to the public. States, territories, urban areas, and public and private sector partners are also encouraged to use resources to instill a culture of awareness, vigilance, and preparedness. For more information and additional resources, please see the DHS's [Hometown Security Program](#).

Community Lifelines

In response to recent disasters, FEMA has introduced a new lifeline construct in order to enable the continuous operation of government functions and critical business essential to human health, safety, or economic security during and after a disaster. Decision-makers must rapidly determine the scope, complexity, and interdependent impacts of a disaster. Applying the lifelines construct allows decision-makers to:

- Prioritize, sequence, and focus response efforts towards maintaining or restoring the most critical services and infrastructure;
- Utilize a common lexicon to facilitate unity of purpose among all stakeholders;
- Promote a response that facilitates unity of purpose and better communication among the whole community (federal, state, tribal, territorial, and local governments, and private sector and non-governmental entities); and
- Clarify which components of the disaster are complex (multifaceted) or complicated (difficult), requiring cross-sector coordination.

Lifelines will be used to:

- Enhance the ability to gain, maintain, and communicate situational awareness for the whole community in responding to disasters;
- Analyze impacts to the various lifelines and develop priority focus areas for each operational period during response;

- Identify and communicate complex interdependencies to identify major limiting factors hindering stabilization; and
- Update the National Response Framework to reflect use of lifelines in response planning.

Lifelines include opportunities to:

- Enable a true unity of effort between government, non-governmental organizations, and the private sector, including infrastructure owners and operators;
- Integrate preparedness efforts, existing plans, and identify unmet needs to better anticipate response requirements; and
- Refine reporting sources and products to enhance situational awareness, best determine capability gaps, and demonstrate progress towards stabilization.

For more information on lifelines, please visit <https://www.fema.gov/media-library/assets/documents/177222>.

Strategic Framework for Countering Terrorism and Targeted Violence

Terrorist organizations remain a core priority of DHS' s counterterrorism efforts and we will continue to make substantial progress in our ability to detect, prevent, protect against, and mitigate the threats that these groups pose. DHS has developed the [DHS Strategic Framework for Countering Terrorism and Targeted Violence](#) which explains how the department will use the tools and expertise that have protected and strengthened the country from foreign terrorist organizations to address the evolving challenges of today.

Program Appendix A:

Homeland Security Grant Program (HSGP)

Alignment of HSGP to the National Preparedness System

The Nation uses the National Preparedness System to build, sustain, and deliver core capabilities to achieve the National Preparedness Goal (the Goal). Recipients will use the National Preparedness System to support their efforts to build, sustain, and deliver these core capabilities. The components of the National Preparedness System are Identifying and Assessing Risk, Estimating Capability Requirements, Building and Sustaining Capabilities, Planning to Deliver Capabilities, Validating Capabilities, and Reviewing and Updating. Additional information on the National Preparedness System is available at <http://www.fema.gov/national-preparedness-system>.

As the National Preparedness System matures, we are getting better data on our capabilities as a nation that can be used to drive our focus and our resources at all levels. States and territories provide annual data on their proficiency across [32 core capabilities](#) through the [THIRA](#), [SPR](#), after-action reports, and other preparedness data. This data feeds into the [National Preparedness Report](#) and forms a shared national picture of needs relative to capability gaps—including what threats and hazards are posing the greatest risks, and what core capabilities are most in need of improvement or sustainment. Communities and federal agencies alike use this data to prioritize, synchronize, and guide programs and activities to build and sustain capabilities. Analytic results help shape prioritization decisions at FEMA and across the nation to make sure we are focusing our time and our resources in the right areas.

The HSGP provides financial support to SLTT jurisdictions to help them build, sustain, and deliver core capabilities identified in the Goal. A key focus and requirement of the HSGP is to prevent terrorism and other catastrophic events and to prepare the Nation for the threats and hazards that pose the greatest risk to the security of the United States, including risks along the Nation's borders. When applicable, funding should support deployable assets that can be used anywhere in the Nation through automatic assistance and mutual aid agreements, including, but not limited to, the Emergency Management Assistance Compact (EMAC).

The HSGP supports investments that improve the ability of jurisdictions nationwide to:

- Prevent a threatened or an actual act of terrorism;
- Protect citizens, residents, visitors, and assets against the threats that pose the greatest risk to the security of the United States;
- Mitigate the loss of life and property by lessening the impact of future catastrophic events;
- Respond quickly to save lives, protect property and the environment, and meet basic human needs in the aftermath of a catastrophic incident; and/or
- Recover through a focus on the timely restoration, strengthening, accessibility, and revitalization of infrastructure, housing, and a sustainable economy, as well as the health, social, cultural, historic, and environmental fabric of communities affected by a catastrophic incident, and do so in a manner that engages the whole community while ensuring the protection of civil rights.

Reporting on the Implementation of the National Preparedness System

Identifying and Assessing Risk and Estimating Capability Requirements

By December 31, 2020, states, territories, and high-risk urban areas are required to complete a THIRA/SPR that addresses all 32 core capabilities and is compliant with Comprehensive Preparedness Guide (CPG) 201, Third Edition. Specific guidance on the requirements for each core capability will be forthcoming in 2020, as some core capabilities have fewer reporting requirements than others. Beginning in 2020, jurisdictions will also be required to respond to a series of planning-related questions as part of the THIRA/SPR.

Jurisdictions are required to submit a THIRA every three (3) years to establish a consistent baseline for assessment. While the THIRA will be only required every three years, jurisdictions will continue to be required to submit an SPR annually. For additional guidance on the THIRA/SPR, please refer to [Comprehensive Preparedness Guide \(CPG\) 201, Third Edition](#).

Reporting

- States and territories will submit their THIRA and SPR through the Unified Reporting Tool (URT) on [Prep Toolkit](#) no later than December 31 of the applicable year (every three years for THIRA and each year for SPR).
- High-risk urban areas that receive UASI funding will submit their THIRA/SPR through the URT on [Prep Toolkit](#) no later than December 31 for the years during which they have UASI funding.
- States, territories and high-risk urban areas should work collaboratively to create the most accurate THIRA and SPR possible. States, territories, and high-risk urban areas may share scenarios, targets, and assessed capabilities when appropriate.
- Please contact FEMA-SPR@fema.dhs.gov if you have questions.

Building and Sustaining Capabilities

States, territories, and high-risk urban areas must prioritize and align SHSP and UASI grant funding investments in building and sustaining capabilities in areas that align with the national priorities in the annual HSGP NOFO and capability gaps identified in their THIRA and SPR.

Reporting

In each HSGP recipient's BSIR, as part of programmatic monitoring, the recipient must describe how expenditures support closing capability gaps or sustaining capabilities identified in the THIRA and SPR. HSGP recipients must, on a project-by-project basis, check one of the following:

- Building a capability with HSGP funding
- Sustaining a capability with HSGP funding

NIMS Implementation

Recipients receiving HSGP funding are required to implement the National Incident Management System (NIMS). NIMS defines a national, interoperable approach for sharing resources, coordinating and managing incidents, and communicating information. Incident management refers to how incidents are managed across all homeland security activities, including prevention, protection, mitigation, response, and recovery. HSGP recipients must use standardized resource management concepts for resource typing, credentialing, and an inventory to facilitate the effective identification, dispatch, deployment, tracking, and recovery of resources.

Reporting

- Recipients report on NIMS implementation through the URT.

Planning to Deliver Capabilities

Recipients shall develop and maintain, jurisdiction-wide, all threats and hazards Emergency Operations Plans (EOPs) consistent with [Comprehensive Preparedness Guide 101, Version 2.0 \(CPG 101 v2\)](#), [Developing and Maintaining Emergency Operations Plans \(November 2010\)](#). Recipients must update their EOPs at least once every two years.

Reporting

- Recipients report EOP compliance with CPG 101 v2 in the URT.

Validating Capabilities

All recipients will develop and maintain a progressive exercise program consistent with Homeland Security Exercise and Evaluation Program (HSEEP) guidance in support of the National Exercise Program (NEP). The NEP serves as the principal exercise mechanism for examining national preparedness and measuring readiness. The NEP is a two-year cycle of exercises across the nation that validates capabilities in all preparedness mission areas. The two-year NEP cycle is guided by Principals' Strategic Priorities, established by the National Security Council and informed by preparedness data from jurisdictions across the Nation.

To develop and maintain a progressive exercise program consistent with HSEEP and in support of the NEP, recipients should engage senior leaders and other whole community stakeholders to identify preparedness priorities. These priorities should be informed by various factors, including jurisdiction-specific threats and hazards (i.e., the THIRA); areas for improvement identified by real-world events and exercises; external requirements such as state or national preparedness reports, homeland security policy, and industry reports; and accreditation standards, regulations, or legislative requirements. Recipients should document these priorities and use them to deploy a schedule of preparedness events in a multi-year Training and Exercise Plan (TEP) or an Integrated Preparedness Plan (IPP). Information related to TEPs and Training and Exercise Planning Workshops (TEPWs), as well as information about IPPs and Integrated Preparedness Planning Workshops (IPPWs), can be found on the HSEEP website at <https://www.fema.gov/HSEEP> and <https://preptoolkit.fema.gov/>.

The NEP provides exercise sponsors the opportunity to receive exercise design and delivery assistance, tools and resources, enhanced coordination, and the ability to directly influence and inform policy and preparedness programs. If you have any questions, or would like to request assistance through the NEP, please visit the NEP website at: <https://www.fema.gov/national-exercise-program>, or reach out to the National Exercise Program directly at NEP@fema.dhs.gov.

- Recipients must have a current multi-year TEP or IPP that identifies preparedness priorities and activities. The current multi-year TEP or IPP must be submitted to hseep@fema.dhs.gov before January 31 of each year.
 - Recipients are encouraged to enter their exercise information into the Preparedness Toolkit at <https://preptoolkit.fema.gov/>.
- Recipients must submit After-Action Report (AAR)/Improvement Plans (IPs) to hseep@fema.dhs.gov and indicate which fiscal year's funds were used (if applicable).
- Submission of AAR/IPs must take place no later than December 31 of each year. Recipients are encouraged to submit AAR/IPs within 90 days after completion of the single exercise or progressive series.

- Recipients are encouraged to submit AAR/IPs reflecting table top exercises which validate critical plans or those reflecting large-scale functional or full-scale exercises which took place at the state, territorial, tribal, or UASI level. Recipients are discouraged from submitting AAR/IPs specific to local jurisdictions which reflect drills.
- If a recipient endures a significant real-world incident during the calendar year, they can submit the AAR from that event in place of one or more of the exercises AARs depending on the size and scale of the incident. Jurisdictions submitting real world AARs should include a request to do so with the AAR submission to hseep@fema.dhs.gov.
- Recipients can access a sample AAR/IP template at: <https://preptoolkit.fema.gov/web/hseep-resources/improvement-planning>.

Fusion Centers

A critical component of the national response to the 9/11 terrorist attacks was the development of a national-level, decentralized, and coordinated terrorism-related information sharing environment (ISE). State and local governments, supported by federal investments from DHS, the Department of Justice (DOJ), Department of Health and Human Services (HHS), and other federal agencies, established the National Network of Fusion Centers (National Network), which became the backbone of the national ISE. This National Network, comprised of 80 state and major urban area fusion centers, collaborates and shares information with partners from all levels of government and the private sector, as well as other field-based information sharing partners, including High-Intensity Drug Trafficking Areas (HIDTAs), and Regional Information Sharing Systems (RISS) Centers, Joint Terrorism Task Forces (JTTFs), and major city/county intelligence units, among others.

National Network participation in the Nationwide Suspicious Activity Reporting (SAR) Initiative enables fusion centers to receive and analyze suspicious activity reporting and other tips/leads from frontline public safety personnel, the private sector, and the public, and ensure the sharing of SARs with the Federal Bureau of Investigation's JTTFs for further investigation. In addition to those activities identified in the National Prevention Framework, fusion centers are also required to collaborate with those analytic, investigative, and information-sharing focused entities to combat transnational criminal organizations in support of efforts to enhance capabilities for detecting, deterring, disrupting, and preventing acts of terrorism. Such entities include, but are not limited to JTTFs, Area Maritime Security Committees, Border Enforcement Security Task Forces, Integrated Border Enforcement Teams, HIDTAs, and RISS Centers. Applicants should describe their collaboration plan and proposed efforts in their required Fusion Center Investment Justification.

Today's threats—including terrorism, drugs, active shooters, targeted violence, transnational organized crime, and cyber—require federal, state, and local governments to leverage this national capacity to effectively respond to the evolving nature of the various national and homeland security threats confronting our Nation. Ultimately, timely analysis of key indicators from local, state, and federal partners will enable all stakeholders to identify emerging threats and develop and implement data-driven strategies to prevent, protect against, mitigate, and respond effectively.

To underscore the importance of the National Network as a critical component of our Nation's distributed homeland security and counterterrorism architecture, FEMA preparedness grants will continue to prioritize support for designated fusion centers (<http://www.dhs.gov/fusion-center-locations-and-contact-information>) and the maturation of the ISE. Fusion centers **must** prioritize the following capabilities to further enable and mature this national asset and strengthen the collective capacity to identify, collect,

analyze, and share information, and to disseminate actionable and strategic intelligence to key stakeholders:

- **Addressing Emerging Threats:** Fusion centers provide a national-level, decentralized, and coordinated ISE across all levels of government and disciplines that can be leveraged and applied to address emerging threats to homeland security, national security, public safety, and/or public health, and especially those threats that may have little or no warning. Fusion centers should leverage and build upon their terrorism-focused analytic and information-sharing capabilities so they can be applied to address threats across the DHS mission space, including transnational organized criminal activity, cyber threats, and natural hazards, among others that require close collaboration with DHS operational entities such as Custom and Border Protection (CBP), Immigration and Customs Enforcement (ICE), United States Secret Service (USSS), the Cybersecurity and Infrastructure Security Agency (CISA), the United States Coast Guard (USCG), and FEMA.
- **Analytic Capability:** Fusion centers must maintain a strong analytic capability at both tactical and strategic levels to address a wide array of threats or hazards that could have implications for homeland security or national security. This capability includes, but is not limited to:
 - Building and sustaining a capable workforce of analysts who have the necessary experience and training; access to open source, unclassified and classified information, products, data, and suspicious activity reporting; as well as necessary services and technology to facilitate analytic capabilities and collaboration.
 - Conducting routine threat assessments for their respective jurisdictions, including the identification of threats, intelligence gaps, and mitigation efforts.
 - Establishing, formalizing, and maintaining bi-directional information sharing with federal and other state agencies in accordance with state authorities.
 - Maintaining an ability to routinely support federal government efforts to watchlist terrorists and transnational organized crime actors.
 - Appropriately planning for, and assessing/forecasting, prioritizing, and executing against both known and emerging threat vectors, while protecting privacy, civil rights, and civil liberties.

Fusion centers should also consider their operational capacity when aligning manpower and resources in support of this capability (e.g., the ability to maintain watch and analytic support functions over a 24/7 operational tempo).

- **Technological Integration:** Access to data, information, and products is essential for fusion centers and the federal government to effectively identify, collect, analyze, and share information. Just as threats do not stop at jurisdictional borders, fusion centers must be able to effectively access and share appropriate information and data across jurisdictions, agencies, and disciplines. Fusion centers must **ensure and certify via the Fusion Center Assessment** they have the necessary technological capacity to access, analyze, and share information, including criminal intelligence and online/social media threat information, both within their jurisdictions, as well as with other fusion centers across the country and with the Federal government through a variety of systems, databases, tools, and technologies that allow for federated searching and data/information analysis that protects PII and includes appropriate privacy, civil rights, and civil liberties protections. This includes maintenance of the ability to collect, integrate, evaluate, and assess SAR, tips/leads, data resident in computer aided dispatch (CAD) and record management systems (RMS), and online/social media-based threats from agencies across the jurisdiction. Such approaches should also address the evaluation and use of emerging capabilities, including social network analysis, federated search technology across CAD, RMS, and other data systems,

complex data indexing, social media, open source, facial recognition, unmanned aircraft systems, geographic information systems (GIS), and license plate reader technologies.

- **Interagency Collaboration:** Fusion centers must maintain strong partnerships to enable operational, investigative, and analytic collaboration and deconfliction of threat information with other partners located within their jurisdiction and across their region, including HIDTAs, RISS Centers, DHS intelligence and operational entities, FBI Field Offices, JTTFs, and major city/county intelligence units.

State and urban area fusion centers receiving SHSP or UASI grant funds will be evaluated based on compliance with the guidance and requirements for the National Network as set forth by DHS Intelligence and Analysis (I&A) through the annual Fusion Center Assessment.

- Additional fusion center grant requirements are listed at <http://www.dhs.gov/homeland-security-grant-program-hsgp>.
- DHS/FEMA approved analyst courses that meet the grant requirement are listed at <http://www.dhs.gov/fema-approved-intelligence-analyst-training-courses>.

Through the Program Performance Report (PPR), fusion centers will report on the compliance with measurement requirements within the fusion centers through the annual Fusion Center Assessment managed by DHS I&A and reported to FEMA. In addition to the activities identified in the National Prevention Framework, fusion centers are also **required** to collaborate with those analytic, investigative, and information-sharing entities focused on preventing, detecting, deterring, and disrupting acts of terrorism and combating transnational criminal organizations. Such entities include, but are not limited to JTTFs, Area Maritime Security Committees, Border Enforcement Security Task Forces, Integrated Border Enforcement Teams, HIDTAs, and RISS Centers. **Applicants will be required to provide information regarding their information sharing partnerships, including how they will identify, address, and overcome any existing laws, policies, and practices that prevent information sharing, via the Fusion Center Assessment.**

Continuity of Operations

Continuity planning and operations are an inherent element of each core capability and the coordinating structures that provide them. Continuity operations increase resilience and the probability that organizations can perform essential functions in the delivery of core capabilities that support the mission areas. FEMA is responsible for coordinating the implementation and development, execution, and assessment of continuity capabilities among executive departments and agencies. To support this role, FEMA develops and promulgates the Continuity Guidance Circular (CGC) for federal and SLTT governments, non-governmental organizations, and private sector critical infrastructure owners and operators. Federal Continuity Directives (FCDs) establish continuity program and planning requirements for executive departments and agencies. This direction and guidance assists in developing capabilities for continuing the essential functions of federal and SLTT governmental entities, as well as public/private critical infrastructure owners, operators, and regulators enabling them.

Presidential Policy Directive 40, FCD 1, FCD 2, and CGC outline the overarching continuity requirements and guidance for organizations and provides methodology and checklists. For additional information on continuity programs, guidance, and directives, visit <https://www.fema.gov/continuity-guidance-circular-cgc> and <https://www.fema.gov/national-continuity-programs>.

Governance

In keeping with the guiding principles of governance for all FEMA preparedness programs, recipients must coordinate activities across preparedness disciplines and levels of government, including state, territorial, local, and tribal governments. A cohesive planning framework should incorporate FEMA resources as well as those from other federal and SLTT entities, the private sector, and faith-based community organizations. Specific attention should be paid to how available preparedness funding sources can effectively support a whole community approach to emergency preparedness and management and the enhancement of core capabilities. To ensure this, the SAA must establish or reestablish a unified Senior Advisory Committee (SAC). Additionally, urban areas are required to establish Urban Area Working Groups (UAWGs) representative of the counties, cities, towns, and tribes within the high-risk urban area, including, as appropriate, representatives of rural jurisdictions, high-population jurisdictions, and high-threat jurisdictions.

Senior Advisory Committee (SAC)

The SAC builds upon previously established advisory bodies under the SHSP, UASI program, Nonprofit Security Grant Program (NSGP), Transit Security Grant Program (TSGP), and Port Security Grant Program (PSGP). Examples of advisory bodies that should be included on a SAC include UAWGs, Statewide Interoperability Governing Boards (SIGB), Area Maritime Security Committees (AMSCs), Regional Transportation Security Working Groups (RTSWG), Citizen Corps Whole Community Councils, Disability Inclusion Working Groups, and Children's Working Groups. The membership of the SAC must reflect a state's unique risk profile and the interests of the five mission areas as outlined in the Goal. Further, the SAC must include representatives that were involved in the production of the state's THIRA and SPR.

SAC Composition and Scope

SAC membership shall include at least one representative from relevant stakeholders including:

- Individuals from the counties, cities, towns, and Indian tribes within the state or high-risk urban area, including, as appropriate, representatives of rural, high-population, and high-threat jurisdictions of UASI-funded urban areas
- Representatives that were involved in the production of the state's THIRA and SPR
- State and urban area Chief Information Officers (CIOs) and Chief Information Security Officers (CISOs)
- Statewide Interoperability Coordinator (SWIC) and Statewide Interoperability Governing Body (SIGB) members
- Citizen Corps Whole Community Councils
- Local or tribal government officials
- Tribal organizations
- Emergency response providers, including representatives of the fire service, law enforcement, emergency medical services, and emergency managers
- Public health officials and other appropriate medical practitioners
- Hospitals
- Individuals representing educational institutions, including elementary schools, middle schools, junior high schools, high schools, community colleges, and other institutions of higher education
- State and regional interoperable communications coordinators, as appropriate
- State and major urban area fusion centers, as appropriate
- Nonprofit, faith-based, and other voluntary organizations, such as the American Red Cross

Additionally, program representatives from the following entities should be members of the SAC (as applicable): State Primary Care Association, State Homeland Security Advisor (HSA) (if this role is not also the SAA), State Emergency Management Agency (EMA) Director, State Public Health Officer, State Awardee for HHS' Hospital Preparedness Program, State Public Safety Officer (and SAA for Justice Assistance Grants, if different), State Coordinator for the DoD 1033 Program (also known as the Law Enforcement Support Office (LESO) Program), State Court Official, State Emergency Medical Services (EMS) Director, State Trauma System Manager, Statewide Interoperability Coordinator, State Citizen Corps Whole Community Council, the State Emergency Medical Services for Children (EMSC) Coordinator, State Education Department, State Human Services Department, State Child Welfare Services, State Juvenile Justice Services, Urban Area POC, Senior Members of AMSCs, Senior Members of the RTSWG, Senior Security Officials from Major Transportation Systems, and the Adjutant General.

SACs are encouraged to develop subcommittee structures, as necessary, to address the issue or region-specific considerations. The SAC must include whole community intrastate and interstate partners as applicable and have balanced representation among entities with operational responsibilities for terrorism/disaster prevention, protection, mitigation, response, and recovery activities within the State, and include representation from the stakeholder groups and disciplines identified above.

The above membership requirement does not prohibit states, Urban Areas, regional transit and port entities, or other recipients of FEMA preparedness funding from retaining their existing structure under separate programs; however, at a minimum, those bodies must support and feed into the larger SAC. The composition, structure, and charter of the SAC should reflect this focus on building core capabilities, instead of simply joining previously existing advisory bodies under other grant programs. For designated high-risk urban areas, the SAA Point of Contacts (POCs) are responsible for identifying and coordinating with the POC for the UAWG, which should be a member of the SAC. The POC's contact information must be provided to FEMA with the grant application. SAAs must work with existing urban areas to ensure that information for current POCs is on file with FEMA.

Finally, FEMA recommends that organizations advocating on behalf of youth, older adults, individuals with disabilities, individuals with limited English proficiency and others with access and functional needs, socio-economic factors and cultural diversity be invited to participate in the SAC. Applicants must submit the list of SAC members and the SAC charter at the time of application as an attachment in ND Grants. SAAs will use the URT to verify compliance with SAC charter requirements.

SAC Responsibilities

The responsibilities of a SAC include:

- Integrating preparedness activities across disciplines, the private sector, nonprofit, faith-based, and community organizations, and SLTT governments, with the goal of maximizing coordination and reducing duplication of effort;
- Creating a cohesive planning network that builds and implements preparedness initiatives using FEMA resources, as well as other federal, SLTT, private sector, and faith-based community resources;
- Management of all available preparedness funding sources to ensure their effective use and to minimize duplication of effort;
- Ensuring investments support closing capability gaps or sustaining capabilities identified in the THIRA/SPR;

- Assist in preparation and revision of the state, regional, or local homeland security plan or the threat and hazard identification and risk assessment, as the case may be; and
- Assist in determining effective funding priorities for SHSP grants.

SAC Charter

The governance of the SHSP and UASI programs through the SAC should be directed by a charter. All members of the SAC should sign and date the charter showing their agreement with its content and their representation on the Committee. Revisions to the governing charter must be sent to the recipient's assigned FEMA HQ Program Analyst. The SAC charter must at a minimum address the following:

- A detailed description of the SAC's composition and an explanation of key governance processes, including how the SAC is informed by the state's and UASI's THIRA/SPR;
- A description of the frequency at which the SAC will meet;
- How the committee will leverage existing governance bodies;
- A detailed description of how decisions on programmatic priorities funded by SHSP and UASI are made and how those decisions will be documented and shared with its members and other stakeholders, as appropriate; and
- A description of defined roles and responsibilities for financial decision making and meeting administrative requirements.

To ensure ongoing coordination efforts, SAAs are encouraged to share community preparedness information submitted in a state's BSIR with members of the SAC. SAAs are also encouraged to share their THIRA/SPR data with members of the SAC who are applying for other FEMA preparedness grants to enhance their understanding of statewide capability gaps. The charter should be made available upon request to promote transparency in decision-making related to SHSP and UASI activities.

To manage this effort and to further reinforce collaboration and coordination across the stakeholder community, a portion of the 20% holdback of a state or territory award may be utilized by the SAA to support the SAC and to ensure representation and active participation of SAC members. Funding may be used for hiring and training planners, establishing and maintaining a program management structure, identifying and managing projects, conducting research necessary to inform the planning process, and developing plans that bridge mechanisms, documents, protocols, and procedures.

Urban Area Working Group (UAWG)

UASI program implementation and governance must include regional partners and should have balanced representation among entities with operational responsibilities for prevention, protection, mitigation, response, and recovery activities within the region. In some instances, high-risk urban area boundaries cross state borders. States must ensure that the identified urban areas take an inclusive regional approach to the development and implementation of the UASI program and involve the contiguous jurisdictions, mutual aid partners, port authorities, rail and transit authorities, state agencies, Statewide Interoperability Coordinators, Citizen Corps Whole Community Council(s), and campus law enforcement in their program activities.

UAWG Composition and Scope

Pursuant to section 2003(b) of the *Homeland Security Act of 2002* (codified as amended at 6 U.S.C. § 604(b)), eligible high-risk urban areas were determined based on an analysis of relative risk of the 100 most populous Metropolitan Statistical Areas (MSAs), as defined by the Office of Management and Budget (OMB). MSAs are used by FEMA to determine eligibility for participation in the program.

Geographical areas queried do not equate to minimum mandated membership representation of an urban area, nor does this guarantee funding for geographical areas queried. UAWGs are not required to expand or contract existing urban area participation to conform to MSA composition. Detailed information on MSAs is publicly available from the United States Census Bureau at <https://www.census.gov/programs-surveys/metro-micro.html>.

An SAA must confirm a specific POC with the designated high-risk urban area. The SAA POC is responsible for identifying and coordinating with the POC for the UAWG. This information must be provided to FEMA with the grant application. SAAs must work with existing high-risk urban areas to ensure that information for current POCs is on file with FEMA.

Membership in the UAWG must provide either direct or indirect representation for all relevant jurisdictions and response disciplines (including law enforcement, fire service, EMS, hospitals, public health, and emergency management) that comprise the defined high-risk urban area. It must also be inclusive of local Whole Community Citizen Corps Council and tribal representatives. The UAWG should also include at least one representative from each of the following significant stakeholders:

- Local or tribal government officials
- CIO and CISO
- Emergency response providers, which shall include representatives of the fire service, law enforcement, emergency medical services, and emergency managers
- Public health officials and other appropriate medical practitioners, including Health Care Coalitions (HCCs)
- Individuals representing educational institutions, including elementary schools, middle schools, junior high schools, high schools, community colleges, and other institutions of higher education
- State and regional interoperable communications coordinators, as appropriate state and major urban area fusion centers, as appropriate

In addition to representatives from the local jurisdictions and tribes within the state or high-risk urban area, the UAWG should include officials responsible for the administration of Centers for Disease Control and Prevention's (CDC's) and the HHS Assistant Secretary for Preparedness and Response's (ASPR's) cooperative agreements. Finally, it must be inclusive of members advocating on behalf of youth, older adults, individuals with disabilities, individuals with limited English proficiency and others with access and functional needs, socio-economic factors, and cultural diversity.

High-risk urban areas will use the URT to verify UAWG structure and membership. The list of UAWG members must also be submitted at the time of application as an attachment in ND Grants. High-risk urban areas must notify the SAA and the FEMA Headquarters Program Analyst of any updates to the UAWG structure or membership after the application is submitted.

UAWG Responsibilities

UAWGs must ensure that applications for funding under the UASI program support closing capability gaps or sustaining capabilities identified in the high-risk urban area's THIRA/SPR. The UAWG should support state efforts to develop the SPR, particularly as it relates to UASI-funded activities. The UAWG, in coordination with the SAA POC, must develop a methodology for allocating funding available through the UASI program. The UAWG must reach consensus on all UASI funding allocations. If consensus cannot be reached within the 45-day period allotted for the state to obligate funds to subrecipients, the SAA must make the allocation determination. The SAA must provide written documentation verifying

the consensus of the UAWG or the failure to achieve otherwise on the allocation of funds and submit it to FEMA immediately after the 45-day period allotted for the state to obligate funds to subrecipients. Any UASI funds retained by the state must be used in direct support of the high-risk urban area. States must provide documentation to the UAWG, and FEMA upon request, demonstrating how any UASI funds retained by a state are directly supporting the high-risk urban area.

UAWG Charter

In keeping with sound project management practices, the UAWG must ensure that its approach to critical issues such as membership, governance structure, voting rights, grant management and administration responsibilities, and funding allocation methodologies are formalized in a working group charter or another form of standard operating procedure related to the UASI program governance. The charter must also outline how decisions made in UAWG meetings will be documented and shared with UAWG members. The UAWG charter must be submitted at the time of application as an attachment in ND Grants and must be on file with FEMA prior to drawing down UASI funding. It also must be available to all UAWG members to promote transparency in decision making related to the UASI program.

Supplemental SHSP and UASI Guidance

Collaboration

Collaboration with Other Federal Preparedness Programs

FEMA strongly encourages states, high-risk urban areas, tribes, and territories to understand other federal preparedness programs in their jurisdictions and to work with them in a collaborative manner to leverage all available resources and avoid duplicative activities. For example, HHS has two robust preparedness programs—CDC’s Public Health Emergency Preparedness (PHEP) cooperative agreement and ASPR’s Hospital Preparedness Program (HPP) cooperative agreement—that focus on preparedness capabilities. CDC’s 15 public health preparedness capabilities and ASPR’s 4 healthcare preparedness capabilities serve as operational components for many of the core capabilities, and collaboration with the PHEP directors and HPP coordinators can build capacity around shared interests and investments that fall in the scope of these HHS cooperative agreements and the HSGP.

States and urban areas should coordinate among the entire scope of federal partners, national initiatives, and grant programs to identify opportunities to leverage resources when implementing their preparedness programs. These may include but are not limited to: Medical Reserve Corps; Emergency Medical Services for Children grants; ASPR HPP; CDC PHEP; CDC Cities Readiness Initiative; Strategic National Stockpile Programs; EMS; DOJ grants; the Department of Defense 1033 Program (also known as the Law Enforcement Support Office (LESO) Program); and the Resilience Directorate/Office of Infrastructure Protection’s (OIP) Regional Resilience Assessment Program (RRAP). However, coordination is not limited to grant funding. It also includes leveraging assessments such as a Transportation Security Agency’s (TSA) Baseline Assessment and Security Enhancement (BASE), reporting from the Intelligence Community, risk information such as U.S. Coast Guard’s Maritime Security Risk Analysis Model (MSRAM), and United States Border Patrol (USBP) Sector Analysis.

Each SHSP- and UASI-funded investment that addresses biological risk, patient care, or health systems preparedness should be implemented in a coordinated manner with other federal programs that support biological and public health incident preparedness such as those administered by HHS ASPR, CDC, and the U.S. Department of Transportation’s (DOT) National Highway Traffic Safety Administration (NHTSA). Other federal agencies participating in the Emergency Preparedness Grant Coordination process are working to identify current preparedness activities and areas for collaboration across federal

grants with public health and healthcare preparedness components. The participating other federal agencies include:

- HHS ASPR
- HHS CDC
- HHS Health Resources and Services Administration (HRSA)
- DOT NHTSA

Federal agencies are actively coordinating guidance and technical assistance and encourage all recipients to actively coordinate preparedness activities for their jurisdictions. More information on the Emergency Preparedness Grant Coordination process can be found [here](#).

Collaboration with Health Care Coalitions (HCCs)

HCCs are regional entities comprised of health care, public health, emergency management, and emergency medical services organizations that plan and respond together, leverage resources, and address challenges in health care delivery brought on by public health and medical incidents. Given that many of the risks being mitigated include the potential for a range of mass casualties, including those across the Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE) spectrum, planning efforts should include the participation of HCCs and should take into account the elements and capabilities articulated in the 2017-2022 Health Care Preparedness and Response Capabilities (<https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>).

Collaboration with Nonprofit Organizations

SHSP and UASI recipients are encouraged to work with the nonprofit community to address terrorism and all-hazards prevention concerns, seek input on the needs of the nonprofit sector, and support the goals of their investments.

Collaboration with Tribes

FEMA strongly encourages states, high-risk urban areas, and territories to work with tribal nations in overall initiatives such as whole community preparedness and emergency management planning.

Whole Community Preparedness

SHSP and UASI recipients should engage with the whole community to advance community and individual preparedness and to work as a nation to build and sustain resilience. Recipients should consider the three goals of the 2018-2022 FEMA Strategic Plan in their program design and delivery, specifically Strategic Goal 1: Build a Culture of Preparedness and Strategic Goal 2: Ready the Nation for Catastrophic Disasters. Recipients should integrate program design and delivery practices that ensure representation and services for under-represented diverse populations that may be more impacted by disasters including children, seniors, individuals with disabilities or access and functional needs, individuals with diverse culture and language use, individuals with lower economic capacity, and other underserved populations. Individual preparedness must be coordinated by an integrated body of government and nongovernmental representatives as well, including but not limited to, elected officials, the private sector (especially privately owned critical infrastructure), private nonprofits, nongovernmental organizations (including faith-based, community-based, and voluntary organizations), advocacy groups for under-represented diverse populations that may be more impacted by disasters including children, seniors, individuals with disabilities or access and functional needs, individuals with diverse culture and language use, individuals with lower economic capacity, and other underserved populations.

In addition to Community Emergency Response Team (CERT) programs, the following preparedness programs are allowable expenses:

- **Financial Preparedness Activities** that encourage and assist Americans in preparing for the true cost of disasters. Allowable activities include encouraging emergency savings, promoting home and renter's insurance, and promoting flood insurance for individuals and families. Partnerships with local financial wellness organizations such as credit unions, financial counselors, community banks, and others that reach a variety of audiences are encouraged.
- **Preparedness of Community-Based Organizations** that serve as a critical safety net for Americans disproportionately impacted by disasters. Examples of community-based organizations include but are not limited to food banks, food pantries, homeless shelters, school readiness and after school centers, adult day care centers, job training centers, legal assistance centers, and cultural centers. Allowable activities include Whole Community exercises, trainings, and activities focused on staff preparedness, information sharing with clients and government, and continuity of essential functions in the event of an emergency.
- **Youth Preparedness Resources** to support practitioners as they create and run programs in their communities are available at www.ready.gov/kids. The interactive website is a one-stop shop with search features, tools, and resources for parents, caregivers, and educators to help engage kids and young people on emergency and disaster preparedness. Site visitors can find information, programs, curricula, and games and activities that engage and teach youth and their families to be prepared. Ready.gov/kids also has resources to support the integration and implementation of children's disaster-related needs into preparedness, planning, response and recovery efforts initiated by state, local, territorial and tribal governments, and stakeholders responsible for the temporary care of children.

Supplemental Operation Stonegarden Grant (OPSG) Program Guidance

OPSG supports enhanced cooperation and coordination among Customs and Border Protection (CBP), United States Border Patrol (USBP), and federal, state, local, tribal, and territorial law enforcement agencies to improve overall border security. OPSG provides funding to support joint efforts to secure the United States' borders along routes of ingress/egress to and from international borders to include travel corridors in states bordering Mexico and Canada, as well as states and territories with international water borders. OPSG also further enhances the sharing of threat information and intelligence between federal, state, local, tribal, and territorial law enforcement agencies through the development and sustainment of a capable workforce of analysts that have the necessary experience and training, access to open source, unclassified and classified information, products, data, and suspicious activity reporting, as well as necessary services and technology to facilitate analytic capabilities and collaboration.

State, local, tribal, and territorial (SLTT) law enforcement agencies will utilize their own law enforcement authorities to support the CBP and USBP border security mission and will not receive any additional authority as a result of participation in the grant. An OPSG award does not provide any additional authority to SLTT law enforcement agencies. More specifically, SLTT law enforcement agencies are not empowered through OPSG to enforce immigration authorities under Title 8 of the U.S. Code (i.e., the *Immigration and Nationality Act*).

SLTT law enforcement agencies are expected utilize their own jurisdictional authority in support of enhanced border security unless some other agreement applies. SLTT law enforcement agencies are

further expected to operate within the bounds of all applicable laws, to include federal laws, state statutes, and local laws, policies, and procedures.

OPSG is intended to support Border States and territories of the United States in accomplishing the following objectives:

- Increase intelligence and operational capabilities to prevent, protect against, and respond to border security issues
- Increase coordination and collaboration among federal and SLTT law enforcement agencies
- Continue the distinct capability enhancements required for border security and border protection
- Provide intelligence-based operations through USBP Sector Level experts to ensure safety and operational oversight of federal and SLTT law enforcement agencies participating in OPSG operational activities
- Support a request to any Governor to activate, deploy, or redeploy specialized National Guard Units/Packages and/or elements of state law enforcement to increase or augment specialized/technical law enforcement elements operational activities
- Continue to increase operational, material, and technological readiness of SLTT law enforcement agencies
- Enhance the sharing of threat information and intelligence between federal and SLTT law enforcement agencies.
- Develop and sustain a capable workforce of analysts that have the necessary experience and training, as well as access to open source, unclassified, and/or classified information, products, data and suspicious activity reporting, and the necessary services and technology to facilitate these analytic activities.

OPSG funds must be used to provide an enhanced law enforcement presence and to increase operational and intelligence capabilities of federal and SLTT law enforcement, promoting a layered, coordinated approach to law enforcement within Border States and territories of the United States.

- **Federal and SLTT OPSG Integrated Planning Team (IPT).** Federal and SLTT partners must establish and maintain a formalized OPSG IPT with representation from all participating law enforcement agencies, co-chaired by representatives from USBP, the SAA, and participating law enforcement agencies' OPSG program representatives.
- No fewer than two IPT meetings must take **place during every funding year**:
 - Prior to submitting the Concept of Operations (application)
 - Prior to submitting the Campaign Plan
- OPSG funds may be used for travel and per diem in support of the IPTs and OPSG strategic planning events as long as the costs are otherwise compliant with other program and regulatory requirements.

Coordination Requirements

All operational plans should be crafted in cooperation and coordination among federal and SLTT partners. Consideration will be given to applications that are coordinated across multiple jurisdictions. All applicants must coordinate with the USBP Sector Headquarters with geographic responsibility for the applicant's location in developing and submitting an Operations Order with an embedded budget to the SAA. OPSG funds must be used to provide increased operational capabilities to SLTT partners in support of enhanced border security through:

- Enhanced Law Enforcement Presence

- Enhanced Situational Awareness
- Enhanced Intelligence Collection and Distribution

After awards are announced, prospective recipients will re-scope the draft Operations Order and resubmit it as a final Operations Order with an embedded budget based on actual dollar amounts awarded. The appropriate Sector Headquarters will approve final Operations Orders and forward those orders to Headquarters, Office of Border Patrol, Washington, DC, before funding is released. Recipients may not begin operations, obligate, or expend any funds until FEMA and USBP Headquarters have approved the final Operations Order and the embedded budget and removed any existing special conditions and/or restrictions.

Transportation Costs and Costs Related to the Provision of Acute Medical Care

Please see [Information Bulletin No. 438](#) for information on transportation costs and costs related to the provision of acute medical care under an OPSG award.

HSGP Funding Guidelines

Recipients must comply with all the requirements in 2 C.F.R. Part 200 (*Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*). In general, recipients should consult with their FEMA HQ Program Analyst prior to making any investment that does not clearly meet the allowable expense criteria. Funding guidelines established within this section support the five mission areas—Prevention, Protection, Mitigation, Response, and Recovery—and associated core capabilities within the Goal. Allowable investments made in support of the national priorities, as well as other capability-enhancing projects must have a nexus to terrorism preparedness and fall into the categories of planning, organization, exercises, training, or equipment, aligned to closing capability gaps or sustaining capabilities identified in the THIRA/SPR. Recipients are encouraged to use grant funds for evaluating grant-funded project effectiveness and return on investment. FEMA encourages recipients to provide the results of that analysis to FEMA.

Multiple Purpose or Dual-Use of Funds

For both SHSP and UASI, many activities that support the achievement of core capabilities related to the national priorities and terrorism preparedness may simultaneously support enhanced preparedness for other hazards unrelated to acts of terrorism. However, all SHSP- and UASI-funded projects must assist recipients and subrecipients in achieving core capabilities related to preventing, preparing for, protecting against, or responding to acts of terrorism per section 2008(c) of the *Homeland Security Act of 2002* (6 U.S.C. § 609(c)).

Planning (SHSP and UASI)

SHSP and UASI funds may be used for a range of emergency preparedness and management planning activities such as those associated with the development, review, and revision of the THIRA, SPR, continuity of operations plans, and other planning activities that support the Goal and placing an emphasis on updating and maintaining a current EOP that conforms to the guidelines outlined in [CPG 101 v2](#).

Organization (SHSP and UASI)

States and high-risk urban areas must justify proposed expenditures of SHSP or UASI funds to support organization activities within their Investment Justification (IJ) submission. Organizational activities include:

- Program management

- Development of whole community partnerships, through groups such as Citizen Corp Councils
- Structures and mechanisms for information sharing between the public and private sector
- Implementing models, programs, and workforce enhancement initiatives to address ideologically inspired radicalization to violence in the homeland
- Tools, resources, and activities that facilitate shared situational awareness between the public and private sectors
- Operational Support
- Utilization of standardized resource management concepts such as typing, inventorying, organizing, and tracking to facilitate the dispatch, deployment, and recovery of resources before, during, and after an incident
- Responding to an increase in the threat level under the National Terrorism Advisory System (NTAS) or needs resulting from a National Special Security Event
- Paying salaries and benefits for personnel to serve as qualified Intelligence Analysts. Per the *Personnel Reimbursement for Intelligence Cooperation and Enhancement of Homeland Security Act (PRICE Act)*, Pub. L. No. 110-412, § 2, codified in relevant part, as amended, at 6 U.S.C. § 609(a), SHSP and UASI funds may be used to hire new staff and/or contractor positions to serve as intelligence analysts to enable information/intelligence sharing capabilities, as well as support existing intelligence analysts previously covered by SHSP or UASI funding. *See* 6 U.S.C. § 609(a). To be hired as an intelligence analyst, staff and/or contractor personnel must meet at least one of the following criteria:
 - Complete training to ensure baseline proficiency in intelligence analysis and production within six months of being hired; and/or,
 - Previously served as an intelligence analyst for a minimum of two years either in a federal intelligence agency, the military, or state and/or local law enforcement intelligence unit.
- All fusion center analytical personnel must demonstrate qualifications that meet or exceed competencies identified in the Common Competencies for state, local, and tribal intelligence analysts, which outlines the minimum categories of training needed for intelligence analysts. A certificate of completion of such training must be on file with the SAA and must be made available to the recipient's respective FEMA HQ Program Analyst upon request.

All SAAs are allowed to use up to 50% of their SHSP funding, and all high-risk urban areas are allowed to use up to 50% of their UASI funding, for personnel costs per 6 U.S.C. § 609(b)(2)(A). Personnel hiring, overtime, and backfill expenses are permitted under this grant only to the extent that such expenses are for the allowable activities within the scope of the grant. Personnel expenses may include, but are not limited to training and exercise coordinators, program managers and planners, intelligence analysts, and Statewide Interoperability Coordinators (SWICs).

At the request of a recipient, the FEMA Administrator (or their designee) may grant a waiver of this 50% limitation under 6 U.S.C. § 609(b)(2)(B). Requests for waivers to the personnel cap must be submitted by the authorized representative of the SAA to FEMA in writing on official letterhead, with the following information:

- Documentation explaining why the cap should be waived
- Conditions under which the request is being submitted
- A budget and method of calculation of personnel costs both in percentages of the grant award and in total dollar amount.

Please see [IB 421b](#) for additional information on the waiver request process.

Organizational activities under SHSP and UASI include:

Operational Overtime Costs. In support of efforts to enhance capabilities for detecting, deterring, disrupting, and preventing acts of terrorism and other catastrophic events, operational overtime costs are allowable for increased protective security measures at critical infrastructure sites or other high-risk locations and to enhance public safety during mass gatherings and high-profile events. In that regard, HSGP recipients are urged to consider using grant funding to support soft target preparedness activities. SHSP or UASI funds may be used to support select operational expenses associated with increased security measures in the authorized categories cited in the table below, but this table is not exhaustive. FEMA retains the discretion to approve other types of requests that do not fit within one of the categories of the table.

Table 2 - Authorized Operational Overtime Categories

	Category	Description
1	National Terrorism Advisory System (NTAS)	Security measures in response to an <u>increase in the threat level</u> under the NTAS to an “elevated” or “imminent” alert status. FEMA Information Bulletin No. 367, Impact of National Terrorism Advisory System on Homeland Security Grant Programs , remains applicable; therefore, advance authorization from FEMA is not required. Refer to https://www.dhs.gov/topic/ntas for additional information on the NTAS.
2	National Security Special Event (NSSE)	Security measures for a <u>designated</u> NSSE. NSSEs are events of national or international significance deemed by DHS to be a potential target for terrorism or other criminal activity.
3	Special Event Assessment Rating (SEAR) Level 1 through Level 4 Events	Security measures required for SEAR Level 1 through Level 4 events as designated by DHS and included in the DHS National Special Events List, as defined below: • SEAR 1: A significant event with national and/or international importance that may require extensive federal interagency support; • SEAR 2: A significant event with national and/or international importance that may require some level of federal interagency support. • SEAR 3: An event of national and/or international importance that requires only limited federal support. • SEAR 4: An event with limited national importance that is managed at state and local level. NOTE: In cases where a threat of terrorism can be associated with a SEAR Level 5 event, the event planners should coordinate with their state or territory Homeland Security Advisor to seek re-adjudication of the SEAR rating. Operational overtime for security measures associated with such events will be considered for approval by FEMA if re-adjudication results in a SEAR 1 through 4 rating.
4	States of Emergency	Declarations of states of emergency by the Governor <u>associated with a terrorism-related threat or incident</u> . This excludes Presidentially declared major disasters or emergencies where federal funding support for the proposed grant-funded activity is made available

	Category	Description
		through the FEMA Public Assistance program or other federal disaster grants.
5	National Critical Infrastructure Prioritization Program (NCIPP)	Protection of Level 1 and Level 2 facilities identified through DHS's NCIPP <u>based on a terrorism-related threat</u> to critical infrastructure.
6	Directed Transit Patrols	Targeted security patrols in airports and major transit hubs <u>based on a terrorism-related threat</u> to transportation systems.
7	Other Related Personnel Overtime Costs	Overtime costs may be authorized for personnel assigned to directly support any of the security activities relating to the categories above. Examples include firefighters and emergency medical services personnel; public works employees who may be responsible for installing protective barriers and fencing; public safety personnel assigned to assist with event access and crowd control; emergency communications specialists; fusion center analysts; National Guard; contract security services; etc.
8	Operational Support to a Federal Agency	Overtime costs are allowable for personnel to participate in information, investigative, and intelligence sharing activities related to homeland security/terrorism preparedness and specifically requested by a federal agency. Allowable costs are limited to overtime associated with federally requested participation in eligible activities, including anti-terrorism task forces, JTTFs, Area Maritime Security Committees (as required by the <i>Maritime Transportation Security Act of 2002</i>), DHS Border Enforcement Security Task Forces, and Integrated Border Enforcement Teams. In addition, reimbursement for operational overtime law enforcement activities related to combating transnational crime organizations in support of efforts to enhance capabilities for detecting, deterring, disrupting, and preventing acts of terrorism is an allowable expense under SHSP and UASI on a case-by-case basis. Grant funding can only be used in proportion to the federal man-hour estimate and only after funding for these activities from other federal sources (i.e., FBI JTTF payments to state and local agencies) has been exhausted.

All allowable operational overtime costs are also subject to the administration requirements outlined in the following subsection.

Administration of Operational Overtime Requests

- Except for an elevated NTAS alert, SHSP or UASI funds may only be spent for operational overtime costs upon prior written approval by FEMA. The SAA must submit operational overtime requests in writing to its assigned FEMA Program Analyst (PA). FEMA will consider requests for special event activities up to one year in advance. However such requests must be within the award's current POP and must not result in the need for a request to extend the period of performance. SAAs should contact the Centralized Scheduling and Information Desk (CSID)

for PA contact information. CSID can be reached by phone at (800) 368-6498 or by e-mail at askcsid@fema.dhs.gov, Monday through Friday, 9:00 a.m. – 5:00 p.m. ET.

- All operational overtime requests must clearly explain how the request meets the criteria of one or more of the categories listed in the table above. Requests must address the threat environment as it relates to the event or activity requiring operational overtime support and explain how the overtime activity is responsive to the threat. Request letters sent to FEMA must be UNCLASSIFIED but may be labeled “For Official Use Only.” If explaining the threat will require the sharing of classified information, the letter should state that fact. FEMA will then plan for the sharing of classified information through official channels.
- Post-event operational overtime requests will only be considered on a case-by-case basis, where it is demonstrated that exigent circumstances prevented submission of a request in advance of the event or activity.
- Under no circumstances may DHS/FEMA grant funding be used to pay for costs already supported by funding from another federal source.
- States with UASI jurisdictions can use funds retained at the state level to reimburse eligible operational overtime expenses incurred by the state (per the above guidance limitations). Any UASI funds retained by the state must be used in direct support of the high-risk urban area. States must provide documentation to the UAWG and DHS/FEMA upon request demonstrating how any UASI funds retained by a state would directly support the high-risk urban area.
- FEMA will consult and coordinate with appropriate DHS components as necessary to verify information used to support operational overtime requests. For example, the review of operational overtime requests for the protection of critical infrastructure will be coordinated with DHS Office of Cyber and Infrastructure Analysis to verify the Level I or Level II NCIPP designation. Also, DHS Office of Intelligence and Analysis will be consulted to validate reported threat information associated with the event or activity.

Personnel Costs. Personnel hiring, overtime, and backfill expenses are permitted under this grant to perform allowable HSGP planning, training, exercise, and equipment activities. Personnel may include but are not limited to training and exercise coordinators, program managers for activities directly associated with SHSP and UASI funded activities, intelligence analysts, and Statewide interoperability coordinators (SWIC).

For further details, SAAs should refer to [Information Bulletin No. 421b](#), Clarification on the Personnel Reimbursement for Intelligence Cooperation and Enhancement of Homeland Security Act of 2008 (Public Law 110–412 – the PRICE Act), October 30, 2019, or contact their FEMA PA. HSGP funds may not be used to support the hiring of any personnel to fulfil traditional public health and safety duties nor to supplant traditional public health and safety positions and responsibilities. The following definitions apply to personnel costs:

- *Hiring.* State and local entities may use grant funding to cover the salary of newly hired personnel who are exclusively undertaking allowable DHS/FEMA grant activities as specified in this guidance. This may not include new personnel who are hired to fulfill any non-DHS/FEMA program activities under any circumstances. Hiring will always result in a net increase of Full Time Equivalent (FTE) employees.
- *Overtime.* These expenses are limited to the additional costs that result from personnel working over and above 40 hours of weekly work time as the direct result of their performance of DHS/FEMA-approved activities specified in this guidance. Overtime associated with any other activity is not eligible.
- *Backfill-Related Overtime.* Also called “Overtime as Backfill,” these expenses are limited to overtime costs that result from personnel who are working overtime (as identified above) to

perform the duties of other personnel who are temporarily assigned to DHS/FEMA-approved activities outside their core responsibilities. Neither overtime nor backfill expenses are the result of an increase of FTE employees.

- *Supplanting.* Grant funds will be used to supplement existing funds and will not replace (supplant) funds that have been appropriated for the same purpose. Applicants or recipients may be required to supply documentation certifying that a reduction in non-federal resources occurred for reasons other than the receipt or expected receipt of federal funds.

OPSG funds may be used for domestic travel and *per diem*, including costs associated with the deployment/redeployment of personnel to border areas and for travel associated with law enforcement entities assisting other local jurisdictions in law enforcement activities. In addition, allowable costs include supporting up to six-month deployment of law enforcement personnel to critical Southwest Border locations for operational activities (travel costs must be in accordance with applicable travel regulations).

Organization (OPSG)

Operational Overtime Costs

OPSG funds should be used for operational overtime costs associated with law enforcement activities in support of border law enforcement agencies for increased border security enhancement. Overtime pay is for enhanced patrol for certified public safety officers, along with limited support for other law enforcement direct support personnel (e.g., Communication Officers/Dispatchers, non-sworn patrol pilots, etc.). Overtime shall be reimbursed consistent with the non-federal entity's overtime policy and the requirements as stated below:

- Overtime is time worked that exceeds the required number of hours during an employee's designated shift.
- Overtime must be worked to increase patrol capacity and be in support of identified and approved USBP border security operations.
- The OPSG overtime hourly rate of pay will be no more than the approved overtime rate per local law and policy and must be in accordance with applicable state and federal regulations.
- All overtime expenses under OPSG must be reasonable for the services rendered and conform to the non-federal entity's established written policy, which must apply to both federally funded and non-federally funded activities and comply with the other applicable requirements under 2 C.F.R. §§ 200.430-200.431.
- The non-federal entity may not utilize OPSG funding to pay for an employee's overtime hours or pay that exceeds 16 hours worked in any 24-hour period.

Personnel Costs

Up to 50% of an OPSG award may be used to pay for all personnel costs (only to the extent that such expenses are for the allowable activities within the scope of the grant). At the request of a recipient or subrecipient, the FEMA Administrator (or designee) may waive the 50% personnel cap. Waiver decisions are at the discretion of the FEMA Administrator and will be considered on a case-by-case basis in accordance with [IB 421b](#), 6 U.S.C. § 609(b)(2). A formal OPSG personnel waiver request should:

- Be on official letterhead, include a written justification, and be signed by the local jurisdiction.
- Include a budget and method of calculation of personnel costs both in the percentage of the grant award and in total dollar amount, reflecting the change in scope or objective to the project.
- Include an approved Operations Order from the USBP Sector office that supports the local jurisdiction's written justification.
- Be coordinated with the USBP Sector, SAA, and the DHS/CBP Office of the Border Patrol (OBP).

Further, changes in scope or objective also require FEMA's prior written approval pursuant to 2 C.F.R. § 200.308(c)(1)(i). If the cost changes are allowable under the grant, a Fragmentary Order (FRAGO) must be submitted to HSIN to obtain FEMA's prior written approval of such changes in accordance with 2 C.F.R. § 200.308(c)(1)(i). These modifications will be annotated in the annex section of the FRAGO.

OPSG funds may be used to pay additional current part-time law enforcement personnel salaries to bring them to temporary full-time status. OPSG funds may support a Governor's request to activate, deploy, or redeploy specialized National Guard Units/Package and/or elements of state law enforcement serving as friendly forces to increase or augment specialized/technical law enforcement elements' operational activities. Costs associated with backfill for personnel supporting operational activities are allowable.

As with all OPSG personnel costs, OPSG grant funds will be used to supplement existing funds and will not replace (supplant) funds that have been appropriated for the same purpose. Applicants or recipients may be required to supply documentation certifying that a reduction in non-federal resources occurred for reasons other than the receipt or expected receipt of federal funds.

Intelligence Support

OPSG funds may as applicable and operationally beneficial be used to pay salaries and benefits for personnel to serve as qualified Intelligence Analysts. Per the 6 U.S.C. § 609(a), OPSG funds may be used to hire new staff and/or contractor positions to serve as intelligence analysts to enable and enhance information/intelligence sharing capabilities, as well as support existing intelligence analysts previously covered by OPSG funding. *See* 6 U.S.C. § 609(a). Qualified OPSG-funded intelligence analysts can be assigned to an applicable law enforcement facility/intelligence function as long as information/intelligence sharing is maintained. To serve as an OPSG-funded intelligence analyst, staff and/or contractor personnel must meet at least one of the following criteria:

- Complete training to ensure baseline proficiency in intelligence analysis and production within six months of being hired; and/or,
- Previously served as an intelligence analyst for a minimum of two years either in a federal intelligence agency, the military, or state and/or local law enforcement intelligence unit.

OPSG-funded intelligence analysts must demonstrate qualifications that meet or exceed competencies identified in the Common Competencies for state, local, and tribal intelligence analysts, which outlines the minimum categories of training needed for intelligence analysts. A certificate of completion of such training must be on file with the SAA and must be made available to the recipient's respective FEMA HQ Program Analyst upon request.

As with all allowable expenditures under HSGP, the SAA or its OPSG subrecipient jurisdictions must agree to and approve the use of funds for this purpose and request to amend applicable grant awards accordingly. Under OPSG, SAAs and subrecipients requesting to use grant funds in this manner must also collaborate regarding prioritization of funds for the provision of allowable associated costs for intelligence analysts with the applicable USBP sector and memorializing the collaboration through an

Operations, Fragmentary or Supplemental Operations Order approved by the USBP sector, USBP Headquarters, and the FEMA Grant Programs Directorate.

Temporary or Term Appointments

- Subrecipients may utilize temporary or term appointments to augment the law enforcement presence on the borders. However, applying funds toward hiring full-time or permanent sworn public safety officers is unallowable.
- OPSG-funded temporary or term appointments may not exceed the approved period of performance.
 - For OPSG purposes, temporary appointments are non-status appointments for less than one year.
 - For OPSG purposes, term appointments are non-status appointments for one year, extendable for one year as necessary.
- OPSG funding for temporary or term appointments may pay for salary only. Benefits are not allowable expenses for term or temporary employees.
- OPSG remains a non-hiring program. Appropriate uses of temporary or term appointments include:
 - To carry out specific enforcement operations work for ongoing OPSG-funded patrols throughout the Sector Area of Operation;
 - To staff operations of limited duration; such as OPSG-enhanced enforcement patrols targeting specific locations or criminal activity; and,
 - To fill OPSG positions in activities undergoing transition or personnel shortages and local backfill policies (medical/military deployments)
- OPSG term and temporary appointments must have all necessary certifications and training to enforce state and local laws. OPSG funds will not be used to train or certify term or temporary appointments except as otherwise stated in the OPSG section of this manual and the HSGP NOFO.
- DHS/FEMA provides no guarantee of funding for temporary or term appointments. In addition to the terms of this manual and the HSGP NOFO, subrecipients must follow their own applicable policies and procedures regarding temporary or term appointments.

Management and Administration (M&A) (OPSG)

Management and administration (M&A) activities are those directly relating to the management and administration of OPSG funds, such as financial management and monitoring. Recipients may retain up to 2.5% of the overall OPSG allocation prior to passing-through funding to subrecipients. This funding must be deducted in an equal percentage from each subrecipient. Subrecipients and friendly forces may retain funding for M&A purposes; however, the total amount retained cannot exceed 5% of the subrecipient's subaward. Friendly forces are local law enforcement entities that are subordinate subrecipients under OPSG. In other words, friendly forces are entities that receive a subaward from a subrecipient under the OPSG program. Friendly forces must comply with all requirements of subrecipients under 2 C.F.R. Part 200.

Equipment (SHSP and UASI)

The 21 allowable prevention, protection, mitigation, response, and recovery equipment categories for HSGP are listed on the Authorized Equipment List (AEL). The AEL is available at <http://www.fema.gov/authorized-equipment-list>. Some equipment items require prior approval from DHS/FEMA before obligation or purchase of the items. Please reference the grant notes for each equipment item to ensure prior approval is not required or to ensure prior approval is obtained if necessary.

Unless otherwise stated, all equipment must meet all mandatory regulatory and/or DHS/FEMA-adopted standards to be eligible for purchase using these funds. In addition, recipients will be responsible for obtaining and maintaining all necessary certifications and licenses for the requested equipment. Investments in emergency communications systems and equipment must meet applicable [SAFECON Guidance](#). Such investments must be coordinated with the SWIC and the State Interoperability Governing Body (SIGB) to ensure interoperability and long-term compatibility.

Grant funds may be used for the procurement of medical countermeasures. Procurement of medical countermeasures must be conducted in collaboration with state, city, or local health departments that administer federal funds from HHS for this purpose and with existing MMRS committees where available, to sustain their long-term planning for appropriate, rapid, and local medical countermeasures, including antibiotics and antidotes for nerve agents, cyanide, and other toxins. Procurement must have a sound threat-based justification with an aim to reduce the consequences of mass casualty incidents during the first crucial hours of a response. Prior to procuring pharmaceuticals, recipients must have in place an inventory management plan to avoid large periodic variations in supplies due to coinciding purchase and expiration dates. Recipients are encouraged to enter into rotational procurement agreements with vendors and distributors. Purchases of pharmaceuticals must include a budget for the disposal of expired drugs within each fiscal year's POP for HSGP. The cost of disposal cannot be carried over to another DHS/FEMA grant or grant period.

EMS electronic patient care data systems should comply with the most current data standard of the National Emergency Medical Services Information System (www.NEMSIS.org).

Equipment (OPSG)

OPSG equipment is intended to be incidental to the enhanced border security operations being performed. The grant is not intended to be used to outfit or supply general equipment to SLTT law enforcement agencies. Equipment must be relatable to and justified by the operational benefit it will provide. Each appropriate OPSG sector coordinator is required to keep an inventory of OPSG purchased equipment that includes at a minimum: 1) grant funding year; 2) purchase amount; 3) purchase date; 4) purchase quantity; 5) equipment ID; 6) source of funding for the property, including the Federal Award Identification Number; 7) who holds title to the property; 8) federal share percent of the property; 9) location of the property; 10) use and condition of the property; 11) disposal date; and 12) brief disposal justification information and sale price if sold. Each Operations Order/FRAGO will require that each friendly force submit the equipment inventory for each Operations Order/FRAGO submission.

- **Equipment Marking.** Because equipment purchased with OPSG funding is intended to be used to support OPSG activities, it **may** be appropriately marked to ensure its ready identification and primary use for that purpose. **When practicable**, any equipment purchased with OPSG funding **should** be prominently marked as follows: "**Purchased with DHS funds for Operation Stonegarden Use**".
- **Fuel Cost and Mileage Reimbursement.** There is no cap for reimbursement of fuel or mileage costs in support of operational activities. Subrecipients and friendly forces may not claim reimbursements for both mileage and fuel/maintenance for the same equipment at the same time.
- **Vehicle and Equipment Acquisition, Including Leasing and Rentals.** Allowable purchases under OPSG include patrol vehicles and other mission-specific equipment whose primary purpose is to increase operational capabilities on or near a border nexus in support of approved border security operations. A detailed justification must be submitted to the respective FEMA HQ Program Analyst prior to purchase.
- **Medical Emergency Countermeasures:** Allowable purchases under OPSG include narcotic

antagonist pharmaceuticals, detection and identification equipment, safe storage and transportation, personnel protective equipment, and initial equipment training, as reflected in the AEL and explained in [IB 438](#).

Requirements for Small Unmanned Aircraft System (SHSP, UASI, and OPSG)

All requests to purchase Small Unmanned Aircraft Systems (SUAS) with FEMA grant funding must comply with [IB 426](#) and [IB 438](#) and also include a description of the policies and procedures in place to safeguard individuals' privacy, civil rights, and civil liberties of the jurisdiction that will purchase, take title to or otherwise use the SUAS equipment.

Training (SHSP and UASI)

Allowable training-related costs under HSGP include the establishment, support, conduct, and attendance of training specifically identified under the SHSP and UASI program and/or in conjunction with emergency preparedness training by other federal agencies (e.g., HHS and DOT). Training conducted using HSGP funds should address a performance gap identified through a TEP or other assessments (e.g., National Emergency Communications Plan NECP Goal Assessments) and contribute to building a capability that will be evaluated through a formal exercise. Any training or training gaps, including training related to under-represented diverse populations that may be more impacted by disasters, including children, seniors, individuals with disabilities or access and functional needs, individuals with diverse culture and language use, individuals with lower economic capacity and other underserved populations, should be identified in a TEP and addressed in the state or high-risk urban area training cycle. Recipients are encouraged to use existing training rather than developing new courses. When developing new courses, recipients are encouraged to apply the Analyze, Design, Develop, Implement, and Evaluate (ADDIE) model of instructional design.

Recipients are also encouraged to utilize the National Training and Education Division's National Preparedness Course Catalog. Trainings include programs or courses developed for and delivered by institutions and organizations funded by DHS/FEMA/National Training and Education Division (NTED). This includes the Center for Domestic Preparedness (CDP), the Emergency Management Institute (EMI), and NTED's Training Partner Programs, including the Continuing Training Grants (CTG), the National Domestic Preparedness Consortium (NDPC), the Rural Domestic Preparedness Consortium (RDPC), and other partners.

The catalog features a wide range of course topics in multiple delivery modes to meet FEMA's mission scope as well as the increasing training needs of federal, state, local, territorial, and tribal audiences. All courses have been approved through NTED's course review and approval process. The catalog can be accessed at <http://www.firstrespondertraining.gov>.

Exercises (SHSP and UASI)

Exercises conducted with grant funding should be managed and conducted consistent with HSEEP. HSEEP guidance for exercise design, development, conduct, evaluation, and improvement planning is located at <https://www.fema.gov/exercise>.

Maintenance and Sustainment (SHSP, UASI, and OPSG)

The use of DHS/FEMA preparedness grant funds for maintenance contracts, warranties, repair or replacement costs, upgrades, and user fees are allowable, as described in FEMA Policy [FP 205-402-125-1](#) under all active and future grant awards, unless otherwise noted. Except for maintenance plans or extended warranties purchased incidental to the original purchase of the equipment, the period covered by maintenance or warranty plan must not exceed the POP of the specific grant funds used to purchase the plan or warranty.

Grant funds are intended to support the Goal by funding projects that build and sustain the core capabilities necessary to prevent, protect against, mitigate the effects of, respond to, and recover from those threats that pose the greatest risk to the security of the Nation. In order to provide recipients the ability to meet this objective, the policy set forth in FEMA's [IB 379, Guidance to State Administrative Agencies to Expedite the Expenditure of Certain DHS/FEMA Grant Funding](#), initially for FY 2007-2011, allows for the expansion of eligible maintenance and sustainment costs which must be in (1) direct support of existing capabilities; (2) must be an otherwise allowable expenditure under the applicable grant program; (3) be tied to one of the core capabilities in the five mission areas contained within the Goal, and (4) shareable through the Emergency Management Assistance Compact. Additionally, eligible costs may also be in support of equipment, training, and critical resources that have previously been purchased with either federal grant or any other source of funding other than DHS/FEMA preparedness grant program dollars.

Law Enforcement Terrorism Prevention Activities Allowable Costs (SHSP and UASI)

Activities eligible for the use of Law Enforcement Terrorism Prevention Activities (LETPA) focused funds include but are not limited to:

- Maturation and enhancement of designated state and major high-risk urban area fusion centers, including information sharing and analysis, threat recognition, terrorist interdiction, and training/ hiring of intelligence analysts;
- Coordination between fusion centers and other analytical and investigative efforts including, but not limited to JTTFs, Field Intelligence Groups (FIGs), HIDTAs, RISS Centers, criminal intelligence units, and real-time crime analysis centers;
- Implementation and maintenance of the nationwide SAR Initiative, including training for front-line personnel on identifying and reporting suspicious activities;
- Implementation of the “If You See Something, Say Something®” campaign to raise public awareness of indicators of terrorism and terrorism-related crime and associated efforts to increase the sharing of information with public and private sector partners, including nonprofit organizations. Note: DHS requires that all public and private sector partners wanting to implement and/or expand the DHS “If You See Something, Say Something®” campaign using grant funds work directly with the DHS Office of Partnership and Engagement (OPE) to ensure all public awareness materials (e.g., videos, posters, tri-folds, etc.) are consistent with the DHS’s messaging and strategy for the campaign and compliant with the initiative’s trademark, which is licensed to DHS by the New York Metropolitan Transportation Authority. Coordination with OPE, through the Campaign’s Office (seesay@hq.dhs.gov), must be facilitated by the FEMA HQ Program Analyst;
- Increase physical security, through law enforcement personnel and other protective measures, by implementing preventive and protective measures at critical infrastructure site or at-risk nonprofit organizations; and
- Building and sustaining preventive radiological and nuclear detection capabilities, including those developed through the Securing the Cities initiative.
- Integration and interoperability of systems and data, such as CAD and RMS, to facilitate the collection, evaluation, and assessment of suspicious activity reports, tips/leads, and online/social media-based threats.

Law Enforcement Readiness (SHSP, UASI, and OPSG)

OPSG grant funds may be used to increase operational, material, and technological readiness of SLTT law enforcement agencies. The Delegation of Immigration Authority, Section 287(g) of the *Immigration and Nationality Act (INA)* program allows a state or local law enforcement entity to enter into a

partnership with ICE, under a joint Memorandum of Agreement (MOA), to receive delegated authority for immigration enforcement within their jurisdictions. SHSP, UASI, or OPSG grant funds may be requested and may be approved on a case-by-case basis for immigration enforcement training in support of the border security mission. Requests for training will be evaluated on a case-by-case basis and can only be used for certification in the section 287(g) program provided by DHS/ICE. SHSP, UASI, or OPSG subrecipients with agreements under section 287(g) of the *INA* (8 U.S.C. § 1357(g)) to receive delegated authority for immigration enforcement within their jurisdictions may also be reimbursed for section 287(g) related operational activities with approval from FEMA on a case-by-case basis. For OPSG, subrecipients must be authorized by USBP Headquarters and Sectors, and operational activities must be coordinated through a USBP Sector.

Regional Border Projects (OPSG)

Recipients are encouraged to prioritize the acquisition and development of regional projects on the borders to maximize interoperability and coordination capabilities among federal agencies and with state, local, and tribal law enforcement partners. Such regional projects include:

- Communications equipment:
- Radio systems and repeaters
- Integration with regional intelligence and information sharing effort (i.e. fusion centers)
 - Intelligence analysts
- Situational Awareness equipment:
 - License Plate Reader Networks
 - Visual detection and surveillance systems
 - Sensor Systems
 - Radar Systems (for air and/or marine incursions)
 - Aircraft systems (manned or unmanned)

Critical Emergency Supplies (SHSP and UASI)

Critical emergency supplies, such as shelf stable products, water, and medical equipment and supplies are an allowable expense under SHSP and UASI. Prior to the allocation of grant funds for stockpiling purposes, each state must have DHS/FEMA's approval of a five-year viable inventory management plan, which should include a distribution strategy and related sustainment costs if planned grant expenditure is over \$100,000.00.

If grant expenditures exceed the minimum threshold, the five-year inventory management plan will be developed by the recipient and monitored by FEMA. FEMA will provide program oversight and technical assistance as it relates to the purchase of critical emergency supplies under UASI. FEMA will establish guidelines and requirements for the purchase of these supplies under UASI and monitor development and status of the state's inventory management plan.

SAAs (through their Emergency Management Office) are strongly encouraged to consult with their respective FEMA Regional Logistics Chief regarding disaster logistics-related issues. States are further encouraged to share their DHS/FEMA approved plan with local jurisdictions and tribes.

Construction and Renovation (SHSP and UASI)

Project construction using SHSP and UASI funds may not exceed the greater of \$1,000,000 or 15% of the grant award. For the purposes of the limitations on funding levels, communications towers are not considered construction. See guidance on communication towers below.

Written approval must be provided by DHS/FEMA prior to the use of any HSGP funds for construction or renovation. When applying for construction funds, recipients must submit evidence of approved zoning ordinances, architectural plans, and any other locally required planning permits. Additionally, recipients are required to submit a SF-424C form with budget detail citing the project costs.

Recipients using funds for construction projects must comply with the *Davis-Bacon Act* (codified as amended at 40 U.S.C. §§ 3141 *et seq.*). Recipients must ensure that their contractors or subcontractors for construction projects pay workers no less than the prevailing wages for laborers and mechanics employed on projects of a character like the contract work in the civil subdivision of the State in which the work is to be performed. Additional information regarding compliance with the *Davis-Bacon Act*, including Department of Labor (DOL) wage determinations, is available online at <https://www.dol.gov/whd/govcontracts/dbra.htm>.

Construction and Renovation (OPSG)

OPSG funds may not be used for any construction.

Communications Towers

When applying for funds to construct communication towers, recipients and subrecipients must submit evidence that the Federal Communication Commission's Section 106 of the *National Historic Preservation Act*, Pub. L. No. 89-665, as amended, review process has been completed and submit all documentation resulting from that review to FEMA using the guidelines in the Environmental and Historic Preservation (EHP) Supplement prior to submitting materials for EHP review. Completed EHP review materials for construction and communication tower projects must be submitted as soon as possible to get approved by the end of the POP. EHP review materials should be sent to gpdehpinfo@fema.dhs.gov.

Western Hemispheric Travel Initiative (SHSP)

In addition to the expenditures outlined above, SHSP funds may be used to support the implementation activities associated with the Western Hemisphere Travel Initiative (WHTI), including the issuance of WHTI-compliant tribal identification cards.

Emergency Management Accreditation Program

States can encourage their local jurisdictions to pursue assessment and accreditation under the Emergency Management Accreditation Program (EMAP). EMAP's assessment and accreditation of emergency management organizations against consensus-based, American National Standards Institute (ANSI)-certified standards allows for standardized benchmarking of critical functions necessary for an emergency management organization to meet the core capabilities identified in the Goal. Additional information on the EMAP Standard is available at <http://www.emap.org>.

28 C.F.R. Part 23 Guidance

DHS/FEMA requires that any information technology system funded or supported by these funds comply with 28 C.F.R. Part 23, Criminal Intelligence Systems Operating Policies if this regulation is determined to be applicable.

Unallowable Costs (OPSG)

OPSG unallowable costs include costs associated with evidence collection, arrest processing, prosecution, and Traffic/DUI checkpoints, such as evidence documentation cameras, fingerprinting supplies, alcohol breathalyzers, portable work lights, traffic barricades, and similar law enforcement expenses. OPSG unallowable costs also include costs associated with staffing and general IT computing equipment and hardware, such as personal computers, faxes, copy machines, modems, etc. OPSG is not intended as a

hiring program. Therefore, applying funds toward hiring full-time or permanent sworn public safety officers is unallowable. OPSG funding shall not be used to supplant inherent routine patrols and law enforcement operations or activities not directly related to providing enhanced coordination between local and federal law enforcement agencies. Finally, construction and/or renovation costs are prohibited under OPSG. Applicants should refer to [IB No. 421b](#), or contact their FEMA HQ Program Analyst at (800) 368-6498 for guidance and clarification. Due to the nature of OPSG, exercise expenses are not allowable costs under OPSG.

Unallowable Costs (SHSP, UASI, and OPSG)

- Per FEMA policy, the purchase of weapons and weapons accessories, including ammunition, is not allowed with HSGP funds.
- Grant funds may not be used for the purchase of equipment not approved by DHS/FEMA. Grant funds must comply with [IB 426](#) and may not be used for the purchase of the following equipment: firearms; ammunition; grenade launchers; bayonets; or weaponized aircraft, vessels, or vehicles of any kind with weapons installed.
- Unauthorized exercise-related costs include:
 - Reimbursement for the maintenance or wear and tear costs of general use vehicles (e.g., construction vehicles), medical supplies, and emergency response apparatus (e.g., fire trucks, ambulances).
 - Equipment that is purchased for permanent installation and/or use, beyond the scope of the conclusion of the exercise (e.g., electronic messaging sign).

Resources for Planning, Training, and Exercising (SHSP, UASI, and OPSG)

Planning Assistance

FEMA's National Preparedness Directorate (NPD) offers technical assistance (TA) that is designed to provide recipients and subrecipients with specialized expertise to improve and enhance the continuing development of state and local emergency management across the five mission areas of the Goal and across all core capabilities. TA provides the opportunity to engage emergency managers, emergency planners, and appropriate decision-makers in open discussion of options to improve plans and planning considering their jurisdiction's needs. Although there is no direct cost to approved jurisdictions for DHS/FEMA TA, jurisdictions are expected to invest staff resources and take ownership of the resulting products and tools.

TA deliveries combine current emergency management best practices with practical consideration of emerging trends, through discussion facilitated by DHS/FEMA contract specialists and with the support of FEMA Region operational specialists. Additionally, peer-to-peer representation may also be included from other jurisdictions that have recently addressed the same planning issue. The TA request form can be accessed at <http://www.fema.gov/national-incident-management-system/fema-technical-assistance-division>.

Training Information

Per DHS/FEMA Grant Programs Directorate [Information Bulletin 432](#), Review and Approval Requirements for Training Courses Funded Through Preparedness Grants, issued on July 19, 2018, states, territories, tribal entities, and high-risk urban areas are no longer required to request approval from FEMA for personnel to attend non-DHS FEMA training as long as the training is coordinated with and approved by the state, territory, tribal, or high-risk urban area Training Point of Contact (TPOC) and falls within the FEMA mission scope and the jurisdiction's Emergency Operations Plan (EOP). For additional information on review and approval requirements for training courses funded with preparedness grants, please refer to the following policy: <http://www.fema.gov/media-library/assets/documents/34856>.

DHS/FEMA will conduct periodic reviews of all state, local, territory, tribal entities, and high-risk urban area training funded by DHS/FEMA. These reviews may include requests for all course materials and physical observation of, or participation in, the funded training. If these reviews determine that courses are outside the scope of this guidance, recipients will be asked to repay grant funds expended in support of those efforts. For further information on developing courses using the instructional design methodology and tools that can facilitate the process, SAAs and TPOCs are encouraged to review the [NTED Responder Training Development Center \(RTDC\)](#) website.

DHS/FEMA/National Training and Education Division (NTED) Provided Training

Trainings include programs or courses developed for and delivered by institutions and organizations funded by DHS/FEMA/NTED. This includes CDP and NTED's Training Partner Programs, including CTG, NDPC, RDPC, and other partners.

NTED's National Preparedness Course Catalog

This online searchable catalog features a compilation of courses managed by the three primary FEMA training organizations: the CDP, EMI, and NTED. The catalog features a wide range of course topics in multiple delivery modes to meet FEMA's mission scope as well as the increasing training needs of federal, state, local, territorial, and tribal audiences. All courses have been approved through NTED's course review and approval process. The catalog can be accessed at <http://www.firstrespondertraining.gov>.

Training Not Provided by DHS/FEMA

These trainings include courses that are either State-sponsored or Federal sponsored (non-DHS/FEMA), coordinated and approved by the SAA or their designated TPOC, and fall within the DHS/FEMA mission scope to prepare SLTT personnel to prevent, protect against, mitigate, respond to, and recover from acts of terrorism or catastrophic events.

- *State Sponsored Courses.* These courses are developed for and/or delivered by institutions or organizations other than federal entities or DHS/FEMA and are sponsored by the SAA or their designated TPOC.
- *Joint Training and Exercises with the Public and Private Sectors.* These courses are sponsored and coordinated by private sector entities to enhance public-private partnerships for training personnel to prevent, protect against, mitigate, respond to, and recover from acts of terrorism or catastrophic events. In addition, states, territories, tribes, and high-risk urban areas are encouraged to incorporate the private sector in government-sponsored training and exercises.

Additional information on both DHS/FEMA provided training and other Federal and State training can be found at <http://www.firstrespondertraining.gov>.

Training Information Reporting System ("Web-Forms")

Web-Forms is an electronic data management system built to assist SAA TPOCs and federal agencies with submitting non-NTED provided training courses for inclusion in the State/Federal-Sponsored Course Catalog through electronic forms. The information collected is used in a two-step review process to ensure the training programs adhere to the intent of the HSGP guidance and the course content is structurally sound and current. As these programs may be delivered nationwide, it is vital to ensure each training program's viability and relevance to the Homeland Security mission. Reporting training activities through Web-Forms is not required under present funding. However, the system remains available and can be accessed through the DHS/FEMA Toolkit located at <https://www.firstrespondertraining.gov/fit/> to support recipients in their own tracking of training deliveries.

Exercise Information

Recipients that use HSGP funds to conduct an exercise(s) are encouraged to complete a progressive exercise series. Exercises conducted by states and high-risk urban areas may be used to fulfill similar exercise requirements required by other grant programs. Recipients are encouraged to invite representatives/planners involved with other Federally mandated or private exercise activities. States and high-risk urban areas are encouraged to share, at a minimum, the multi- year training and exercise schedule with those departments, agencies, and organizations included in the plan.

- *Validating Capabilities.* Exercises examine and validate capabilities-based planning across the Prevention, Protection, Mitigation, Response, and Recovery mission areas. The extensive engagement of the whole community, including but not limited to examining the needs and requirements for individuals with disabilities, individuals with limited English proficiency, and others with access and functional needs, is essential to the development of an effective and comprehensive exercise program. Exercises are designed to be progressive – increasing in scope and complexity and drawing upon results and outcomes from prior exercises and real-world incidents – to challenge participating communities. Consistent with Homeland Security Exercise and Evaluation Program guidance and tools, the National Exercise Program (NEP) serves as the principal exercise mechanism for examining national preparedness and measuring readiness. Exercises should align with priorities and capabilities identified in a multi-year TEP.
- *Special Event Planning.* If a state or high-risk urban area will be hosting a special event (e.g., Super Bowl, G-8 Summit), the special event planning should be considered as a training or exercise activity for the multi-year TEP. States must include all confirmed or planned special events in the multi-year TEP. The state or high-risk urban area may plan to use SHSP or UASI funding to finance training and exercise activities in preparation for those events. States and high-risk urban areas should also consider exercises at major venues (e.g., arenas, convention centers) that focus on evacuations, communications, and command and control.
- *Regional Exercises.* States should also anticipate participating in at least one regional exercise annually.
- *Role of Non-Governmental Entities in Exercises.* Non-governmental participation in all levels of exercises is strongly encouraged. Leaders from non-governmental entities should be included in the planning, design, and evaluation of an exercise. SLTT jurisdictions are encouraged to develop exercises that test the integration and use of resources provided by non-governmental entities, defined as the private sector and private non-profit, faith-based, and community organizations. Participation in exercises should be coordinated with local Citizen Corps Whole Community Council(s) or their equivalents and other partner agencies.

OPSG Operations Order Template and Instructions

Operations Order Template Instructions

To access the OPSG Operations Order Template:

- Find the Homeland Security Grant Program posting via the search function on grants.gov
- Select the Related Documents tab on the posting
- Click on the OPSG Operations Order Template and fill out all sections of the template

Executive Summary Overview

Operations Order Executive Summary must:

- Identify the organization name, point of contact, committees, and other structures accountable for implementing OPSG in the jurisdiction (typically this will be a program lead or manager overseeing operations and individuals assigned to that agency).
- Describe how federal and SLTT law enforcement agencies will work together to establish and enhance coordination and collaboration on border security issues.

Budget Requirements Overview

Operations Order Detailed Annual Budget must:

- Explain how costs and expenses were estimated.
- Provide a narrative justification for costs and expenses. Supporting tables describing cost and expense elements (e.g., equipment, fuel, vehicle maintenance costs) may be included.

Submission Requirements

Operations Orders must meet the following submission requirements:

- Must be submitted as an Adobe PDF document.
- All documents submitted must use the unique identifier created by the OPSG data management system from the original associated operation order.
- Applicable OPSG sector representatives must coordinate with the SAA and OPSG participants to submit an accurate inventory of all specified OPSG purchased property with each Operations Order/FRAGO.

Due to the competitive nature of this program, separate attachments will neither be accepted nor reviewed.

OPSG Operational Guidance

This section provides operational guidance to OPSG applicants on the development of a concept of operations and campaign planning, the tactical operation period, and reporting procedures. This guidance also delineates specific roles and responsibilities, expectations for operations, and performance measures. Successful execution of these objectives will promote situational awareness among participating agencies and ensure a rapid, fluid response to emerging border-security conditions.

OPSG uses an integrated approach to address transnational criminal activity. Federal and SLTT partners are required to establish and maintain an OPSG Integrated Planning Team (IPT) with representation from all participating law enforcement agencies, co-chaired by representatives from USBP, the SAA, and participating local law enforcement agencies' OPSG program representatives. Each operational order will address specific threats, gaps, and vulnerabilities identified by the USBP. All requests in the operational plan will be reviewed and approved by the corresponding sector's Chief Patrol Agent or his/her designee for border security value. USBP will provide routine monitoring and technical expertise to each participating agency. The content of each operational plan, to include the requested items will be reviewed for border-security value and approved by the corresponding sector's Chief Patrol Agent or his/her designee.

All operational plans should be crafted in cooperation and coordination with federal and SLTT partners to meet the needs of the USBP Sector. Consideration will be given to applications that are coordinated across multiple jurisdictions. All applicants must coordinate with the CBP/USBP Sector Headquarters with geographic responsibility for the applicant's location in developing and submitting an Operations

Order with an embedded budget to the SAA. Operations are to be crafted so that resources are allocated to one or more of the supportable categories:

- 1) Law Enforcement Presence
- 2) Situational Awareness
- 3) Intelligence Collection and Distribution

Law Enforcement Presence includes activities and costs associated to having an SLTT partner provide a law enforcement patrol presence in an area designated by the USBP Sector in support of border security efforts. Situational Awareness includes technology to provide current and immediately relevant information about currently active border security threats. Intelligence Collection and Distribution includes both technology and manpower related to the gathering and analysis of intelligence with a nexus to border security.

The terms of an OPSG award do not extend to an SLTT partner any authority to enforce additional laws, statutes, or regulations beyond their own authorities; SLTT partners are not empowered through OPSG to enforce immigration authorities under Title 8 of the U.S. Code (i.e., the *INA*). Participation in the grant does not grant participants the power to operate outside of their own jurisdictional boundaries.

Concept of Operations and Campaign Planning

(Post-Allocation Announcement/Pre-Award)

The overarching operational cycle involves three stages: 1) application; and 2) concept of operations to formulate a Campaign Plan, which are all developed by the IPT. All Operations Orders: Concept of Operations (CONOPS), Operation Orders (OO) or Campaign Plans and Fragmentary Orders (FRAGOs) shall be submitted through the CBP Stonegarden Data Management System. All OPSG grant Application packages shall be submitted to the SAA for entry into [Grants.gov](https://www.grants.gov).

Application: Please refer to the current fiscal year's HSGP NOFO and relevant information in this manual.

Campaign Plan: After awards are announced, participants will create and submit an operations order that forms a campaign plan and captures the initial, generalized-budgetary intent to their IPT.

The campaign plan should articulate the participant agency's long-term border security objectives and goals designed to mitigate border-security risk.

Funds should be obligated as needed to target specific threats or vulnerabilities and ensure that OPSG usage is commensurate to the unique risk of each border region. This may require several short-term operations that combine to form an ongoing operational cycle, ensuring that USBP commanders and SLTT agency partners reserve the flexibility to respond to the ever-changing elements of border security.

The operations plan also will articulate the budgetary intent of how funds are to be used throughout the performance period. The operations plan will project planned expenditures in the following categories: overtime, equipment, travel, maintenance, fuel, and administrative funds. The subrecipient can initiate the procurement of equipment as well as state how much the county intends to use for M&A while keeping funds for overtime or residual equipment funds available for use as needed. If the subrecipient intends to spend more than 50% of its award on overtime over the course of the performance period, a PRICE Act waiver request must be submitted in accordance with the policy initially outlined in [IB 379: Guidance to State Administrative Agencies to Expedite the Expenditure of Certain DHS/FEMA Grant Funding. The](#)

operations plan will meet both the SAA expectations to obligate the funds within 45 days of the award announcement and the demands of the grant's operational intent. **Sector approved campaign plans must be submitted to USBP Headquarters no later than four months after the official awards announcement has been made.**

Investment Modifications - Changes in Scope or Objective: Changes in scope or objective of the award – including those resulting from intended actions by the recipient or subrecipients – require FEMA's prior written approval, in accordance with 2 C.F.R. §§ 200.308(c)(1)(i), 200.407.

In the event that changes must be made to the original operational plan, such as additional funding requests or other changes to the original scope or objectives, a Fragmentary Order (FRAGO) must be submitted in HSIN to obtain FEMA's prior written approval of such changes in accordance with 2 C.F.R. § 200.308(c)(1)(i). These modifications will be annotated in the annex section of the FRAGO.

Operational Execution

In the event that changes or additional funding requests to the original operational order must be made, a Fragmentary Order (FRAGO) will be created. These modifications will be annotated in the annex section of the FRAGO. Operational discipline is necessary for the success of OPSG. Deliberate, adaptive, integrated, and intelligence-driven planning is critical to conducting targeted enforcement operations consistent with the objectives of the OPSG. By participating in the OPSG, the state, local, tribal, and territorial agencies agree to conduct operations designed to reduce border-security risk.

Operations are composed of six critical elements: 1) a pre-planning meeting with the IPT; 2) specified beginning and ending dates; 3) the integration of intelligence and border security; 4) use of targeted enforcement techniques; 5) clearly stated objectives; and 6) an after-action meeting. These operations require deliberate on-going planning to ensure command, staff, and unit activities synchronize to current and future operations. The cyclical nature of the process will ensure OPSG activities align with the fluctuating border-security threats and vulnerabilities. The IPT should leverage information provided by the fusion center, Border Intelligence Centers or other local intelligence center, when possible, and establish a common operational vision.

The USBP Sector's Chief Patrol Agent, or his/her designee, will ensure that the information or intelligence has a clear nexus to border security. Intelligence will be shared and vetted for border security value, driving the focus of operations. Once intelligence-driven targets are identified, the IPT will decide on operational objectives that reflect the intended impact of operations. The objectives should outline how the operation will deter, deny, degrade, or dismantle the operational capacity of the targeted transnational criminal organizations.

Each operational period will begin on a predetermined date and end on a predetermined date, but the dates may be subject to change commensurate with emerging security conditions. The starting date of the operational period should be established to allow sufficient time for the order to be submitted and approved by the corresponding USBP Sector and in concurrence with its SAA and USBP Headquarters. The USBP Sectors will upload copies of operations order in the corresponding folder in the CBP Stonegarden Data Management System.

Reporting Procedures

Participation in OPSG requires accurate, consistent, and timely reporting of how funds are used, and how the state, local and tribal agencies' operations have impacted border security through the mitigation of threat or vulnerability and the overall reduction of risk. Reporting will focus on: monitoring program performance; determining the level of integration and information sharing; and developing best practices

for future operations. To ensure consistent reporting each state, local, and tribal agency will identify a single point of contact to represent their agency as a member of the IPT and to coordinate the submission of reports or execute other aspects of the grant.

The Daily Activity Report (DAR), which can be found by selecting the link for the current fiscal year HSGP NOFO on FEMA's preparedness grants page (<https://www.fema.gov/homeland-security-grant-program>) to be used to submit the ongoing results and outputs from OPSG operations conducted. The information and statistics included in the DAR will be delineated by agency (friendly forces). The DAR must be submitted to the USBP sector or the participating agency's OPSG coordinator within 48 hours of the conclusion of each OPSG shift. Subrecipients and Sectors are responsible to ensure that DARs are submitted in the proper format and in a timely manner. DARs will be submitted using the CBP Stonegarden Data Management System. Friendly Forces receiving funding through a subrecipient will submit DARs within 48 hours. Border Patrol Sectors and OPSG subrecipients will implement internal protocols to ensure operational data from subrecipients and friendly force DARs are properly collected following the established guidelines.

In addition to the ongoing reporting of outputs, subrecipient participants will be required to submit After Action Reports to USBP sectors within 10 days of closing the operational POP for that funding year. The After-Action Report (AAR) should carefully articulate outcomes and outputs as well as how the results of the operation compare with the objectives identified during the pre-planning meeting. Failure to submit the AAR in a timely manner may prevent the approval of future operations requests. All AARs and other OPSG reporting requirements will be submitted through the CBP Stonegarden Data Management System. Sectors are responsible for submitting AARs into Border Patrol Enforcement Tracking System (BPETS) as applicable.

Operational Roles and Responsibilities

To achieve unity of effort, it is essential that each participant know the roles and responsibilities within the IPT. The USBP sector's Chief Patrol Agent, or his/her designee, will:

- Coordinate and chair the area Integrated Planning Team's meetings
- Coordinate with all interested and eligible SLTT agencies in the sector's area of operation during the open period of the OPSG application process by:
 - Assisting applicants in completing the operations planning portion of the application, which is like the Operations Order used by the USBP
 - Forwarding the approved operation portion of the application to CBP/USBP Headquarters as well as to the SAA to complete the application process set by DHS/FEMA
 - Detailing what operational support the USBP Sector anticipates for specific periods and matching the capabilities of partners to fill those gaps
- Following the announcement of grant awards, coordinate and chair a meeting with SLTT agencies that received OPSG awards to develop an individualized campaign plan. This includes:
 - Working with SLTT agencies, along with other federal law enforcement agencies to determine the dates, focus, and needs of each operational period, ensuring that each operation has a nexus to border security
 - Receiving the first periodic operations order from the SLTT agencies and ensuring that the operation is conducted as outlined in the Campaign Planning section
 - Monitoring and supporting the Operational Cycle throughout the performance period
 - Ensuring the DAR and the AAR are submitted by state, local, and tribal agencies in the proper format and within the established timeframes

- Providing instruction, when possible, to state, local, and tribal agencies regarding techniques, methods, and trends used by transnational criminal organizations in the area
- Providing a single point of contact to participants as a subject-matter expert in OPSG that can coordinate, collect, and report operational activities within the established reporting procedures
- Providing verification that operations are conducted
- Documenting and conducting random, on-site operational verification of OPSG patrols by subrecipients and friendly forces
- Verifying that subrecipients are performing OPSG enforcement duties in accordance with the applicable grant, statute, and regulatory guidance and instructions
- Ensuring that grant funds are appropriately expended to meet sector border enforcement operational requirements and assist in enhancing subrecipient/friendly force capabilities to provide for enhanced enforcement presence, operational integration, and intelligence sharing in border communities.

The state, local or tribal agency lead, or their designee, will:

- Coordinate with the SAA on all grant management matters including but not limited to the development and review of operations orders, expenditure of funds, allowable costs, reporting requirements;
- Upon receiving a grant award, coordinate and meet as a member of the Integrated Planning team to develop an individualized campaign plan that covers the length of the grant performance period;
- Work within the Integrated Planning team to develop an initial Operational Cycle and determine the duration of the first operational period based on the tactical needs specific to the area;
- Submit all operations orders for review and submit the operations order to the Border Patrol and ensure the operation meets the six criteria established in the Operations Section;
 - Conduct operations on an as-needed basis throughout the length of the grant performance period;
 - Integrate law enforcement partners from contiguous counties and towns into their tactical operations to expand the layer of security beyond existing areas;
 - Ensure all required reports, including reports from friendly forces, are submitted to the Border Patrol and the SAA, when applicable, in the proper format and within established timeframes;
 - Ensure applicable Operation Stonegarden derived data is shared with the designated fusion center in the state or high-risk urban areas;
 - Ensure applicable intelligence is shared with the designated fusion center in the state and/or urban areas;
 - Request instruction and information from the SAA, when applicable, and/or Border Patrol and other Federal law enforcement agencies regarding techniques, methods, and trends used by transnational criminal organizations in the area; and
 - Provide the SAA and Border Patrol a single point of contact that maintains subject-matter expertise in OPSG who can coordinate, collect, and report operational activities within the established reporting procedures.
 - Assist as required with the coordination, management, and operational aspects of the grant.

The SAA will:

- Actively engage in the IPT meetings;

- Work in direct coordination and communication with the local or tribal agency lead on all grant management matters;
- Review all operations orders created by the local or tribal agency;
- Acts as the fiduciary agent for the program and provide expertise in state policy and regulations;
- Enter into a subaward agreement to disburse the allocated funding awarded through DHS/FEMA;
- Generate biannual reports to DHS/FEMA capturing the subrecipients' obligations and expenditures of funds;
- Determine if the grant's performance period requires additional refinement over the Federally established 36-month period; and
- Conduct audits of the program to ensure that the subrecipients are following program guidance.
- Assist as required with the coordination, management, and operational aspects of the grant.

Definitions (OPSG only)

Area of Interest: A specific area, areas, or facilities known to be used by transnational criminal organizations in furtherance of their criminal activity.

Border-security related crime: Any action or enterprise that constitutes an offense which is punishable by law:

- That results in a favorable environment for criminal enterprise network, transnational criminal, or terrorist organizations; the smuggling/trafficking of humans, contraband, narcotics, or weapons of mass destruction across or in proximity to the U.S. border or;
- That has a direct nexus to illicit cross-border activity; and
- For which prosecution would serve established border security goals as outlined by the CBP for a whole of community approach.

Campaign Plan: The first Operational Order based on the CONOP aimed at accomplishing a strategic or operational objective within a given time and space.

Concept of Operations (CONOP): A written statement that clearly and concisely expresses what the State, local, or tribal commander intends to accomplish and how it will be done using available resources (and funding). It is also the operational equivalent of the OPSG grant application.

Fragmentary Order (FRAGO): A fragmentary order is a modification of the approved campaign plan, reflecting changes to the scope or objective pursuant to 2 C.F.R. § 200.308(c)(1)(i). After an operation order has been approved, any changes to a campaign plan will be submitted via HSIN as a FRAGO for FEMA's approval. Subsequent FRAGOs are permissible, subject to FEMA's prior written approval, consistent with the requirements of 2 C.F.R. §§ 200.308, 200.407.

Friendly Forces: Local law enforcement entities with whom OPSG subrecipients provide funding to support border security operations.

Integrated Planning Team: Group that coordinates on all aspects of OPSG application, planning, and debriefings.

Operational Cycle: A deliberate on-going cycle of command, staff, and unit activities intended to synchronize current and future operations (driven by current intelligence and short-term goals that support the campaign).

Operational Discipline: The organized manner in which an organization plans, coordinates, and executes the OPSG mission with common objectives toward a particular outcome.

Operation/Operational Order (OO): A formal description of the action to be taken to accomplish or satisfy a CONOP, Campaign Plan, or FRAGO. The OO includes a detailed description of actions to be taken and required logistical needs to execute an operation.

Opioid Receptor Antagonists: Any medically approved drug or medical substance that can be utilized by first responder personnel in an emergency situation that is designed to counteract the effects of an opioid overdose.

Performance Measure: A numerical expression that quantitatively conveys how well the organization is doing against an associated performance goal, objective, or standard.

Risk: Potential for an adverse outcome assessed as a function of threats, vulnerabilities, and consequences associated with an incident, event, or occurrence.

Targeted Enforcement: The leveraging of all available assets against a specific action, area, individual, or organization and using those deemed most appropriate to mitigate risk.

Target of Interest: A specific person, group of persons, or conveyance known to be part of, or used by transnational criminal organizations to advance their criminal activity.

Threat: Information expressing intent to conduct illegal activity often derived from intelligence sources, the overall context, a specific event or series of events, or observation of suspicious activity.

Tier: Tier refers to the geographical location of a municipality, county, or tribe with respect to the United States national border, i.e., Tier 1 is a county located on the border; a Tier 2 county is a county contiguous to a Tier 1 county; and a Tier 3 is a county not located on the physical border but is a contiguous to a Tier 2 county.

Unity of Effort: Coordination and cooperation among all organizational elements, even though they may not be part of the same command structure, to achieve success.

Vulnerability: The protective measures in place are less than the protective measures needed to mitigate risk.

HSGP Supplemental Material

FEMA collaborates with various subject-matter experts and acknowledges the value and expertise these Federal partner agencies provide to help shape the development and implementation of the HSGP. This continued partnership and collaboration helps provide recipients with the greatest number of resources required to effectively manage and implement funds as well as promotes transparency. Therefore, FEMA is providing hyperlinks to information on various subjects and policies that are relevant to the mission and intent of the DHS/FEMA and its preparedness grant programs.

Chemical, Biological, Radiological, and Nuclear (CBRN) Detection

The Countering Weapons of Mass Destruction (CWMD) Office is a support component within DHS established in December 2017 to counter attempts by terrorists or other threat actors to carry out an attack

against the United States or its interests using a weapon of mass destruction. The CWMD Office provides guidance to improve national coordination on CBRN issues and works with federal and SLTT agencies to ensure operators have better access to current data and subject matter expertise they need. CWMD offers THIRA Technical Assistance for CBRN threats to provide guidance to SLTT partners seeking to build or sustain CBRN detection and response capabilities. For more information or assistance, please contact CWMD-THIRA@hq.dhs.gov.

National Information Exchange Model (NIEM)

NIEM is a common vocabulary that enables efficient information exchange across diverse public and private organizations. NIEM can save time and money by providing consistent, reusable data terms and definitions and repeatable processes. To support information sharing, all recipients of grants for projects implementing information exchange capabilities are required to use NIEM and to adhere to the NIEM conformance rules. Go to <https://niem.gov/> for guidance on how to utilize DHS/FEMA award funding for information sharing, exchange, and interoperability activities.

The NIEM Emergency Management domain supports emergency-related services (including preparing first responders and responding to disasters), information sharing, and activities such as homeland security and resource and communications management. The Emergency Management domain has an inclusive governance structure that includes federal, state, local, industry, and, where necessary, international partnerships. The NIEM Emergency Management domain is committed to community support via technical assistance and NIEM training. For more information on the NIEM Emergency Management domain, to request training or technical assistance or to just get involved, go to <https://niem.gov/EM>.

Integrated Public Alert and Warning System (IPAWS)

The current IPAWS Supplemental Guidance on Public Alert and Warning provides guidance on eligible public alert and warning activities and equipment standards for prospective SLTT recipients. The intent of this document is to promote consistency in policy across federal grant programs and to ensure compatibility among federally-funded projects. For more information on the IPAWS, go to <https://www.fema.gov/informational-materials>.

Homeland Security Information Network (HSIN)

HSIN is a user-driven, web-based, information sharing platform that connects all homeland security professionals including the DHS and its federal, state, local, tribal, territorial, international, and private sector partners across all homeland security mission areas. HSIN is used to support daily operations, events, exercises, natural disasters, and incidents. To support user mission needs, HSIN provides three sets of services for secure information sharing. The first service provides a shared place for communities to securely collaborate on homeland security issues and includes core functions such as a web conferencing and instant messaging tools with white boarding, video, and chat services for real-time communication and situational awareness. The second set provides secure dissemination and sharing capabilities for homeland security alerts, reports, and products. The third set allows users to access and query a variety of shared data and services from all homeland security mission areas and trusted federal partners. Preparedness grant funds may be used to support planning, training and development costs associated with developing and managing, mission-critical, HSIN communities of interest and sites. Learn more about HSIN at <http://www.dhs.gov/hsin-hsgp-guidance>.

State, Local, Tribal and Territorial (SLTT) Cybersecurity Engagement Program

The DHS CS&C, within CISA, is responsible for enhancing the security, resilience, and reliability of the Nation's cyber and communications infrastructure. CS&C works to prevent or minimize disruptions to critical information infrastructure to protect the public, the economy, and government services. CS&C

leads efforts to protect the Federal “.gov” domain of civilian government networks and to collaborate with the private sector—the “.com” domain—to increase the security of critical networks.

The DHS SLTT Cybersecurity Engagement Program within CS&C was established to help non-Federal public stakeholders and associations manage cyber risk. The program provides appointed and elected SLTT government officials with cybersecurity risk briefings, information on available resources, and partnership opportunities to help protect their citizens online. Through these and related activities, the program coordinates DHS’s cybersecurity efforts with its SLTT partners to enhance and protect their cyber interests. More information on all of the DHS CS&C resources available to support SLTT governments is available at <https://www.us-cert.gov/ccubedvp>.

Regional Resiliency Assessment Program (RRAP)

The Regional Resiliency Assessment Program (RRAP) is a cooperative assessment of specific critical infrastructure within a designated geographic area and a regional analysis of the surrounding infrastructure that address a range of infrastructure resilience issues that could have regionally and nationally significant consequences. These voluntary, non-regulatory RRAP projects are led by the Infrastructure Security Division and are selected each year by DHS with input and guidance from federal, state, and local partners. For additional information on the RRAP, visit <https://www.dhs.gov/regional-resiliency-assessment-program>.

Law Enforcement Support Office, or 1033 Program

The Law Enforcement Support Office (LESO) facilitates a law enforcement support program, which originated from the National Defense Authorization Act of Fiscal Year 1997. This law allows the transfer of excess Department of Defense property that might otherwise be destroyed by law enforcement agencies across the United States and its territories.

No equipment is purchased for distribution. All items were excess that had been turned in by military units or had been held as part of reserve stocks until no longer needed. Requisitions cover the gamut of items used by America’s military — clothing and office supplies, tools, and rescue equipment, vehicles, small arms, and more. There is no fee for the equipment itself, however, the law enforcement agencies are responsible for the shipping costs.

For additional information on the LESO, please visit <http://www.dla.mil/DispositionServices/Offers/Reutilization/LawEnforcement.aspx>.

Fusion Center Performance Measures

Reference Number	Performance Measures
2020.1	Percentage of federal Information Intelligence Reports (IIRs) originating from fusion center information that address a specific Intelligence Community need
2020.2	Percentage of federal IIRs originating from fusion center information that the Intelligence Community otherwise used in performing its mission (e.g., contained first-time reporting; corroborated existing information; addressed a critical intelligence gaps; or helped to define an issue or target).

2020.3	Number of Suspicious Reports (SAR) vetted and submitted by fusion centers that result in the initiation or enhancement of an investigation by the Federal Bureau of Investigation (FBI)
2020.4	Number of SAR vetted and submitted by fusion centers that involve an individual on the Watchlist
2020.5	Percentage of Requests for Information (RFIs) from the Terrorist Screening Center (TSC) for which fusion centers provided information for a TSC case file
2020.6	Percentage of I&A Watchlist nominations that were initiated or updated existing case files based on information provided by fusion centers
2020.7	Number of distributable analytic products co-authored by one or more fusion centers and/or federal agencies
2020.8	Percentage of fusion center distributable analytic products that address Homeland Security topics
2020.9	Percentage of fusion center distributable analytic products that address state/local customer information needs
2020.10	Percentage of key customers reporting that fusion center products are relevant
2020.11	Percentage of key customers reporting that fusion center services are relevant
2020.12	Percentage of key customers reporting that fusion center products are timely for mission needs
2020.13	Percentage of key customers reporting that fusion center services are timely for mission needs
2020.14	Percentage of key customers reporting that fusion center products influenced their decision making related to threat response activities within their AOR
2020.15	Percentage of key customers reporting that fusion center services influenced their decision making related to threat response activities within their AOR
2020.16	Percentage of key customers reporting that fusion center products resulted in increased situational awareness of threats within their AOR
2020.17	Percentage of key customers reporting that fusion center services resulted in increased situational awareness of threats within their AOR
2020.18	Number of tips and leads vetted by the fusion center
2020.19	Number of tips and leads vetted by the fusion center that were provided to other F/SLTT agencies for follow up action
2020.20	Number of responses to RFIs from all sources
2020.21	Number of situational awareness products developed and disseminated by fusion centers
2020.22	Number of case support and/or tactical products developed and disseminated by fusion centers
2020.23	Percentage of federally designated special events in which fusion centers played a direct role
2020.24	Percentage of federally declared disasters in which fusion centers played a direct role

Supplemental Emergency Communications Guidance

Lessons learned from recent major disasters, unplanned events, and full-scale exercises have identified a need for greater coordination of emergency communications among senior elected officials, emergency management agencies, and first responders at all levels of government. Federal responders arriving on the scene of a domestic incident are not always able to communicate with SLTT response agencies, as well as key government officials. State and local first responders sometimes experience similar problems, particularly when the incident requires a multi-agency, regional response effort or when primary communications capabilities fail. This lack of operability and interoperability between federal and SLTT agencies—further complicated by problems with communications survivability and resilience—has hindered the ability to share critical information, which can compromise the unity-of-effort required for an effective incident response.

Departments and agencies at all levels of government have identified a need for improvement in a number of high-priority areas, including: Governance, Planning, Training and Exercises, Operational Coordination, and Technology. In addition, communications resilience and continuity should be viewed as a critical component within each of these areas. These priorities are explained in detail in Section 2 of the [SAFECON Guidance on Emergency Communications Grants \(SAFECON Guidance\)](#). By addressing these priorities, which are reflective of proven best practices, emergency communications can be significantly improved at all levels of government. The end goal is to ensure operable, interoperable, and resilient communications that maintain a continuous flow of critical information, under all conditions, among multi-jurisdictional and multi-disciplinary emergency responders, command posts, agencies, critical infrastructure sectors, and government officials for the duration of an emergency response operation, and in accordance with the National Incident Management System (NIMS) and the [National Emergency Communications Plan \(NECP\)](#), which describes goals and objectives for improving emergency communications nationwide.

To help meet this goal, the *SAFECON Guidance* outlines requirements for grant applications, including alignment to national, regional, and state communications plans (e.g., NECP, Statewide Communications Interoperability Plan (SCIP), Tactical Interoperability Communications Plan (TICP), FEMA Regional Emergency Communications Plan (RECP)), project coordination, and technical standards for emergency communications technologies. SCIPs define the current and future direction for interoperable and emergency communications within a state or territory, while TICPs are designed to allow urban areas, counties, regions, states/territories, tribes, or federal departments/agencies to document interoperable communications governance structures, technology assets, and usage policies and procedures. In addition, FEMA's formal planning process has produced 10 RECPs and their associated state and/or tribal/territorial annexes that identify emergency communications capability shortfalls and potential resource requirements. Grant recipients are encouraged to leverage these planning resources as a source of input and reference for all emergency communications grant applications and investment justifications.

In addition, DHS/FEMA formally recognizes several Statewide emergency communications governance bodies (e.g., Statewide Interoperability Coordinator (SWIC), Statewide Interoperability Governing Body (SIGB), Statewide Interoperability Executive Committee (SIEC), FirstNet State Single Point of Contact (SPOC)), and strongly encourages grant recipients to closely coordinate with these entities when developing an emergency communications investment to ensure projects support the state or territory's strategy to improve their communications capabilities with the goal of achieving fully operable, interoperable, and resilient communications. In addition, grantees should work with public and private

entities, and across jurisdictions and disciplines, to demonstrate engagement with the Whole Community in accordance with [Presidential Policy Directive-8 \(PPD-8\)](#).

For regional, cross-border initiatives, DHS/FEMA requires applicants to coordinate projects with national level emergency communications coordination bodies, such as the National Committee of Statewide Interoperability Coordinators (NCSWIC) and the Regional Emergency Communications Coordination Working Groups (RECCWGs). The NCSWIC promotes and coordinates state level activities designed to ensure the highest level of public safety communications across the nation. RECCWGs are congressionally mandated planning and coordination bodies located in each FEMA Region that provide a collaborative forum to assess and address the survivability, sustainability, operability, and interoperability of emergency communications systems at all levels of government. Grant-funded investments that are coordinated with these bodies will help ensure that Federally funded emergency communications investments are interoperable and support national policies.

Resilient Communications Guidance

Nothing better demonstrates a modern nation than its ability to effectively communicate. The risk imposed by the reliance on communication systems by government and the private sector can be reduced by understanding dependencies, analyzing effects, and taking action. Entities planning to use HSGP funding for communications investments are encouraged to work with State emergency management agencies, SWICs, SIGBs, and appropriate stakeholders at the regional, state, local, territorial, and tribal levels to:

- Establish robust, resilient, reliable and interoperable communications capabilities. Account for the mission impact of communication system disruptions in your planning;
- Ensure mission-related communications (voice, video, data and network security requirements) are adequately planned for and understood. It is important to maintain current documentation of your communication systems architecture and perform regular audits. Your ability to continue operations is dependent on the availability of and access to communications systems with sufficient resiliency, redundancy, and accessibility to perform essential functions and provide critical services during a disruption;
- Ensure critical communication systems connectivity among key government leadership, internal elements, other supporting organizations, and the public under all conditions. As such, organizations should ensure current copies of vital records, including electronic files and software, are backed-up and maintained off-site;
- Ensure all communications systems/networks are traced from end to end to identify all Single Points of Failure (SPF). In doing so, grantees should work with communication service providers to add redundancy at key critical infrastructure facilities as needed;
- Ensure key communication systems resiliency through:
 - Ensuring availability of backup systems
 - Ensuring diversity of network element components and routing
 - Ensuring geographic separation of primary and alternate transmission media
 - Ensuring availability of back-up power sources
 - Ensuring availability and access to systems that are not dependent on commercial infrastructure
 - Maintain spares for designated critical communication systems
 - Work with commercial suppliers to remediate communication Single Points of Failure
- All communications system owners are encouraged to address the following issues:
 - Integrate communications needs into continuity planning efforts by incorporating mitigation options to ensure uninterrupted communications support

- Establish a cybersecurity plan that includes continuity of a communications component such as Radio Frequency (RF)-based communications that do not rely on public infrastructure
- Maintain communications capabilities to ensure their readiness when needed
- Frequently train and exercise personnel required to operate communications capabilities
- Test and exercise communications capabilities
- Consider Electromagnetic Pulse (EMP) protective measures for communications systems where practical.

DHS/FEMA Communications Support Services

DHS's Cybersecurity and Infrastructure Agency's (CISA) Emergency Communications Division (ECD) and FEMA offer a variety of technical assistance and other support services to assist state and local entities in their efforts to comply with the above requirements, including the *SAFECOM Guidance*, with the goal of ensuring interoperable and resilient emergency communications. A summary of DHS/FEMA support services is provided below. Grant recipients are encouraged to refer to the respective websites for additional information.

DHS OEC Support:

To assist in these efforts, DHS established the OEC, which assists agencies through a myriad of services, including direct technical assistance (TA) and training provided at no cost to the jurisdiction. The TA offerings include (but are not limited to):

- Enhanced Governance Structure – Enhanced SCIP Workshop
- Communications Unit (COMU) Policy and Planning Development at the State and County Level
- COMU Assistance under EMAC
- Next Generation 9-1-1 (NG9-1-1)
- Alerts and Warnings
- Continuity Planning

Information on these services is available at <https://www.dhs.gov/ictapscip-resources> and <https://www.dhs.gov/oec-technical-assistance-program>.

FEMA Disaster Emergency Communications Division (DEC) Support:

DEC has developed State Communications Annexes for all of the 56 States and territories. DEC provides technical assistance, coordinated through the FEMA Region's Regional Emergency Communications Coordinator (RECC) in scheduling with the State and Territories major updates to the Annexes. Major updates are scheduled on a 3 to 5-year cycle. FEMA DEC supports the major update with a team of communications and emergency management specialists that facilitate a process of interaction with state representatives. This process is coordinated through the SWICC or State designated representative. All documentation is the responsibility of the FEMA support team and validated through State interaction.

Minor yearly updates to the State Annexes is accomplished through the RECCWG process. FEMA DEC support staff, working in coordination with the region-specific RECC, incorporate pertinent update information provided by state and local representatives. Additionally, operational information identified through exercises and incident response activities is a source of update data. The FEMA RECC, with the support of the DEC team, is responsible for maintaining the State Annexes — changes and modifications to the Annexes are validated with the State through RECC coordination with the SWIC or designated State representative.

FEMA National Preparedness Directorate (NPD) Support:

NPD provides training, exercises, and technical assistance to SLTT stakeholders that support operational and emergency communications. Descriptions and resources specific to operational communication are available on FEMA's website (<https://www.fema.gov/core-capability-development-sheets>) within the Response Mission Area and include the following information to support jurisdictions:

- Description of the operational communications core capability
- Training for building and sustaining operational communication with specific course titles
 - Trainings can also be found at <https://www.firstrespondertraining.gov/frt/>.
- Example capability targets to complete a Threat and Hazard Identification and Risk Assessment
 - Help in developing targets can be requested at FEMA-SPR@fema.dhs.gov
- Resources types that support operational communications
 - Additional resource types and position qualifications can be found at <https://www.fema.gov/preparedness-checklists-toolkits>.
- Tools to validate capabilities through exercises
 - Technical assistance and support from subject matter experts can be requested through www.fema.gov/national-exercise-program.

FEMA National Continuity Programs (NCP) Support:

NCP's support services focus on holistic continuity planning, of which communications continuity is an important component. Currently, continuity communications training and technical assistance is limited to the FEMA National Radio System (FNARS) and the Integrated Public Alert and Warning System (IPAWS) and is delivered either on an ad hoc basis at the request of the state entity, through a FEMA Region, or via a requirement for terms of use. Entities interested in NCP support services should contact FEMA-CGC@fema.dhs.gov or consult NCP's Continuity Resources Toolkit webpage at <https://www.fema.gov/continuity-resource-toolkit>.

Program Appendix B:

Tribal Homeland Security Grant Program (THSGP)

Alignment of THSGP to the National Preparedness System

The THSGP plays an important role in the implementation of the Goal by supporting the building, sustainment, and delivery of the core capabilities. The core capabilities are essential for the execution of critical tasks for each of the five mission areas outlined in the Goal. Delivering core capabilities requires the combined effort of the whole community, rather than the exclusive effort of any single organization or level of government. THSGP allowable costs support efforts to build and sustain core capabilities across the prevention, protection, mitigation, response, and recovery mission areas described in the Goal.

Particular emphasis in THSGP will be placed on capabilities that address the greatest risks to the security and resilience of tribal communities and the United States and that provide a clear nexus to preventing acts of terrorism. Funding will support deployable assets that can be utilized through automatic assistance and mutual aid agreements. THSGP supports investments that improve the ability of jurisdictions nationwide to:

- Prevent a threatened or an actual act of terrorism;
- Protect our citizens, residents, visitors, and assets against the greatest threats and hazards;
- Mitigate the loss of life and property by lessening the impact of future disasters;
- Respond quickly to save lives, protect property and the environment, and meet basic human needs in the aftermath of a catastrophic incident; and/or
- Recover through a focus on the timely restoration, strengthening, and revitalization of infrastructure, housing, and a sustainable economy, as well as the health, social, cultural, historic, and environmental fabric of communities affected by a catastrophic incident.

To support building, sustaining, and delivering these core capabilities, recipients will use the components of the National Preparedness System, which include: Identifying and Assessing Risk, Estimating Capability Requirements, Building and Sustaining Capabilities, Planning to Deliver Capabilities, Validating Capabilities, and Reviewing and Updating. Additional information on the National Preparedness System is available at: <http://www.fema.gov/national-preparedness-system>.

DHS/FEMA requires recipients to prioritize grant funding to demonstrate how investments support identified national priorities and closing capability gaps or sustaining capabilities identified in the THIRA/SPR process. Recipients are also expected to consider national areas for improvement identified in the most recent National Preparedness Report as they relate to terrorism preparedness. They include cybersecurity, economic recovery, housing, infrastructure systems, natural and cultural resources, and supply chain integrity and security. Addressing these areas for improvement will enhance preparedness nationwide. Minimum funding amounts are not prescribed by the Department for these priorities; however, recipients are expected to support state, local, regional, and national efforts in achieving the desired outcomes of these priorities.

Reporting on the Implementation of the National Preparedness System

By December 31, 2020, THSGP recipients are required to complete a THIRA/SPR that addresses all 32 core capabilities and is compliant with Comprehensive Preparedness Guide (CPG) 201, Third Edition. Specific guidance on the requirements for each core capability will be forthcoming in 2020, as some core capabilities have fewer reporting requirements than others.

THSGP recipients must complete every step of the THIRA/SPR for the following eight core capabilities: Cybersecurity; Infrastructure Systems; Mass Care Services; Mass Search and Rescue Operations; On-scene Security, Protection, and Law Enforcement; Operational Communications; Operational Coordination; and Public Information and Warning. For the remaining 24 core capabilities, THSGP recipients are only required to indicate planning, organization, equipment, training, and exercise gaps in functional areas related to those capabilities. THSGP recipients may optionally complete additional portions of the THIRA/SPR for these 24 core capabilities.

Beginning in 2020, THSGP recipients will also be required to respond to a series of planning-related questions as part of the THIRA/SPR. THSGP recipients are required to submit a THIRA every three (3) years to establish a consistent baseline for assessment. While the THIRA will be only required every three years, THSGP recipients will continue to be required to submit an SPR annually. For additional guidance on the THIRA/SPR, please refer to the [Comprehensive Preparedness Guide \(CPG\) 201, Third Edition](#). Recipients must align THSGP grant investments in building and sustaining capabilities with closing capability gaps and/or sustaining capabilities they identified in their THIRA and SPR.

Reporting Requirements

- THSGP recipients must submit their THIRA and SPR through the Unified Reporting Tool (URT) on [Prep Toolkit](#) no later than December 31 of the applicable year (every three years for THIRA and each year for SPR). FY20 THSGP Recipients must also update their SPR inputs in 2021 and 2022.
- Please contact FEMA-SPR@fema.dhs.gov if you have questions.
- In each THSGP recipient's BSIR, as part of programmatic monitoring, recipients will be required to describe how investments support closing capability gaps or sustaining capabilities identified in the THIRA/SPR. THSGP recipients will, on a project-by-project basis, check one of the following:
 - Building a capability with THSGP funding; or
 - Sustaining a capability with THSGP funding.

National Incident Management System (NIMS) Implementation

Recipients receiving THSGP funding are required to implement the National Incident Management System (NIMS). NIMS defines a national, interoperable approach for sharing resources, coordinating and managing incidents, and communicating information. Incident management refers to how incidents are managed across all homeland security activities, including prevention, protection, mitigation, response, and recovery. THSGP recipients must utilize standardized resource management concepts such as typing, credentialing, and inventorying resources that facilitates the effective identification, dispatch, deployment, tracking and recovery of their resources.

Reporting Requirements

Recipients will use the URT to report NIMS implementation.

Planning to Deliver Capabilities

Recipients shall develop and maintain a jurisdiction wide, all threats and hazards EOPs consistent with CPG 101 Version 2.0 (v2). Recipients must submit an EOP once during the period of performance.

Reporting Requirements

Recipients report EOP compliance with Developing and Maintaining Emergency Operations Plans CPG 101 v2 in the URT.

National Exercise Program

The National Exercise Program (NEP) is a two-year cycle of exercises across the nation that examines and validates capabilities in all preparedness mission areas. The two-year NEP cycle is guided by Principals' Strategic Priorities, established by the National Security Council and informed by preparedness data from jurisdictions across the Nation.

The NEP affords exercise sponsors with the opportunity to receive exercise design and delivery assistance, tools and resources, enhanced coordination, and the ability to directly influence and inform policy, resource allocation, and preparedness programs assistance from seasoned and innovative Federal Emergency Managers. If you have any questions or would like to nominate your exercise to be a part of the NEP, please visit the NEP website at: <https://www.fema.gov/national-exercise-program> or reach out to the National Exercise Program directly at NEP@fema.dhs.gov.

Validating Capabilities

All recipients will develop and maintain a progressive exercise program consistent with Homeland Security Exercise and Evaluation Program (HSEEP) guidance in support of the National Exercise Program (NEP). The NEP serves as the principal exercise mechanism for examining national preparedness and measuring readiness. The NEP is a two-year cycle of exercises across the nation that validates capabilities in all preparedness mission areas. The two-year NEP cycle is guided by Principals' Strategic Priorities, established by the National Security Council and informed by preparedness data from jurisdictions across the Nation.

To develop and maintain a progressive exercise program consistent with HSEEP and in support of the NEP, recipients should engage senior leaders and other whole community stakeholders to identify preparedness priorities. These priorities should be informed by various factors, including jurisdiction-specific threats and hazards (i.e. the THIRA); areas for improvement identified by real-world events and exercises; external requirements such as state or national preparedness reports, homeland security policy, and industry reports; and accreditation standards, regulations, or legislative requirements. Recipients should document these priorities and use them to deploy a schedule of preparedness events in a multi-year Training and Exercise Plan (TEP) or an Integrated Preparedness Plan (IPP). Information related to TEPs and Training and Exercise Planning Workshops (TEPWs), as well as information about IPPs and Integrated Preparedness Planning Workshops (IPPWs), can be found on the HSEEP website at <https://www.fema.gov/HSEEP> and <https://preptoolkit.fema.gov/>.

The NEP provides exercise sponsors the opportunity to receive exercise design and delivery assistance, tools and resources, enhanced coordination, and the ability to directly influence and inform policy and preparedness programs. If you have any questions or would like to request assistance through the NEP, please visit the NEP website at: <https://www.fema.gov/national-exercise-program> or reach out to the National Exercise Program directly at NEP@fema.dhs.gov.

Reporting

- Recipients must have a current multi-year TEP or IPP that identifies preparedness priorities and activities. The current multi-year TEP or IPP must be submitted to hseep@fema.dhs.gov before January 31 of each year.
 - Recipients are encouraged to enter their exercise information in the Preparedness Toolkit at <https://preptoolkit.fema.gov/>.
- Recipients must submit After-Action Report (AAR)/Improvement Plans (IPs) to hseep@fema.dhs.gov and indicate which fiscal year's funds were used (if applicable).
- Submission of AAR/IPs must be no later than December 31 of each year. Recipients are encouraged to submit AAR/IPs within 90 days after completion of the single exercise or progressive series.
 - Recipients are encouraged to submit AAR/IPs reflecting table top exercises which validate critical plans or those reflecting large-scale functional or full-scale exercises which took place at the state, territorial, tribal, or UASI level. Recipients are discouraged from submitting AAR/IPs specific to local jurisdictions which reflect drills.
 - If a recipient endures a significant real-world incident during the calendar year, they can submit the AAR from that event in place of one or more of the exercises AARs depending on the size and scale of the incident. Jurisdictions submitting real world AARs should include a request to do so with the AAR submission to hseep@fema.dhs.gov.
 - Recipients can access a sample AAR/IP template at <https://preptoolkit.fema.gov/web/hseep-resources/improvement-planning>.

THSGP Funding Guidelines

Recipients and subrecipients must comply with all applicable requirements of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards located at 2 C.F.R. Part 200. In administering a THSGP grant award, recipients must comply with the following general requirements:

THSGP Priorities

See the annual THSGP NOFO.

Allowable Costs

Management and Administration (M&A)

M&A activities are those defined as directly relating to the management and administration of THSGP funds, such as financial management and monitoring. Recipients may use up to 5% of the amount of the award for M&A, and where applicable, subrecipients may use up to 5% for M&A of the amount they receive. Reasonable costs of grant management training are also allowable.

Indirect (Facilities and Administrative [F&A]) Costs

Indirect costs are allowable under this program as described in 2 C.F.R. Part 200, including 2 C.F.R. § 200.414. Applicants with a negotiated indirect cost rate agreement that desire to charge indirect costs to an award must provide a copy of their negotiated indirect cost rate agreement at the time of application. Applicants that are not required by 2 C.F.R. Part 200 to have a negotiated indirect cost rate agreement but are required by 2 C.F.R. Part 200 to develop an indirect cost rate proposal must provide a copy of their

proposal at the time of application. Post-award requests to charge indirect costs will be considered on a case-by-case basis and based upon the submission of an agreement or proposal.

Allowable Direct Costs

The following pages outline global allowable costs guidance specifically applicable to THSGP. Allowable activities made in support of the national priorities, as well as other capability-enhancing projects must fall into the categories of planning, organization, equipment, training, or exercises (POETE). Additional detail about each of these allowable expense categories, as well as sections on additional activities including explicitly unallowable costs is provided. In general, recipients should consult their FEMA Program Analyst prior to implementing any investment to ensure that it clearly meets the allowable expense criteria established by the guidance.

Recipients are encouraged to use grant funds for evaluating grant-funded project effectiveness and return on investment aligned to the relevant POETE element, and FEMA encourages grant recipients to provide the results of that analysis to FEMA.

Planning

Planning efforts can include prioritizing needs, updating preparedness strategies, and allocating resources across stakeholder groups (e.g., law enforcement, fire, EMS, health care systems, public health, behavioral health, public works, rural water associations, agriculture, information technology, emergency communications, and the general public, including people with disabilities) and levels of government. Planning provides a methodical way to engage the whole community in thinking through the life cycle of potential crises, determining required capabilities, and establishing a framework for roles and responsibilities. Planning must include participation from all stakeholders in the community who are able to contribute critical perspectives and may have a role in executing the plan. Planning should be flexible enough to address incidents of varying types and magnitudes.

Planning activities should focus on the prevention, protection, mitigation, response, and recovery mission areas outlined in the Goal. All jurisdictions are encouraged to work with Citizen Corps Whole Community Councils, nongovernmental entities, and the general public in planning activities. Whole community planning should integrate program design and delivery practices that ensure representation and services for under-represented diverse populations that may be more impacted by disasters including children, seniors, individuals with disabilities or access and functional needs, individuals with diverse culture and language use, individuals with lower economic capacity and other underserved populations. Recipients must use the CPG 101 v2 in order to develop robust and effective plans.

For additional planning and resource information, please see:
http://www.fema.gov/pdf/about/divisions/npd/CPG_101_V2.pdf
<http://www.ready.gov/citizen-corps>
<http://www.fema.gov/community-emergency-response-teams>
www.ready.gov/kids
<http://www.fema.gov/media-library/assets/documents/94775>.
<http://www.fema.gov/pdf/recoveryframework/ndrf.pdf>

Continuity of Operations

DHS/FEMA is designated as the Department of Homeland Security's lead agency for managing the nation's Continuity Program. To support this role, FEMA provides direction and guidance to assist in developing capabilities for continuing federal and SLTT government jurisdictions and private sector organizations' essential functions across a broad spectrum of emergencies.

Presidential Policy Directive 40, the National Continuity Policy Implementation Plan (NCPIP), Federal Continuity Directive 1 (FCD 1), Federal Continuity Directive 2 (FCD 2), and Continuity Guidance Circular (CGC) outline continuity requirements for agencies and organizations and provide guidance, methodology, and checklists. For additional information on continuity programs, guidance, and directives, visit <http://www.fema.gov/guidance-directives> and <https://www.fema.gov/national-continuity-programs> or contact a [Regional Continuity Manager](#). Please note, the Continuity Guidance Circular (2018) supersedes Continuity Guidance Circular-1, *Continuity Guidance for Non-Federal Governments* (July 2013), and Continuity Guidance Circular-2, *Continuity Guidance for Non-Federal Governments: Mission Essential Function Identification Process* (Oct. 2013). U.S. Dep't of Homeland Security, *Continuity Guidance Circular* at 8 (Feb. 2018).

Organization

Recipients may use grant funds for organization activities:

- Organizational activities may include, paying salaries and benefits for personnel, including individuals employed to serve as qualified intelligence analysts. Personnel hiring, overtime, and backfill expenses are permitted under this grant only to the extent that such expenses are for the allowable activities within the scope of the grant.
- Other organization activities may include implementing standardized resource management concepts such as typing, inventorying, organizing, and tracking to facilitate the dispatch, deployment, and recovery of resources before, during, and after an incident.

Equipment

The 21 allowable prevention, protection, mitigation, response, and recovery equipment categories and equipment standards for THSGP are listed on the web-based version of the Authorized Equipment List (AEL) available at <https://www.fema.gov/authorized-equipment-list>. Unless otherwise stated, equipment must meet all mandatory regulatory and DHS-adopted standards to be eligible for purchase using these funds. In addition, recipients and subrecipients, as applicable, agencies will be responsible for obtaining and maintaining all necessary certifications and licenses for the requested equipment.

Grant funds must comply with [Information Bulletin \(IB\) 426](#) and may not be used for the purchase of the following unallowable equipment: firearms, ammunition, grenade launchers, bayonets, or weaponized aircraft, vessels, or vehicles of any kind with weapons installed. Recipients should analyze the costs and benefits of purchasing versus leasing equipment, especially high cost items and those subject to rapid technical advances. Large equipment purchases must be identified and explained. For more information regarding property management standards for equipment, please reference 2 C.F.R. Part 200, including 2 C.F.R. §§ 200.310, 200.313, and 200.316.

Requirements for Small Unmanned Aircraft System

All requests to purchase Small Unmanned Aircraft System (SUAS) devices must also comply with [IB 426](#) and must include the policies and procedures in place to safeguard individuals' privacy, civil rights, and civil liberties maintained by the jurisdiction that will purchase, take title to, or otherwise use the SUAS device.

Training and Exercises

Tribes are strongly encouraged to use THSGP funds to develop or maintain a homeland security training program. Allowable training-related costs under the THSGP include the establishment, support, conduct, and attendance of training specifically identified under the THSGP or in conjunction with emergency preparedness training by other federal agencies (e.g., the Department of Health and Human Services or

the Department of Transportation). Training conducted using THSGP funds should address a performance gap identified through an assessment or contribute to building a capability that will be evaluated through a formal exercise. Exercises should be used to provide the opportunity to demonstrate and validate skills learned in training, as well as to identify training gaps. Any training or training gaps evaluated through a formal exercise, including those for vulnerable populations including children, the elderly, pregnant women, and individuals with disabilities or access and functional needs should be identified in an AAR/IP.

All training and exercises conducted with THSGP funds should support the development and testing of the jurisdiction's Emergency Operations Plan (EOP), consistent with the priorities in the National Preparedness System. Recipients are encouraged to use existing training rather than developing new courses. When developing new courses, recipients are encouraged to apply the Analysis, Design, Development, Implement, and Evaluate (ADDIE) model of instruction design, available with additional training information at <https://www.firstrespondertraining.gov>.

DHS/FEMA supports and encourages the coordination of all emergency preparedness training towards the achievement of the Goal. To this end, DHS/FEMA supports the establishment of a Tribal Training Point of Contact (TTPOC). The role of the TTPOC is to coordinate the tribes' training needs and activities with DHS/FEMA and DHS/FEMA's federal training partners and holds the same authority and roles that State training points of contact serve within SAAs nationwide. DHS/FEMA will coordinate with Tribal Training Officers (TTOs) as it relates to FEMA training when notified by recipients.

Per DHS/FEMA Grant Programs Directorate [Information Bulletin 432](#), Review and Approval Requirements for Training Courses Funded Through Preparedness Grants, issued on July 19, 2018, states, territories, tribal entities, and high-risk urban areas are no longer required to request approval from FEMA for personnel to attend non-DHS FEMA training as long as the training is coordinated with and approved by the state, territory, tribal, or high-risk urban area Training Point of Contact (TPOC) and falls within the FEMA mission scope and the jurisdiction's Emergency Operations Plan (EOP). For additional information on review and approval requirements for training courses funded with preparedness grants, please refer to the following policy: <http://www.fema.gov/media-library/assets/documents/34856>.

DHS/FEMA/National Training and Education Division (NTED) Provided Training

Trainings include programs or courses developed for and delivered by institutions and organizations funded by DHS/FEMA/NTED. This includes the Center for Domestic Preparedness (CDP), the Emergency Management Institute (EMI), and NTED's Training Partner Programs, including the Continuing Training Grants (CTG), the National Domestic Preparedness Consortium (NDPC), the Rural Domestic Preparedness Consortium (RDPC), and other partners.

NTED's National Preparedness Course Catalog

This online searchable catalog features a compilation of courses managed by the three primary FEMA training organizations: the CDP, EMI, and NTED. The catalog features a wide range of course topics in multiple delivery modes to meet FEMA's mission scope as well as the increasing training needs of federal, state, local, territorial, and tribal audiences. All courses have been approved through NTED's course review and approval process. The catalog can be accessed at <http://www.firstrespondertraining.gov>.

Training Not Provided by DHS/FEMA

These trainings include courses that are either State sponsored or Federal sponsored (non-DHS/FEMA), coordinated and approved by the SAA or their designated TPOC, and fall within the DHS/FEMA mission scope to prepare SLTT personnel to prevent, protect against, mitigate, respond to, and recover from acts of terrorism or catastrophic events.

- **State Sponsored Courses.** These courses are developed for and/or delivered by institutions or organizations other than Federal entities or DHS/FEMA and are sponsored by the SAA or their designated TPOC.
- **Joint Training and Exercises with the Public and Private Sectors.** These courses are sponsored and coordinated by private sector entities to enhance public-private partnerships for training personnel to prevent, protect against, mitigate, respond to, and recover from acts of terrorism or catastrophic events. In addition, states, territories, tribes, and urban areas are encouraged to incorporate the private sector in government-sponsored training and exercises.

Additional information on both DHS/FEMA provided training and other Federal and State training can be found at <http://www.firstrespondertraining.gov>.

Training Information Reporting System (“Web-Forms”)

Web-Forms is an electronic data management system built to assist SAAs, designated TPOCs, and federal agencies with submitting non-NTED provided training courses for inclusion in the State/Federal-Sponsored Course Catalog through electronic forms. The information collected is used in a two-step review process to ensure the training programs adhere to the intent of the HSGP guidance and the course content is structurally sound and current. As these programs may be delivered nationwide, it is vital to ensure each training program's viability and relevance to the Homeland Security mission. Reporting training activities through Web-Forms is not required under FY 2020 THSGP. However, the system remains available and can be accessed through the DHS/FEMA Toolkit located at <https://www.firstrespondertraining.gov/ft/> to support recipients in their own tracking of training deliveries.

Exercises

For additional information on conducting exercises under THSGP, please refer to the earlier section in this appendix on the NEP.

Personnel Activities

Personnel hiring, overtime, and backfill expenses are permitted under this grant in order to perform allowable THSGP planning, training, exercise, and equipment activities.

Not more than 50% of total THSGP funds may be used for personnel activities as directed by the *Homeland Security Act of 2002*, as amended by the *Personnel Reimbursement for Intelligence Cooperation and Enhancement (PRICE) of Homeland Security Act* (Pub. L. No. 110-412) (6 U.S.C. § 609(b)(2)(A)). This 50% cap may be waived, however, per 6 U.S.C. § 609(b)(2)(B). For further details, THSGP recipients should refer to [Information Bulletin No. 421b](#), or contact their FEMA HQ Program Analyst. THSGP funds may not be used to support the hiring of any personnel for the purposes of fulfilling traditional public safety duties or to supplant traditional public safety positions and responsibilities.

Construction and Renovation

Construction projects are only permitted where they will assist the recipient to achieve target capabilities related to preventing, preparing for, protecting against, or responding to acts of terrorism, including through the alteration or remodeling of existing buildings for the purpose of making them secure against acts of terrorism. THSGP funding may not be used for construction and renovation projects without prior written approval from FEMA. All recipients of THSGP funds must request and receive approval from FEMA before any THSGP funds are used for any construction or renovation. Additionally, recipients are required to submit an SF-424C Form containing budget detail citing the construction project costs and an SF-424D Form for standard assurances for the construction project. The total cost of any construction or renovation paid for using THSGP funds may not exceed the greater amount of \$1,000,000 or 15% of the THSGP award.

THSGP recipients using funds for construction projects must comply with the *Davis-Bacon Act* (codified as amended at 40 U.S.C. §§ 3141 *et seq.*). Grant recipients must ensure that their contractors or subcontractors for construction projects pay workers no less than the prevailing wages for laborers and mechanics employed on projects of a character similar to the contract work in the civil subdivision of the state in which the work is to be performed. Additional information regarding compliance with the *Davis-Bacon Act*, including Department of Labor (DOL) wage determinations, is available from the following website: <http://www.dol.gov/whd/govcontracts/dbra.htm>.

Communications Towers

For the purposes of the limitations on funding levels only, communications towers are not considered construction. When applying for construction funds, including communications towers, at the time of application, recipients must submit evidence of approved zoning ordinances, architectural plans, and any other locally required planning permits.

When applying for funds to construct communication towers, recipients and subrecipients must submit evidence that the Federal Communication Commission's Section 106 review process has been completed and submit all documentation resulting from that review to DHS/FEMA prior to submitting materials for EHP review. Recipients and subrecipients are also encouraged to have completed as many steps as possible for a successful EHP review in support of their proposal for funding (e.g., coordination with their Tribal Historic Preservation Office to identify potential historic preservation issues and to discuss the potential for project effects; compliance with all State and EHP laws and requirements). Projects for which an Environmental Assessment (EA) may be needed, as defined in [DHS Instruction Manual 023-01-001-01, Revision 01](#), [FEMA Directive 108-1](#) and [FEMA Instruction 108-1-1](#), must also be identified to the FEMA HQ Program Analyst within six months of the recipient's receipt of the award. Completed EHP review materials for construction and communication tower projects must be submitted no later than 12 months before the end of the period of performance. EHP review materials should be sent to gpdehpinfo@fema.gov.

Multiple Purpose or Dual-Use of Funds

Many activities that support the achievement of target capabilities related to terrorism preparedness may simultaneously support enhanced preparedness for other hazards unrelated to acts of terrorism. *See* 6 U.S.C. § 609(c). However, all THSGP-funded projects must assist recipients and subrecipients in achieving target capabilities related to preventing, preparing for, protecting against, or responding to acts of terrorism.

Whole Community Preparedness

In addition to the Citizen Corps Whole Community Councils and CERT programs mentioned above, the following preparedness programs are allowable expenses:

- **Youth Preparedness Resources** to support practitioners as they create and run programs in their communities are available at www.ready.gov/kids. The interactive website is a one-stop shop with search features, tools, and resources for parents, caregivers, and educators to help engage kids and young people on emergency and disaster preparedness. Site visitors can find information, programs, curricula, and games and activities that engage and teach youth and their families to be prepared. Ready.gov/kids also has resources to support the integration and implementation of children's disaster-related needs into preparedness, planning, response and recovery efforts initiated by state, local, territorial and tribal governments, and stakeholders responsible for the temporary care of children.

Other Allowable Costs

Maintenance and Sustainment

The use of FEMA preparedness grant funds for maintenance contracts, warranties, repair or replacement costs, upgrades, and user fees are allowable, unless otherwise noted, as described in FEMA Policy FP 205-402-125-1, *Maintenance Contracts and Warranty Coverage Funded by Preparedness Grants*, located at: <http://www.fema.gov/media-library/assets/documents/32474>.

Grant funds are intended to support the National Preparedness Goal and fund projects that build and sustain the core capabilities necessary to prevent, protect against, mitigate the effects of, respond to, and recover from those threats that pose the greatest risk to the security of the Nation. In order to provide recipients the ability to meet this objective, the policy set forth in [IB 379: Guidance to State Administrative Agencies to Expedite the Expenditure of Certain DHS/FEMA Grant Funding](#) allows for the expansion of eligible maintenance and sustainment costs which must be in (1) direct support of existing capabilities, (2) must be an otherwise allowable expenditure under the applicable grant program, and (3) be tied to one of the core capabilities in the five mission areas outlined in the Goal. Additionally, eligible costs must also be in support of equipment, training, and critical resources that have previously been purchased with either federal grant money or any other source of funding other than DHS/FEMA preparedness grant program dollars.

Critical Emergency Supplies

In furtherance of DHS's mission, critical emergency supplies, such as shelf-stable food products, water, and basic medical supplies are an allowable expense under THSGP. Prior to allocating grant funds for stockpiling purposes, each Tribe must have FEMA's approval of a five-year viable inventory management plan, an effective distribution strategy, and related sustainment costs if the planned grant expenditure is over \$100,000.

The inventory management plan and distribution strategy, to include sustainment costs, will be developed and monitored by FEMA. FEMA will provide program oversight and technical assistance as it relates to the purchase of critical emergency supplies under THSGP. FEMA will establish guidelines and requirements for the purchase of these supplies under THSGP and monitor development and status of the Tribe's inventory management plan and distribution strategy. Linkages between specific projects undertaken with THSGP funds and strategic goals and objectives will be highlighted through regular required reporting mechanisms. If grant expenditures exceed the minimum threshold, the five-year inventory management plan will be developed and monitored by FEMA.

Secure Identification

THSGP funds may be used to support the development and production of enhanced tribal documents (e.g., Enhanced Tribal Cards) designed to meet the requirements of the Western Hemisphere Travel Initiative (WHTI). More information on the WHTI may be found at http://www.dhs.gov/files/programs/gc_1200693579776.shtm and <https://www.cbp.gov/travel/us-citizens/western-hemisphere-travel-initiative>.

When completing the IJ Template, please refer to the Goal at for a list of the core capabilities that best fit the proposed activities and costs. For additional assistance in determining the core capabilities that fit the proposed WHTI project, please contact the CSID by phone at (800) 368-6498 or by e-mail at askcsid@fema.gov

Fidelity Bonds

Reasonable costs of fidelity bonds (or like insurance as provided for by applicable state or tribal laws) covering the maximum amount of THSGP funds the officer, official, or employee handles at any given time for all personnel who disburse or approve disbursement of THSGP funds may be allowable if required by the terms and conditions of the award or if generally required by the tribe in its general operations. If a fidelity bond is required by a tribe in its general operations, those costs must be charged as indirect costs. *See* 2 C.F.R. § 200.427.

THSGP Investment Modifications – Changes in Scope or Objective

Changes in scope or objective of the award—including those resulting from intended actions by the recipient or subrecipients—require FEMA’s prior written approval, in accordance with 2 C.F.R. §§ 200.308(c)(1)(i), 200.407. THSGP is competitive, with applications recommended for funding based on threat, vulnerability, and consequence, and their mitigation of potential terrorist attacks. However, consistent with 2 C.F.R. § 200.308(c)(1)(i), Change in Scope Prior Approval, DHS/FEMA requires prior approval of any change in scope or objective of the grant-funded activity after the award is issued. *See* 2 C.F.R. § 200.308(b), (c). Scope or objective changes will be considered on a case-by-case basis, provided the change does not negatively impact the competitive process used to recommend THSGP awards.

Requests to change the scope or objective of the grant-funded activity after the award is made must be submitted via ND Grants as a Scope Change Amendment. The amendment request must include the following:

- A written request on the recipient’s letterhead, outlining the scope or objective change, including the approved projects from the IJ, the funds and relative scope or objective significance allocated to those projects, the proposed changes, and any resulting reallocations as a result of the change of scope or objective;
- An explanation why the change of scope or objective is necessary;
- How the proposed scope or objective changes to the project support the vulnerabilities and capability gaps identified in the approved IJ; and
- The request must also address whether the proposed changes will impact the recipient’s ability to complete the project within the award’s period of performance.

Recipients may not proceed with implementing any scope or objective changes until they receive prior written approval from DHS/FEMA through ND Grants.

Program Appendix C:

Nonprofit Security Grant Program (NSGP)

NSGP grant recipients and subrecipients may only use NSGP grant funds for the purpose set forth in the grant award and must use funding in a way that is consistent with the statutory authority for the award. Grant funds may not be used for matching funds for other federal grants or cooperative agreements, lobbying, or intervention in federal regulatory or adjudicatory proceedings. In addition, federal funds may not be used to sue the Federal Government or any other government entity.

Pre-award costs are allowable only with the prior written approval of DHS/FEMA and if they are included in the award agreement. To request pre-award costs a written request must be included with the application, signed by the Authorized Organizational Representative of the entity. The letter must outline what the pre-award costs are for, including a detailed budget break-out of pre-award costs from the post-award costs, and a justification for approval. The following information outlines general allowable and unallowable NSGP costs guidance.

NSGP Funding Guidelines

Recipients and subrecipients must comply with all applicable requirements of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards located at 2 C.F.R. Part 200. In administering a NSGP grant award, recipients must comply with the following general requirements:

NSGP Priorities

See the annual NSGP NOFO.

Allowable Costs

Management and Administration (M&A)

M&A activities are those costs defined as directly relating to the management and administration of NSGP funds, such as financial management and monitoring. The amount of M&A is specified in each fiscal year's NSGP NOFO. M&A costs include the following categories of activities:

- Hiring of full-time or part-time staff or contractors/consultants responsible for activities relating to the management and administration of NSGP funds
- Meeting-related expenses directly related to M&A of NSGP funds

Indirect (Facilities and Administrative [F&A]) Costs

Indirect costs are allowable under this program as described in 2 C.F.R. Part 200, including 2 C.F.R. § 200.414. Applicants with a negotiated indirect cost rate agreement that desire to charge indirect costs to an award must provide a copy of their negotiated indirect cost rate agreement at the time of application. Applicants that are not required by 2 C.F.R. Part 200 to have a negotiated indirect cost rate agreement but are required by 2 C.F.R. Part 200 to develop an indirect cost rate proposal must provide a copy of their proposal at the time of application. Post-award requests to charge indirect costs will be considered on a case-by-case basis and based upon the submission of an agreement or proposal.

Allowable Direct Costs

Planning

Funding may be used for security or emergency planning expenses and the materials required to conduct planning activities. Planning must be related to the protection of the facility and the people within the facility and should include consideration of access and functional needs considerations as well as those with limited English proficiency. Examples of planning activities allowable under this program include:

- Development and enhancement of security plans and protocols
- Development or further strengthening of security assessments
- Emergency contingency plans
- Evacuation/Shelter-in-place plans
- Other project planning activities with prior approval from DHS/FEMA

Equipment

Allowable costs are focused on target hardening and physical security enhancements. Funding can be used for the acquisition and installation of security equipment on real property (including buildings and improvements) owned or leased by the nonprofit organization, specifically in prevention of and/or protection against the risk of a terrorist attack. This equipment is **limited to select items in the following two sections** of items on the Authorized Equipment List (AEL):

- Physical Security Enhancement Equipment (Section 14)
- Inspection and Screening Systems (Section 15)

The two allowable prevention and protection categories and equipment standards for the NSGP are listed on DHS AEL located on the DHS/FEMA site at <http://www.fema.gov/authorized-equipment-list>. Unless otherwise stated, equipment must meet all mandatory statutory, regulatory, and DHS/FEMA-adopted standards to be eligible for purchase using these funds, including the Americans with Disabilities Act. In addition, recipients will be responsible for obtaining and maintaining all necessary certifications and licenses for the requested equipment.

Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially high cost items and those subject to rapid technical advances. Large equipment purchases must be identified and explained. For more information regarding property management standards for equipment, please reference 2 C.F.R. Part 200, including but not limited to 2 C.F.R. §§ 200.310, 200.313, and 200.316.

Exercises

Funding may be used to conduct security-related exercises. This includes costs related to planning, meeting space and other meeting costs, facilitation costs, materials and supplies, and documentation. Exercises afford organizations the opportunity to validate plans and procedures, evaluate capabilities, and assess progress toward meeting capability targets in a controlled, low-risk setting. All shortcomings or gaps—including those identified for children and individuals with access and functional needs—should be identified in an improvement plan. Improvement plans should be dynamic documents with corrective actions continually monitored and implemented as part of improving preparedness through the exercise cycle.

The Homeland Security Exercise and Evaluation Program (HSEEP) provides a set of guiding principles for exercise programs, as well as a common approach to exercise program management, design and development, conduct, evaluation, and improvement planning. For additional information on HSEEP,

refer to <https://www.fema.gov/exercise>. In accordance with HSEEP guidance, subrecipients are reminded of the importance of implementing corrective actions iteratively throughout the progressive exercise cycle. This link provides access to a sample AAR/IP template: <https://preptoolkit.fema.gov/web/hseep-resources/improvement-planning>. Recipients are encouraged to enter their exercise data and AAR/IP in the Preparedness Toolkit at <https://preptoolkit.fema.gov/web/hseep-resources>.

Maintenance and Sustainment

The use of DHS/FEMA preparedness grant funds for maintenance contracts, warranties, repair or replacement costs, upgrades, and user fees are allowable, as described in DHS/FEMA Policy FP 205-402-125-1, *Maintenance Contracts and Warranty Coverage Funded by Preparedness Grants*, located at <http://www.fema.gov/media-library/assets/documents/32474>, under all active and future grant awards, unless otherwise noted.

Grant funds are intended to support the National Preparedness Goal and fund projects that build and sustain the core capabilities necessary to prevent, protect against, mitigate the effects of, respond to, and recover from those threats that pose the greatest risk to the security of the Nation. In order to provide recipients the ability to meet this objective, the policy set forth in [IB 379: Guidance to State Administrative Agencies to Expedite the Expenditure of Certain DHS/FEMA Grant Funding](#) allows for the expansion of eligible maintenance and sustainment costs that must be in (1) direct support of existing capabilities, (2) must be an otherwise allowable expenditure under the applicable grant program, and (3) be tied to one of the core capabilities in the five mission areas outlined in the Goal. Additionally, eligible costs may also support equipment, training, and critical resources that have previously been purchased with either federal grant or any other source of funding other than DHS/FEMA preparedness grant program dollars.

Construction and Renovation

NSGP funding may not be used for construction and renovation projects without prior written approval from DHS/FEMA. All recipients of NSGP funds must request and receive prior approval from DHS/FEMA before any NSGP funds are used for any construction or renovation. Additionally, recipients are required to submit a SF-424C Budget and budget detail citing the project costs. The total cost of any construction or renovation paid for using NSGP funds may not exceed the greater amount of \$1,000,000.00 or 15% of the NSGP award. Recipients and subrecipients are also encouraged to have completed as many steps as possible for a successful EHP review in support of their proposal for funding (e.g., coordination with their State Historic Preservation Office to identify potential historic preservation issues and to discuss the potential for project effects, compliance with all State and EHP laws and requirements). Projects for which the recipient believes an Environmental Assessment (EA) may be needed, as defined in [DHS Instruction Manual 023-01-001-01, Revision 01](#), [FEMA Directive 108-1](#), and [FEMA Instruction 108-1-1](#), must also be identified to the FEMA HQ Program Analyst within six months of the award and completed EHP review materials must be submitted no later than 12 months before the end of the period of performance. EHP review packets should be sent to gpdehpinfo@fema.gov.

NSGP recipients using funds for construction projects must comply with the *Davis-Bacon Act* (codified as amended at 40 U.S.C. §§ 3141 *et seq.*). Grant recipients must ensure that their contractors or subcontractors for construction projects pay workers no less than the prevailing wages for laborers and mechanics employed on projects of a character similar to the contract work in the civil subdivision of the State in which the work is to be performed. Additional information regarding compliance with the *Davis-Bacon Act*, including Department of Labor (DOL) wage determinations, is available from the following website: <https://www.dol.gov/whd/govcontracts/dbra.htm>.

Training

Nonprofit organizations may use NSGP funds for the following training-related costs:

- Employed or volunteer security staff to attend security-related training within the United States;
- Employed or volunteer staff to attend security-related training within the United States with the intent of training other employees or members/congregants upon completing the training (i.e., “train-the-trainer” type courses);
- Nonprofit organization’s employees, or members/congregants to receive on-site security training.

Allowable training-related costs under the NSGP are limited to attendance fees for training and related expenses, such as materials, supplies, and/or equipment. Overtime, backfill, and travel expenses are not allowable costs.

Allowable training topics are limited to the protection of critical infrastructure key resources, including physical and cybersecurity, target hardening, and terrorism awareness/employee preparedness such as Community Emergency Response Team (CERT) training, Active Shooter training, and emergency first aid training. Training conducted using NSGP funds must address a specific threat and/or vulnerability, as identified in the nonprofit organization’s IJ. Training should provide the opportunity to demonstrate and validate skills learned as well as to identify any gaps in these skills. ***Proposed attendance at training courses and all associated costs using the NSGP must be included in the nonprofit organization’s IJ.***

Contracted Security Personnel

Contracted security personnel are allowed under this program only as described in the NOFO and Manual and comply with guidance set forth in [IB 421b](#) and [IB 441](#). NSGP funds may not be used to purchase equipment for contracted security. The recipient must be able to sustain this capability in future years without NSGP funding.

Unallowable Costs

The following projects and costs are considered **ineligible** for award consideration:

- Organization costs, and operational overtime costs
- Hiring of public safety personnel
- General-use expenditures
- Overtime and backfill
- Initiatives that do not address the implementation of programs/initiatives to build prevention and protection-focused capabilities directed at identified facilities and/or the surrounding communities
- The development of risk/vulnerability assessment models
- Initiatives that fund risk or vulnerability security assessments or the development of the IJ
- Initiatives in which federal agencies are the beneficiary or that enhance federal property
- Initiatives which study technology development
- Proof-of-concept initiatives
- Initiatives that duplicate capabilities being provided by the Federal Government
- Organizational operating expenses
- Reimbursement of pre-award security expenses

NSGP Investment Modifications – Changes in Scope or Objective

Changes in scope or objective of the award—whether as a result of intended actions by the recipient or subrecipients—require FEMA’s prior written approval, in accordance with 2 C.F.R. §§ 200.308(c)(1)(i), 200.407. NSGP is competitive, with applications recommended for funding based on threat, vulnerability, consequence, and their mitigation to a specific facility/location. However, consistent with 2 C.F.R. § 200.308(c)(1)(i), Change in Scope Notification, DHS/FEMA requires prior written approval of any change in scope/objective of the grant-funded activity after the award is issued. *See* 2 C.F.R. § 200.308(b), (c). Scope/objective changes will be considered on a case-by-case basis, provided the change does not negatively impact the competitive process used to recommend NSGP awards.

Requests to change the scope or objective of the grant-funded activity after the award is made must be submitted by the SAA via ND Grants as a Scope Change Amendment. The amendment request must include the following:

- A written request from the NSGP subrecipient on its letterhead, outlining the scope or objective change, including the approved projects from the subrecipient’s Investment Justification (IJ), the funds and relative scope or objective significance allocated to those projects, the proposed changes, and any resulting reallocations as a result of the change of scope or objective;
- An explanation why the change of scope or objective is necessary;
- Validation from the SAA that any deviations from the approved IJ are addressed in the vulnerability assessment submitted by the subrecipient at the time of application; and
- The subrecipient request must also address whether the proposed changes will impact its ability to complete the project within the award’s period of performance.

DHS/FEMA will generally not approve NSGP change-of-scope requests resulting from the following situations:

- Subrecipients that relocate their facilities after submitting their application who are requesting a change of scope to allow them to use NSGP funds towards projects at the new facility; or
- Subrecipients that renovate their facilities after submitting their application in cases where the subsequent renovations would affect the vulnerability/risk assessment upon which the IJ is based.

Furthermore, NSGP project funding is based on the ability of the proposed project to mitigate the risk factors identified in the IJ. For this reason, DHS/FEMA may reject requests to significantly change the physical security enhancements that are purchased with NSGP funding where DHS/FEMA believes approval of the request would change or exceed the scope of the originally approved project. DHS/FEMA will consider all requests to deviate from the security project as originally proposed on a case-by-case basis, *consistent with 2 C.F.R. § 200.308(c)(1)(i)*.

Subrecipients may not proceed with implementing any scope/objective changes until the SAA receives written approval from DHS/FEMA through ND Grants and until the SAA has made any required subaward modifications.

Pass-Through Requirements

Pass-through funding is required under this program. Awards made to the SAA for the NSGP carry additional pass-through requirements. Pass-through is defined as an obligation on the part of the state to make subawards to selected nonprofit organizations. The SAA must provide 100% of funds awarded under NSGP to successful nonprofit applicants within 45 days of receipt of the funds. A letter of intent (or

equivalent) to distribute funds is not sufficient. Award subrecipients that are selected for funding under this program must be provided with funding within 45 days from the date the funds are first made available to the recipient so that they can initiate implementation of approved investments.

For the SAA to successfully meet the pass-through requirement and provide funding to the subrecipients, the SAA must meet the following four requirements:

- There must be some action by the SAA to establish a firm commitment to award the funds to the selected nonprofit organization;
- The action must be unconditional on the part of the SAA (i.e., no contingencies for availability of SAA funds);
- There must be documentary evidence of the commitment of the award of funding to the selected nonprofit organization; and
- The SAA must communicate the terms of the subaward to the selected nonprofit organization.

If a nonprofit organization is selected for an NSGP award and elects to decline the award, the SAA must notify their FEMA Program Analyst. The SAA may not re-obligate to another subrecipient without prior approval. “Receipt of the funds” occurs either when the SAA accepts the award or 15 calendar days after the SAA receives notice of the award, whichever is earlier. SAAs are sent notification of NSGP awards via the ND Grants system. If an SAA accepts its award within 15 calendar days of receiving notice of the award in the ND Grants system, the 45-calendar day pass-through period will start on the date the SAA accepted the award. Should an SAA not accept the NSGP award within 15 calendar days of receiving notice of the award in the ND Grants system, the 45-calendar days pass-through period will begin 15 calendar days after the award notification is sent to the SAA via the ND Grants system.

It is important to note that the POP start date does not directly affect the start of the 45-calendar day pass-through period. For example, an SAA may receive notice of the NSGP award on August 20, 2020, while the POP dates for that award are September 1, 2020, through August 31, 2022. In this example, the 45-day pass-through period will begin on the date the SAA accepts the NSGP award or September 4, 2020 (15 calendar days after the SAA was notified of the award), whichever date occurs first. The POP start date of September 1, 2020 would not affect the timing of meeting the 45-calendar day pass-through requirement.

DUNS/SAM Requirements for Recipients and Subrecipients

As the direct applicant and recipient of NSGP funding, the SAA is required to have a DUNS number and be registered in SAM and must maintain the currency of the SAA's information in SAM until the SAA submits the final financial report required under the award or receives final payment, whichever is later. Nonprofit organizations that are first-tier subrecipients applying for NSGP funding through the SAA must have a DUNS number, but are not required to be registered in SAM.

Program Appendix D:

Transit Security Grant Program (TSGP)

TSGP grant recipients may only use TSGP grant funds for the purpose set forth in the NOFO, and all investments must be consistent with the statutory authority for the award. Grant funds may not be used for matching funds for other federal awards, lobbying, or intervention in federal regulatory or adjudicatory proceedings. In addition, federal funds may not be used to sue the Federal Government or any other government entity.

Applicable Regulations

Costs charged to a TSGP award must be consistent with the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, located at 2 C.F.R. Part 200. For more information on 2 C.F.R. Part 200, please see IB 400 regarding FEMA's implementation of these provisions, available at https://www.fema.gov/media-library-data/1419366341862-296dd0cc30bbf64a6b45581afe9d8b17/InformationBulletin400_2CFERPart200_FINAL.pdf.

Pre-Award Costs

Pre-award costs are not allowable and will not be approved, with the exception of costs resulting from pre-award grant writing services provided by an independent contractor that shall not exceed \$1,500.00. See below for more information on these costs.

TSGP Priorities

See the annual TSGP NOFO.

Allowable Direct Costs

Specific investments made in support of the funding priorities in the annual TSGP NOFO generally fall into one of the following six allowable expense categories:

- Planning
- Operational Activities
- Equipment and Capital Projects
- Training and Awareness Campaigns
- Exercises
- Management and Administration

The following provides guidance on allowable costs within each of these areas:

Planning

Planning activities address the Soft Targets/Crowded Places; Cybersecurity; Emergent Threats; and Planning Priorities.

TSGP funds may be used for the following types of planning activities:

- Development and enhancement of system-wide security risk management plans, to include cyber
- Development or further strengthening of continuity of operations plans, response plans, station action plans, risk assessments, and asset-specific remediation plans
- Development or further strengthening of security assessments, including multi-agency and multi-jurisdictional partnerships and conferences to facilitate planning activities
- Hiring of full or part-time staff and contractors or consultants to assist with planning activities only to the extent that such expenses are for the allowable activities within the scope of the grant (not for the purpose of hiring public safety personnel)
- Materials required to conduct planning activities
- Other project planning activities with prior approval from DHS/FEMA

Operational Activities

Operational Activities address the Soft Targets/Crowded Places; and Emergent Threat Priorities.

DHS/FEMA encourages applicants to develop innovative operational approaches to enhance the security of transit systems. Projects that use visible, unpredictable deterrence, to include operational packages dealing with explosive detection canine teams, mobile screening teams, and anti-terrorism teams, directly support enhancing the protection of soft targets and crowded places. Implementation of one of the three Operational Package (OPack) models discussed below complements existing security systems and provides an appropriate, practical, and cost-effective means of protecting assets.

Agencies may submit IJs to fund transit security police forces/law enforcement providers for patrols and activities on overtime, such as directed patrols, additional canine teams, mobile screening teams, or anti-terrorism team patrols. These activities must be dedicated to the transit environment and must be anti-terrorism in nature. Agencies must identify the type of activity, length of operation (hours), number of personnel, and cost based on length of operation and personnel. Agencies should also provide a risk-based justification for the request, to include linkage to a known event, such as hosting a significant regional sporting or political event; or a period of heightened awareness, such as a national holiday. Three OPack types have been developed to support operational activities and are available for funding under the TSGP:

- **Explosives Detection Canine Teams (EDCTs).** When combined with the existing capability of a transit security/police force, the added value provided through the addition of an EDCT is significant. EDCTs are a proven, reliable resource to detect explosives and are a key component in a balanced counter-sabotage program. The TSGP will provide funds to establish dedicated security/police force canine teams. Each canine team will be composed of one dog and one handler.
- **Anti-Terrorism Teams (ATTs).** The ATT capability provided through TSGP funding is for uniformed, dedicated transit patrols on a normal operational basis, rather than using teams only for a surge capacity as provided by DHS/FEMA in the past. ATTs do not supersede other local transit security forces; rather, they augment current capabilities. Each ATT will consist of four individuals, including two overt elements (*e.g.*, uniformed transit sector law enforcement officer, canine team, mobile explosive screeners), and two discreet observer elements.
- **Mobile Explosive Screening Teams (MESTs).** The MEST OPack will allow recipients the flexibility to deploy combinations of trained individuals and technologies that will assist in making screening decisions where there are large numbers of individuals with hand carried items. This screening technology will be coupled with mobile explosive screening technologies.

Note: Funds for canine teams may not be used to fund drug detection and apprehension technique training. Only explosives detection training for the canine teams will be funded.

Five-Year Security Capital Plan and Operational Sustainment

Applicant requests for OPack funding must include the submission of a Five-Year Security Capital and Operational Sustainment Plan in ND Grants. This plan must include how the agency proposes to implement capital projects and demonstrate how the agency will sustain the operational investments (including officers hired with federal funding) and capabilities after grant funding has been expended.

Requests for OPacks will not be funded if the applicant does not have a Security Capital and Operational Sustainment Plan.

Funding Availability for OPacks

OPacks have the potential to be funded for up to a 36-month period from the award date. The monetary figures presented below are stated in terms of cost per period of performance (which indicates actual/complete funding for the 36-month period). Additionally, any OPack costs after the 36-month period of performance (including expenses related to the maintenance, personnel, equipment, etc.) are the responsibility of the applicable transit system. Additional funding may be applied for in future grant cycles to maintain this operational capability, but future funding is not guaranteed and requires approval. If these positions are not sustained, the public transportation agency may not be eligible for this personnel support in the future. The table below identifies the maximum funding available for the different OPack types.

Available Funding for OPacks

Operational Package	Maximum Funding per Year (12 months)	Maximum Funding per Period of Performance (36 months)
EDCT	\$150,000 per team	\$450,000 per team
ATT	\$500,000 per team	\$1,500,000 per team
MEST	\$600,000 per team	\$1,800,000 per team

OPack Requirements

TSGP OPack funds may be used for new positions or to sustain existing capabilities/programs (e.g., canine teams) already supported by the recipient. Applicants pursuing both new OPacks and sustainment funding for existing OPacks must indicate in their IJs which funding the higher priority for their agency is. Additionally, applicants must provide the number of existing teams (EDCT, ATT, and MEST) already in place with either in-house funding or TSGP funding. The table below identifies specific OPack requirements.

OPack Requirements

Operational Package	Requirements
Explosives Detection Canine Teams	Please refer to the pages below for detailed information regarding EDCTs under the TSGP

Operational Package	Requirements
Anti-Terrorism Teams	Specific for the Canine Team within the ATT: - Each canine team, composed of one dog and one handler, must be certified by an appropriate, qualified organization - Canines should receive an initial basic training course and also weekly maintenance training sessions thereafter to maintain the certification - The basic training averages 10 weeks for the team, with weekly training and daily exercising (comparable training and certification standards, such as those promulgated by the TSA Explosive Detection Canine Program), the National Police Canine Association (NPCA), the United States Police Canine Association (USPCA), or the International Explosive Detection Dog Association (IEDDA) may be used to meet this requirement - The individuals hired for the covert and overt elements must be properly trained law enforcement officers - Certifications should be on file with the recipient and must be made available to DHS/FEMA upon request
Mobile Explosives Screening Team	Certifications should be on file with the recipient and must be made available to DHS/FEMA upon request

Allowable Expenses for OPacks

The below table identifies allowable expenses for the various OPacks. Please see the inserted notes for clarification of certain allowable costs.

Allowable Expenses for OPacks

Operational Package		Salary and Fringe Benefits	Training and Certification	Equipment Costs	Purchase and Train a Canine	Canine Costs ^b
1)	EDCT	✓	✓	✓	✓ ^c	✓
2)	ATT	✓	✓	✓	✓	✓
3)	Mobile Explosives Screening Team	✓		✓ ^d		
^a Travel costs associated with training for personnel, handlers, and canines are allowable ^b Canine costs include but are not limited to: veterinary, housing, and feeding costs ^c One type of allowable training is training specific to the detection of common explosives odors. ^d Equipment and other costs can include but are not limited to explosives detection; stainless steel search tables; consumables such as gloves, swabs, and alcohol; and land mobile radios						

Specific Guidance on Explosive Detection Canine Teams (EDCT)

EDCT Certification. Each EDCT, composed of one dog and one handler, must be certified by an appropriate, qualified organization. TSA-certified EDCTs will meet or exceed certification standards set by the TSA National Explosives Detection Canine Team Program (NEDCTP). Recipient EDCTs that do not participate in the NEDCTP will be required to certify annually under their respective agency, local and State regulations. The recipient (i.e. TSGP-grant supported) will maintain certification, utilization, and training data to show their compliance in meeting or exceeding those guidelines set forth by the Scientific Working Group on Dog and Orthogonal Detection Guidelines (SWGDOG), as of September 14, 2007, in addition to requirements set forth in the NOFO.

EDCT Submission Requirements

- 1) The recipient will ensure that a written security procedure plan exists for the safekeeping of all explosive training aids, including safe transportation. The recipient will document the removal, use and return of explosive training aids used during training exercises or for any other reason. The plan and all documentation must be made available to DHS/FEMA upon request.
- 2) The recipient will comply with requirements for the proper storage, handling and transportation of all explosive training aids in accordance with the Bureau of Alcohol, Tobacco, Firearms and Explosives' Publication 5400.7 (ATF P 5400.7) (09/00), Federal Explosive Law and Regulation.
- 3) The recipient will ensure that certified EDCTs are available to respond to situations 24 hours a day, seven days per week on an on-duty or off-duty on call basis. If TSGP-funded EDCTs are not available, other non-TSGP-funded EDCTs may be utilized for this response. The intent is to provide maximum coverage during peak operating hours and to maintain the ability to promptly respond to threats that affect public safety or mass transit operations.
- 4) EDCTs under this grant are single purpose and will be trained to detect "live" explosives only not "simulated" explosives. EDCTs must not have received previous training to detect any other substances.
- 5) Recipient EDCTs will ensure that each EDCT receives on-site proficiency training at a minimum of four hours per week per duty cycle. This training shall include, but not be limited to: mass transit passenger cars, terminal/platform, luggage, freight/warehouse, and vehicles. Complete, detailed, and accurate training records must be maintained for all proficiency training conducted by each EDCT. These records must be made available to DHS/FEMA upon request.
- 6) The TSGP grant recipient will conduct appropriate training or other canine activities, within view of the public, to increase public awareness of EDCTs and provide a noticeable deterrent to acts which affect public safety or mass transit operations. Recipient EDCTs will also ensure that such activities include, over a period of time, a presence in operational areas of the mass transit system during peak and off-peak hours. The recipient agrees that EDCTs will be utilized in the field at least 80% of their duty time, annually.
- 7) Recipient EDCTs will provide safe and sanitary kennel facilities for program canines, and these costs may be allowable with prior approval by FEMA. This applies to kenneling canines at the mass transit system, handlers' residences or commercial boarding facilities. Canines must not be left in makeshift accommodations or without proper supervision, protection and care. The recipient will ensure that canines are transported on-duty and off-duty in vehicles configured with adequate temperature control, padding and screening to ensure proper health, safety and security.
- 8) Recipient EDCTs will ensure that adequate routine and emergency veterinary care are provided for all canines.

Note: DHS/FEMA reserves the right to conduct an on-site operational and record review upon 48-hour notice to ensure compliance with applicable federal regulations.

Equipment and Capital Projects

Equipment and Capital Projects address the Soft Targets/Crowded Places; Cybersecurity; Emergent Threats; and Equipment/Capital Projects Priorities.

Priority projects include Top Transit Asset List risk remediation and protection of other high-risk, high-consequence areas or systems that have been identified through system-wide risk assessments.

- Projects related to physical security enhancements at rail and bus stations in UASI jurisdictions including security cameras, security screening equipment for people and baggage, and access control (e.g. fences, gates, barriers, etc.).
- Projects related to cybersecurity of access control, sensors, security cameras, badge/ID readers, ICS/SCADA systems, process monitors and controls, etc. or passenger/vehicle/cargo security screening equipment support. Cybersecurity assessments are allowable.

Equipment Acquisition

TSGP funds must comply with [IB 426: Guidance to Recipients and Subrecipients of FEMA Preparedness Grants Regarding Implementation of Executive Order 13809 Restoring State, Tribal, Territorial, and Local Law Enforcement's Access to Life-Saving Equipment and Resources](#). TSGP funds may be used for the following categories of equipment. A comprehensive listing of allowable equipment categories and types is found in the [DHS Authorized Equipment List \(AEL\)](#). These costs include:

- Personal protection equipment
- Explosive device mitigation and remediation equipment
- Chemical, biological, radiological, nuclear, and high explosive (CBRNE) operational search and rescue equipment, logistical support equipment, reference materials, or incident response vehicles
- Interoperable communications equipment
- Components or systems needed to address flaws in the computerized systems that control generators, switching stations, and electrical substations as well as other emerging threats to infrastructure critical to the U.S. economy
- Detection Equipment
- Power equipment
- Terrorism incident prevention equipment
- Physical security enhancement equipment

Unless otherwise noted, equipment must be certified as meeting required regulatory and DHS/FEMA-adopted standards to be eligible for purchase using TSGP funds. Equipment must comply with the *Occupational Safety and Health Act* requirement for certification of electrical equipment by a nationally recognized testing laboratory and demonstrate compliance with relevant DHS/FEMA-adopted standards through a supplier's declaration of conformity with appropriate supporting data and documentation per International Organization for Standardization/International Electro-technical Commission (ISO/IEC) 17050, Parts One and Two. Agencies must have all necessary certifications and licenses for the requested equipment, as appropriate, prior its purchase. DHS adopted standards are found at:

<https://www.dhs.gov/dhs-implementation-statement-regarding-standard-terms-and-conditions-research-grants>. In addition, recipients that are using TSGP funds to support emergency communications equipment activities must comply with the *SAFECOM Guidance for Emergency Communication Grants*, including provisions on technical standards that ensure and enhance interoperable communications. This *SAFECOM* Guidance can be found at <https://www.dhs.gov/safecom>.

Equipment: Requirements for Small Unmanned Aircraft Systems

All requests to purchase Small Unmanned Aircraft Systems (SUAS) with DHS/FEMA grant funding must comply with [IB 426](#) and must include a description of the policies and procedures in place to safeguard individuals' privacy, civil rights, and civil liberties of the jurisdiction that will purchase, take title to, or otherwise use the SUAS equipment.

Cybersecurity Projects

TSGP funds may be used for projects that enhance the cybersecurity of:

- Access controls, sensors, security cameras, badge/ID readers, ICS/SCADA systems, process monitors and controls (such as firewalls, network segmentation, predictive security cloud, etc.)
- Passenger/vehicle/cargo security screening equipment (cybersecurity assessments are allowable)

When requesting funds for cybersecurity, applicants are encouraged to propose projects that would aid in implementation of all or part of the [Framework for Improving Critical Infrastructure Cybersecurity](#) (the "Framework") developed by the National Institute of Standards and Technology (NIST). The Framework gathers existing international standards and practices to help organizations understand, communicate, and manage their cyber risks. For organizations that do not know where to start with developing a cybersecurity program, the Framework provides initial guidance. For organizations with more advanced practices, the Framework offers a way to improve their programs, such as better communication with their leadership and suppliers about management of cyber risks.

DHS's Critical Infrastructure Cyber Community C³ Voluntary Program also provides resources to critical infrastructure owners and operators to assist in adoption of the Framework and managing cyber risks. Additional information on the Critical Infrastructure Cyber Community C³ Voluntary Program can be found at www.dhs.gov/ccubedvp.

DHS's Enhanced Cybersecurity Services (ECS) program is an example of a resource that assists in protecting U.S.-based public and private entities and combines key elements of capabilities under the "Detect" and "Protect" functions to deliver an impactful solution relative to the outcomes of the Cybersecurity Framework. Specifically, ECS offers intrusion prevention and analysis services that help U.S.-based companies and SLTT governments defend their computer systems against unauthorized access, exploitation, and data exfiltration. ECS works by sourcing timely, actionable cyber threat indicators from sensitive and classified Government Furnished Information (GFI). DHS then shares those indicators with accredited Commercial Service Providers (CSPs). Those CSPs in turn use the indicators to block certain types of malicious traffic from entering a company's networks. Groups interested in subscribing to ECS must contract directly with a CSP in order to receive services. Please visit <http://www.dhs.gov/enhanced-cybersecurity-services> for a current list of ECS CSP points of contact.

Capital (Construction) Projects Guidance

Recipients must obtain written approval from FEMA prior to the use of any TSGP funds for construction or renovation projects. When applying for construction funds, including communications towers, at the time of application, recipients must submit evidence of approved zoning ordinances, architectural plans, and any other locally required planning permits. Additionally, recipients are required to submit a SF-424C and budget detail citing the project costs.

Recipients are also encouraged to have completed as many steps as possible for a successful EHP review in support of their proposal for funding (e.g., coordination with their State Historic Preservation Office to identify potential historic preservation issues and to discuss the potential for project effects; compliance with all State and EHP laws and requirements).

Projects for which the recipient believes an Environmental Assessment (EA) may be needed, as defined in [DHS Instruction Manual 023-01-001-01, Revision 01](#), [FEMA Directive 108-1](#) and [FEMA Instruction 108-1-1](#), instances must also be identified to the FEMA HQ Program Analyst within the first six months of the award, regardless of the period of performance. Completed EHP review materials for construction and communication tower projects must be submitted no later than 12 months before the end of the period of performance. EHP Technical Assistance, including the EHP Screening Form, can be found online at: <https://www.fema.gov/media-library/assets/documents/90195>. EHP review materials should be sent to gpdehpinfo@fema.gov.

TSGP recipients using funds for construction projects must comply with the *Davis-Bacon Act* (codified as amended at 40 U.S.C. §§ 3141 *et seq.*). Grant recipients must ensure that their contractors or subcontractors for construction projects pay workers no less than the prevailing wages for laborers and mechanics employed on projects of a character similar to the contract work in the civil subdivision of the State in which the work is to be performed. Additional information regarding compliance with the *Davis-Bacon Act*, including Department of Labor (DOL) wage determinations, is available at <https://www.dol.gov/whd/govcontracts/dbra.htm>.

Training and Awareness Campaigns

Training and Awareness Campaigns address the Soft Targets/Crowded Places; Cybersecurity; Emergent Threats; and Training and Awareness Campaign Priorities.

Training

TSGP funds may be used for the following training activities:

- **Training Topics.** Priority topics include active shooter training, security training for employees, and public awareness/preparedness campaigns.
- **Training Workshops.** Grant funds may be used to plan and conduct training workshops to include costs related to planning, meeting space and other meeting costs, facilitation costs, materials and supplies, travel, and training plan development. Recipients are strongly encouraged to use free public space/locations/facilities, whenever available, prior to the rental of space/locations/facilities. Training should provide the opportunity to demonstrate and validate skills learned, as well as to identify any gaps in these skills. Any training or training gaps, including those for children and individuals with disabilities or access and functional needs, should be identified in an After-Action Report/Improvement Plan (AAR/IP) and addressed in the training cycle.
- **Hiring of Full or Part-Time Staff or Contractors/Consultants.** Full or part-time staff or contractors/consultants may be hired to support training-related activities. Reimbursement of these costs should conform with the policies of the state or local unit(s) of government or the awarding agency, whichever is applicable. Such costs must be included within the funding allowed for program management personnel expenses, which must not exceed 10% of the total allocation. Dual compensation is unallowable. That is, an employee of a unit of government may not receive compensation from their unit or agency of government and from an award for a single period of time (e.g., 1:00 p.m. to 5:00 p.m.), even though such work may benefit both activities. Personnel hiring, overtime, and backfill expenses are permitted under this grant only to the extent that such expenses are for the allowable activities within the scope of the grant.
- **Overtime and Backfill Costs.** The entire amount of overtime costs, including payments related to backfilling personnel, that are the direct result of attendance at FEMA and approved training courses and programs are allowable. Reimbursement of these costs should follow the policies of

the state or local unit(s) of government or the awarding agency, whichever is applicable. In no case is dual compensation allowable.

- **Travel.** Domestic travel costs (e.g., airfare, mileage, per diem, and hotel) are allowable as expenses by employees who are on travel status for official business related, approved training, subject to the restrictions at 2 C.F.R. Part 200. International travel is not an allowable expense.
- **Supplies.** Supplies, items that are expended or consumed during the course of the planning and conduct of the training project(s) (e.g., gloves and non-sterile masks), are allowable expenses.
- **Funds Used to Develop, Deliver, and Evaluate Training,** including costs related to administering the training, planning, scheduling, facilities, materials and supplies, reproduction of materials, and equipment are allowable expenses. Training should provide the opportunity to demonstrate and validate skills learned, as well as to identify any gaps in these skills. Any training or training gaps, including those for children and individuals with disabilities or access and functional needs, should be identified in the AAR/IP and addressed in the training cycle.

Recipients are encouraged to use existing training rather than developing new courses. When developing new courses, recipients are encouraged to apply the Analysis, Design, Development, Implementation, and Evaluation (ADDIE) model of instruction design. Information on DHS/FEMA-approved training can be found at <http://www.firstrespondertraining.gov/>.

Awareness Campaigns

TSGP funds may be used for the development and implementation of awareness campaigns to raise public awareness of indicators of terrorism and terrorism-related crime, and for associated efforts to increase the sharing of information with public and private sector partners, including nonprofit organizations. DHS currently sponsors or supports a number of awareness campaigns. Please review materials, strategies and resources at <https://www.dhs.gov/dhs-campaigns> before embarking on the development of an awareness campaign for local constituencies and stakeholders.

Note: DHS requires that all public and private sector partners wanting to implement and/or expand the DHS “If You See Something, Say Something®” campaign using grant funds work directly with the DHS Office of Partnership and Engagement (OPE). This will help ensure that the awareness materials (e.g., videos, posters, tri-folds, etc.) remain consistent with DHS’s messaging and strategy for the campaign and compliant with the initiative’s trademark, which is licensed to DHS by the New York Metropolitan Transportation Authority. Coordination with OPE, through the Campaign’s Office (seesay@hq.dhs.gov), must be facilitated by the FEMA HQ Program Analyst.

Exercises

Exercise activities address the Soft Targets/Crowded Places; Cybersecurity; Emergent Threats; and Exercises Priorities.

TSGP funds may be used for the following exercise activities:

- **Funds Used to Design, Develop, Conduct and Evaluate an Exercise.** This includes costs related to planning, meeting space, and other meeting costs, facilitation costs, materials and supplies, travel, and documentation. Exercises afford organizations the opportunity to validate plans and procedures, evaluate capabilities, and assess progress toward meeting capability targets in a controlled, low-risk setting. Any shortcoming or gap identified, including those for children and individuals with disabilities or access and functional needs, should be identified in an effective corrective action program that includes development of improvement plans that are dynamic documents, with corrective actions continually monitored and implemented as part of improving preparedness through the exercise cycle.

- **Hiring of Full or Part-Time Staff or Contractors/Consultants.** Full or part-time staff may be hired to support exercise-related activities. In order to be eligible for reimbursement, the costs for hiring staff must conform to the policies of the non-Federal entity and Federal statutes, where applicable. *See, e.g.,* 2 C.F.R. § 200.430(a). The costs for hiring contractors or consultants must comply with the applicable Federal procurement standards at 2 C.F.R. §§ 200.317 – 200.326. The costs for hiring staff, consultants, or contractors to support exercise-related activities costs must be included within the funding allowed for program management personnel expenses, which must not exceed 10% of the total allocation. Dual compensation is never allowable, meaning, in other words, that an employee of a unit of government may not receive compensation from their unit or agency of government **and** from an award for a single period of time (*e.g.,* 1:00 p.m. to 5:00 p.m.), even though their work may benefit both entities. Personnel hiring, overtime, and backfill expenses are permitted under this grant only to the extent that such expenses are for the allowable activities within the scope of the grant.
- **Overtime and Backfill Costs.** The entire amount of overtime costs, including payments related to backfilling personnel, which are the direct result of time spent on the design, development and conduct of exercises are allowable expenses. These costs are allowed only to the extent the payment for such services is in accordance with the policies of the state or unit(s) of local government and has the approval of the state or the awarding agency, whichever is applicable. Dual compensation is never allowable.
- **Travel.** Domestic travel costs are allowable as expenses by employees who are on travel status for official business related to the planning and conduct of exercise project(s), subject to the restrictions at 2 C.F.R. Part 200. International travel is not an allowable expense.
- **Supplies.** Supplies are items that are expended or consumed during the course of the planning and conduct of the exercise project(s) (*e.g.,* gloves, non-sterile masks, and disposable protective equipment).
- **Other Items.** These costs include the rental of space/locations for exercise planning and executing, rental of equipment, etc. Recipients are encouraged to use free public space/locations/facilities, whenever available, prior to the rental of space/locations/facilities. These also include costs that may be associated with inclusive practices and the provision of reasonable accommodations and modifications to provide full access for children and adults with disabilities.

Management and Administration (M&A)

Management and administration costs are allowed under this program. M&A costs are activities directly related to managing and administering the award. Recipients may use up to 5% of the amount of the award for their M&A.

Current fiscal year TSGP funds may be used for the following M&A costs:

- Hiring of full-time or part-time staff, including contractors and consultants, to execute the following:
 - Management of the current fiscal year TSGP Award
 - Design and implementation of the current fiscal year TSGP submission meeting compliance with reporting/data collection requirements, including data calls
 - Information collection and processing necessary to respond to DHS/FEMA data calls
 - Domestic-only travel expenses related to TSGP grant administration, in compliance with 2 C.F.R. Part 200.
 - Acquisition of authorized office equipment, including personal computers or laptops for TSGP M&A purposes

Allowable Indirect Costs

Indirect costs are allowable under this program as described in 2 C.F.R. Part 200, including 2 C.F.R. § 200.414. Applicants with a negotiated indirect cost rate agreement that desire to charge indirect costs to an award must provide a copy of their negotiated indirect cost rate agreement at the time of application. Applicants that are not required by 2 C.F.R. Part 200 to have a negotiated indirect cost rate agreement but are required by 2 C.F.R. Part 200 to develop an indirect cost rate proposal must provide a copy of their proposal at the time of application. Post-award requests to charge indirect costs will be considered on a case-by-case basis and based upon the submission of an agreement or proposal.

Unallowable Costs

Specific unallowable costs include:

- *Grant funds must comply with [IB 426](#) and may not be used for the purchase of the following equipment: firearms, ammunition, grenade launchers, bayonets, or weaponized aircraft, vessels, or vehicles of any kind with weapons installed.* Additional prohibited equipment expenditures include items unrelated to grant allowable activities, such as general-use software, general-use computers and related equipment (other than for allowable M&A activities or otherwise associated preparedness or response functions), general-use vehicles, and licensing fees.
- Personnel costs (except as detailed above).
- Activities unrelated to the completion and implementation of the TSGP.
- Other items not in accordance with the AEL or not previously listed as allowable costs.

Maintenance and Sustainment Costs

The use of FEMA preparedness grant funds for maintenance contracts, warranties, repair or replacement costs, upgrades, and user fees are allowable, as described in FEMA Policy FP 205- 402-125-1 (located at <http://www.fema.gov/media-library/assets/documents/32474>), under all active and future grant awards, unless otherwise noted.

Grant funds are intended to support the National Preparedness Goal and fund projects that build and sustain the core capabilities necessary to prevent, protect against, mitigate the effects of, respond to, and recover from those threats that pose the greatest risk to the security of the Nation. In order to provide recipients the ability to meet this objective, the policy set forth in [IB 379: Guidance to State Administrative Agencies to Expedite the Expenditure of Certain DHS/FEMA Grant Funding](#) allows for the expansion of eligible maintenance and sustainment costs that must be in (1) direct support of existing capabilities; (2) must be an otherwise allowable expenditure under the applicable grant program, and (3) be tied to one of the core capabilities in the five mission areas outlined in the Goal. Additionally, eligible costs may also be in support of equipment, training, and critical resources that have previously been purchased with either federal grant or any other source of funding other than DHS/FEMA preparedness grant program dollars.

Encouraged Use of Certain Products Produced in the United States

Pursuant to Executive Order 13858 “[Strengthening Buy-American Preferences for Infrastructure Projects](#),” FEMA encourages non-federal entities under this grant program to use, to the greatest extent practicable and consistent with the law, iron and aluminum as well as steel, cement, and other manufactured products produced in the United States, in projects funded by an award under this grant program affecting surface transportation, including roadways, bridges, railroads, and transit; aviation;

ports, including navigational channels; water resources projects; energy production, generation, and storage, including from fossil-fuels, renewable, nuclear, and hydroelectric sources; electricity transmission; gas, oil, and propane storage and transmission; electric, oil, natural gas, and propane distribution systems; broadband internet; pipelines; stormwater and sewer infrastructure; drinking water infrastructure; and cybersecurity.

Notwithstanding this encouragement, non-federal entities must take care that all procurements and contract actions are consistent with law, the Preparedness Grants Manual and applicable appendices, the grant program's NOFO, and the Federal procurement standards at 2 C.F.R. §§ 200.317-200.326.

Program Appendix E:

Intercity Bus Security Grant Program (IBSGP)

IBSGP grant recipients may only use IBSGP grant funds for the purpose set forth in the NOFO, and all investments must be consistent with the statutory authority for the award. Grant funds may not be used for matching funds for other federal awards, lobbying, or intervention in federal regulatory or adjudicatory proceedings. In addition, federal funds may not be used to sue the Federal Government or any other government entity.

Applicable Regulations

Costs charged to an IBSGP award must be consistent with the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, located at 2 C.F.R. Part 200. For more information on 2 C.F.R. Part 200, please visit https://www.fema.gov/media-library-data/1419366341862-296dd0cc30bbf64a6b45581afe9d8b17/InformationBulletin400_2CFRPart200_FINAL.pdf.

IBSGP Priorities

See the annual IBSGP NOFO.

Pre-Award Costs

Pre-award costs are not allowable and will not be approved, with the exception of costs resulting from pre-award grant writing services provided by an independent contractor that shall not exceed \$1,500. See the IBSGP NOFO for more information.

Allowable Direct Costs

Specific investments made in support of the funding priorities discussed in the annual IBSGP NOFO generally fall into one of the following six allowable expense categories:

1. Planning
2. Operational Activities
3. Equipment and Capital Projects
4. Training and Awareness Campaigns
5. Exercises
6. Management and Administration

The following provides guidance on allowable costs within each of these areas.

Planning

Planning activities should address the Soft Targets/Crowded Places; Cybersecurity; Emergent Threats; and Planning Priorities.

IBSGP funds may be used for the following types of planning activities:

- Development and enhancement of system-wide security risk management plans, to include cyber

- Development or further strengthening of continuity of operations plans, response plans, station action plans, risk assessments, and asset-specific remediation plans
- Development or further strengthening of security assessments, including multi-agency and multi-jurisdictional partnerships and conferences to facilitate planning activities
- Hiring of full- or part-time staff and contractors or consultants to assist with planning activities only to the extent that such expenses are for the allowable activities within the scope of the grant (not for the purpose of hiring public safety personnel)
- Materials required to conduct planning activities
- Other project planning activities with prior approval from DHS/FEMA

Operational Activities

Operational Activities should address the Soft Targets/Crowded Places; and Emergent Threat Priorities.

DHS/FEMA encourages applicants to develop innovative operational approaches to enhance the security of transit systems. Examples include:

- Establishing or improving emergency communication systems linking drivers and over-the-road buses to company operation centers, law enforcement agencies or emergency response personnel
- Acquiring and installing equipment or systems that collect, store or exchange passenger and/or driver information with established government databases for security purposes
- Implementing and operating established methodologies for screening passengers, their carry-on baggage, and/or their checked baggage, for weapons and/or explosives

Equipment and Capital Projects

Equipment and Capital Projects should address the Soft Targets/Crowded Places; Cybersecurity; Emergent Threats; and Equipment/Capital Projects Priorities.

Equipment – Vehicle/Driver Security Enhancements

Vehicle Security Enhancements focus on vehicle disabling and anti-theft devices, real-time bus inventory and inventory control, tracking, monitoring, and locating technologies. Driver security enhancements focus on protection for the bus driver to prevent would-be terrorists from immobilizing the driver and/or hijacking the bus. Applicants are discouraged from submitting projects that propose the use of closed-circuit television (CCTV) alone as an on-board deterrent to terrorism. Rather, any cameras should have the capability and protocols in place for incident-based real-time monitoring. CCTV Systems that are primarily archival, and do not clearly specify the ability for live monitoring in the IJ will not be funded.

Capital Projects – Facility Security Enhancements

- Projects related to physical security enhancements at bus stations, or operator-owned facilities including but not limited to lighting, security cameras, security screening equipment for people and baggage, and access control (e.g. fences, gates, barriers).
- Projects related to cybersecurity of access control, sensors, security cameras, badge/ID readers, ICS/SCADA systems, process monitors and controls, etc. or passenger/vehicle/cargo security screening equipment support. Cybersecurity assessments are allowable.
- Full or Part-Time Staff or Contractors/Consultants. Full or part-time staff or contractors/consultants may be hired to support security enhancement-related activities. Personnel hiring, overtime, and backfill expenses are permitted under this grant only to the extent that such expenses are for the allowable activities within the scope of the grant.

Note: All Capital and Vehicle/Driver security enhancement projects that include cameras, video surveillance, or alarm systems MUST either be live monitored 24/7 or have the capability for real-time

incident-based monitoring. CCTV Systems that are primarily archival and do not clearly specify the ability for live monitoring in the IJ will not be funded.

Equipment Acquisition

IBSGP funds must comply with [IB 426](#) and may be used for the following categories of equipment. A comprehensive listing of allowable equipment categories and types is found in the [DHS Authorized Equipment List \(AEL\)](#). These costs include:

- Personal protection equipment
- Explosive device mitigation and remediation equipment
- Chemical, biological, radiological, nuclear, and high explosive (CBRNE) operational search and rescue equipment, or logistical support equipment
- Interoperable emergency communications equipment
- Detection equipment
- Terrorism incident prevention equipment
- Physical security enhancement equipment

Unless otherwise noted, equipment must be certified as meeting required regulatory and DHS- adopted standards to be eligible for purchase using these funds. Equipment must comply with the *Occupational Safety and Health Act* requirement for certification of electrical equipment by a nationally recognized testing laboratory and demonstrate compliance with relevant DHS-adopted standards through a supplier's declaration of conformity with appropriate supporting data and documentation per International Organization for Standardization/International Electro-technical Commission (ISO/IEC) 17050, Parts One and Two. Agencies must have all necessary certifications and licenses for the requested equipment, as appropriate, prior to the request. In addition, recipients that are using IBSGP funds to support emergency communications equipment activities must comply with the *SAFECOM Guidance for Emergency Communication Grants*, including provisions on technical standards that ensure and enhance interoperable communications. *SAFECOM Guidance* can be found at: <https://www.dhs.gov/safecom>.

Cybersecurity Projects

IBSGP funds may be used for projects that enhance the cybersecurity of:

- Access controls; sensors; security cameras; badge/ID readers; Industrial Control Systems/Supervisory Control and Data Acquisition (ICS/SCADA) systems; process monitors and controls (such as firewalls, network segmentation, predictive security cloud, etc.). CCTV Systems that are primarily archival, and do not clearly specify the ability for live monitoring in the IJ will not be funded.
- Passenger/vehicle/cargo security screening equipment (cybersecurity assessments are allowable).

When requesting funds for cybersecurity, applicants are encouraged to propose projects that would aid in implementation of all or part of the [Framework for Improving Critical Infrastructure Cybersecurity](#) ("The Framework") developed by the National Institute of Standards and Technology (NIST). The Framework gathers existing international standards and practices to help organizations understand, communicate, and manage their cyber risks. For organizations that do not know where to start with developing a cybersecurity program, the Framework provides initial guidance. For organizations with more advanced practices, the Framework offers a way to improve their programs, such as better communication with their leadership and suppliers about management of cyber risks.

DHS's Critical Infrastructure Cyber Community C³ Voluntary Program also provides resources to critical infrastructure owners and operators to assist in adoption of the Framework and managing cyber risks. Additional information on the Critical Infrastructure Cyber Community C³ Voluntary Program can be found at www.dhs.gov/ccubedvp.

DHS's Enhanced Cybersecurity Services (ECS) program is an example of a resource that assists in protecting U.S.-based public and private entities and combines key elements of capabilities under the "Detect" and "Protect" functions to deliver an impactful solution relative to the outcomes of the Cybersecurity Framework. Specifically, ECS offers intrusion prevention and analysis services that help U.S.-based companies and SLTT governments defend their computer systems against unauthorized access, exploitation, and data exfiltration. ECS works by sourcing timely, actionable cyber threat indicators from sensitive and classified Government Furnished Information (GFI). DHS then shares those indicators with accredited Commercial Service Providers (CSPs). Those CSPs in turn use the indicators to block certain types of malicious traffic from entering a company's networks. Groups interested in subscribing to ECS must contract directly with a CSP in order to receive services. Please visit <http://www.dhs.gov/enhanced-cybersecurity-services> for a current list of ECS CSP points of contact.

Capital (Construction) Projects Guidance

Recipients must obtain written approval from FEMA prior to the use of any IBSGP funds for construction or renovation projects. When applying for construction funds, including communications towers, at the time of application, recipients must submit evidence of approved zoning ordinances, architectural plans, any other locally required planning permits. Additionally, recipients are required to submit a SF-424C and budget detail citing the project costs.

Recipients are also encouraged to have completed as many steps as possible for a successful EHP review in support of their proposal for funding (e.g., coordination with their State Historic Preservation Office to identify potential historic preservation issues and to discuss the potential for project effects; compliance with all State and EHP laws and requirements).

Projects for which the recipient believes an Environmental Assessment (EA) may be needed, as defined in [DHS Instruction Manual 023-01-001-01, Revision 01, FEMA Directive 108-1 and FEMA Instruction 108-1-1](#), instances must also be identified to the FEMA HQ Program Analyst within the first six months of the award. Completed EHP review materials for construction and communication tower projects must be submitted no later than 12 months before the end of the period of performance. EHP Technical Assistance, including the EHP Screening Form, can be found online at: <https://www.fema.gov/media-library/assets/documents/90195>. EHP review materials should be sent to gpdehpinfo@fema.gov.

IBSGP recipients using funds for construction projects must comply with the *Davis-Bacon Act* (codified as amended at 40 U.S.C. §§ 3141 *et seq.*). Grant recipients must ensure that their contractors or sub-contractors for construction projects pay workers no less than the prevailing wages for laborers and mechanics employed on projects of a character similar to the contract work in the civil subdivision of the state in which the work is to be performed. Additional information regarding compliance with the *Davis-Bacon Act*, including Department of Labor (DOL) wage determinations, is available from the following website at <https://www.dol.gov/whd/govcontracts/dbra.htm>.

Training and Awareness Campaigns

Training and Awareness Campaigns address the Soft Targets/Crowded Places; Cybersecurity; Emergent Threats; and Training and Awareness Campaign Priorities.

Training

IBSGP funds may be used for the following training activities:

- **Training Topics.** Priority topics include active shooter training, security training for employees, and public awareness/preparedness campaigns. Your Investment Justification Narrative for Training should include:
 - A course syllabus, curriculum, or topic plan identifying the proposed course material and contents
 - Provide the total cost of the training course, the number of participants, and the cost per participant breakdown
- **Training Workshops.** Grant funds may be used to plan and conduct training workshops or conferences including costs related to planning, meeting space and other meeting costs, facilitation costs, materials and supplies, travel, and training plan development.
- **Hiring of Full or Part-Time Staff or Contractors/Consultants.** Full or part-time staff may be hired to support training-related activities. The services of contractors/consultants may also be procured in the design, development, conduct, and evaluation of Chemical, Biological, Radiological, Nuclear, and Explosive (CBRNE) training. Personnel hiring, overtime, and backfill expenses are permitted under this grant only to the extent that such expenses are for the allowable activities within the scope of the grant.
- **Overtime and Backfill Costs.** Overtime and backfill costs associated with the design, development, and conduct of training are allowable expenses. Payment of overtime expenses will be for work performed by recipient or subrecipient employees in excess of the established work week related to the planning and conduct of the training project(s). Furthermore, overtime payments and backfill costs associated with sending personnel to training are allowable. Grant funds cannot be used for personnel or direct salary costs for employees to attend training sessions. Recipients seeking to claim overtime or backfill costs will be required to submit verification. Straight time costs are not eligible expenses.
- **Travel.** Domestic travel costs (e.g., airfare, mileage, per diem, hotel, etc.) are allowable as expenses by employees who are on travel status for official business related to the planning and conduct of the training project(s) or for attending courses. These costs must be in accordance with applicable State law and regulations as well as the principles at 2 C.F.R. Part 200. International travel is not an allowable cost under IBSGP
- **Supplies.** Supplies are items that are expended or consumed during the course of the planning and conduct of the training project(s) (e.g., copying paper, gloves, tape, and non-sterile masks).
- **Funds Used to Develop, Deliver, and Evaluate Training,** including costs related to administering the training, planning, scheduling, facilities, materials and supplies, reproduction of materials, and equipment are allowable expenses. Training should provide the opportunity to demonstrate and validate skills learned, as well as to identify any gaps in these skills. Any training or training gaps, including those for individuals with disabilities or access and functional needs, should be identified in the AAR/IP and addressed in the training cycle.
- Recipients are encouraged to use existing training rather than developing new courses. When developing new courses, recipients are encouraged to apply the Analysis, Design, Development, Implementation, and Evaluation (ADDIE) model of instructional design. Information on DHS/FEMA-approved training can found at the following website
- **Other Items.** These costs include the rental of space/locations for planning and conducting training, badges, etc. Recipients are encouraged to use free public space/locations, whenever available, prior to the rental of space/locations.

Awareness Campaigns

IBSGP funds may be used for the development and implementation of awareness campaigns to raise public awareness of indicators of terrorism and terrorism-related crime, and associated efforts to increase

the sharing of information with public and private sector partners, including nonprofit organizations. DHS currently sponsors or supports a number of awareness campaigns. Please review materials, strategies and resources at <https://www.dhs.gov/dhs-campaigns> before embarking on the development of an awareness campaign for your local constituencies and stakeholders.

Note: DHS requires that all public and private sector partners wanting to implement and/or expand the DHS “If You See Something, Say Something®” campaign using grant funds work directly with the DHS Office of Partnership and Engagement (OPE). This will help ensure that the awareness materials (e.g., videos, posters, tri-folds, etc.) remain consistent with the Department’s messaging and strategy for the campaign and compliant with the initiative’s trademark, which is licensed to DHS by the New York Metropolitan Transportation Authority. Coordination with OPE, through the Campaign’s Office (seesay@hq.dhs.gov), must be facilitated by the FEMA HQ Program Analyst.

Exercises

Exercise activities should address the Soft Targets/Crowded Places; Cybersecurity; Emergent Threats; and Exercises Priorities.

IBSGP funds may be used for the following exercise activities:

- **Funds Used to Design, Develop, Conduct, and Evaluate an Exercise.** This includes costs related to planning, meeting space, and other meeting costs, facilitation costs, materials and supplies, travel, and documentation. Exercises afford organizations the opportunity to validate plans and procedures, evaluate capabilities, and assess progress toward meeting capability targets in a controlled, low-risk setting. Any shortcoming or gap identified, including those for children and individuals with disabilities or access and functional needs, should be identified in an effective corrective action program that includes development of improvement plans that are dynamic documents, with corrective actions continually monitored and implemented as part of improving preparedness through the exercise cycle.
- **Hiring of Full or Part-Time Staff or Contractors/Consultants.** Full or part-time staff may be hired to support exercise-related activities. The services of contractors/consultants staff may be procured to support exercise-related activities. The services of contractors/consultants may also be procured to support the design, development, conduct, and evaluation of terrorism exercises.
- **Overtime and Backfill Costs.** Overtime and backfill costs associated with the design, development, and conduct of terrorism exercises are allowable expenses. Payment of overtime expenses will be for work performed in excess of the established work week related to the planning and conduct of the exercise project(s). Further, overtime payments and backfill costs associated with sending personnel to exercises are allowable, provided that the event being attended is a DHS sponsored exercise. For positions not funded by the grant award, grant funds cannot be used for personnel or straight salary costs for employees to attend exercises, meaning straight time costs for non-grant funded employees to attend exercise are not allowable. Instead, for positions not funded by the grant award, only overtime and backfill costs will be allowable for those employees to attend exercises. Recipients seeking to claim overtime or backfill costs will be required to submit verification.
- **Travel.** Domestic travel costs (e.g., airfare, mileage, per diem, hotel, etc.) are allowable as expenses by employees who are on travel status for official business related to the planning and conduct of the exercise project(s). International travel is not allowable under this program.
- **Supplies.** Supplies are items that are expended or consumed during the course of the planning and conduct of the exercise project(s) (e.g., gloves, non-sterile masks, and disposable protective equipment).

- **Other Items.** These costs include the rental of space/locations for exercise planning and executing, rental of equipment, etc. Recipients are encouraged to use free public space/locations/facilities, whenever available, prior to the rental of space/locations/facilities. These also include costs that may be associated with inclusive practices and the provision of reasonable accommodations and modifications to provide full access for children and adults with disabilities.

Management and Administration (M&A)

Management and administration costs are allowed under this program. M&A costs are activities directly related to managing and administering the award. Recipients may use up to 5% of the amount of the award for their M&A.

Current fiscal year IBSGP funds may be used for the following M&A costs:

- Hiring of full-time or part-time staff including contractors and consultants, to execute the following:
 - Management of the current fiscal year IBSGP Award
 - Design and implementation of the current fiscal year IBSGP submission meeting compliance with reporting/data collection requirements, including data calls
- Information collection and processing necessary to respond to DHS/FEMA data calls
- Domestic travel expenses related to IBSGP grant administration

Indirect Costs (Facilities and Administration [F&A])

Indirect costs are allowable under this program as described in 2 C.F.R. Part 200, including 2 C.F.R. § 200.414. Applicants with a negotiated indirect cost rate agreement that desire to charge indirect costs to an award must provide a copy of their negotiated indirect cost rate agreement at the time of application. Applicants that are not required by 2 C.F.R. Part 200 to have a negotiated indirect cost rate agreement but are required by 2 C.F.R. Part 200 to develop an indirect cost rate proposal must provide a copy of their proposal at the time of application. Post-award requests to charge indirect costs will be considered on a case-by-case basis and based upon the submission of an agreement or proposal.

Unallowable Costs

Specific unallowable costs include:

- Grant funds must comply with [IB 426](#) and may not be used for the purchase of the following equipment: firearms, ammunition, grenade launchers, bayonets, or weaponized aircraft, vessels, or vehicles of any kind with weapons installed.
- General-use facility expenditures, to include, but not limited to ordinary facility maintenance, contracts for maintenance, and specifically backup or emergency generators
- General vehicle maintenance, service contracts, or warranties. This is different from maintenance and sustainment costs that are allowable, but only for projects funded under a grant award. For projects or equipment not funded by the grant award, general maintenance, service contracts, and warranties are not allowable.
- Expenditures for items such as general-use software (word processing, spreadsheet, graphics, etc.), general-use computers and related equipment (other than for allowable M&A activities, or otherwise associated preparedness or response functions), general-use vehicles, licensing fees, recurring operating costs (e.g., cell phone services, maintenance contracts).
- Organizational operating expenses
- Personnel costs, to include, but not limited to, overtime and backfill (except as detailed above).

- Activities unrelated to the completion and implementation of the IBSGP.
- Other indirect costs (meaning property purchase, depreciation, or amortization expenses)
- Initiatives in which federal agencies are the beneficiary or that enhance federal property
- Initiatives which study technology development
- Proof-of-concept initiatives
- Initiatives that duplicate capabilities being provided by the Federal government
- Other items not in accordance with the Authorized Equipment List (AEL), in accordance with IB 426, or not previously listed as allowable costs.
- Pre-award costs are not allowable and will not be approved, with the exception of costs resulting from pre-award grant writing services provided by an independent contractor that shall not exceed \$1,500, as detailed in “Pre-Award Costs” above and in the IBSGP NOFO.

Other Allowable Costs

Maintenance and Sustainment Costs

The use of FEMA preparedness grant funds for maintenance contracts, warranties, repair or replacement costs, upgrades, and user fees are allowable, as described in FEMA Policy FP 205- 402-125-1, Maintenance Contracts and Warranty Coverage Funded by Preparedness Grants, located at: <http://www.fema.gov/media-library/assets/documents/32474>), unless otherwise noted.

Grant funds are intended to support the National Preparedness Goal (the Goal) and fund projects that build and sustain the core capabilities necessary to prevent, protect against, mitigate the effects of, respond to, and recover from those threats that pose the greatest risk to the security of the Nation. In order to provide recipients the ability to meet this objective, the policy set forth in [IB 379: Guidance to State Administrative Agencies to Expedite the Expenditure of Certain DHS/FEMA Grant Funding](#) allows for the expansion of eligible maintenance and sustainment costs which must be in (1) direct support of existing capabilities; (2) must be an otherwise allowable expenditure under the applicable grant program, and (3) be tied to one of the core capabilities in the five mission areas outlined in the Goal. Additionally, eligible costs may also be in support of equipment, training, and critical resources that have previously been purchased with either federal grant or any other source of funding other than DHS/FEMA preparedness grant program dollars.

Bonds

Financial markets are not always predictable, and commercial suppliers are not always reliable; but there are options to provide resource contingencies to support an IBSGP award.

- **Prepayment Bond:** Prepayment Bonds provide a measure of economic security for an organization that is going to advance funds to a vendor(s). The prepayment bond generally may be obtained through the vendor or bank. The prepayment bond protects funds in the event a vendor fails to perform (e.g., not finishing/delivering contracted service/equipment, or going out of business). Prepayment bonds are chargeable to an award.
 - **Encouraged Prepayment Bond:** Recipients are strongly recommended, but not required, to obtain a prepayment bond for awarded acquisition activities that exceed the Simplified Acquisition Threshold (SAT) (currently \$250,000, but the applicable dollar threshold will be the SAT amount in place at the time of procurement) when recipients are contractually required to advance a down payment and when such advances contain no federal funds (only local funds).
 - **Required Prepayment Bond:** Per 2 C.F.R. § 200.304(b), recipients are required to obtain a prepayment bond for awarded acquisition activities that exceed the SAT; a prepayment bond is required when recipients are contractually required to advance a

down payment and when such advances contain only federal funds or a combination of federal and local funds.

- **Fidelity Bond:** Reasonable costs of fidelity bonds (or like insurance as provided for by applicable state or tribal laws) covering the maximum amount of IBSGP funds the officer, official, or employee handles at any given time for all personnel who disburse or approve disbursement of IBSGP funds may be allowable if required by the terms and conditions of the award or if generally required by the tribe in its general operations. If a fidelity bond is required by a recipient in its general operations, those costs must be charged as indirect costs. *See* 2 C.F.R. § 200.427.

Encouraged Use of Certain Products Produced in the United States

Pursuant to Executive Order 13858 “[Strengthening Buy-American Preferences for Infrastructure Projects](#),” FEMA encourages non-Federal entities under this grant program to use, to the greatest extent practicable and consistent with the law, iron and aluminum as well as steel, cement, and other manufactured products produced in the United States, in projects funded by an award under this grant program affecting surface transportation, including roadways, bridges, railroads, and transit; aviation; ports, including navigational channels; water resources projects; energy production, generation, and storage, including from fossil-fuels, renewable, nuclear, and hydroelectric sources; electricity transmission; gas, oil, and propane storage and transmission; electric, oil, natural gas, and propane distribution systems; broadband internet; pipelines; stormwater and sewer infrastructure; drinking water infrastructure; and cybersecurity. Notwithstanding this encouragement, non-Federal entities must take care that all procurements and contract actions are consistent with law, the Preparedness Grants Manual and applicable appendices, the grant program’s NOFO, and the Federal procurement standards at 2 C.F.R. §§ 200.317-200.326.

Program Appendix F:

Intercity Passenger Rail (IPR) Program

The IPR grant recipient may only use IPR grant funds for the purposes set forth in the NOFO, and all investments must be consistent with the statutory authority for the award. Grant funds may not be used for matching funds for other federal awards, lobbying, or intervention in federal regulatory or adjudicatory proceedings. In addition, Federal funds may not be used to sue the Federal Government or any other government entity.

Applicable Regulations

Costs charged to a an IPR award must be consistent with the uniform administrative requirements and audit requirements for Federal awards, located at 2 C.F.R. Part 200, Subparts A-D and F. For more information on 2 C.F.R. Part 200, please see IB 400 at https://www.fema.gov/media-library-data/1419366341862-296dd0cc30bbf64a6b45581afe9d8b17/InformationBulletin400_2CFERPart200_FINAL.pdf. Costs charged to an IPR award must also be consistent with the cost principles in the Federal Acquisition Regulation (FAR) Part 31.2 in lieu of 2 C.F.R. Part 200, Subpart E. Any conflicts between FAR 31.2 and 2 C.F.R. Part 200, Subpart E shall be resolved in favor of the applicable provision in FAR 31.2.

IPR Priorities

See the annual IPR NOFO.

Allowable Costs

Specific investments made in support of the funding priorities discussed in the annual IPR NOFO generally fall into one of the following six allowable expense categories:

- 1) Planning
- 2) Operational Activities
- 3) Equipment and Capital Projects
- 4) Training and Awareness Campaigns
- 5) Exercises
- 6) Management and Administration

The following provides guidance on allowable costs within each of these areas:

Planning

Planning activities that address the Soft Targets/Crowded Places; Cybersecurity; and Emergent Threats Priorities.

IPR funds may be used for the following types of planning activities:

- Development and enhancement of system-wide security risk management plans, to include cyber;

- Development or further strengthening of continuity of operations plans, response plans, station action plans, risk assessments, and asset-specific remediation plans;
- Development or further strengthening of security assessments, including multi-agency and multi-jurisdictional partnerships and conferences to facilitate planning activities;
- Hiring of full or part-time staff and contractors or consultants to assist with planning activities only to the extent that such expenses are for the allowable activities within the scope of this grant (not for the purpose of hiring public safety personnel);
- Materials required to conduct planning activities; and
- Other project planning activities, with prior approval from DHS/FEMA.

Operational Activities

Operational Activities that address the Soft Targets/Crowded Places; and Emergent Threat Priorities.

DHS/FEMA encourages applicants to develop innovative operational approaches to enhance the security of transit systems. Projects that use visible, unpredictable deterrence, including operational packages dealing with explosive detection canine teams, mobile screening teams, and anti-terrorism teams, directly support enhancing the protection of soft targets and crowded places. Implementation of one of the three Operational Package (OPack) models discussed below complements existing security systems and provides an appropriate, practical, and cost-effective means of protecting assets.

Agencies may submit IJs to fund transit security police forces/law enforcement providers for patrols and activities on overtime, such as directed patrols, additional canine teams, mobile screening teams, or anti-terrorism team patrols. These activities must be dedicated to the transit environment and must be anti-terrorism in nature. Agencies must identify the type of activity, length of operation (hours), number of personnel, and cost based on length of operation and personnel. Agencies should also provide a risk-based justification for the request, including linkage to a known event, such as hosting a significant regional sporting or political event; or a period of heightened awareness, such as a national holiday. Three OPack types have been developed to support operational activities and are available for funding under the IPR:

- **Explosives Detection Canine Teams (EDCTs).** When combined with the existing capability of a transit security/police force, the added value provided through the addition of an EDCT is significant. EDCTs are a proven, reliable resource to detect explosives and a key component in a balanced counter-sabotage program. IPR funding will provide funds to establish dedicated security/police force canine teams. Each canine team will be composed of one dog and one handler.
- **Anti-Terrorism Teams (ATTs).** The ATT capability provided through IPR funding is for uniformed, dedicated transit patrols on a normal operational basis, rather than using teams only for a surge capacity as provided by DHS/FEMA in the past. ATTs do not supersede other local transit security forces; rather, they augment current capabilities. Each ATT will consist of four individuals, including two overt elements (*e.g.*, uniformed transit sector law enforcement officer, canine team, mobile explosive screeners), and two discreet observer elements.
- **Mobile Explosive Screening Teams (MESTs).** The MEST OPack will allow recipients the flexibility to deploy combinations of trained individuals and technologies that will assist in making screening decisions where there are large numbers of individuals with hand-carried items. This screening technology will be coupled with mobile explosive screening technologies.

Note: Funds for canine teams may not be used to fund drug detection and apprehension technique training. Only explosives detection training for the canine teams will be funded.

Five-Year Security Capital Plan and Operational Sustainment

Applicant requests for OPack funding must include the submission of a Five-Year Security Capital and Operational Sustainment Plan in ND Grants. This plan must include how the agency proposes to implement capital projects and demonstrate how the agency will sustain the operational investments (including officers hired with federal funding) and capabilities after grant funding has been expended.

Requests for OPacks will not be funded if the applicant does not have and submit a Security Capital and Operational Sustainment Plan.

Funding Availability for OPacks

OPacks have the potential to be funded for up to a 36-month period from the award date. The monetary figures presented below are stated in terms of cost per period of performance (which indicates actual/complete funding for a 36-month period). Additionally, any OPack costs after the period of performance (including expenses related to the maintenance, personnel, equipment, etc.) are the responsibility of the applicable transit system. Additional funding may be applied for in future grant cycles to maintain this operational capability, but future funding is not guaranteed and requires approval. If these positions are not sustained, the public transportation agency may not be eligible for this personnel support in the future. The table below identifies the maximum funding available for the different OPack types.

Available Funding for OPacks

Operational Package	Maximum Funding per Year (12 months)	Maximum Funding per Period of Performance (36 months)
EDCT	\$150,000 per team	\$450,000 per team
ATT	\$500,000 per team	\$1,500,000 per team
MEST	\$600,000 per team	\$1,800,000 per team

OPack Requirements

IPR OPack funds may be used for new positions or to sustain existing capabilities/programs (e.g., canine teams) already supported by the recipient. Applicants pursuing both new OPacks and sustainment funding for existing OPacks must indicate in their IJs which funding the higher priority for their agency is. Additionally, applicants must provide the number of existing teams (EDCT, ATT, and MEST) already in place, regardless of how they are funded. The below table identifies specific OPack requirements.

OPack Requirements

Operational Package	Requirements
Explosives Detection Canine Teams	Please refer to the pages below for detailed information regarding EDCTs under the IPR

Operational Package	Requirements
Anti-Terrorism Teams	Specific for the Canine Team within the ATT: - Each canine team, composed of one dog and one handler, must be certified by an appropriate, qualified organization - Canines should receive an initial basic training course and also weekly maintenance training sessions thereafter to maintain the certification - The basic training averages 10 weeks for the team, with weekly training and daily exercising (comparable training and certification standards, such as those promulgated by the TSA Explosive Detection Canine Program), the National Police Canine Association (NPCA), the United States Police Canine Association (USPCA), or the International Explosive Detection Dog Association (IEDDA) may be used to meet this requirement - The individuals hired for the covert and overt elements must be properly trained law enforcement officers - Certifications should be on file with the recipient and must be made available to DHS/FEMA upon request
Mobile Explosives Screening Team	Certifications should be on file with the recipient and must be made available to DHS/FEMA upon request

Allowable Expenses for OPacks

The table below identifies allowable expenses for the various OPacks. Please see the accompanying notes for clarification of certain allowable costs.

Allowable Expenses for OPacks

Operational Package		Salary and Fringe Benefits	Training and Certification	Equipment Costs	Purchase and Train a Canine	Canine Costs ^b
1)	EDCT	☐	☐	☐	☐	☐
2)	ATT	☐	☐	☐	☐	☐
3)	Mobile Explosives Screening Team	☐		☐		
^a Travel costs associated with training for personnel, handlers, and canines are allowable ^b Canine costs include but are not limited to a canine's veterinary, housing, and feeding costs ^c One type of allowable training is training specific to the detection of common explosives odors ^d Equipment and other costs can include but are not limited to explosives detection; stainless steel search tables; consumables such as gloves, swabs, and alcohol; and land mobile radios						

Specific Guidance on Explosive Detection Canine Teams (EDCT)

EDCT Certification

Each EDCT, composed of one dog and one handler, must be certified by an appropriate, qualified organization. TSA-certified EDCTs will meet or exceed certification standards set by the TSA National Explosives Detection Canine Team Program (NEDCTP). Recipient EDCTs that do not participate in the NEDCTP will be required to certify annually under their respective agency, local, and state regulations. The recipient will maintain certification, utilization, and training data to show compliance in meeting or exceeding those guidelines set forth by the Scientific Working Group on Dog and Orthogonal Detection Guidelines (SWGDOG), as of September 14, 2007, in addition to the requirements set forth in the NOFO.

EDCT Submission Requirements

- 1) The recipient will ensure that a written security procedure plan exists for the safekeeping of all explosive training aids, including safe transportation. The recipient will document the removal, use, and return of explosive training aids used during training exercises or for any other reason. The plan and all documentation must be made available to DHS/FEMA upon request.
- 2) The recipient will comply with requirements for the proper storage, handling, and transportation of all explosive training aids in accordance with the Bureau of Alcohol, Tobacco, Firearms and Explosives' Publication 5400.7 (ATF P 5400.7) (09/00), *Federal Explosive Law and Regulation*.
- 3) The recipient will ensure that certified EDCTs are available to respond to situations 24 hours a day, 7 days per week on an on-duty or off-duty on-call basis. If IPR-funded EDCTs are not available, other, non-IPR funded EDCTs may be utilized for this response. The intent is to provide maximum coverage during peak operating hours and to maintain the ability to promptly respond to threats that affect public safety or mass transit operations.
- 4) EDCTs under this grant are single purpose and will be trained to detect "live" explosives only, not "simulated" explosives. EDCTs must not have received previous training to detect any other substances.
- 5) The recipient will ensure that each EDCT receives on-site proficiency training at a minimum of 4 hours per week per duty cycle. This training shall include, but not be limited to, mass transit passenger cars, terminals/platforms, luggage, freight/warehouses, and vehicles. Complete, detailed, and accurate training records must be maintained for all proficiency training conducted by each EDCT. These records must be made available to DHS/FEMA upon request.
- 6) The recipient will conduct appropriate training or other canine activities, within view of the public, to increase public awareness of EDCTs and provide a noticeable deterrent to acts which affect public safety or mass transit operations. The recipient will also ensure that such activities include, over a period of time, a presence in operational areas of the mass transit system during peak and off-peak hours. The recipient agrees that EDCTs will be utilized in the field at least 80% of their duty time, annually.
- 7) The recipient will provide safe and sanitary kennel facilities for program canines, and these costs may be allowable with prior approval by FEMA. This applies to kenneling canines at a mass transit system, handlers' residences, or commercial boarding facilities. Canines must not be left in makeshift accommodations or without proper supervision, protection, and care. The recipient will ensure that canines are transported on-duty and off-duty in vehicles configured with adequate temperature control, padding, and screening to ensure proper health, safety, and security.
- 8) The recipient will ensure that adequate routine and emergency veterinary care are provided for all canines.

Note: DHS/FEMA reserves the right to conduct an on-site operational and record review upon 48-hour notice to ensure compliance with applicable Federal regulations.

Equipment and Capital Projects

Equipment and Capital Projects that address the Soft Targets/Crowded Places; Cybersecurity; and Emergent Threats Priorities.

Priority projects include Top Transit Asset List risk remediation and protection of other high-risk, high-consequence areas or systems that have been identified through system-wide risk assessments:

- Projects related to physical security enhancements at rail and bus stations in UASI jurisdictions, including security cameras, security screening equipment for people and baggage, and access control (e.g., fences, gates, barriers, etc.).
- Projects related to cybersecurity of access control, sensors, security cameras, badge/ID readers, ICS/SCADA systems, process monitors and controls, etc. or passenger/vehicle/cargo security screening equipment support. Cybersecurity assessments are allowable.

Equipment Acquisition

IPR funds may be used for the following categories of equipment. A comprehensive listing of allowable equipment categories and types is found in the [DHS Authorized Equipment List \(AEL\)](#). These costs include:

- Personal protection equipment
- Explosive device mitigation and remediation equipment
- Chemical, biological, radiological, nuclear, and high explosive (CBRNE) operational search and rescue equipment, logistical support equipment, reference materials, or incident response vehicles
- Interoperable communications equipment
- Components or systems needed to address flaws in the computerized systems that control generators, switching stations, and electrical substations as well as other emerging threats to infrastructure critical to the U.S. economy
- Detection Equipment
- Power equipment
- Terrorism incident prevention equipment
- Physical security enhancement equipment

Unless otherwise noted, equipment must be certified as meeting required regulatory and DHS/FEMA-adopted standards to be eligible for purchase using IPR funds. Equipment must comply with the *Occupational Safety and Health Act* requirement for certification of electrical equipment by a nationally recognized testing laboratory and demonstrate compliance with relevant DHS/FEMA-adopted standards through a supplier's declaration of conformity with appropriate supporting data and documentation per International Organization for Standardization/International Electro-technical Commission (ISO/IEC) 17050, Parts One and Two. The recipient must have all necessary certifications and licenses for the requested equipment, as appropriate, prior its purchase. In addition, if the recipient is using IPR funds to support emergency communications equipment activities must comply with the *SAFECOM Guidance for Emergency Communication Grants*, including provisions on technical standards that ensure and enhance interoperable communications. This *SAFECOM* Guidance can be found at: <https://www.dhs.gov/safecom>.

Requirements for Small Unmanned Aircraft Systems

All requests to purchase Small Unmanned Aircraft Systems (SUAS) with DHS/FEMA grant funding must comply with [Information Bulletin \(IB\) 426](#) and must include a description of the policies and procedures

that the recipient, as the entity that will purchase, take title to, or otherwise use the SUAS equipment, has in place to safeguard individuals' privacy, civil rights, and civil liberties.

Cybersecurity Projects

IPR funds may be used for projects that enhance the cybersecurity of:

- Access controls, sensors; security cameras, badge/ID readers, ICS/SCADA systems, process monitors and controls (such as firewalls, network segmentation, predictive security cloud, etc.)
- Passenger/vehicle/cargo security screening equipment (cybersecurity assessments are allowable)

When requesting funds for cybersecurity, applicants are encouraged to propose projects that would aid in implementation of all or part of the [Framework for Improving Critical Infrastructure Cybersecurity](#) (the "Framework"), developed by the National Institute of Standards and Technology (NIST). The Framework gathers existing international standards and practices to help organizations understand, communicate, and manage their cyber risks. For organizations that do not know where to start with developing a cybersecurity program, the Framework provides initial guidance. For organizations with more advanced practices, the Framework offers ways to improve their programs, such as through better communication with their leadership and suppliers about management of cyber risks.

DHS's Critical Infrastructure Cyber Community C³ Voluntary Program also provides resources to critical infrastructure owners and operators to assist in adoption of the Framework and managing cyber risks. Additional information on the Critical Infrastructure Cyber Community C³ Voluntary Program can be found at www.dhs.gov/ccubedvp.

DHS's Enhanced Cybersecurity Services (ECS) program is an example of a resource that assists in protecting U.S.-based public and private entities and combines key elements of capabilities under the "Detect" and "Protect" functions to deliver an impactful solution relative to the outcomes of the Framework. Specifically, ECS offers intrusion prevention and analysis services that help U.S.-based companies and SLTT governments defend their computer systems against unauthorized access, exploitation, and data exfiltration. ECS works by sourcing timely, actionable cyber threat indicators from sensitive and classified Government Furnished Information. DHS then shares those indicators with accredited Commercial Service Providers (CSPs). Those CSPs in turn use the indicators to block certain types of malicious traffic from entering a company's networks. Groups interested in subscribing to ECS must contract directly with a CSP in order to receive services. Please visit <http://www.dhs.gov/enhanced-cybersecurity-services> for a current list of ECS CSP points of contact.

Capital (Construction) Projects Guidance

The recipient must obtain written approval from FEMA prior to the use of any IPR funds for construction or renovation projects. When applying for construction funds, including communications towers, the recipient must submit evidence of approved zoning ordinances, architectural plans, any other locally required planning permits. Additionally, the recipient is required to submit a SF-424C and budget detail citing the project costs.

The recipient is also encouraged to have completed as many steps as possible for a successful EHP review in support of their proposal for funding (*e.g.*, coordination with the relevant Historic Preservation Office to identify potential historic preservation issues and to discuss the potential for project effects; compliance with all state and EHP laws and requirements).

Projects for which the recipient believes an Environmental Assessment (EA) may be needed, as defined in [DHS Instruction Manual 023-01-001-01, Revision 01](#), EHP Directive and Instruction, [FEMA Directive 108-1](#), and [FEMA Instruction 108-1-1](#), must also be identified to the FEMA HQ Program Analyst within the first six months of the award, regardless of the length of the period of performance. Completed EHP review materials for construction and communication tower projects must be submitted no later than 12 months before the end of the period of performance. EHP review materials should be sent to gpdehpinfo@fema.gov.

If the recipient uses funds for construction projects, it must comply with the *Davis-Bacon Act* (codified as amended at 40 U.S.C. §§ 3141 *et seq.*). It must ensure that its contractors or subcontractors for construction projects pay workers no less than the prevailing wages for laborers and mechanics employed on projects of a character similar to the contract work in the civil subdivision of the state in which the work is to be performed. Additional information regarding compliance with the *Davis-Bacon Act*, including the Department of Labor (DOL) wage determinations, is available at <https://www.dol.gov/whd/govcontracts/dbra.htm>.

Training and Awareness Campaigns

Training and Awareness Campaigns that address the Soft Targets/Crowded Places; Cybersecurity; and Emergent Threats Priorities.

Training

IPR funds may be used for the following training activities:

- **Training Topics.** Priority topics include active shooter training, security training for employees, and public awareness/preparedness campaigns.
- **Training Workshops.** Grant funds may be used to plan and conduct training workshops, including costs related to planning, meeting space and other meeting costs, facilitation costs, materials and supplies, travel, and training plan development. The recipient is strongly encouraged to use free public space, locations, or facilities, whenever available, prior to the rental of space, locations, or facilities. Training should provide the opportunity to demonstrate and validate skills learned as well as to identify any gaps in these skills. Any training or training gaps, including those for children and individuals with disabilities or access and functional needs, should be identified in an After-Action Report/Improvement Plan (AAR/IP) and addressed in the training cycle.
- **Hiring of Full or Part-Time Staff or Contractors/Consultants.** Full or part-time staff or contractors/consultants may be hired to support training-related activities. Reimbursement of these costs should conform with the policies of recipient, as well as any applicable Federal and DHS/FEMA policies, rules, and regulations. Dual compensation is unallowable, in other words, an employee of a unit of government may not receive compensation from their unit or agency of government and from an award for a single period of time (*e.g.*, 1:00 p.m. to 5:00 p.m.), even though such work may benefit both activities. Personnel hiring, overtime, and backfill expenses are permitted under this grant only to the extent that such expenses are for allowable activities within the scope of the grant.
- **Overtime and Backfill Costs.** The entire amount of overtime costs, including payments related to backfilling personnel, that are the direct result of attendance at FEMA and approved training courses and programs are allowable. Reimbursement of these costs should follow the policies of the recipient, as well as any applicable Federal and DHS/FEMA policies, rules, and regulations. Dual compensation is never allowable.

- **Travel.** Domestic travel costs (e.g., airfare, mileage, per diem, and hotel) are allowable as expenses by employees who are on travel status for official business related, approved training, subject to the restrictions at 2 C.F.R. Part 200. International travel is not an allowable expense.
- **Supplies.** Supplies, items that are expended or consumed during the course of the planning and conduct of the training project(s) (e.g., gloves and non-sterile masks), are allowable expenses.
- **Funds Used to Develop, Deliver, and Evaluate Training.** Funds used to develop, deliver, and evaluate training, including costs related to administering the training, planning, scheduling, facilities, materials and supplies, reproduction of materials, and equipment are allowable expenses. Training should provide the opportunity to demonstrate and validate skills learned as well as to identify any gaps in these skills. Any training or training gaps, including those for children and individuals with disabilities or access and functional needs, should be identified in the AAR/IP and addressed in the training cycle.

Recipients are encouraged to use existing training rather than developing new courses. When developing new courses, recipients are encouraged to apply the Analysis, Design, Development, Implementation, and Evaluation (ADDIE) model of instructional design. Information on DHS/FEMA-approved training can be found at <http://www.firstrespondertraining.gov/>.

Awareness Campaigns

IPR funds may be used for the development and implementation of awareness campaigns to raise public awareness of indicators of terrorism and terrorism-related crime and for associated efforts to increase the sharing of information with public and private sector partners, including nonprofit organizations. DHS currently sponsors or supports a number of awareness campaigns. Please review materials, strategies, and resources at <https://www.dhs.gov/dhs-campaigns> before embarking on the development of an awareness campaign for local constituencies and stakeholders.

Note: DHS requires that all public and private sector partners wanting to implement and/or expand the DHS “If You See Something, Say Something®” campaign (“campaign”) using grant funds work directly with the DHS Office of Partnership and Engagement (OPE). This will help ensure that the awareness materials (e.g., videos, posters, tri-folds, etc.) remain consistent with DHS’s messaging and strategy for the campaign and compliant with the initiative’s trademark, which is licensed to DHS by the New York Metropolitan Transportation Authority. Coordination with OPE, through the campaign’s office (seesay@hq.dhs.gov), must be facilitated by the FEMA Program Analyst.

Exercises

Exercise activities that address the Soft Targets/Crowded Places; Cybersecurity; and Emergent Threats Priorities.

IPR funds may be used for the following exercise activities:

- **Funds Used to Design, Develop, Conduct and Evaluate an Exercise.** This includes costs related to planning, meeting space and other meeting costs, facilitation costs, materials and supplies, travel, and documentation. Exercises afford organizations the opportunity to validate plans and procedures, evaluate capabilities, and assess progress toward meeting capability targets in a controlled, low-risk setting. Any shortcomings or gaps identified, including those for children and individuals with disabilities or access and functional needs, should be identified in an effective corrective action program that includes development of improvement plans that are dynamic documents, with corrective actions continually monitored and implemented as part of improving preparedness through the exercise cycle.

- **Hiring of Full or Part-Time Staff or Contractors/Consultants.** Full or part-time staff may be hired to support exercise-related activities. Reimbursement of these costs should conform with the policies of the recipient, as well as any applicable Federal and DHS/FEMA policies, rules, and regulations. Dual compensation is not allowable, meaning, in other words, that an employee of a unit of government may not receive compensation from their unit or agency of government and from an award for a single period of time (*e.g.*, 1:00 p.m. to 5:00 p.m.), even though their work may benefit both entities. Personnel hiring, overtime, and backfill expenses are permitted under this grant only to the extent that such expenses are for the allowable activities within the scope of the grant. The recipient must follow all applicable procurement regulations at 2 C.F.R. Part 200 when procuring contractor services.
- **Overtime and Backfill Costs.** The entire amount of overtime costs, including payments related to backfilling personnel, which are the direct result of time spent on designing, developing, and conducting exercises are allowable expenses. These costs are allowed only to the extent the payment for such services is in accordance with the policies of the recipient and has the approval of the awarding agency, if applicable. Dual compensation is never allowable.
- **Travel.** Domestic travel costs are allowable as expenses by employees who are on travel status for official business related to the planning and conduct of exercise project(s), subject to the restrictions at 2 C.F.R. Part 200. International travel costs are not allowable expenses.
- **Supplies.** Supplies are items that are expended or consumed during the course of the planning and conduct of the exercise project(s) (*e.g.*, gloves, non-sterile masks, and disposable protective equipment).
- **Other Items.** These costs include the rental of space or locations for exercise planning and executing, rental of equipment, etc. The recipient is encouraged to use free public space, locations, or facilities, whenever available, prior to the rental of space, locations, or facilities. These also include costs that may be associated with inclusive practices and the provision of reasonable accommodations and modifications to provide full access for children and adults with disabilities.

Management and Administration (M&A)

Management and administration costs are allowed under this program. M&A costs are activities directly related to managing and administering the award. The recipient may use up to 5% of the amount of the award for its M&A costs.

Current fiscal year IPR funds may be used for the following M&A costs:

- Hiring of full-time or part-time staff, including contractors and consultants, to execute the following:
 - Management of the current fiscal year IPR Award
 - Design and implementation of the current fiscal year IPR submission meeting compliance with reporting/data collection requirements, including data calls
- Information collection and processing necessary to respond to DHS/FEMA data calls
- Domestic travel expenses related to IPR grant administration, in compliance with the Super Circular, 2 C.F.R. Part 200.
- Acquisition of authorized office equipment, including personal computers or laptops for IPR M&A purposes.

Indirect Costs

Indirect costs are allowable under this program as described in the Federal Acquisition Regulations (FAR).

Unallowable Costs

Specific unallowable costs include:

- ***Grant funds must comply with [IB 426](#) and may not be used for the purchase of the following prohibited equipment: firearms, ammunition, grenade launchers, bayonets, or weaponized aircraft, vessels, or vehicles of any kind with weapons installed.*** Expenditures for items unrelated to grant allowable activities, such as general-use software, general-use computers and related equipment (other than for allowable M&A activities or for other associated preparedness or response functions), general-use vehicles, licensing fees, weapons systems, and ammunition are also prohibited.
- Personnel costs (except as detailed above or otherwise allowed by statute).
- Activities unrelated to the completion and implementation of the IPR program.
- Other items not in accordance with the Authorized Equipment List (AEL) or not previously listed as allowable costs.
- Costs related to any matching or cost share requirement for any other Federal award
- Costs related to lobbying or intervention in Federal regulatory proceedings
- Costs related to suing the Federal Government or any other government entity
- Pre-award costs, unless approved in writing by DHS/FEMA and included in the grant award
- Costs that are not consistent with the Cost Principles located in FAR 31.2, as applicable

Maintenance and Sustainment Costs

The use of FEMA preparedness grant funds for maintenance contracts, warranties, repair or replacement costs, upgrades, and user fees are allowable, as described in FEMA Policy FP 205-402-125-1, *Maintenance Contracts and Warranty Coverage Funded by Preparedness Grants*, located at <http://www.fema.gov/media-library/assets/documents/32474>), under all active and future grant awards, unless otherwise noted.

Grant funds are intended to support the National Preparedness Goal and to fund projects that build and sustain the core capabilities necessary to prevent, protect against, mitigate the effects of, respond to, and recover from those threats that pose the greatest risk to the security of the Nation. In order to provide recipients with the ability to meet this objective, the policy set forth originally in [IB 379: Guidance to State Administrative Agencies to Expedite the Expenditure of Certain DHS/FEMA Grant Funding](#) allows for the expansion of eligible maintenance and sustainment costs that must be (1) in direct support of existing capabilities, (2) an otherwise allowable expenditure under the applicable grant program, and (3) tied to one of the core capabilities in the five mission areas outlined in the Goal. Additionally, eligible costs may also be in support of equipment, training, and critical resources that have previously been purchased with either Federal grant or any other source of funding other than DHS/FEMA preparedness grant program dollars.

Encouraged Use of Certain Products Produced in the United States

Pursuant to Executive Order 13858 “[Strengthening Buy-American Preferences for Infrastructure Projects](#),” FEMA encourages non-federal entities under this grant program to use, to the greatest extent

practicable and consistent with the law, iron and aluminum as well as steel, cement, and other manufactured products produced in the United States, in projects funded by an award under this grant program affecting surface transportation, including roadways, bridges, railroads, and transit; aviation; ports, including navigational channels; water resources projects; energy production, generation, and storage, including from fossil-fuels, renewable, nuclear, and hydroelectric sources; electricity transmission; gas, oil, and propane storage and transmission; electric, oil, natural gas, and propane distribution systems; broadband internet; pipelines; stormwater and sewer infrastructure; drinking water infrastructure; and cybersecurity. Notwithstanding this encouragement, non-federal entities must take care that all procurements and contract actions are consistent with law, the Preparedness Grants Manual and applicable appendices, the grant program's NOFO, and the federal procurement standards at 2 C.F.R. §§ 200.317-200.326.

Program Appendix G:

Port Security Grant Program (PSGP)

PSGP grant recipients and subrecipients may only use PSGP grant funds for the purposes set forth in the NOFO, and all investments must be consistent with the statutory authority for the award. These grant funds may not be used for matching funds for other federal awards, lobbying, or intervention in federal regulatory or adjudicatory proceedings. In addition, federal funds may not be used to sue the Federal Government or any other government entity.

Applicable Regulations

Costs charged to a PSGP award must be consistent with the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, located at 2 C.F.R. Part 200. For more information on 2 C.F.R. Part 200, please visit https://www.fema.gov/media-library-data/1419366341862-296dd0cc30bbf64a6b45581afe9d8b17/InformationBulletin400_2CFRPart200_FINAL.pdf.

PSGP Priorities

See the annual PSGP NOFO.

Limitations on Funding

As part of the PSGP application process, applicants must complete the approved [Investment Justification \(IJ\) template](#) provided addressing each initiative being proposed for funding. A separate IJ should be submitted for each proposed project which should represent the complete scope of work and materials required to achieve a single overall capability. For example, a project could be to procure a boat specifically designed and equipped as Chemical, Biological, Radiological, Nuclear and High-Yield Explosives (CBRNE) detection, prevention, response, and/or recovery platform. The IJ for this example project should include the CBRNE equipment in the same IJ as the vessel.

In accordance with 46 U.S.C. § 70107(b)(2), PSGP funding for projects for the cost of acquisition, operation, and maintenance of security equipment or facilities to be used for security monitoring and recording, security gates and fencing, marine barriers for designated security zones, security-related lighting systems, remote surveillance, concealed video systems, security vessels, and other security-related infrastructure or equipment that contributes to the overall security of passengers, cargo, or crewmembers **cannot exceed \$1 million federal share per project.**

The \$1 million per project limitation applies only to those projects funded under 46 U.S.C. § 70107(b)(2) and does not apply to projects funded under other provisions of Section 70107.

Allowable Direct Costs

Specific investments made in support of the funding priorities discussed in the annual PSGP NOFO generally fall into one of the following six allowable expense categories:

- Planning
- Operational Activities
- Equipment and Capital Projects

- Training and Awareness Campaigns
- Exercises
- Management and Administration

The following provides guidance on allowable costs within each of these areas:

Planning

Planning activities address the Soft Targets/Crowded Places; Cybersecurity; Emergent Threats; and Planning Priorities.

PSGP funds may be used for the following types of planning activities:

- Development or updating of port wide risk mitigation plan (PRMP), including the conducting of port security vulnerability assessments as necessary to support plan update/development
- Development and enhancement of security plans and protocols within the Area Maritime Security Plan (AMSP), PRMP, and the Business Continuity and Resumption of Trade Plans (BCRTP) in support of maritime security and risk mitigation planning
- Materials required to conduct planning activities
- Travel and per diem related to the professional planning activities noted in this section
- Other port wide project planning activities, which emphasize the ability to adapt to changing conditions and be prepared to withstand, and recover from, disruptions due to emergencies with prior approval from DHS/FEMA

Backfill, overtime, hiring of part-time temporary personnel, and contractors or consultants to assist with planning activities. Copies of PSGP-funded plans must be made available to FEMA and USCG upon request.

Operational Activities

Operational Activities address the Soft Targets/Crowded Places; and Emergent Threat Priorities.

Explosive Detection Canine Teams (EDCTs)

Use of canines (K-9) for explosive detection is one of the most effective solutions for the detection of vehicle-borne IEDs. When combined with the existing capability of a port or ferry security/police force, the added value provided through the addition of a canine team is significant. EDCTs are a proven, reliable resource to detect explosives and are a key component in a balanced counter-sabotage program. Eligibility for funding of EDCTs is restricted to:

- U.S. Ferry Systems regulated under 33 C.F.R. Parts 101, 103, 104, and the passenger terminals these specific ferries service under 33 C.F.R. Part 105
- Maritime Transportation Security Act (MTSA) regulated facilities
- Port authorities, port police, and local law enforcement agencies that provide direct layered security for these U. S. Ferry Systems and MTSA-regulated facilities, and are defined in an Area Maritime Security Plan (AMSP), Facility Security Plan (FSP), or Vessel Security Plan (VSP)

Applicants may apply for up to \$450,000 (\$150,000/year for three years) per award to support this endeavor. At the end of the grant period (36 months), recipients will still be responsible for continuing the heightened level of capability provided by the EDCT. **A sustainment plan must be submitted with the applicant's IJ to address the 12-month period beyond the period of performance of the award.**

Eligible EDCT Costs

Funds for these EDCTs may **not** be used to fund drug detection and apprehension technique training. Only explosives detection training for EDCTs will be funded. The PSGP EDCT funds may only be used for **new or expanded** capabilities/programs and cannot be used to pay for existing K-9 teams, personnel, or K-9 training costs already supported by the port area. Repair and replacement of existing EDCT equipment is allowed. Eligible costs include:

- Contracted K-9 and handler providing services in accordance with PSGP guidance
- Salary and fringe benefits of new full- or part-time K-9 handler positions
- Training and certifications (travel costs associated with training for new or expanded full or part time agency handlers, and canines are allowable)
- K-9 and handler equipment costs
- Purchase and train a new K-9 and handler for CBRNE detection
- K-9 maintenance costs (K-9 costs include but are not limited to: veterinary, housing, and feeding costs)

Ineligible EDCT costs include, but are not limited to:

- Hiring costs, including costs associated with initial police academy training of new officers
- Meals and incidentals associated with travel for initial certification
- Vehicles modified to be used solely to transport canines

EDCT Certification

Each EDCT, composed of one dog and one handler, must be certified by an appropriate, qualified organization. K-9 and handler should receive an initial basic training course and weekly maintenance training sessions thereafter to maintain the certification. The basic training averages 10 weeks for the canine team (K-9 and handler together) with weekly training and daily exercising. Comparable training and certification standards, such as those promulgated by the TSA Explosive detection canine program, the National Police Canine Association (NPCA), the U.S. Police Canine Association (USPCA), or the International Explosive Detection Dog Association (IEDDA) may be used to meet this requirement. Certifications and training records will be kept on file with the recipient and made available to DHS/FEMA upon request.

EDCT Submission Requirements

Successful applicants will be required to submit an amendment to their approved VSP or FSP per 33 C.F.R. Parts 104 and/or 105 detailing the inclusion of a K-9 explosive detection program into their security measures. The recipient will ensure that a written plan or SOPs exist that describe EDCT deployment policy to include visible and unpredictable deterrent efforts and on-call EDCTs rapid response times as dictated by the agency's FSP or VSP. The plan or SOPs must be made available to DHS/FEMA and USCG upon request.

The recipient will comply with requirements for the proper storage, handling and transportation of all explosive training aids in accordance with the Bureau of Alcohol, Tobacco, Firearms and Explosives' Publication 5400.7 (ATF P 5400.7) (09/00), *Federal Explosive Law and Regulations*.

Additional EDCT Resources Available for K-9 Costs

The PSGP, while providing the ability to defray some start-up costs, does not cover any recurring costs associated with EDCT programs. DHS/FEMA strongly encourages applicants to investigate their eligibility under other programs, and potential exclusions, when developing their K-9 programs.

Organization Costs

Allowable organization-related costs are limited to those activities associated with new and ongoing maritime security operations essential to the national priorities. All such activities must be focused exclusively on maritime security and coordinated with the local COTP. PSGP funding used for organizational costs will only fund immediate needs for personnel that will be directly engaged in maritime security activities. Allowable organization personnel costs include:

- **Backfill, Overtime, Hiring of Full or Part-Time Personnel or Contractors/Consultants.** Full or part-time staff or contractors/consultants may be hired to support training-related and/or maritime-security-related activities conducted under this grant only to the extent that such expenses are for the allowable activities within the scope of the grant. Salary and fringe benefit payments must be in accordance with the policies of the state or unit(s) of local government and have the approval of the state or awarding agency. Dual compensation is not allowable. That is, an employee of a unit of government may not receive compensation from their unit or agency of government AND from an award for a single period of time (e.g., 1:00 p.m. to 5:00 p.m.), even though such work may benefit both activities. Limitations may apply for grant related activities. See specific guidance provided within this Manual for additional details on allowable organization costs (i.e., Training – Personnel costs are limited to backfill and overtime).
- **Hiring new, full-time personnel to:**
 - Operate maritime security patrol vessels (first response agencies only)
 - Staff a new or expanded interagency maritime security operation center
 - Support maritime security/counterterrorism efforts in the local Joint Terrorism Task Force (JTTF) center
 - Support credentialing access to a MTSA facility
- **Backfill and Overtime costs for existing personnel to:**
 - Operate patrol vessels in support of pre-planned, mission critical activities, as identified by the local COTP (not including routine patrol)
 - Attend approved maritime security training courses
- **Personnel or contracted costs to:**
 - Install, repair, and replace port security equipment acquired with DHS/FEMA preparedness grant funds. Note this does not include routine maintenance, such as oil changes and daily/weekly systems tests.
- **Contracted costs to:**
 - Provide approved training courses
 - Provide warranty, maintenance, and service agreements for equipment purchased under this grant

Organization costs will only be funded to address port (or facility) security needs as outlined in the NOFO and this appendix. PSGP funding for new permanent or part-time personnel will not exceed the 36-month period of performance. Applicants must provide reasonable assurance that personnel costs can be sustained beyond the 36-month award period. **A sustainment plan must be submitted with the applicant's IJ to address the 12-month period beyond the period of performance of the award.**

Equipment and Capital Projects

Equipment and Capital Projects address the Soft Targets/Crowded Places; Cybersecurity; Emergent Threats; and Equipment/Capital Projects Priorities.

Equipment Acquisition

PSGP funds must comply with IB 426. PSGP funds may be used for the following categories of equipment. A comprehensive listing of allowable equipment categories and types is found in the [DHS Authorized Equipment List \(AEL\)](#). Requests for vehicles of any type are subject to secondary review and approval by the National Review Panel. These costs include:

- Personal Protective Equipment (PPE) for maritime security providers, such as ballistic protective body armor (not including uniforms)
- CBRNE response and remediation equipment for maritime security providers
- CBRNE decontamination equipment for direct maritime security providers and MTSA-regulated industry
- CBRNE detection-equipped patrol vehicles (**not including armored personnel carriers or tow trucks**), provided they will be used exclusively for port/facility CBRNE detection security operations. A CBRNE detection equipped patrol vehicle must include specifically identified, permanently mounted detection equipment.
- Mobile Command Centers only when validated by the COTP as essential to address a specifically required capability outlined in the approved AMSP.
- CBRNE detection equipped and patrol watercraft vessel/small boat used to directly support maritime security for a facility or within a Port Area on a routine basis (CBRNE detection equipment requested with the watercraft/small boat in the IJ must be listed and also detailed in the budget). However, a vessel is not required to be CBRNE equipped.
- Marine firefighting vessels, provided they are outfitted with CBRNE detection equipment and are designed and equipped to meet NFPA 1925: Standard on Marine Fire-Fighting Vessels
- Firefighting foam and Purple-K Powder (PKP) may be purchased by public fire departments that have jurisdictions in a port area and would respond to an incident at an MTSA regulated facility. MTSA facilities may also receive funding for this purpose. Funding will be limited to a one-time purchase based on a worst-case incident at the facility or facilities
- Information-sharing technology; components or equipment designed to share maritime security risk information and maritime all-hazards risk information with other agencies (equipment must be compatible with generally used equipment)
- Maritime security risk mitigation interoperable communications equipment
- Terrorism incident prevention and response equipment for maritime security risk mitigation
- Physical security enhancements, to include TWIC projects (e.g. card readers, fences, blast resistant glass, turnstiles, hardened doors and vehicle gates) at maritime facilities
- Portable fencing, CCTVs, passenger vans, mini-buses, etc. to support secure passage of vessel crewmembers through a MTSA regulated facility
- Equipment in support of resiliency, such as interoperable communications, intrusion prevention/detection, physical security enhancements, and software and equipment needed to support essential functions during a continuity situation
- Generators with appropriate capability (size) to provide back-up power to systems and equipment that support Maritime Domain Awareness (not including routine operational capabilities):
 - Access control equipment and systems
 - Detection and security surveillance equipment
 - Enhancement of Command and Control facilities

- Equipment for new personnel, such as personal protective equipment, is an allowable expense. Weapons and equipment associated with weapons maintenance/security (e.g., firearms, ammunition, and gun lockers) are not allowable.

Requirements for Small Unmanned Aircraft Systems

All requests to purchase Small Unmanned Aircraft Systems (SUASs) with FEMA grant funding must comply with [IB 426](#) and must include a description of the policies and procedures the jurisdiction that will purchase, take title to, or otherwise use the SUAS equipment has in place to safeguard individuals' privacy, civil rights, and civil liberties.

Sonar Devices

The four types of allowable sonar devices are: imaging sonar, scanning sonar, side scan sonar, and three-dimensional sonar. These types of sonar devices are intended to support the detection of underwater improvised explosive devices and enhance maritime domain awareness. The eligible types of sonar, and short descriptions of their capabilities, are provided below:

- 1) **Imaging Sonar:** A high-frequency sonar that produces "video-like" imagery using a narrow field of view. The sonar system can be pole-mounted over the side of a craft or hand-carried by a diver.
- 2) **Scanning Sonar:** Consists of smaller sonar systems that can be mounted on tripods and lowered to the bottom of the waterway. Scanning sonar produces a panoramic view of the surrounding area and can cover up to 360 degrees.
- 3) **Side Scan Sonar:** Placed inside a shell and towed behind a vessel. Side scan sonar produces strip-like images from both sides of the device.
- 4) **Three-Dimensional Sonar:** Produces 3-dimensional imagery of objects using an array receiver.

Maritime Domain Awareness

Maritime domain is defined as "all areas and things of, on, under, relating to, adjacent to, or bordering on a sea, ocean, or other navigable waterway, including all maritime-related activities, infrastructure, people, cargo, and vessels and other conveyances." Homeland Security Presidential Directive-13 (NSPD-41/HSPD-13) (Maritime Security Policy, December 21, 2004). According to the [National Plan to Achieve Maritime Domain Awareness for the National Strategy for Maritime Security \(Oct. 2005\)](#), "Maritime Domain Awareness (MDA) is the effective understanding of anything associated with the global maritime domain that could impact the security, safety, economy, or environment of the United States. MDA is a key component of an active, layered maritime defense in depth. It will be achieved by improving our ability to collect, fuse, analyze, display, and disseminate actionable information and intelligence to operational commanders." *Id.* at ii. Applicants are encouraged to familiarize themselves with this National Strategy.

IED and CBRNE Prevention, Protection, Response, Recovery Capabilities

Port areas should continue to enhance their capabilities to prevent, detect, respond to and recover from terrorist attacks employing IEDs, CBRNE devices, and other non-conventional weapons. Please refer to DHS, Small Vessel Security Strategy (Apr. 2008), available at http://www.dhs.gov/files/publications/gc_1209408805402.shtm.

Physical Security

Physical security is security measures that are designed to deny unauthorized access to facilities, equipment, and resources and to protect personnel and property from damage or harm (such as espionage, theft, or terrorist attacks). Physical security involves the use of multiple layers of interdependent systems and techniques. Physical security has been a focus of PSGP since the program's inception in 2002. Primarily, physical security is intended to harden MTSA-regulated facilities against attacks. Law enforcement may contribute to physical security through patrols, however, patrol vessels generally enhance multiple core capabilities with a focus on CBRNE detection, deterrence, and response. Funding through PSGP for physical security projects should be only directed toward those projects that address identified MTSA required activities and identified in the entity FSP and/or the port area AMSP. Some examples of funded projects include TWIC-related equipment, fencing, lighting, gates, and closed-circuit television (CCTV).

Cybersecurity Projects

PSGP funds may be used for projects that enhance the cybersecurity of: access controls; sensors; security cameras; badge/ID readers; ICS/SCADA systems; process monitors and controls (such as firewalls, network segmentation, predictive security cloud, etc.); and passenger/vehicle/cargo security screening equipment (cybersecurity assessments are allowable). When requesting funds for cybersecurity, applicants are encouraged to propose projects that would aid in implementation of all or part of the [Framework for Improving Critical Infrastructure Cybersecurity](#) (the "Framework") developed by the National Institute of Standards and Technology (NIST). The Framework gathers existing international standards and practices to help organizations understand, communicate, and manage their cyber risks. For organizations that do not know where to start with developing a cybersecurity program, the Framework provides initial guidance. For organizations with more advanced practices, the Framework offers a way to improve their programs, such as better communication with their leadership and suppliers about management of cyber risks.

DHS's Critical Infrastructure Cyber Community C³ Voluntary Program also provides resources to critical infrastructure owners and operators to assist in adoption of the Framework and managing cyber risks. Additional information on the Critical Infrastructure Cyber Community C³ Voluntary Program can be found at www.dhs.gov/ccubedvp. DHS's Enhanced Cybersecurity Services (ECS) program is an example of a resource that assists in protecting U.S.-based public and private entities and combines key elements of capabilities under the "Detect" and "Protect" functions to deliver an impactful solution relative to the outcomes of the Cybersecurity Framework. Specifically, ECS offers intrusion prevention and analysis services that help U.S.-based companies and SLTT governments defend their computer systems against unauthorized access, exploitation, and data exfiltration. ECS works by sourcing timely, actionable cyber threat indicators from sensitive and classified Government Furnished Information (GFI). DHS then shares those indicators with accredited Commercial Service Providers (CSPs). Those CSPs in turn use the indicators to block certain types of malicious traffic from entering a company's networks. Groups interested in subscribing to ECS must contract directly with a CSP in order to receive services. Please visit <http://www.dhs.gov/enhanced-cybersecurity-services> for a current list of ECS CSP points of contact.

Cybersecurity projects should address risks to the marine transportation system and/or TSIs outlined in the applicable AMSP or priorities prescribed under applicable FSP or VSP, as mandated under the MTSA or the PRMPs. At the port level, examples of cybersecurity projects include but are not limited to projects that enhance the cybersecurity of access control, sensors, security cameras, badge/ID readers, ICS/SCADA systems, process monitors and controls (such as those that monitor flow rates, valve positions, tank levels, etc.), security/safety of the ship-to-port-to-facility-to-intermodal interface, and systems that control vital cargo machinery at the ship/shore interface (such as cranes, manifolds, loading arms, etc.), and passenger/vehicle/cargo security screening equipment.

Vulnerability assessments are generally not funded under PSGP. However, considering the evolving malicious cyber activity, the relative novelty of cybersecurity as a priority within the program, and the need to adopt best practices included in the voluntary Cybersecurity Framework, vulnerability assessments may be funded as contracted costs. Personnel costs (other than M&A) are not an allowable expense for conducting these assessments.

Copies of completed cybersecurity assessments funded under PSGP that impact the maritime transportation system, lead to a “transportation security incident” (as that term is defined under 46 U.S.C. § 70101(6)), or are otherwise related to systems, personnel, and procedures addressed by the facility and vessel plan shall be made available to DHS/FEMA and/or the local COTP upon request. The results of these cybersecurity assessments may be designated as Sensitive Security Information (SSI) and may be used to inform national maritime cybersecurity assessments.

Where a vulnerability assessment has been completed either through contracts or qualified personnel to identify existing gaps and required mitigation efforts, mitigating projects may be funded that include purchase of equipment, software, and infrastructure designed to harden cybersecurity. Specific questions on conducting vulnerability assessments should be referred to the respective FEMA Program Analyst.

Capital (Construction) Projects Guidance

Recipients must obtain written approval from DHS/FEMA prior to the use of any PSGP funds for construction or renovation projects. Additionally, PSGP funding may not be used to construct buildings or other physical facilities that are not constructed under terms and conditions consistent with the requirements of section 611(j)(9) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. § 5196(j)(9)) (the *Stafford Act*),³ which requires compliance with the *Davis-Bacon Act* (codified as amended at 40 U.S.C. §§ 3141 *et seq.*) for PSGP funded projects. Grant recipients must ensure that their contractors or subcontractors for construction projects pay workers no less than the prevailing wages for laborers and mechanics employed on projects of a character similar to the contract work in the civil subdivision of the state in which the work is to be performed. Additional information regarding compliance with the *Davis-Bacon Act*, including Department of Labor wage determinations, is available at <http://www.dol.gov/whd/govcontracts/dbra.htm>.

The following types of construction and renovation projects are allowable under PSGP, provided they address a specific vulnerability or need identified in AMSP or otherwise support the maintenance/sustainment of capabilities and equipment acquired through PSGP funding:

- Maritime Command and Control Centers
- Interagency Operations Centers (IOCs) for maritime security
- Port Security Emergency Communications Centers
- Buildings to house generators that support maritime security risk mitigation
- Maritime security risk mitigation facilities (e.g., dock house, ramps, and docks for existing port security assets)
- Hardened security fences/barriers at access points

³ While the *Maritime Transportation Security Act of 2002*, as amended, requires that such activities are carried out consistent with Section 611(j)(8) of the *Stafford Act*, a subsequent amendment to the *Stafford Act* by section 3 of Pub. L. No. 109-308 in 2006 redesignated the text of Section 611(j)(8) to 611(j)(9). The cross-reference in the *Maritime Transportation Security Act of 2002* has not been updated.

- Any other building or physical facility that enhances access control to the port/MTSA facility area
- PSGP funding may be used to purchase and/or upgrade a barge to support a staging area for maritime/port security patrols or maritime security risk mitigation responses. (Certain areas throughout the Nation may require a barge that can be permanently anchored or moored in certain areas to support maritime security risk mitigation activities.)

To be considered eligible for funding, the construction of fusion centers, operations centers, or communications centers must offer a port wide benefit and support information sharing and operational coordination among regional interagency and other port security partners. Applicants are reminded that the period of performance is 36 months. Eligible costs for construction or renovation projects may not exceed \$1 million (Federal-share) per project, which may not exceed 10% of the total amount of the award, as stated in 46 U.S.C. § 70107(b)(2)(A) and (B) (Section 102 of the *Maritime Transportation Security Act of 2002*, Pub. L. 107-295, as amended). Grant recipients are not permitted to use PSGP funds for construction projects that are eligible for funding under other federal grant programs. PSGP funds may only be used for construction activities directly related to maritime security risk mitigation enhancements.

Training and Awareness Campaigns

Training and Awareness Campaigns address the Soft Targets/Crowded Places; Cybersecurity; Emergent Threats; and Training and Awareness Campaign Priorities.

Training

Port areas should assess their training and qualification requirements and coordinate training needs and qualification requirements of incident response personnel. Funding for personnel training is limited to those courses that are **essential to enhance maritime security** and have been listed in the DHS/FEMA approved course catalog by the DHS/FEMA National Training and Education Division (NTED) or the USCG. Approved courses are listed in the following catalogs maintained by NTED: NTED Course Catalog, Federal Sponsored Course Catalog, and the State Sponsored Course Catalog. The catalogs may be viewed at <http://www.firstrespondertraining.gov>. A listing of courses that are currently approved for PSGP funding is included in the table below.

Funding for training courses not listed in Table 3 may be permitted on a case-by-case basis depending on the specific maritime security risk mitigation training needs of the eligible PSGP applicant. In such cases, an applicant will be required to explain in the IJ why none of the approved courses referenced in Table 3 satisfy the identified training need and must submit detailed course information for review and consideration by the local COTP field review team and the Nation Review Panel.

Table 3: Approved PSGP Training Courses

National Training and Education Division	
Course Number	Course Name
AWR-144	Port and Vessel Security for Public Safety and Maritime Personnel
AWR-213	Critical Infrastructure Security and Resilience Awareness
AWR-366-W	Developing a Cyber Security Annex for Incident Response
MGT-335	Event Security Planning for Public Professionals
MGT-335-W	Event Security Planning for Public Professionals, Web Based
MGT-400	Master of Arts Degree in Homeland Security
MGT-425	Homeland Security Executive Leaders Program (ELP)
MGT-452	Physical and Cybersecurity for Critical Infrastructure

MGT-456	Integration of Cybersecurity Personnel into the Emergency Management Operations Center for Cyber Incidents
PER-330	The Surface Transportation Emergency Preparedness and Security for Mass Transit and Passenger Rail (STEPS-PT)
PER-331	Surface Transportation Emergency Preparedness and Security for Senior Officials or Administrators (STEPS Sr)
Federal-Sponsored	
Course Number	Course Name
DHS-006-PREV	Seaport Security Anti-Terrorism Training Program (SSATP)
DHS-011-PREV	Maritime PRND Operations Course
DHS-016-PREV	Protective Measures Training for Security Officers, Mid-Level Safety/Security Supervisors, and Property Managers
DHS-011-PROT	NASBLA BOAT Tactical Operators Course
DHS-009-PROT	Boat Operator's Anti-Terrorism Training
DHS-126-RESP	NASBLA BOAT Crew Member Course
DHS-128-RESP	NASBLA - Pursuit and Stop Course
State-Sponsored	
Course Number	Course Name
CA-006-PREV	Maritime Company, Vessel, and Facility Security Officer
CA-007-PREV	Basic Maritime Security Awareness
CA-008-PREV	Basic First Responder Operational Maritime Security (FROMS)
CA-015-RESP	Maritime Facility Security Officer
CA-020-RESP	WMD & Terrorism Awareness for Security Professionals
ME-001-PROT	Maritime Security Awareness for Military, First Responder and Law Enforcement Personnel
ME-002-PROT	Command Strategies and Tactics for Marine Emergencies
ME-003-PROT	Tactical Boat Operations for Maritime Security and LE Personnel
ME-002-RESP	Emergency Medical Operations in the Maritime Domain
NJ-003-PREV	Government Agency Maritime Security Awareness Program (GAMSAP)
NJ-015-PREV	Security Awareness & Vigilance for Everyone
NY-001-PREV	Maritime Infrastructure Protection
NY-001-PROT	Safe Boat Operators
NY-002-PREV	Tactical Escorts and Security Zones
NY-002-PROT	Pattern Line Search/Recovery Course
NY-004-RESP	Vehicle Borne Improvised Explosive Device Security Checkpoint

Exercises

Exercise activities address the Soft Targets/Crowded Places; Cybersecurity; Emergent Threats; and Exercises Priorities.

Maritime entity training needs and qualification requirements of incident response personnel should be regularly tested through emergency exercises and drills. Exercises must test operational protocols that would be implemented in the event of a terrorist attack in the maritime environment in accordance with the Area Maritime Security Training Exercise Program (AMSTEP) or the Transportation Security Administration (TSA) Intermodal Security Training Exercise Program (I-STEP) guidelines. AMSTEP or I-STEP exercises will follow the latest change in requirements contained in the Navigation and Inspection Circular (NVIC) 09-02. Exercises must be designed, developed and conducted consistent with the Homeland Security Exercise and Evaluation Program (HSEEP) located at <https://www.fema.gov/exercise>. Funding used for exercises will only be permitted for those exercises that are in direct support of a MTSA-regulated facility or a port area's MTSA-required exercises (*see* 33 C.F.R. § 105.220 for a facility and 33 C.F.R. § 103.515 for the AMSP). These exercises must be coordinated with the COTP and AMSC

and be consistent with HSEEP. More information on HSEEP may be found at <https://www.fema.gov/hseep>.

Recipients are required to submit an After Action Report/Improvement Plan (AAR/IP) for each PSGP-funded exercise to hseep@fema.dhs.gov, and the appropriate local COTP no later than 90 days after completion of the exercise conducted within the PSGP POP. Recipients are reminded of the importance of implementing corrective actions iteratively throughout the progressive exercise cycle. Recipients are required to use the HSEEP AAR/IP template located at <https://www.fema.gov/exercise>. PSGP funds may be used for the following exercise activities:

Funds Used to Design, Develop, Conduct, and Evaluate an Exercise. This includes costs related to planning, meeting space, and other meeting costs, facilitation costs, materials and supplies, travel, and documentation. Exercises afford organizations the opportunity to validate plans and procedures, evaluate capabilities, and assess progress toward meeting capability targets in a controlled, low-risk setting. Any shortcoming or gap identified, including those for children and individuals with disabilities or access and functional needs, should be identified in an effective corrective action program that includes development of improvement plans that are dynamic documents, with corrective actions continually monitored and implemented as part of improving preparedness through the exercise cycle.

Hiring of Full- or Part-Time Staff or Contractors/Consultants. Full- or part-time staff may be hired to support exercise-related activities. Such costs must be included within the funding allowed for program management personnel expenses, which must not exceed 10% of the total allocation. Dual compensation is never allowable, meaning, in other words, that an employee of a unit of government may not receive compensation from his or her unit or agency of government and from an award for a single period of time (e.g., 1:00 p.m. to 5:00 p.m.), even though such work may benefit both entities. Personnel hiring, overtime, and backfill expenses are permitted under this grant only to the extent that such expenses are for the allowable activities within the scope of the grant.

Overtime and Backfill Costs. The entire amount of overtime costs, including payments related to backfilling personnel that are the direct result of time spent on the design, development and conduct of exercises are allowable expenses. These costs are allowed only to the extent the payment for such services is in accordance with the policies of the state or unit(s) of local government and has the approval of the state or the awarding agency, whichever is more restrictive. Dual compensation is never allowable.

Travel. Domestic travel costs are allowable as expenses by employees who are on travel status for official business related to the planning and conduct of exercise project(s). International travel costs are not permitted.

Supplies. Supplies are items that are expended or consumed during the course of the planning and conduct of the exercise project(s) (e.g., gloves, non-sterile masks, and disposable protective equipment).

Other Items. These costs include the rental of space/locations for exercise planning and executing, rental of equipment, etc. Recipients are encouraged to use free public space, locations, or facilities, whenever available, prior to the rental of space, locations, or facilities. These also include costs that may be associated with inclusive practices and the provision of reasonable accommodations and modifications to provide full access for children and adults with disabilities.

The National Exercise Program (NEP) serves as the principal exercise mechanism for examining national preparedness and measuring readiness. Recipients are strongly encouraged to nominate exercises into the NEP. For additional information on the NEP, please refer to <http://www.fema.gov/national-exercise-program>.

Management and Administration

Management and administration (M&A) costs are allowed under this program. M&A costs are activities directly related to managing and administering the award. Recipients may use up to 5% of the amount of the award for their M&A and subrecipients may use up to 5% for M&A of the amount they receive.

PSGP funds may be used for the following M&A costs:

- Hiring full-time or part-time staff, including contractors and consultants, to execute the following:
 - Management of the awarded fiscal year's PSGP award;
 - Design and implementation of the awarded fiscal year's PSGP submission meeting compliance with reporting/data collection requirements, including data calls;
 - Information collection and processing necessary to respond to DHS/FEMA data calls;
 - Travel expenses related to PSGP grant administration; and
 - Acquisition of authorized office equipment, including personal computers or laptops for PSGP M&A purposes.

Allowable Indirect Costs

Indirect costs are allowable under this program as described in 2 C.F.R. Part 200, including 2 C.F.R. § 200.414. Applicants with a negotiated indirect cost rate agreement that desire to charge indirect costs to an award must provide a copy of their negotiated indirect cost rate agreement at the time of application. Applicants that are not required by 2 C.F.R. Part 200 to have a negotiated indirect cost rate agreement but are required by 2 C.F.R. Part 200 to develop an indirect cost rate proposal must provide a copy of their proposal at the time of application. Post-award requests to charge indirect costs will be considered on a case-by-case basis and based upon the submission of an agreement or proposal.

Unallowable Costs

Projects that do not provide a compelling maritime security benefit or have a direct nexus toward maritime security risk mitigation are not permitted. For example, projects that are primarily for economic or safety benefit (as opposed to having a direct maritime security risk mitigation benefit) are ineligible for PSGP funding. In addition, projects that provide a broad homeland security benefit (e.g., a communication system or fusion center for an entire city, county, state, etc.) as opposed to providing primary benefit to the port are ineligible for PSGP funding since these projects should be eligible for funding through other preparedness grant programs. The following projects and costs are considered ineligible for award consideration:

- Grant funds must comply with [IB 426](#) and may not be used for the purchase of the following equipment: firearms, ammunition, grenade launchers, bayonets, or weaponized aircraft, vessels, or vehicles of any kind with weapons installed;
- Projects in which federal agencies are the primary beneficiary or that enhance federal property, including sub-components of a federal agency;
- Projects that study technology development for security of national or international cargo supply chains (e.g., e-seals, smart containers, container tracking or container intrusion detection devices);
- Proof-of-concept projects;
- Development of training;
- Projects that duplicate capabilities being provided by the Federal Government (e.g., vessel traffic systems);
- Business operating expenses (certain security-related operational and maintenance costs are allowable—*see* “Maintenance and Sustainment” and “Operational Costs” for further guidance);

- Transportation Worker Identification Credential (TWIC) card fees;
- Reimbursement of pre-award security expenses;
- Outfitting facilities, vessels, or other structures with equipment or items providing a benefit rather than a direct security benefit. Examples of such equipment or items include, but are not limited to: office furniture, CD players, DVD players, AM/FM radios, TVs, stereos, entertainment satellite systems, entertainment cable systems and other such entertainment media, unless sufficient justification is provided. This includes weapons and associated equipment (i.e., holsters, optical sights, and scopes), including but not limited to, non-lethal or less-than-lethal weaponry including firearms, ammunition, and weapons affixed to facilities, vessels, or other structures;
- Expenditures for items such as general-use software, general-use computers, and related equipment (other than for allowable M&A activities, or otherwise associated) preparedness or response functions), general-use vehicles and licensing fees;
- Land acquisitions and right of way purchases;
- Funding for standard operations vehicles utilized for routine duties, such as patrol cars and fire trucks;
- Fuel costs (except as permitted for training and exercises);
- Exercise(s) that do not support maritime security preparedness efforts;
- Patrol vehicles and firefighting apparatus, other than those CBRNE detection equipped vehicles for port area and/or facility patrol or response purposes;
- Specialty vehicles such as trucks for towing boat trailers and armored personnel carriers;
- Providing protection training to public police agencies or private security services to support protecting VIPs or dignitaries;
- Aircraft pilot training, including aircraft operations such as aircraft ditch training;
- Post incident investigation training;
- Basic or advanced dive training (except marine unit CBRNE detection/response dive training);
- Training for personnel not primarily assigned to maritime security activities or MTSA required security personnel (e.g., vessel patrol officers, facility security officers); and
- Reimbursement for the maintenance and wear and tear costs of general use vehicles (e.g., construction vehicles) and emergency response apparatus (e.g., fire trucks, ambulances, repair or cleaning of Personal Protective Equipment (PPE), etc.).

Maintenance and Sustainment Costs

Maintenance and sustainment do not include general or routine operational maintenance activities that are inherently the responsibility of equipment owners. Eligible maintenance and sustainment costs are limited to:

- Maintenance or service plans provided by vendors at the time of purchase (contract only)
- Warranties provided at the time of purchase (contract only)
- Cost of specified repairs including parts and labor (contracted or in-house)
- Cost of specified replacement equipment and installation including parts and labor (contracted or in-house)

Ineligible maintenance and sustainment costs include:

- Supplies and labor for cleaning equipment (i.e., washing vessels)
- Equipment inspection (i.e., routine preventative maintenance checks)
- Pre-departure safety inspection

- General preventative maintenance service and trouble-shooting (e.g., recommended by manufacturer, such as belt, fluid, or oil changes) other than as provided through initial equipment purchase contract services, as explained above

Port-Wide Risk Management Plans

Port areas with existing Portside Risk Management Plans (PRMPs) are encouraged to maintain their PRMPs and use them to identify projects that will serve to address remaining maritime security vulnerabilities. These ports are also encouraged to develop or maintain a Business Continuity/Resumption of Trade Plan (BCRTP). For purposes of regional strategic and tactical planning, these plans must take into consideration all port areas covered by their AMSP, align with the port area's AMSP, consider the entire port system strategically as a whole, and identify actions designed to effectively mitigate security risks associated with the system's maritime critical infrastructure and key resources.

Additional Port Security Resources

- U.S. Department of Transportation "BUILD" grants for National Infrastructure Investments may include funding to support roads, bridges, transit, rail, ports or intermodal transportation, see <https://www.transportation.gov/BUILDgrants>
- Cybersecurity assessments may be available via DHS CISA, see <https://www.dhs.gov/cisa/cybersecurity-assessments>

Sample Memorandum of Understanding/Agreement

The sample MOU/MOA below demonstrates all of the elements required in the PSGP NOFO for acceptance for review as part of a grant application from a state or local agency providing security services to MTSA-regulated entities.

**Memorandum of [Understanding / Agreement]
Between [provider of layered security] and [recipient of layered security]
Regarding [provider of layered security's] Use of Port Security Grant Program Funds**

1. **PARTIES.** The parties to this Agreement are the [Provider of Layered Security] and the [Recipient of security service].
2. **AUTHORITY.** This Agreement is authorized under the provisions of [applicable Area Maritime Security Committee (AMSC) authorities and/or other authorities].
3. **PURPOSE.** The purpose of this Agreement is to set forth terms by which [Provider of security service] shall expend Port Security Grant Program project funding in providing security service to [Recipient of security service]. Under requested PSGP grant, the [Provider of security service] must provide layered security to [Recipient of security service] consistent with the approach described in an approved grant application.
4. **RESPONSIBILITIES:** The security roles and responsibilities of each party are understood as follows:
 - (1) [Recipient of security service]
Roles and responsibilities in providing its own security at each MARSEC level
 - (2) [Provider of security service]
 - [-An acknowledgement by the facility that the applicant is part of their facility security plan.]
 - [-The nature of the security that the applicant agrees to supply to the regulated facility (waterside surveillance, increased screening, etc.).]
 - [-Roles and responsibilities in providing security to [Recipient of security service] at each MARSEC level.]
5. **POINTS OF CONTACT.** [Identify the POCs for all applicable organizations under the Agreement; including addresses and phone numbers (fax number, e-mail, or internet addresses can also be included).]
6. **OTHER PROVISIONS.** Nothing in this Agreement is intended to conflict with current laws or regulations of [applicable State] or [applicable local Government]. If a term of this agreement is inconsistent with such authority, then that term shall be invalid, but the remaining terms and conditions of this agreement shall remain in full force and effect.
7. **EFFECTIVE DATE.** The terms of this agreement will become effective on [EFFECTIVE DATE].
8. **MODIFICATION.** This agreement may be modified upon the mutual written consent of the parties.
9. **TERMINATION.** The terms of this agreement, as modified with the consent of both parties, will remain in effect until the grant end dates for an approved grant. Either party upon [NUMBER] day's written notice to the other party may terminate this agreement.

APPROVED BY: Organization and Title

Program Appendix H: Emergency Management Performance Grant Program

Alignment of EMPG to the National Preparedness System

EMPG contributes to the implementation of the National Preparedness System by supporting the building, sustainment, and delivery of core capabilities. Core capabilities are essential for the execution of critical tasks for each of the five mission areas outlined in the Goal. EMPG's allowable costs support efforts to build and sustain core capabilities across the Prevention, Protection, Mitigation, Response, and Recovery mission areas described in the Goal. DHS/FEMA requires recipients to prioritize grant funding to demonstrate how investments support closing capability gaps or sustaining capabilities identified in the THIRA/SPR process.

Emphasis is placed on capabilities that address the greatest risks to the security and resilience of the United States and the greatest risks along the Nation's borders. When applicable, funding should support deployable assets that can be used anywhere in the Nation through automatic assistance and mutual aid agreements, including, but not limited to, the Emergency Management Assistance Compact (EMAC). EMPG supports investments that improve the ability of jurisdictions nationwide to:

- Prevent a threatened or an actual act of terrorism;
- Protect our citizens, residents, visitors, and assets against the greatest threats and hazards;
- Mitigate the loss of life and property by lessening the impact of future disasters;
- Respond quickly to save lives, protect property and the environment, and meet basic human needs in the aftermath of a catastrophic incident; or
- Recover through a focus on the timely restoration, strengthening, and revitalization of infrastructure, housing, and a sustainable economy, as well as the health, social, cultural, historic, and environmental fabric of communities affected by a catastrophic incident.

The core capabilities contained in the Goal are highly interdependent and require the use of existing preparedness networks and activities to improve training and exercise programs, innovation, and appropriate administrative, finance, and logistics systems.

Reporting on the Implementation of the National Preparedness System

Identifying and Assessing Risk and Estimating Capability Requirements

By December 31, 2020, recipients are required to complete a THIRA/SPR that addresses all 32 core capabilities and is compliant with Comprehensive Preparedness Guide (CPG) 201, Third Edition. Specific guidance on the requirements for each core capability will be forthcoming in 2020, as some core capabilities have fewer reporting requirements than others. Beginning in 2020, recipients will also be required to respond to a series of planning-related questions as part of the THIRA/SPR.

Recipients are required to submit a THIRA every three (3) years to establish a consistent baseline for assessment. While the THIRA will be only required every three years, recipients will continue to be required to submit an SPR annually. For additional guidance on the THIRA/SPR, please refer to [Comprehensive Preparedness Guide \(CPG\) 201, Third Edition](#).

Reporting:

- In each EMPG recipient's Biannual Strategy Implementation Report ([BSIR](#)), as part of programmatic monitoring, the recipient should describe how expenditures support closing capability gaps or sustaining capabilities identified in the THIRA/SPR process. EMPG recipients will, on a project-by-project basis, check one of the following:
 - Building a capability with EMPG funding; or
 - Sustaining a capability with EMPG funding.

Building and Sustaining Core Capabilities

EMPG projects should describe how the proposed investment supports closing capability gaps or sustaining capabilities identified in the THIRA/SPR process.

NIMS Implementation

EMPG recipients are required to implement NIMS. EMPG funds may be used to meet the requirements described in the NIMS Implementation Objectives (<https://www.fema.gov/implementation-guidance-and-reporting>). NIMS defines a national, interoperable approach for sharing resources, coordinating and managing incidents, and communicating information. Incident management refers to how incidents are managed across all homeland security activities, including prevention, protection, and response, mitigation, and recovery. EMPG recipients must use standardized resource management concepts for resource typing, credentialing, and an inventory to facilitate the effective identification, dispatch, deployment, tracking, and recovery of resources.

Reporting

- Recipients report on NIMS implementation through the Unified Reporting Tool ([URT](#)).

Logistics Planning

Continuing the requirement from 2019, EMPG recipients are required to develop and maintain a Distribution Management (DM) plan as an annex to their existing Emergency Operations Plan (EOP). The DM plan should be updated by recipients on an annual basis. A question in the URT under the CPG 101 assessment is added to understand if a jurisdiction has developed and incorporated a DM plan in its EOP.

- The DM plan should focus on the distribution of commodities and supplies such as food, water, generators and tarps to survivors following a disaster
- The DM plan should address strategies/plans for the following:
 - Requirements Defining
 - Resource Ordering
 - Distribution Methods
 - Inventory Management
 - Staging areas
 - Transportation
 - Demobilization

FEMA Regional Logistics Branch will work with EMPG recipients to provide technical assistance during the development and maintenance of their DM plans, and to ensure all recipients have effective distribution management plans capable of integrating with federal, nongovernmental organizations, private sector, and state, local, tribal and territorial stakeholders during major disasters.

Logistics Planning Resources

FEMA recommends that EMPG recipients use the following resources in developing their DM plan. To learn more about these programs, or for any questions, please contact the Logistics Section Chief from your FEMA Region to learn more about these programs and documents.

- **The Logistics Capability Assessment Tool 2 (LCAT2) Flyer:** The LCAT2 Flyer provides an overview of the LCAT2, how it is beneficial, how the LCAT process works, and how to obtain an LCAT2.
- **Points of Distribution (PODs) Training:** FEMA Logistics developed a comprehensive POD training to assist states in developing actionable plans for emergency distribution and understanding associated challenges. Additional information, including an explanatory DVD, POD guide, and online exam, are available on the Emergency Management Institute's (EMI) website at <https://training.fema.gov/is/courseoverview.aspx?code=IS-26>.
- **Interagency Logistics (IL) Training:** This basic IL training course familiarizes participants with the IL concepts of planning and response. The course also provides an overview of IL Partner disaster response organizations, discusses parameters for logistics support coordination, and creates a whole community forum to exchange the best logistics practices. Recipients may find more information on the course by visiting: <https://training.fema.gov/emigrams/2018/1439/%20-%20training%20opportunity%20-%2018540%20basic%20interagency%20logistics%20fy19.pdf?d=10/2/2018>.
- **Using Comprehensive Preparedness Guide (CPG) for Logistics Planning:** Recipients may find additional guidance in CPG 101 v2 on how to incorporate logistics into EOPs at <https://www.fema.gov/media-library/assets/documents/25975>.
- **Funding for Critical Emergency Supplies:** Critical emergency supplies—such as shelf stable products, water, and basic medical supplies—are an allowable expense under EMPG. Each state must have DHS/FEMA's approval of a five-year viable inventory management plan prior to allocating grant funds for stockpiling purposes. The inventory management five-year plan should include a distribution strategy and related sustainment costs if the grant expenditure is over \$100,000.

Reporting

EMPG recipients will submit their DM plan annex to FEMA Regional Logistics Staff for review on an annual basis. FEMA Regional Logistics Staff will review and rate the plans.

Evacuation Planning

EMPG recipients should review and update their EOP at least once every two years in accordance with Comprehensive Preparedness Guide (CPG) 101 v2, *Developing and Maintaining Emergency Operations Plans*. Recipients are highly encouraged to include an evacuation plan or annex as part of their EOP as well as plans to exercise and validate the evacuation plan and capabilities. At a minimum, recipients should incorporate the National Response Framework's Mass Evacuation Incident Annex's planning considerations, and other FEMA documents related to evacuation planning, when developing their own Evacuation Plan or Annex. [National Response Framework](#) (NRF), Third Edition (June 2016); [NRF Mass Evacuation Incident Annex](#) (June 2008). Additional National Preparedness resources are available at <https://www.fema.gov/national-preparedness-resource-library>.

Disaster Housing Planning

Based on lessons learned from recent disasters, FEMA strongly encourages EMPG recipients to establish a State-Led Disaster Housing Task Force (SLDHTF) plan as part of their EOP or as a standalone document and update their plan at least once every two years.

State-Led Disaster Housing Task Force

EMPG recipients are strongly encouraged to update their State Housing Strategy using the ***State Housing Strategy Template*** provided by FEMA Individual Assistance (IA) as part of their EOP or as a standalone document. In addition to the State Housing Strategy Template, recipients are encouraged to define and emphasize sheltering, short term, and permanent housing planning.

SLDHTFs lead and coordinate state, local, private sector, and community-based actions to assess housing impacts, identify appropriate post-disaster housing options, and establish processes for expediting post-disaster housing delivery. SLDHTFs plans should clearly identify the roles, responsibilities, composition, and mobilization procedures for the SLDHTF, and how the SLDHTF integrates into the incident command structure. To have a successful SLDHTF plan, FEMA encourages recipients to:

- Complete the State Housing Strategy Template; and
- Establish a State Disaster Recovery Coordinator

State Housing Strategy Template

The State Housing Strategy Template, developed by FEMA IA, helps states identify priorities and document critical, jurisdiction-specific processes and procedures to promote an efficient disaster housing mission. The template walks recipients through the following planning considerations as seen in the table below:

Table 4: State Housing Template Sections and Planning Considerations

Template Section	Planning Considerations
SLDHTF Plan Organization	Participant inclusion, approaches for various types of housing disasters, available materials, available assistance programs, and sources for surge staffing
Housing Background	Identifying a jurisdictions current housing situation, priorities, capabilities, challenges, and known risks
Sheltering Phase Strategy	Identifying planning leads, current resources, timeline, key partners, cross-jurisdictional agreements, and other risks
Interim Housing Strategy	Identifying planning leads, current resources and capabilities, known areas of difficulty, key partners, relocation strategies, and risks
Permanent Housing Strategy	Identifying planning leads, long-term housing needs and prioritizations, current resources and capabilities, known areas of implementation challenges, relocation strategies, and risks
Pre-Disaster Activities	Creating communication plans, survivor transition plans, mitigation plans, and program closeout goals
Post-Disaster Activities	Prioritizing disaster housing recovery activities, creating timelines for project completion, documenting planned actions for assessing the availability of affordable housing resources and expediting the delivery of housing by expediting permitting and waiver processes, establishing an information sharing method,

Template Section	Planning Considerations
	creating an environmental and historical preservation strategy, identifying potential locations for Manufactured Housing Units and Recreational Vehicles, and identifying available federal disaster housing assistance

State-Administered Direct Housing Implementation

FEMA encourages states to develop the capacity to administer FEMA Direct Housing Assistance through a reimbursable Inter-Governmental Service Agreement (IGSA). Under this arrangement, FEMA determines disaster survivors' eligibility for specific direct housing options and makes all determinations regarding continuing eligibility, appeals, and eligibility terminations. FEMA also monitors the state's administration of approved Direct Housing Options to ensure compliance with federal environmental, historic preservation, and floodplain management requirements as well as program conditions specified within the IGSA. States that choose to administer Direct Housing Assistance through an IGSA are required to develop a Direct Housing Administrative Plan and are encouraged to establish pre-placed contract to support the delivery of direct housing. For more information, regarding Direct Housing Assistance, please visit Chapter 5 of the [Individuals and Households Unified Guidance](#).

Disaster Housing Exercises

Recipients are encouraged to exercise and validate their long-term sheltering and housing stabilization plans as part of an existing exercise program. This includes:

- Validating the organizational structure of the Housing Task Force and internal readiness capabilities to address post-disaster housing recovery issues or administer FEMA Direct Housing Assistance under an IGSA
- Validating disaster housing communication plans and procedures that coordinate and integrate the activities and information generated by internal/external partners
- Validating data systems, security, and exchange protocols
- Validating planned actions and milestones transitioning from emergency sheltering to temporary housing to permanent housing and long-term recovery

State Disaster Recovery Coordinator

The [Pre-Disaster Recovery Planning Guide](#) helps states prepare for recovery by developing pre-disaster recovery plans that follow a process to engage members of the whole community, develop recovery capabilities, and create an organizational framework for recovery efforts.

FEMA strongly recommends that EMPG recipients include pre-disaster recovery planning as part of their State Readiness and Preparedness efforts by establishing a State Disaster Recovery Coordinator (SDRC). An effective pre-disaster recovery plan and process is crucial to help recipients prepare for major disaster incidents and recover effectively. Recipients are encouraged to use the Pre-Disaster Recovery Planning Guide to help inform their identification and establishment of a SDRC. The SDRC position should be included in the State Administrative Plan with the following responsibilities:

- Development of the pre-disaster recovery plan. Including state-level leadership and structure, formation of communication channels, multi-agency coordination, and building whole-community partnerships to support recovery efforts.
- Set the stage for necessary strategic, operational, and tactical post-disaster planning, actions, and processes.

- Maximize impact of federal, private sector, and nongovernmental dollars to enable recovery and resilience.
- Accelerate the delivery of resources, including funding and technical assistance, to disaster-impacted communities.
- Enable State leadership to better organize and identify gaps in the state's recovery capabilities.

Disaster Financial Management Policies and Procedures

Recent experience from the 2017 hurricane season and wildfires demonstrated the need for impacted jurisdictions to be able to immediately begin tracking and accounting for disaster costs. Disaster financial management includes policies and procedures that work to recover expenses pertaining to damage, emergency protective measures, and debris management during and after a disaster. These policies and procedures include, but are not limited to, those supporting eligible contract costs and force account labor, materials, and equipment.

State Administrative Plan

FEMA strongly recommends that EMPG recipients include disaster financial management planning as part of their State Administrative Plan. An effective disaster financial management plan and process is crucial to help recipients prepare for declarations of emergencies or major disasters and plan for reimbursement. Table 5 details the processes that should be included in the State Administrative Plan and recommendations on where they should be placed:

Table 5: State Administrative Plan Guidance

State Administrative Plan Section Recommendations	Processes
• Section V Part D: Project Funding and Reimbursement • Section V Part G: Records and Reports	• A process to ensure subrecipients are tracking and documenting disaster costs necessary for federal reimbursement, such as receipts, invoices, procurement documents, contracts, and insurance coverage/claims.
• Section V Part D: Project Funding and Reimbursement • Section V Part G: Records and Reports	• A process to document disaster cost operations such as labor, equipment, and materials that are allowable under federal requirements
• Section V Part D: Project Funding and Reimbursement	• A process to ensure that subrecipients are not receiving a duplication in benefits
• Section IV Part B: Organization and Staffing	• A process to ensure pre-disaster contracts and procurement strategies are in place, if necessary

Additionally, recipients are encouraged to use EMPG funds for training that develops, delivers, and exercises disaster financial management procedures.

Disaster Financial Management Resources

Recipients are encouraged to use the following resources to inform their disaster financial management planning efforts:

- **State Administrative Plan Template:** Recipients are recommended to use the State Administrative Plan template found on FEMA's Public Assistance webpage to inform their planning efforts. The template includes example structure and content as a model for states to create own Administrative Plan. The template can be found at <https://www.fema.gov/media-library/assets/documents/31208>.
- **Public Assistance Program and Policy Guide:** The Public Assistance Program and Policy Guide (PAPPG) combines all PA policy into a single volume and provides an overview of the PA program implementation process. The guide can be found at <https://www.fema.gov/media-library/assets/documents/111781>.
- **Public Assistance Frequently Asked Questions and Guidance:** Recipients are encouraged to view the Public Assistance Frequently Asked Questions and guidance found on the Public Assistance webpage to assist with disaster financial management planning efforts. The webpage provides information pertaining to documentation, Public Assistance grant funding eligibility, and hazard mitigation and can be found at <https://www.fema.gov/public-assistance-frequently-asked-questions>.
- **OIG Audit Tips:** Recipients are recommended to consult the DHS OIG report, *Audit Tips for Managing Disaster-Related Project Costs* (OIG-17-120-D) for further assistance in documenting and accounting for disaster-related costs. This report is informed by OIG audit findings and can assist recipients in addressing issues that are frequent findings in disaster-related audits. The report can be found at <https://www.oig.dhs.gov/sites/default/files/assets/2017/OIG-17-120-D-Sep17.pdf>.

Validating Capabilities

All recipients will develop and maintain a progressive exercise program consistent with Homeland Security Exercise and Evaluation Program (HSEEP) guidance in support of the National Exercise Program (NEP). The NEP serves as the principal exercise mechanism for examining national preparedness and measuring readiness. The NEP is a two-year cycle of exercises across the nation that validates capabilities in all preparedness mission areas. The two-year NEP cycle is guided by Principals' Strategic Priorities, established by the National Security Council and informed by preparedness data from jurisdictions across the Nation.

To develop and maintain a progressive exercise program consistent with HSEEP and in support of the NEP, recipients should engage senior leaders and other whole community stakeholders to identify preparedness priorities. These priorities should be informed by various factors, including jurisdiction-specific threats and hazards (i.e., the THIRA); areas for improvement identified by real-world events and exercises; external requirements such as state or national preparedness reports, homeland security policy, and industry reports; and accreditation standards, regulations, or legislative requirements. Recipients should document these priorities and use them to deploy a schedule of preparedness events in a multi-year Training and Exercise Plan (TEP) or an Integrated Preparedness Plan (IPP). Information related to TEPs and Training and Exercise Planning Workshops (TEPWs), as well as information about IPPs and Integrated Preparedness Planning Workshops (IPPWs), can be found on the HSEEP website at <https://www.fema.gov/HSEEP> and <https://preptoolkit.fema.gov/>.

The NEP provides exercise sponsors the opportunity to receive exercise design and delivery assistance, tools and resources, enhanced coordination, and the ability to directly influence and inform policy and preparedness programs. If you have any questions or would like to request assistance through the NEP, please visit the NEP website at: <https://www.fema.gov/national-exercise-program> or reach out to the National Exercise Program directly at NEP@fema.dhs.gov.

Reporting

- Recipients must have a current multi-year TEP or IPP that identifies preparedness priorities and activities. The current multi-year TEP or IPP must be submitted to hseep@fema.dhs.gov before January 31 of each year.
 - Recipients are encouraged to enter their exercise information into the Preparedness Toolkit at <https://preptoolkit.fema.gov/>.
- Recipients must submit After-Action Report (AAR)/Improvement Plans (IPs) to hseep@fema.dhs.gov and indicate which fiscal year's funds were used (if applicable).
- Submission of AAR/IPs must be no later than December 31 of each year. Recipients are encouraged to submit AAR/IPs within 90 days after completion of the single exercise or progressive series.
 - Recipients are encouraged to submit AAR/IPs reflecting table top exercises which validate critical plans or those reflecting large-scale functional or full-scale exercises which took place at the state, territorial, tribal, or UASI level. Recipients are discouraged from submitting AAR/IPs specific to local jurisdictions which reflect drills.
 - If a recipient endures a significant real-world incident during the calendar year, they can submit the AAR from that event in place of one or more of the exercise AARs depending on the size and scale of the incident. Jurisdictions submitting real world AARs should include a request to do so with the AAR submission to hseep@fema.dhs.gov.
 - Recipients can access a sample AAR/IP template at <https://preptoolkit.fema.gov/web/hseep-resources/improvement-planning>.

In addition to training activities aligned to and addressed in the TEP, all EMPG-funded personnel shall complete *either* the Independent Study courses identified in the Professional Development Series *or* the National Emergency Management Basic Academy delivered either by the Emergency Management Institute (EMI) or at a sponsored state, local, tribal, territorial, regional or other designated location. Further information on the National Emergency Management Basic Academy and the Emergency Management Professional Program can be found at: <https://training.fema.gov/empp/>. Previous versions of the IS courses meet the NIMS training requirement. A complete list of Independent Study Program Courses may be found at <http://training.fema.gov/is>. In addition to training activities aligned to and addressed in the TEP, all EMPG-funded personnel (including full- and part-time state, local, tribal and territorial (SLTT) recipients and subrecipients) shall complete the following training requirements and record proof of completion:

- (1) *NIMS Training, Independent Study (IS)-100 (any version), IS-200 (any version), IS-700 (any version), and IS-800 (any version), AND
- (2) Professional Development Series (PDS) OR the Emergency Management Professionals Program (EMPP) Basic Academy listed in the chart below.

*Note: NIMS training courses IS-100, IS-200, IS-700, and IS-800 only have to be taken once to fulfill requirements. Proof of completion of training requirements should be maintained by recipients so it can be produced when requested by DHS/FEMA during periodic reviews.

Exercise Requirements

While there are no minimum exercise requirements, FEMA Regional Administrators and State Emergency Management Directors will negotiate an exercise program that addresses capability gaps in the priority areas of logistics distribution management planning, evacuation plan/annex, disaster financial management, and catastrophic disaster housing. It is also recommended that all exercise projects describe

how they align to the Principals' Strategic Priorities: Operational Coordination and Communications, Cybersecurity, Stabilization and Restoration of Critical Lifelines, National Security Emergencies, Public Health Emergencies, Community Recovery and Economic Resilience, Mass Care and Housing, Continuity, and School Safety and Security. These exercises will be included in the EMPG work plan submitted for regional approval and the State's Training and Exercise Plan.

Reporting

- Recipients are required to develop a Multi-Year TEP that identifies a combination of exercises and associated training requirements that address priorities identified in the TEPW and builds from training gaps identified in the THIRA/SPR process. The TEP shall be submitted to hseep@fema.dhs.gov and the appropriate Regional EMPG manager, 90 days after the completion of the TEPW. Recipients are encouraged to enter their exercise information in the Preparedness Toolkit at <https://preptoolkit.fema.gov/web/hseep-resources>.
- Recipients must provide a list of completed training courses and exercises and the Training and Exercise Data Table to be included in the Quarterly Performance Progress Report.
- Recipients must include the TEP percentage completion outlined in the EMPG Work Plan in the Quarterly Performance Progress Report.
- Recipients should submit their AAR/IP to the HSEEP inbox (HSEEP@fema.dhs.gov) and copy their assigned Regional EMPG manager. Submission of the AAR/IP shall be no later than 90 days after completion of the exercise. Recipients are encouraged to enter their AAR/IP in the Preparedness Toolkit at <https://preptoolkit.fema.gov/web/hseep-resources/improvement-planning>. Recipients are reminded of the importance of implementing corrective actions iteratively throughout the exercise cycle. This link provides access to a sample AAR/IP template: <https://preptoolkit.fema.gov/web/hseep-resources/improvement-planning>.

If a state, territory, or local jurisdiction has experienced a major disaster and they would like to request exemptions for a scheduled exercise, the recipient should send this request to its assigned FEMA Regional EMPG Manager through the Quarterly Performance Progress Report. Exemptions will be reviewed on a case-by-case basis by the Regional EMPG Manager.

Reviewing and Updating Planning Products

Based on the applicant's current THIRA/SPR, capability levels, resources, and plans should be reviewed on an annual basis to determine if they remain relevant or need to be updated. This review should be based on a current THIRA/SPR and utilize information gathered during the capability validation process. These reviews will provide a means to determine priorities, direct preparedness actions, and calibrate goals and objectives.

Additional Considerations

Strengthening Governance Integration

DHS/FEMA preparedness grant programs are intended to support the core capabilities across the five mission areas of Prevention, Protection, Mitigation, Response, and Recovery that are necessary to prepare for incidents that pose the greatest risk to the Nation's security. Each program reflects the Department's intent to build and sustain an integrated network of national capabilities across all levels of government and the whole community. Disparate governance structures must be integrated and refined to ensure resources are targeted to support the most critical needs of a community based on risk-driven, capabilities-based planning. Strong and inclusive governance systems better ensure that disparate funding streams are coordinated and applied for maximum impact.

DHS/FEMA requires that all governance processes that guide the allocation of preparedness grant funds adhere to the following guiding principles:

- **Coordination of Investments:** Resources must be allocated to address the most critical capability needs as identified in the SPR and coordinated among affected preparedness stakeholders.
- **Transparency:** Stakeholders must be provided visibility on how preparedness grant funds are allocated and distributed, and for what purpose.
- **Substantive Local Involvement:** The tools and processes that are used to inform the critical priorities, which DHS/FEMA grants support, must include local government representatives. At the state and regional levels, local risk assessments must be included in the overarching analysis to ensure that all threats and hazards are accounted for.
- **Accountability:** DHS/FEMA recognizes that unique preparedness gaps exist at the local level. Grant recipients are responsible for ensuring the effective use of funds to address those gaps and for maintaining and sustaining existing capabilities.
- **Support of Regional Coordination:** Inter/intra-state partnerships and dependencies at the state and regional levels, including those within metropolitan areas, must be recognized.

Program Performance Reporting Requirements

Performance Progress Reports (PPR)

Specific to EMPG, recipients are responsible for providing updated performance reports to FEMA using a Microsoft Word (Word) document summary attached in ND Grants on a quarterly basis. As explained in the *Standardized Programmatic Reporting* section below, the Quarterly Performance Progress Reports must be based on the approved EMPG Work Plan and are due no later than 30 days after the end of the quarter (i.e., on January 30, April 30, July 30, and October 30). Recipients must complete the summary of activities and submit it as an attachment to the ND Grants system.

Recipients are required to report quarterly on progress toward completing activities and projects approved in their EMPG Work Plans, how expenditures support maintenance and sustainment of core capabilities, and progress made toward implementing the National Preparedness System. This includes reporting on the following information:

- List of completed training courses and exercises and the Training and Exercise Data Table
- Percent completion of the TEP outlined in the EMPG Work Plan

Programmatic Reporting Periods and Due Dates

The following reporting periods and due dates apply for the PPR:

Reporting Period	Report Due Date
October 1 – December 31	January 30
January 1 – March 31	April 30
April 1 – June 30	July 30
July 1 – September 30	October 30

Standardized Programmatic Reporting for EMPG

The EMPG Work Plan Template was modified to standardize data collection for improved analysis and reporting. The EMPG Work Plan includes five components: (1) Program and Budget Narrative, (2) Personnel Data Table, (3) Training Data Table, (4) Exercise Data Table, and (5) Grant Activities Outline. Baseline data on personnel, training, and exercises, as well as the Grant Activities Outline, must be provided in the EMPG Work Plan at the time of application and will form the basis of the Quarterly Performance Progress Report Word document submissions. The Grant Activities Outline is structured to enable reporting of quarterly activities according to Emergency Management Function (EMF) projects, as well as standardized reporting of activity completion status. The EMPG Work Plan must summarize program activities in the following areas:

- **Planning:** Planning efforts should span all five Goal mission areas. The EMPG Work Plan should provide a baseline for determining potential threats and hazards, required capabilities, and required resources. It should also establish a framework for roles and responsibilities. Planning efforts should demonstrate whole community engagement to create a strategic, operational, and/or community-based approach to preparedness.
- **Organization:** EMPG funds may be used for all-hazards emergency management operations, staffing, and other day-to-day activities in support of emergency management, including staffing the State Hazard Mitigation Officer (SHMO) position, as well as Community Emergency Response Team (CERT) and Citizen Corps positions at the state and local levels in order to promote whole community engagement in all phases of emergency management and across the mission areas.
- **Equipment:** Allowable EMPG equipment categories are listed on the web-based version of the Authorized Equipment List (AEL), which is available at <https://www.fema.gov/authorized-equipment-list>. Unless otherwise stated, equipment must meet all mandatory regulatory and/or DHS/FEMA-adopted standards to be eligible for purchase using these funds. In addition, agencies will be responsible for obtaining and maintaining all necessary certifications and licenses for the requested equipment.
- **Training:** EMPG funds may be used for a range of emergency management-related training activities to enhance the capabilities of state and local emergency management personnel, including establishing, supporting, conducting, and attending training deliveries. Training activities should align to a current, Multi-Year TEP developed through an annual Training and Exercise Plan Workshop (TEPW) and should reflect efforts to address training capabilities gaps identified through the THIRA/SPR processes.
- **Exercises:** Exercises conducted with grant funds should test and evaluate performance towards meeting capability targets established in a jurisdiction's THIRA for the core capabilities needed to address its greatest risks. Exercise priorities should align to a current, Multi-Year TEP developed through an annual TEPW.

EMPG Funding Guidelines

Allowable Costs

Management and Administration (M&A)

M&A activities are those defined as directly relating to the management and administration of EMPG funds, such as financial management and monitoring. It should be noted that salaries of state and local emergency managers are not typically categorized as M&A, unless the state or local EMA chooses to assign personnel to specific M&A activities.

If the SAA is not the EMA, the SAA is not eligible to retain funds for M&A. M&A costs are allowable for both state and local-level EMAs. The state EMA may use up to 5% of the EMPG award for M&A purposes. In addition, local EMAs may retain and use up to 5% of the amount received from the state for local M&A purposes.

Indirect Costs

Indirect costs are allowable under this program as described in 2 C.F.R. Part 200, including 2 C.F.R. § 200.414. Applicants with a negotiated indirect cost rate agreement that desire to charge indirect costs to an award must provide a copy of their negotiated indirect cost rate agreement at the time of application. Applicants that are not required by 2 C.F.R. Part 200 to have a negotiated indirect cost rate agreement but are required by 2 C.F.R. Part 200 to develop an indirect cost rate proposal must provide a copy of their proposal at the time of application. Post-award requests to charge indirect costs will be considered on a case-by-case basis and based upon the submission of an agreement or proposal.

Whole Community Preparedness

EMPG funds may be used to foster whole community preparedness for disasters and emergencies as stated in [FEMA Strategic Plan](#), particularly Part 1.3. Recipients, and DHS/FEMA must learn from and work with a broad and inclusive base of stakeholders to understand the circumstances and challenges different groups of people face, particularly those who may have the hardest time in the aftermath of a disaster, such as the aging population and those with access and functional needs. By engaging these stakeholders, EMPG recipients can help DHS/FEMA develop and promote a suite of well-targeted solutions for individuals and communities to adopt. Recipients should coordinate preparedness initiatives with DHS/FEMA and whole community partners to efficiently apply federal funding to reach the goal of individual and community resilience.

Planning

Planning spans all five National Preparedness Goal (the Goal) mission areas and provides a methodical way to engage the whole community in the development of a strategic, operational, and/or community-based approach to preparedness. EMPG Program funds may be used to develop or enhance emergency management planning activities. Some examples include:

Emergency Operations Plan

- Maintaining a current EOP that is aligned with guidelines set out in CPG 101 v2 <https://www.fema.gov/media-library/assets/documents/25975>
- Modifying existing incident management and emergency operations plans
- Developing/enhancing large-scale and catastrophic event incident plans

Communications Plans

- Developing and updating Statewide Communication Interoperability Plans
- Developing and updating Tactical Interoperability Communications Plans

Administrative Plans

- Developing/enhancing financial and administrative procedures for use before, during, and after disaster events in support of a comprehensive emergency management program

Whole Community Engagement/Planning

- Developing or enhancing mutual aid agreements/compacts, including required membership in EMAC
- Developing/enhancing emergency operations plans to integrate citizen/volunteer and other non-governmental organization resources and participation
- Integrating program design and delivery practices that ensure representation and services for under-represented, diverse populations that may be more impacted by disasters, including children, seniors, individuals with disabilities or access and functional needs, individuals with diverse culture and language use, individuals with lower economic capacity, and other underserved populations

Resource Management Planning

- Developing/enhancing logistics and resource management plans
- Developing/enhancing volunteer and/or donations management plans

Shelter and Evacuation Planning

- Developing/enhancing sheltering and evacuation plans, including plans for: alerts/warning, crisis communications, pre-positioning of equipment for areas potentially impacted by mass evacuations, and re-entry

Recovery Planning

- Disaster housing planning, such as creating/supporting a state disaster housing task force and developing/enhancing state disaster housing plans
- Pre-event response, recovery, and mitigation plans in coordination with state, local, and tribal governments
- Developing/enhancing other response and recovery plans
- Developing recovery plans and preparedness programs consistent with the principles and guidance in the National Disaster Recovery Framework (NDRF) that will provide the foundation for recovery programs and whole community partnerships. Preparedness and pre-disaster planning were given special attention within the NDRF with specific guidance: *Planning for a Successful Disaster Recovery* (pages 63-70). For more information on the NDRF see <http://www.fema.gov/pdf/recoveryframework/ndrf.pdf> and <http://www.fema.gov/media-library-data/1423604728233-1d76a43cabf1209678054c0828bbe8b8/EffectiveCoordinationofRecoveryResourcesGuide020515vFNL.pdf>

Continuity Planning

Continuity planning and operations are an inherent element of each core capability. Continuity operations increase resilience and the probability that organizations can perform essential functions. DHS/FEMA develops and promulgates Federal Continuity Directives (FCDs) to establish continuity program and planning requirements for executive departments and agencies and Continuity Guidance Circulars (CGCs) for SLTT governments, non-governmental organizations, and private sector critical infrastructure owners and operators. This direction and guidance assist in developing capabilities for continuing the essential functions of federal, state, local, tribal, territorial governmental entities as well as the public/private critical infrastructure owners, operators, and regulators enabling them.

Presidential Policy 40, FCD 1, FCD 2, CGC 1, and CGC 2 outline the overarching continuity requirements and guidance for organizations and provide guidance, methodology, and checklists. For additional information on continuity programs, guidance, and directives, visit <http://www.fema.gov/guidance-directives> and <https://www.fema.gov/national-continuity-programs>.

Allowable continuity planning activities include the development of the following:

- Continuity of operations (COOP) and Continuity of Government (COG) planning products for the continuance of essential functions and associated leadership;
- Risk-based needs assessments based on the THIRA to inform risk mitigation efforts to ensure the continuity of essential functions and associated leadership; and
- Public and private sector outreach and messaging regarding continuity resilience benefits and strategies.

Organization

Per the *Robert T. Stafford Disaster Relief and Emergency Assistance Act*, Pub. L. No. 93-288, as amended, (42 U.S.C. §§ 5121-5207), EMPG funds may be used for all-hazards emergency management operations, staffing, and other day-to-day activities in support of emergency management, including hazard mitigation staffing of the State Hazard Mitigation Officer (SHMO) position; staffing CERT and Citizen Corps positions at the state and local levels to promote whole community engagement in all phases of emergency management; performing closeout activities on FEMA Disaster Assistance grants; staffing permanent technical advisors on children's needs at the state, local, tribal, and territorial levels and supporting fusion center analysts who are directly involved in all-hazards preparedness activities as defined by the Stafford Act. Proposed staffing activities should be linked to accomplishing the activities outlined in the EMPG Work Plan. Recipients are encouraged to fund at least one dedicated Planner, Training Officer, and Exercise Officer. Personnel costs, including salary, overtime, compensatory time off, and associated fringe benefits, are allowable costs with EMPG funds. These costs must comply with 2 C.F.R. Part 200, Subpart E – Cost Principles.

Federal (and Mutual Aid) Emergency Response Official (F/ERO) Credentialing and Validation

The following costs related to F/ERO credentialing and validation are allowable under EMPG:

- Working group meetings and conferences relating to emergency responder credentialing and validation;
- Compiling data to enter into an emergency responder repository;
- Coordinating with other state, local, territorial, and tribal partners to ensure interoperability among existing and planned credentialing and validation systems and equipment; and

- Planning to incorporate emergency responder identity and credential validation into training and exercises.

Equipment

Allowable equipment categories for EMPG are listed on the web-based version of the Authorized Equipment List (AEL) at <https://www.fema.gov/authorized-equipment-list>. Unless otherwise stated, equipment must meet all mandatory regulatory and/or FEMA-adopted standards to be eligible for purchase using these funds. In addition, agencies will be responsible for obtaining and maintaining all necessary certifications and licenses for the requested equipment. Allowable equipment includes equipment from the following AEL categories:

- Personal Protective Equipment (PPE) (Category 1)
- Information Technology (Category 4)
- Cybersecurity Enhancement Equipment (Category 5)
- Interoperable Communications Equipment (Category 6)
- Detection Equipment (Category 7)
- Power Equipment (Category 10)
- Chemical, Biological, Radiological, Nuclear, and Explosive (CBRNE) Reference Materials (Category 11)
- CBRNE Incident Response Vehicles (Category 12)
- Physical Security Enhancement Equipment (Category 14)
- CBRNE Logistical Support Equipment (Category 19)
- Other Authorized Equipment (Category 21)

In addition to the above, general purpose vehicles may be procured in order to carry out the responsibilities of the EMPG. If recipients have questions concerning the eligibility of equipment not specifically addressed in the AEL, they should contact their Regional EMPG Manager for clarification. Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially high cost items and those subject to rapid technical advances. Large equipment purchases must be identified and explained. For more information regarding property management standards for equipment, please reference 2 C.F.R. Part 200, including 2 C.F.R. §§ 200.310, 200.313, and 200.316.

Requirements for Small Unmanned Aircraft System

All requests to purchase Small Unmanned Aircraft System (SUAS) must comply with [Information Bulletin \(IB\) 426](#) and must include the policies and procedures in place to safeguard individuals' privacy, civil rights, and civil liberties in the jurisdiction that will purchase, take title to, or otherwise use the SUAS equipment.

Funding for Critical Emergency Supplies

Critical emergency supplies—such as shelf stable products, water, and basic medical supplies—are an allowable expense under EMPG. DHS/FEMA must approve a state's five-year viable inventory management plan prior to allocating grant funds for stockpiling purposes. The five-year plan should include a distribution strategy and related sustainment costs if the grant expenditure is over \$100,000.

Training

EMPG funds may be used for a range of emergency management-related training activities to enhance the capabilities of state and local emergency management personnel through the establishment, support, conduct, and attendance of training. Training activities should align to a current, Multi-Year TEP developed through an annual TEPW and build from training gaps identified in the THIRA/SPR process. Further guidance concerning the TEP and the TEPW can be found at <https://preptoolkit.fema.gov/web/hseep-resources/home>.

Training should foster the development of a community-oriented approach to emergency management that emphasizes engagement at the community level, strengthens best practices, and provides a path toward building sustainable resilience, all of which is included in the curriculum of the EMI Basic Academy. The EMI Basic Academy provides a foundational education in emergency management as a way for emergency managers to begin or advance their career. The goal of the Basic Academy is to support the early careers of emergency managers through a training experience combining knowledge of all fundamental systems, concepts and practices of cutting-edge emergency management.

EMPG funds used for training should support the nationwide implementation of NIMS. The NIMS Training Program establishes a national curriculum for NIMS and provides information on NIMS courses. Recipients are encouraged to place emphasis on the core competencies as defined in the NIMS Training Program. NIMS is also included in the curriculum of the EMI Basic Academy. The NIMS Training Program can be found at <https://www.fema.gov/training-0>.

All EMPG-funded personnel are expected to be trained emergency managers. In addition to training activities aligned to and addressed in the TEP, all EMPG -funded personnel (including full- and part-time state, local, tribal, and territorial (SLTT) recipients and subrecipients) shall complete the following training requirements and record proof of completion:

- 1) NIMS Training, Independent Study (IS)-100 (any version), IS-200 (any version), IS-700 (any version), and IS-800 (any version)⁴ AND
- 2) Professional Development Series (PDS) OR the Emergency Management Professionals Program (EMPP) Basic Academy listed in the chart below.

Professional Development Series or Basic Academy		
PDS Professional Development Series		Basic Academy Basic Academy Pre-requisites and Courses
IS-120.a An Introduction to Exercises	OR	IS-100 (any version) Introduction to the Incident Command System
IS-230.d Fundamentals of Emergency Management		IS-700 (any version) National Incident Management System (NIMS)-An Introduction
IS-235.b Emergency Planning		IS-800 (any version) National Response Framework, An Introduction
IS-240.b Leadership and Influence		IS-230.d Fundamentals of Emergency Management
IS-241.b Decision Making and Problem Solving		E/L 101 Foundations of Emergency Management

⁴ NIMS training courses IS-100, IS-200, IS-700, and IS-800 only have to be taken once to fulfill requirements.

Professional Development Series or Basic Academy		
PDS		Basic Academy
Professional Development Series		Basic Academy Pre-requisites and Courses
IS-242.b Effective Communication		E/L102 Science of Disasters
IS-244.b Developing and Managing Volunteers		E/L103 Planning Emergency Operations
		E/L104 Exercise Design
		E/L105 Public Information & Warning

Recipients must maintain proof of completion of training requirements.

EMPG funds may be used for emergency management-related training activities to enhance the capabilities of state and local emergency management personnel. Training activities should align to a current, Multi-Year TEP developed through an annual Training and Exercise Planning Workshop (TEPW) and build from training gaps identified in the THIRA/SPR process. Further guidance concerning the TEP and the TEPW can be found at <https://preptoolkit.fema.gov/web/hseep-resources/program-management>. Training should:

- Foster the development of a community-oriented approach to emergency management that emphasizes engagement at the community level;
- Strengthen best practices; and
- Provide a path toward building sustainable resilience.

The [EMI Basic Academy](#) provides this foundational Emergency Management education. To ensure the professional development of the emergency management workforce, the recipients must ensure a routine capabilities assessment is accomplished and a TEP is developed and implemented.

Additional Training Information

Per DHS/FEMA Grant Programs Directorate [Information Bulletin 432](#), Review and Approval Requirements for Training Courses Funded Through Preparedness Grants, issued on July 19, 2018, states, territories, tribal entities, and high-risk urban areas are no longer required to request approval from FEMA for personnel to attend non-DHS FEMA training as long as the training is coordinated with and approved by the state, territory, tribal, or high-risk urban area Training Point of Contact (TPOC) and falls within the FEMA mission scope and the jurisdiction's Emergency Operations Plan (EOP). For additional information on review and approval requirements for training courses funded with preparedness grants, please refer to the following policy: <http://www.fema.gov/media-library/assets/documents/34856>.

DHS/FEMA will conduct periodic reviews of all state, territory, and urban area training funded by DHS/FEMA. These reviews may include requests for all course materials and physical observation of, or participation in, the funded training. If these reviews determine that courses are outside the scope of this guidance, recipients will be asked to repay grant funds expended in support of those efforts.

For further information on developing courses using the instructional design methodology and tools that can facilitate the process, SAAs and TPOCs are encouraged to review the NTED Responder Training Development Center (RTDC) website at <https://www.firstrespondertraining.gov/trdc/state/>.

NTED's National Preparedness Course Catalog

This online searchable catalog features a compilation of courses managed by the three primary DHS/FEMA training organizations: the CDP, EMI, and NTED. The catalog features a wide range of course topics in multiple delivery modes DHS/FEMA for Federal, state, local, territorial, and tribal audiences. The catalog is located here: <http://www.firstrespondertraining.gov>.

Training Information Reporting System ("Web Forms")

Web Forms is an electronic data management system built to assist SAA TPOCs and federal agencies to submit non-NTED training courses for inclusion in the State/Federal-Sponsored Course Catalog. The information collected is used in a two-step review process to ensure that the training programs adhere to EMPG intent and the course content is sound and current. While reporting training activities through Web Forms is not required under EMPG, the system remains available and can be accessed through the DHS/FEMA Toolkit located at <https://www.firstrespondertraining.gov/fit/> to support recipients in their own tracking of training deliveries. Additional types of training or training related activities include, but are not limited to, the following:

- Developing/enhancing systems to monitor training programs
- Conducting all hazards emergency management training
- Attending EMI training or delivering EMI train-the-trainer courses
- Attending other DHS/FEMA-approved emergency management training
- State-approved, locally-sponsored CERT training
- Mass evacuation training at local, state, territorial and tribal levels

Allowable training-related costs include the following:

- **Funds Used to Develop, Deliver, and Evaluate Training:** Includes costs related to administering training, such as planning, scheduling, facilities, materials and supplies, reproduction of materials, and equipment. Training should provide the opportunity to demonstrate and validate skills learned, as well as to identify any gaps in these skills. Any training or training gaps, including those for children and individuals with disabilities or access and functional needs, should be identified in the Multi-Year TEP and addressed in the training cycle. States are encouraged to use existing training rather than developing new courses. When developing new courses, states are encouraged to apply the Analyze, Design, Develop, Implement, and Evaluate (ADDIE) model for instruction design. <https://www.firstrespondertraining.gov>.
- **Overtime and Backfill:** Overtime costs, including payments related to backfilling personnel, that are the direct result of attendance at DHS/FEMA and/or approved training courses and programs are allowable. These costs are allowed only to the extent the payment for such services is in accordance with the policies of the state or unit(s) of local government and has the approval of the state or DHS/FEMA, whichever is applicable. In no case is dual compensation allowable. That is, an employee of a unit of government may not receive compensation from their unit or agency of government *and* from an award for a single period of time (e.g., 1:00 p.m. to 5:00 p.m.), even though such work may benefit both activities.
- **Travel:** Travel costs (e.g., airfare, mileage, per diem, and hotel) are allowable as expenses by employees who are on travel status for official business related to approved training. International travel is not an allowable cost under this program unless approved in advance by FEMA.
- **Hiring of Full- or Part-Time Staff or Contractors/Consultants:** Full- or part-time staff or contractors/consultants may be hired to support direct training-related activities. Payment of salaries and fringe benefits must be in accordance with the policies of the state or unit(s) of local government and have the approval of the state or DHS/FEMA, whichever is applicable.

- **Certification/Recertification of Instructors:** Costs associated with the certification and recertification of instructors are allowed. States are encouraged to follow the FEMA Instructor Quality Assurance Program to ensure a minimum level of competency and corresponding levels of evaluation of student learning. This is particularly important for those courses which involve training of trainers.

Exercises

Allowable exercise-related costs include:

- **Funds Used to Design, Develop, Conduct and Evaluate Preparedness Exercises:** This includes costs related to planning, meeting space and other meeting costs, facilitation costs, materials and supplies, travel, and documentation. Recipients are encouraged to use free public space/locations/facilities, whenever available, prior to the rental of space/locations/facilities. Exercises should provide the opportunity to demonstrate and validate skills learned, as well as to identify any gaps in these skills. Gaps identified during an exercise, including those for children and individuals with disabilities or access and functional needs, should be included in the After-Action Report (AAR)/Improvement Plan (IP) and addressed in the exercise cycle.
- **Hiring of Full- or Part-Time Staff or Contractors/Consultants:** Full- or part-time staff may be hired to support direct exercise activities. Payment of salaries and fringe benefits must be in accordance with the policies of the state or unit(s) of local government and have the approval of the state or DHS/FEMA, whichever is applicable. The services of contractors/consultants may also be procured to support the design, development, conduct, and evaluation of exercises.
- **Overtime and Backfill:** The entire amount of overtime costs, including payments related to backfilling personnel, that are the direct result of time spent on the design, development and conduct of exercises are allowable expenses. These costs are allowed only to the extent the payment for such services is in accordance with the policies of the state or unit(s) of local government and has the approval of the state or DHS/FEMA, whichever is applicable. Dual compensation is never allowable, meaning, in other words, that an employee of a unit of government may not receive compensation from their unit or agency of government *and* from an award for a single period of time (e.g., 1:00 p.m. to 5:00 p.m.), even though their work may benefit both entities.
- **Travel:** Travel costs (e.g., airfare, mileage, per diem, hotel) are allowable as expenses by employees who are on travel status for official business related to the planning and conduct of the exercise activities.
- **Supplies:** Supplies are items that are expended or consumed during the course of the planning and conduct of the exercise activities (e.g., gloves, non-sterile masks, and disposable protective equipment).
- **HSEEP Implementation:** This refers to costs related to developing and maintaining an exercise program consistent with HSEEP.
- **Other Items:** These costs are limited to items consumed in direct support of exercise activities, such as space/locations rentals for planning and conducting an exercise, equipment rentals, and the procurement of other essential nondurable goods. Costs associated with inclusive practices and the provision of reasonable accommodations and modifications that facilitate full access for children and adults with disabilities are allowable.

Unauthorized exercise-related costs include:

- Reimbursement for maintenance and/or wear and tear costs of general use vehicles (e.g., construction vehicles) and emergency response apparatus (e.g., fire trucks, ambulances). The only vehicle costs that are reimbursable are fuel/gasoline or mileage.
- Equipment that is purchased for permanent installation and/or use, beyond the scope of exercise conduct (e.g., electronic messaging signs)
- Durable and nondurable goods purchased for installation and/or use beyond the scope of exercise conduct

Construction and Renovation

Construction and renovation projects for a state, local, tribal, or territorial government's principal Emergency Operations Center (EOC), as defined by the SAA are allowable under the EMPG. DHS/FEMA must provide written approval prior to the use of any EMPG funds for construction or renovation. Requests for EMPG funds for construction of an EOC must be accompanied by an EOC Investment Justification (located in the Related Documents tab of the EMPG [grants.gov](https://www.fema.gov/grants) posting) to their Regional EMPG Manager for review. Additionally, recipients are required to submit a SF-424C Form and Budget detail citing the project costs.

When applying for funds to construct communication towers, recipients and subrecipients must submit evidence that the Federal Communication Commission's (FCC's) Section 106 review process has been completed and submit all documentation resulting from that review to FEMA prior to submitting materials for EHP review. Recipients and subrecipients are also encouraged to have completed as many steps as possible for a successful EHP review in support of their proposal for funding (e.g., coordination with their State Historic Preservation Office to identify potential historic preservation issues and to discuss the potential for project effects, compliance with all state and EHP laws and requirements). Projects for which the recipient believes an Environmental Assessment (EA) may be needed, as defined in [DHS Instruction Manual 023-01-001-01, Revision 01, FEMA Directive 108-1 and FEMA Instruction 108-1-1](#), must also be identified to the FEMA EMPG Regional Program Manager within six months of the award, and completed EHP review materials must be submitted no later than 12 months before the end of the period of performance. EHP review packets should be sent to gpdehpinfo@fema.gov.

EMPG recipients using funds for construction projects must comply with the *Davis-Bacon Act* and subsequent legislation (40 U.S.C. §§ 3141 *et seq.*). Grant recipients must ensure that their contractors or subcontractors for construction projects pay workers no less than the prevailing wages for laborers and mechanics employed on projects of a character similar to the contract work in the civil subdivision of the state in which the work is to be performed. Additional information regarding compliance with the *Davis-Bacon Act*, including Department of Labor (DOL) wage determinations, is available from the following website: <https://www.dol.gov/whd/govcontracts/dbra.htm>.

Maintenance and Sustainment

Use of DHS/FEMA preparedness grant funds for maintenance contracts, warranties, repair or replacement costs, upgrades, and user fees are allowable under all active grant awards, unless otherwise noted.

EMPG grant funds are intended to support the Goal and fund activities and projects that build and sustain the capabilities necessary to prevent, protect against, mitigate the effects of, respond to, and recover from those threats and hazards that pose the greatest risk to the security of the Nation. To assist recipients in meeting this objective, the policy set forth in [IB 379: Guidance to State Administrative Agencies to](#)

[Expedite the Expenditure of Certain DHS/FEMA Grant Funding](#) allows for the expansion of eligible maintenance and sustainment costs, which must be:

- 1) In direct support of existing capabilities;
- 2) An otherwise allowable expenditure under the applicable grant program;
- 3) Tied to one of the core capabilities in the five mission areas contained within the Goal, and;
- 4) Shareable through the EMAC.

Additionally, eligible costs may also be in support of equipment, training, and critical resources that have previously been purchased with either federal grant funding or any other source of funding other than DHS/FEMA preparedness grant program dollars. Additional guidance is provided in DHS/FEMA Policy FP 205-402-125-1, *Maintenance Contracts and Warranty Coverage Funded by Preparedness Grants*, located at: <http://www.fema.gov/media-library/assets/documents/32474>.

Unallowable Costs

- Grant funds may not be used for:
 - Unallowable Equipment: Grant funds must comply with [IB 426](#) and may not be used for the purchase of the following equipment: firearms, ammunition, grenade launchers, bayonets, or weaponized aircraft, vessels, or vehicles of any kind with weapons installed.
 - Expenditures for weapons systems and ammunition
 - Costs to support hiring sworn public safety officers for the purposes of fulfilling traditional public safety duties or to supplant traditional public safety positions and responsibilities
 - Activities and projects unrelated to the completion and implementation of the EMPG

Recipients should consult with their EMPG Regional Program Manager prior to making any investment that does not clearly meet the allowable expense criteria established in this NOFO.

EMPG Work Plan

EMPG Work Plan Instructions

All EMPG applicants are encouraged to use the templates to submit a required Work Plan that outlines the state's emergency management sustainment and enhancement efforts, including new and ongoing activities and projects, proposed for the EMPG period of performance. The Work Plan consists of a Program and Budget Narrative, Personnel Data Table, Training Data Table, Exercise Data Table, and Grant Activities Outline. EMPG Regional Program Managers will work closely with states to monitor Work Plans during the performance period and may request further documentation from the recipients to clarify the projected work plan. Prior to submission of the EMPG Work Plan, the applicant must work with the Regional Administrator or designated FEMA Regional Program Manager to ensure that regional or State priorities are properly addressed in the EMPG Work Plan. In addition, the EMPG Regional Administrator must approve final Work Plans before states may draw down EMPG funds. Grant funds will be released upon approval of the state's final Work Plan.

Program and Budget Narrative

Provide a brief description of the state emergency management priorities and initiatives that will be addressed with EMPG funds. In addition, the narrative should address the following:

- Overview of the state's risk profile resulting from the current THIRA
- Areas of need identified through assessment processes such as the SPR, Emergency Management Accreditation Program assessment process, National Emergency Communications Plan Goal Assessments, or other emergency management assessment processes
- Baseline inventory of where states are now, relative to goals and objectives identified in relevant strategic plans per CPG 101v2
- State emergency management priorities and planning focus for current budget year (including linkage to the core capabilities identified in the Goal)
- Detailed Budget Narrative justifying the requested funding for the identified Work Plan activities
- Detailed description of how projects and programmatic activities support the building or sustainment of the core capabilities as outlined in the Goal

Personnel Data Table

To facilitate consistent data reporting and performance measures collection, a Personnel Data Table should be completed for state, local, tribal, and territory personnel supported with EMPG funds. This will assist in documenting the extent to which EMPG funding supports personnel at the state level. Submit this template with the EMPG Work Plan and a roster of EMPG-funded personnel. The roster of EMPG-funded personnel should be updated only if numbers change more than 10% during the award period of performance.

Personnel Data Table Template

Personnel Metrics	Data
EMPG funds (federal and match) allocated towards state emergency management personnel	
EMPG funds (federal and match) allocated towards non-state emergency management personnel (local, tribal, territories)	
Total Number of state emergency management full-time equivalent (FTE) personnel (including those supported and not supported by EMPG)	
Number of state emergency management full-time equivalent (FTE) personnel supported (fully or partially) by EMPG	
Total number of state, local, tribal, and territory emergency management personnel supported (fully or partially) by EMPG	

Personnel Data Table Definitions

- Line 1 – All EMPG funds (federal and match) allocated for state emergency management personnel
- Line 2 – All EMPG funds (federal and match) allocated towards non-state emergency management personnel (local, tribal, territories)
- Line 3 – Total number of state emergency management full-time equivalent (FTE) personnel (including those supported and not supported by the EMPG)
- Line 4 – Number of state emergency management full-time equivalent (FTE) personnel supported by the EMPG
- Line 5 – Total number of state and local emergency management personnel funded (fully or partially) by the EMPG. This number provides the "Universe" number for the training and exercise templates

Training Data Table

To facilitate consistent data reporting and performance measures collection, a Training Data Table should be completed for training courses that meet the EMPG reporting requirements. This template should reflect training activities outlined in the Multi-Year TEP and completion of EMPG training requirements. EMPG-funded personnel should complete the listed training requirements and record proof of completion.

Training Data Table Template

Name of Training	EMPG Required Training? (Y/N)	Number of Personnel Trained	Total Number of SLTT EMPG Funded Personnel	Total Number of SLTT EMPG Funded Personnel that completed the Course	Training Identified in TEP (Y/N)

Training Data Table Definitions

- Column 1 – Name of training
- Column 2 – Is the course required of EMPG-funded personnel?
- Column 3 – Number of personnel trained
- Column 4 – Total number of SLTT EMPG-funded personnel (Universe)
- Column 5 – Total number of SLTT EMPG-funded personnel that completed the course
- Column 6 – Is the training identified in the Multi-Year TEP?

Exercise Data Table

To facilitate consistent data reporting and performance measure collection, an Exercise Data Table should be completed for any exercises that meet EMPG requirements and/or exercises conducted in whole or part with EMPG funds.

Exercise Data Table Template

Name/ Description of Exercise	Date Exercise Scheduled/Completed	Type of Exercise	Program Priority Exercised	Exercise Fulfills Progressive Exercise Requirement (Y/N)	Total # of SLTT EMPG Funded Personnel	Number of SLTT EMPG Program Funded Personnel Participating in Exercise	Exercise Fulfills EMPG Exercise Participation Requirement (Y/N)	Exercise Identified in TEP (Y/N)

Exercise Data Table Definitions:

- **Column 1** – Name/Description of exercise
- **Column 2** – Date of exercise
- **Column 3** – Type of exercise (e.g., seminar, workshop, tabletop, games, drills, functional, and/or full-scale)
- **Column 4** – Program priority associated with the exercise
- **Column 5** – Is the exercise part of a progressive exercise series?
- **Column 6** – Total number of SLTT EMPG Funded Personnel
- **Column 7** – Total number of SLTT EMPG Funded Personnel Participating in Exercise
- **Column 8** – Does the exercise fulfill the EMPG requirement that EMPG Program funded personnel participate in no less than three exercises?
- **Column 9** – Is exercise identified in the multi-year TEP?

Grant Activities Outline

To facilitate performance measures and focus on outcomes, an EMPG Grant Activities Outline should be completed for activities supported with EMPG funds (including construction and renovation projects). The data outlined in this template will be used to evaluate the timely completion of planned emergency management activities. Recipients are encouraged to complete a separate Grant Activities Outline for each Emergency Management Function (EMF). Quarterly training activities should be reported against EMF #13, “Training,” and quarterly exercise activities should be reported against EMF #14, “Exercises, Evaluations and Corrective Actions.” Recipients should complete a template as shown on the next page and address the following areas:

- **Name of Planned Project:** Provide a descriptive name of each planned project. Examples include “Development of Emergency Function Annexes”, “Development of Earthquake Scenario Loss Estimations”, “Implementation of Statewide Interoperability Plan”, “NIMS Training for Emergency Management Personnel”, “Development of Emergency Preparedness Plan for Individuals with Disabilities”, etc.
- **Project Objective:** Briefly explain the major objective of the project, including how the project will address gaps identified through various assessments conducted.
- **Core Capability Addressed:** Briefly describe which of the 32 core capabilities (multiple can be selected) the project addresses.
- **Performance Measure and Basis of Evaluation:** Indicate the performance measure that will be used to evaluate this project.
- **Challenges/Risks:** Identify any challenges to implementing this project or any of its activities.
- **Quarterly Activity:** Break each project down into quarterly activities. For each quarter, briefly identify the activities that will accomplish the planned project. This information will provide the foundation for the second component of the Quarterly Performance Progress Report.
- **Step:** Provide the status of planned quarterly activities (Initiate, Plan, Execute, Control, and Closeout).
- **Comments:** Briefly describe the reason for the project status and provide other comments as needed. Include the number of training sessions funded and the number of personnel trained in this section.

EMPG Grant Activities Outline - Template

Name of Planned Project:			
Project Objective:			
Core Capabilities Addressed:			
Performance Measure and Basis of Evaluation:			
Challenges/Risks:			
1st Quarter Activity	Planned Activities:	Step:	Comments:
2nd Quarter Activity	Planned Activities:	Step:	Comments:
3rd Quarter Activity	Planned Activities:	Step:	Comments:
4th Quarter Activity	Planned Activities:	Step:	Comments:
5th Quarter Activity	Planned Activities:	Step:	Comments:
6th Quarter Activity	Planned Activities:	Step:	Comments:
7th Quarter Activity	Planned Activities:	Step:	Comments:
8th Quarter Activity	Planned Activities:	Step:	Comments:

Project Management Lifecycle

Steps	Description	Process
Initiate	The authorization to begin work or resume work on any particular activity.	Involves preparing for, assembling resources and getting work started. May apply to any level, e.g. program, project, phase, activity, task.
Plan	The purposes of establishing, at an early date, the parameters of the project that is going to be worked on as well as to try to delineate any specifics and/or any peculiarities to the project as a whole and/or any specific phases of the project.	Involves working out and extending the theoretical, practical, and/or useful application of an idea, concept, or preliminary design. This also involves a plan for moving a project concept to a viable project.
Execute	The period within the project lifecycle during which the actual work of creating the	Involves directing, accomplishing, managing, and completing all phases and

Steps	Description	Process
	project's deliverables is carried out.	aspects of work for a given project.
Control	A mechanism which reacts to the current project status in order to ensure accomplishment of project objectives. This involves planning, measuring, monitoring, and taking corrective action based on the results of the monitoring.	Involves exercising corrective action as necessary to yield a required outcome consequent upon monitoring performance. Or, the process of comparing actual performance with planned performance, analyzing variances, evaluating possible alternatives, and taking appropriate correct action as needed.
Close Out	The completion of all work on a project. Can also refer to completion of a phase of the project.	Involves formally terminating and concluding all tasks, activities, and component parts of a particular project, or phase of a project.

From: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>
Sent: Saturday, March 14, 2020 7:37 AM EDT
To: DEM FL State Agency ECOs <ECO_Agency@em.myflorida.com>
CC: Davis, Ashley <Ashley.Davis@em.myflorida.com>; Hancock, Larry <Larry.Hancock@em.myflorida.com>
Subject: IT Help Desk Techs

Good morning,

All of our IT Personnel are in the middle of response to COVID-19 both in Orlando and Tallahassee. We are looking for 2 Help Desk Techs to start rotating on a 3-5 day basis between agencies to assist with connectivity issues, and minor hardware/software based issues.

If your agency can assist with Help Desk Techs to bolster the states response to COVID-19 please contact Larry Hancock at larry.hancock@em.myflorida.com.

Thank you,
SERT CHIEF

Kevin Guthrie, MA MEP CEM FPED | Deputy Director

Office of the Director
Florida Division of Emergency Management
2555 Shumard Oak Blvd
Tallahassee, FL 32399-2100
Office: (850) 815-4101
Cell: (850) 294-8250
Kevin.Guthrie@em.myflorida.com
www.floridadisaster.org



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From: Sayler, Erik <Erik.Sayler@em.myflorida.com>
Sent: Wednesday, March 18, 2020 5:38 PM EDT
To: Baker, Stuart <Stuart.Baker@fema.dhs.gov>; Greene, Joey <joey.greene@gema.ga.gov>; Fitzpatrick, Katherine J NFG NG KYARNG (USA) <katherine.j.fitzpatrick.nfg@mail.mil>; William Dreher <wdreher@mema.ms.gov>; Will Polk (Will.Polk@ncdps.gov) <will.polk@ncdps.gov>; Betsy Polk <bpolk@emd.sc.gov>; Libby Donoho <libby.donoho@tn.gov>; Speaks, Janine <janine.speaks@ema.alabama.gov>
CC: Goodman, Amy <amy.goodman@fema.dhs.gov>; Ayetin, Franklin <franklin.ayetin@fema.dhs.gov>
Subject: RE: [EXTERNAL] "State of Emergency" questions

Thank you

Erik L. Sayler

Deputy General Counsel
Florida Division of Emergency Management
Direct: (850) 815-4154 | Mobile: (850) 694-6620 | Erik.Sayler@em.myflorida.com



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From: Baker, Stuart <Stuart.Baker@fema.dhs.gov>
Sent: Wednesday, March 18, 2020 5:36 PM
To: Sayler, Erik <Erik.Sayler@em.myflorida.com>; Greene, Joey <joey.greene@gema.ga.gov>; Fitzpatrick, Katherine J NFG NG KYARNG (USA) <katherine.j.fitzpatrick.nfg@mail.mil>; William Dreher <wdreher@mema.ms.gov>; Will Polk (Will.Polk@ncdps.gov) <will.polk@ncdps.gov>; Betsy Polk <bpolk@emd.sc.gov>; Libby Donoho <libby.donoho@tn.gov>; Speaks, Janine <janine.speaks@ema.alabama.gov>
Cc: Goodman, Amy <amy.goodman@fema.dhs.gov>; Ayetin, Franklin <franklin.ayetin@fema.dhs.gov>
Subject: [EXTERNAL] "State of Emergency" questions

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Hi, all. We've been receiving variations of the question, "Is a declaration required in order to get FEMA assistance?", so I thought I'd summarize the answers for benefit of all—

- **Stafford Act declaration.** If somebody is asking whether a Stafford Act declaration (either an "emergency" or "major disaster") is required to receive FEMA disaster assistance, **the answer is of course yes.**
- **"State of Emergency" declaration.** If somebody is asking whether a state or local "state of emergency" (SOE) declaration is required in order for a Governor to request the President to issue a Stafford Act declaration, **the answer is no.** The Stafford Act requires that a Governor activate the state emergency management plan, but doesn't require a SOE declaration. Sometimes a state's SOE declaration will automatically trigger the State's emergency management plan (depending on state law, etc.), but the Stafford Act does not require a SOE declaration.
- **State/local "Public Health Emergency" declaration.** Another question we get is whether a local SOE or Public Health Emergency (PHE) declaration is required to get FEMA assistance. **The short answer is no.** Note that in determining whether a particular Cat B emergency protective measure (such as removing hurricane debris from private property) is eligible for FEMA reimbursement, FEMA may (on rare occasions) ask for documentation showing that those measures were needed to alleviate a threat to the public. See 44 CFR 206.225(a)(2) ("In determining whether emergency work is required, the Regional Administrator may require certification by local State, and/or Federal officials that a threat exists, including identification and evaluation of the threat and recommendations of the emergency work necessary to cope with the threat") and PAPPG, pg. 57 ("FEMA may require certification by Federal, State, Territorial, Tribal, or local government officials that a threat exists"). But that certification does not need to be in the form of a "State of Emergency" or a "Public Health Emergency" declaration.
- **Emergency/Exigency (E&E) Non-Competitive Procurement:** In past disasters we've received the question of whether a local SOE is required to exercise the E&E exception for non-competitive procurement. **The answer is no,** as invoking the E&E exception must be based on a showing of an emergency/exigency warranting non-competitive procurement for the particular goods/service at issue (e.g., debris removal). An SOE declaration typically wouldn't suffice for that. (*This is moot for COVID-19* because FEMA has already determined that COVID-19 is per se an emergency/exigency, allowing applicants to use the E&E exception, as long as their own procurement rules also allow it.) See my email from yesterday for more info on this topic.

I'm sharing the above only from my own FEMA perspective; I can't speak to what other federal agencies require for their own grant programs.

On a final note, state and local government decisions to declare a State of Emergency or Public Health Emergency should of course be made by those officials based on their judgment as to what is warranted by the situation to safeguard the public. FEMA funding eligibility isn't meant to be a factor in that decision.

Hope this helps. If you have any questions, just let me know.

Stuart

Stuart G. Baker
Regional Counsel
FEMA Region IV
stuart.baker@fema.dhs.gov
Mobile: (404) 694-0355

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From: Baker, Stuart
Sent: Wednesday, March 18, 2020 3:47 PM
To: Saylor, Erik <erik.saylor@em.myflorida.com>; Greene, Joey <joey.greene@gema.ga.gov>; Fitzpatrick, Katherine J NFG NG KYARNG (USA) <katherine.j.fitzpatrick.nfg@mail.mil>; William Dreher <wdreher@mema.ms.gov>; Will Polk (Will.Polk@ncdps.gov) <will.polk@ncdps.gov>; Betsy Polk <bpolk@emd.sc.gov>; Libby Donoho <libby.donoho@tn.gov>; Speaks, Janine <janine.speaks@ema.alabama.gov>
Cc: Goodman, Amy <amy.goodman@fema.dhs.gov>; Ayetin, Franklin <franklin.ayetin@fema.dhs.gov>
Subject: COVID-19 -- GSA Purchasing Programs

Good afternoon, everybody. I'm sending this message to provide information about how states can procure goods and services using the federal Government Services Administration (GSA) [Disaster Purchasing Program](#). The FEMA Regional Administrator (Gracia Szczech) also sent this message to your State Directors a little while ago.

Entities that qualify under the Disaster Purchasing Program (which includes all states) can then make purchases through the "[GSA Advantage!](#)" purchasing program. Note in particular the link for [pandemic resources](#). As a key caveat and as you can imagine, this GSA program is in high demand and FEMA is unable to confirm what goods and services are currently available through it, as the situation is very fluid.

The program is centrally managed from GSA HQ in Washington DC. The GSA National Account Manager for state and local governments is Michael Stewart, h.michael.stewart@gsa.gov, (202) 394-6893.

The GSA Advantage website provides the following advice: "Due to current heightened demand for products which could be associated with COVID-19, for orders through GSA Advantage, please contact the vendor(s) prior to placing your order to confirm availability." The GSA Advantage homepage provides additional guidance as well regarding COVID-19 resources.

I don't have much experience with this program myself (it's a GSA program, not a FEMA program), but wanted to share the above in case it's helpful to you.

Stuart

Stuart G. Baker
Regional Counsel
FEMA Region IV
stuart.baker@fema.dhs.gov
Mobile: (404) 694-0355

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From: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>
Sent: Wednesday, March 18, 2020 7:50 AM EDT
To: Toro, Manny J <Manny.Toro@fema.dhs.gov>; Davis, Ashley <Ashley.Davis@em.myflorida.com>
CC: Moskowitz, Jared <Jared.Moskowitz@em.myflorida.com>; Gracia, Szczech (FEMA) <Gracia.Szczech@fema.dhs.gov>; Samaan, Robert <Robert.Samaan@fema.dhs.gov>; Mahon, Jason <Jason.Mahon@em.myflorida.com>
Subject: RE: [EXTERNAL] ACTION REQUIRED - RFI - Community Based Testing Site - Data Call - DUE: 3/17/2020 @ 20:00

Many,

There was no way we were going to meet the deadline... we will use the "federal message"

Kevin Guthrie | Deputy Director

Office: (850) 815-4101

Cell: (850) 294-8250

Kevin.Guthrie@em.myflorida.com

From: Toro, Manny J <Manny.Toro@fema.dhs.gov>
Sent: Tuesday, March 17, 2020 6:35 PM
To: Davis, Ashley <Ashley.Davis@em.myflorida.com>
Cc: Moskowitz, Jared <Jared.Moskowitz@em.myflorida.com>; Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>; Gracia, Szczech (FEMA) <Gracia.Szczech@fema.dhs.gov>; Samaan, Robert <Robert.Samaan@fema.dhs.gov>; Toro, Manny J <Manny.Toro@fema.dhs.gov>
Subject: [EXTERNAL] ACTION REQUIRED - RFI - Community Based Testing Site - Data Call - DUE: 3/17/2020 @ 20:00

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Ashley

We have a high priority RFI / data call from FEMA HQ **due by NLT 2000hrs March 17, 2020**

On the attached spreadsheet please validate the information for your state, make any corrections, and fill in the blank cells.

Once complete just send it back to me and I will get it back to FEMA HQ.

Thanks

Manny

Manny J. Toro
Director
Response Division

DHS/FEMA - Region IV

Mobile: (202) 286-5673

manny.toro@fema.dhs.gov



FEMA

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From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Sent: Monday, March 23, 2020 2:59 PM EDT
To: Chase, Stephen <Stephen.Chase@fema.dhs.gov>; COVID19-CBTS-SUPPLY <covid19-cbts-supply@fema.dhs.gov>
CC: FEMA-CBTS-RFI <fema-cbts-rfi@fema.dhs.gov>; Hooper, Craig (CTR) <craig.hooper@associates.fema.dhs.gov>; timothy.chrysler@fema.dhs.gov <timothy.chrysler@fema.dhs.gov>
Subject: RE: [EXTERNAL] All three Florida sites need labels and barcodes. In addition, the Orlando site needs 6 coolers and 30 thermometers.

Updated information for the Florida sites – see highlighted information below:

Linda J. McWhorter
Preparedness Bureau Chief
2555 Shumard Oak Blvd
Tallahassee, FL 32399-21000
Office: (850) 815-4301
Mobile: (850) 528-7528
Linda.mcwhorter@em.myflorida.com

From: Chase, Stephen <Stephen.Chase@fema.dhs.gov>
Sent: Monday, March 23, 2020 10:19 AM
To: COVID19-CBTS-SUPPLY <covid19-cbts-supply@fema.dhs.gov>
Cc: FEMA-CBTS-RFI <fema-cbts-rfi@fema.dhs.gov>; Hooper, Craig (CTR) <craig.hooper@associates.fema.dhs.gov>; timothy.chrysler@fema.dhs.gov; McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Subject: [EXTERNAL] All three Florida sites need labels and barcodes. In addition, the Orlando site needs 6 coolers and 30 thermometers.

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Florida mailing addresses are now at the CBTS site locations:

Hard Rock Stadium
347 Don Shula Drive,
Miami Gardens, FL 33056

POC: William "Billy" Estep bestep@emx-2.com 904-813-3476
Michael Beha mbeha@yahoo.com 850-459-8401

Fedex Contact: Carlos Milian cmmilian@fedex.com

Hilton Orlando

6001 Destination Parkway
Orlando, FL 32819

POC: Paul Siddall Paul.Siddall@em.myflorida.com 850-519-8633
Mark Reali MReaku@ecfrpc.org (256) 337-0872

Fedex Contact: Emilo Suarez ESuarez@fedex.com 407-468-5560
Vincent Maccagnano vmaccagnano@fedex.com 321-356-6043

Jacksonville Municipal Stadium
1 TIAA Stadium Place, Lot J
Jacksonville, FL 32202

POC: James "Jimmy" Bejuda james.bejuda@em.myflorida.com (850) 296-5535

Fedex Contact: Christopher Payne capayne1@fedex.com 941-780-1865

All three sites need labels and barcodes.

In addition, Orlando needs 6 coolers and 30 thermometers.

Best regards,

Steve Chase

FEMA

Cell: 202-412-5754

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From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>

Sent: Monday, March 02, 2020 11:25 AM EST

To: Keenan, Gwen (FEMA) <Gwen.Keenan@fema.dhs.gov>

Subject: Re: [EXTERNAL] Bio Shield TTX

Think they are cancelling because of the coronavirus

Get [Outlook for Android](#)

On Mon, Mar 2, 2020 at 11:21 AM -0500, "Keenan, Gwen (FEMA)"<Gwen.Keenan@fema.dhs.gov> wrote:

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Linda,

Do you have the details on the ex on March 12? Is it here in the EOC?

R

Gwen

Gwen Keenan

Team Lead and Preparedness Specialist

FEMA Integration Team – Florida

2555 Shumard Oak Blvd, Office 325G

Tallahassee, FL 32399

Gwen.Keenan@fema.dhs.gov

404-387-3773

FEMA: Helping People Before, During and After Disasters

Compassion, Fairness, Integrity and Respect

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From: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>
Sent: Tuesday, March 24, 2020 2:53 PM EDT
To: Sharon Denton-Gow <sdentongow@yahoo.com>; Kincaid, Brooke <Brooke.Kincaid@em.myflorida.com>
CC: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>; Williams, Paul (FEMA) <Paul.Williams6@fema.dhs.gov>
Subject: RE: [EXTERNAL] COVID Kits

Was this the federal allotment of 5k?

Kevin Guthrie | Deputy Director

Office: (850) 815-4101
Cell: (850) 294-8250
Kevin.Guthrie@em.myflorida.com

From: Sharon Denton-Gow <sdentongow@yahoo.com>
Sent: Tuesday, March 24, 2020 2:43 PM
To: Kincaid, Brooke <Brooke.Kincaid@em.myflorida.com>
Cc: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>; Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>; sdentongow@yahoo.com
Subject: [EXTERNAL] COVID Kits

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Per our conversation Linda please see the information we discussed below:

We have 5000 kits but they are missing nasopharyngeal swabs which make them unusable. Currently were are down to 650 kits. Providing Miami Hard Rock with 150 so they can get through the day. We have people scheduled for tomorrow, at least 200. Thanks for anything we can get. We did not realize that the 5000 were incomplete kits.

Sharon

Sharon Denton-Gow, MPH
Professional Educator
sdentongow@yahoo.com

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From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>

Sent: Tuesday, March 24, 2020 12:57 AM EDT

To: Buerkle, Eugene <Eugene.Buerkle@em.myflorida.com>; leah.hoffacker@dph.ga.gov <leah.hoffacker@dph.ga.gov>; Koller, Greg <greg.koller@gema.ga.gov>; della.cutchins@gmail.com <della.cutchins@gmail.com>; smathoslah@hrsa.gov <smathoslah@hrsa.gov>; kOUNg.lee@fda.hhs.gov <kOUNg.lee@fda.hhs.gov>; Luddeke, R <r.luddeke@fema.dhs.gov>

CC: R4-phul <r4-phul@fema.dhs.gov>; Lloyd, Paul <paul.lloyd@fema.dhs.gov>; R04-RRCC-ESF8 <r04-rrcc-esf8@fema.dhs.gov>; Hare, Kertz M <kertz.hare@fema.dhs.gov>

Subject: Re: [EXTERNAL] Do you have the reports for the CBTS locations?

They have forwarded by Michael Beha -

Get [Outlook for Android](#)

On Mon, Mar 23, 2020 at 6:02 PM -0400, "Luddeke, R"<R.Luddeke@fema.dhs.gov> wrote:

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We need the reports for the CBTS locations. Zero received so far.

R4-COVID19-RRFs@fema.dhs.gov

r4-phul@fema.dhs.gov

R Bond Luddeke

FEMA Region IV – Logistics

Distribution Management

337-636-4751 – CELL

770-220-8882 – RIV Office

404-968-7692 – DC Atlanta

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From: Mahon, Jason <Jason.Mahon@em.myflorida.com>

Sent: Wednesday, March 18, 2020 7:25 PM EDT

To: Vause, Tiffany <Tiffany.Vause@deo.myflorida.com>; Fenske, Taryn <Taryn.Fenske@fldoe.org>

CC: Alberto.Moscoso@flhealth.gov <Alberto.Moscoso@flhealth.gov>; Ferre, Helen <Helen.ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>; Marquez, Jonas <Jonas.Marquez@eog.myflorida.com>; cody.mccloud@eog.myflorida.com <cody.mccloud@eog.myflorida.com>; Ash, Ryan <Ryan.Ash@eog.myflorida.com>; Gambineri, Mara <Mara.Gambineri@eog.myflorida.com>; Katie.Strickland@ahca.myflorida.com <Katie.Strickland@ahca.myflorida.com>; Patrick.Manderfield@ahca.myflorida.com <Patrick.Manderfield@ahca.myflorida.com>; melanie.etters@apdcares.org <melanie.etters@apdcares.org>; Zoe.linafelt@apdcares.org <Zoe.linafelt@apdcares.org>; Karen.smith@myfloridalicense.com <Karen.smith@myfloridalicense.com>; Patrick.fargason@myfloridalicense.com <Patrick.fargason@myfloridalicense.com>; DaMonica.Smith@myflfamilies.com <DaMonica.Smith@myflfamilies.com>; alyssa.coleman@myflfamilies.com <alyssa.coleman@myflfamilies.com>; michelle.glady@fdc.myflorida.com <michelle.glady@fdc.myflorida.com>; Rob.Klepper@fdc.myflorida.com <Rob.Klepper@fdc.myflorida.com>; Oglesby, Emilie <Emilie.Oglesby@deo.myflorida.com>; Eppers, Cheryl <Cheryl.eppers@fldoe.org>; robertsr@elderaffairs.org <robertsr@elderaffairs.org>; dee.ann.miller@floridadep.gov <dee.ann.miller@floridadep.gov>; susan.neel@myFWC.com <susan.neel@myFWC.com>; Katie.Purcell@MyFWC.com <Katie.Purcell@MyFWC.com>; amanda.slama@djj.state.fl.us <amanda.slama@djj.state.fl.us>; molly.best@djj.state.fl.us <molly.best@djj.state.fl.us>; NucatolaK@flalottery.com <NucatolaK@flalottery.com>; Rose.Hebert@dms.myflorida.com <Rose.Hebert@dms.myflorida.com>; Ard, Mark <Mark.Ard@dos.myflorida.com>; beth.fraday@dot.state.fl.us <beth.fraday@dot.state.fl.us>; Heller, Victoria <vheller@careersourceflorida.com>; kkeenan@enterprisefflorida.com <kkeenan@enterprisefflorida.com>; sshell@spaceflorida.gov <sshell@spaceflorida.gov>; Tupps, John <jtupps@visitflorida.org>; Savannah@volunteerflorida.org <Savannah@volunteerflorida.org>; AaronKeller@flhsmv.gov <AaronKeller@flhsmv.gov>; JessicaKelleher@flhsmv.gov <JessicaKelleher@flhsmv.gov>; gretlplessinger@fdle.state.fl.us <gretlplessinger@fdle.state.fl.us>; jessicacary@fdle.state.fl.us <jessicacary@fdle.state.fl.us>; Oglesby, Emilie <Emilie.Oglesby@deo.myflorida.com>; mary.c.brown26.mil@mail.mil <mary.c.brown26.mil@mail.mil>; william.m.manley2.nfg@mail.mil <william.m.manley2.nfg@mail.mil>; bethany.wester@floridarevenue.com <bethany.wester@floridarevenue.com>; Alexis.Bakofsky@flair.com <Alexis.Bakofsky@flair.com>; Kees, Karen <Karen.Kees@flair.com>; Stephanie.Sutton@floridahousing.org <Stephanie.Sutton@floridahousing.org>; Taylore.Maxey@floridahousing.org <Taylore.Maxey@floridahousing.org>; Fargason, Renee <Renee.Fargason@flbog.edu>; Murray, Steve <murray@fdva.state.fl.us>; Sferrazza-RiosL@FDVA.STATE.FL.US <Sferrazza-RiosL@FDVA.STATE.FL.US>; Farmer, John <John.Farmer@deo.myflorida.com>; Stalnaker, Alyson <Alyson.Stalnaker@eog.myflorida.com>; Taylore Maxey <Taylore.maxey@floridahousing.org>; Stephanie Sutton <stephanie.sutton@floridahousing.org>; Brian Mimbs <bmimbs@enterprisefflorida.com>

Subject: RE: [EXTERNAL] ESF 14 Update and Tips

All,

First, thank you all for your willingness to step up and help as we respond to COVID-19. Moving forward, we are switching to a more limited roster so that we can manage this response for the next 6-8 weeks. Please see the schedule for Thursday and Friday below. Thank you!

2020 COVID-19 ESF-14 Schedule				
	Shift	Daily Press Releases/Proactive Messaging	Social Media	Media Response Support
19-Mar	8 a.m. - 4 p.m.	Kayla McLaughlin	Brittany Clark (off-site)	
19-Mar	11 a.m. - 7 p.m.	Aly Coleman	N/A	Heather Page
20-Mar	8 a.m. - 4 p.m.	Savannah Kelly	Brittany Clark (Off Site)	Weesam Khoury
20-Mar	11 a.m. - 7 p.m.	Aly Coleman	N/A	Natalie McElee (Off Site)

Jason Mahon

Communications Director

Florida Division of Emergency Management

850-815-4131 (desk)

850-294-2169 (cell)

Jason.Mahon@em.myflorida.com

From: Vause, Tiffany <Tiffany.Vause@deo.myflorida.com>

Sent: Monday, March 16, 2020 4:47 PM

To: Fenske, Taryn <Taryn.Fenske@fldoe.org>

Cc: Mahon, Jason <Jason.Mahon@em.myflorida.com>; Alberto.Moscoso@flhealth.gov; Ferre, Helen <Helen.ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>; Marquez, Jonas <Jonas.Marquez@eog.myflorida.com>;

FL-DEM-20-0674-A-000839

cody.mccloud@eog.myflorida.com; Ash, Ryan <Ryan.Ash@eog.myflorida.com>; Gambineri, Mara <Mara.Gambineri@eog.myflorida.com>; Katie.Strickland@ahca.myflorida.com; Patrick.Manderfield@ahca.myflorida.com; melanie.ettters@apdcares.org; Zoe.linafelt@apdcares.org; Karen.smith@myfloridalicense.com; Patrick.fargason@myfloridalicense.com; DaMonica.Smith@myflfamilies.com; alyssa.coleman@myflfamilies.com; michelle.gladly@fdc.myflorida.com; Rob.Klepper@fdc.myflorida.com; Oglesby, Emilie <Emilie.Oglesby@deo.myflorida.com>; Etters, Cheryl <Cheryl.ettters@fldoe.org>; robertsr@elderaffairs.org; dee.ann.miller@floridadep.gov; susan.neel@myFWC.com; Katie.Purcell@MyFWC.com; amanda.slama@djj.state.fl.us; molly.best@djj.state.fl.us; NucatolaK@flalottery.com; Rose.Hebert@dms.myflorida.com; Ard, Mark <Mark.Ard@dos.myflorida.com>; beth.fraday@dot.state.fl.us; Heller, Victoria <vheller@careersourceflorida.com>; kkeenan@enterpriseflorida.com; sshell@spaceflorida.gov; Tupps, John <jtupps@visitflorida.org>; Savannah@volunteerflorida.org; AaronKeller@flhsmv.gov; JessicaKelleher@flhsmv.gov; gretlplessinger@fdle.state.fl.us; jessicacary@fdle.state.fl.us; Oglesby, Emilie <Emilie.Oglesby@deo.myflorida.com>; mary.c.brown26.mil@mail.mil; william.m.manley2.nfg@mail.mil; bethany.wester@floridarevenue.com; Alexis.Bakofsky@flor.com; Kees, Karen <Karen.Kees@flor.com>; Stephanie.Sutton@floridahousing.org; Taylore.Maxey@floridahousing.org; Fargason, Renee <Renee.Fargason@flbog.edu>; Murray, Steve <murrayr@fdva.state.fl.us>; Sferrazza-RiosL@FDVA.STATE.FL.US; Farmer, John <John.Farmer@deo.myflorida.com>; Stalnaker, Alyson <Alyson.Stalnaker@eog.myflorida.com>; Taylore.Maxey <Taylore.maxey@floridahousing.org>; Stephanie Sutton <stephanie.sutton@floridahousing.org>; Brian Mimbs <bmimbs@enterpriseflorida.com>

Subject: [EXTERNAL] ESF 14 Update and Tips

Importance: High

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Good Evening Friends – I hope everyone has had a great day. Again, thank you everyone who has volunteered in ESF 14. Below is the schedule for tomorrow. Please send your roll-ups by 9:30 a.m. to John Tupps and Aly Coleman. Always remember to copy ESF 14, ESF14@em.myflorida.com.

Speaking of Roll-Ups – If you aren't already, every agency should be highlighting their roll-up bullets via social media, specifically Twitter. Be sure you are tagging @FLSERT and @HealthyFla when appropriate. Really great to be sharing all of our messages so the people of our great state can get information as soon as possible. If you have questions, feel free to give me a call I'm happy to walk through it with you.

Stand by for updates to the ESF 14 Schedule. Being elevated to a Level 1 has caused us to need to change our model, so we are evaluating. Please stand by, but putting the next two days down for a reminder.

Also, if anyone that is currently scheduled to volunteer has been on a plane or traveled to DC or Chicago in the last 14 days, please contact me immediately.

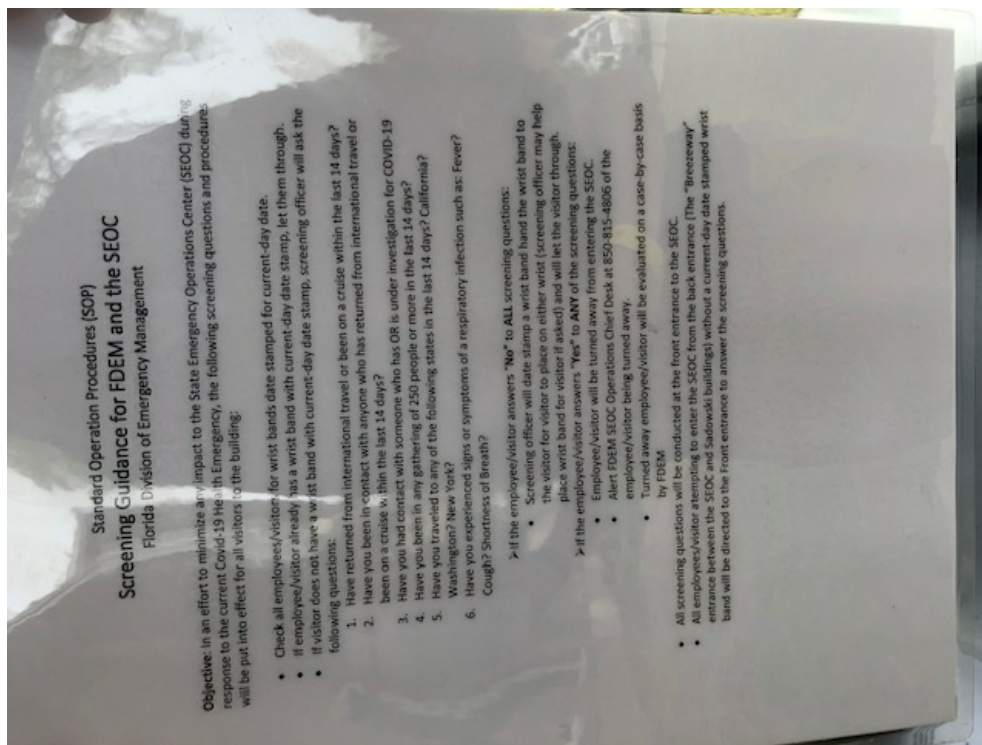
Happy Monday!

Tuesday	3/17 8:00 AM - 2:30 PM	John Tupps, VISIT Florida	Aly Coleman, DCF	Samantha Bequer, DEM	Heather Page, BOG
Tuesday	3/17 2:00 PM - 10:00 PM	Rose Hebert, DMS	Laura Rambo, FWC	Samantha Bequer, DEM	Weesam Khoury, DEP
Wednesday	3/18 8:00 AM - 2:30 PM	Taryn Fenske, DOE	John O'Brien, DOT	Samantha Bequer, DEM	Elaine Penska, DJJ
Wednesday	3/18 2:00 PM - 10:00 PM	Taryn Fenske, DOE	FDLE	Samantha Bequer, DEM	Zoe Linafelt, APD

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www.floridajobs.org

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From: Fenske, Taryn <Taryn.Fenske@fldoe.org>
Sent: Friday, March 13, 2020 12:00 AM
To: Vause, Tiffany <Tiffany.Vause@deo.myflorida.com>
Cc: jason.mahon@em.myflorida.com; Alberto.Moscoso@flhealth.gov; Ferre, Helen <Helen.ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>; Marquez, Jonas <Jonas.Marquez@eog.myflorida.com>; cody.mccloud@eog.myflorida.com; Ash, Ryan <Ryan.Ash@eog.myflorida.com>; Gambineri, Mara <Mara.Gambineri@eog.myflorida.com>; Katie.Strickland@ahca.myflorida.com; Patrick.Manderfield@ahca.myflorida.com; melanie.etters@apdcare.org; Zoe.linafelt@apdcare.org; Karen.smith@myfloridalicense.com; Patrick.fargason@myfloridalicense.com; DaMonica.Smith@myflfamilies.com; alyssa.coleman@myflfamilies.com; michelle.gladys@fdc.myflorida.com; Rob.Klepper@fdc.myflorida.com; Vause, Tiffany <Tiffany.Vause@deo.myflorida.com>; Oglesby, Emilie <Emilie.Oglesby@deo.myflorida.com>; Etters, Cheryl <Cheryl.Etters@fldoe.org>; robertsr@elderaffairs.org; dee.ann.miller@floridadep.gov; susan.neel@myFWC.com; Katie.Purcell@MyFWC.com; amanda.slama@djj.state.fl.us; molly.best@djj.state.fl.us; NucatoIaK@falottery.com; Rose.Hebert@dms.myflorida.com; Mark.Ard@DOS.MyFlorida.com; beth.fradys@dot.state.fl.us; Heller, Victoria <vheller@careersourceflorida.com>; kkeenana@enterpriseflorida.com; sshell@spaceflorida.gov; Tupps, John <jtupps@visitflorida.org>; Savannah@volunteerflorida.org; AaronKeller@flhsmv.gov; JessicaKelleher@flhsmv.gov; grettlepessinger@fdle.state.fl.us; jessicacary@fdle.state.fl.us; mary.c.brown26.mil@mail.mil; william.m.manley2.nfg@mail.mil; bethany.wester@floridarevenue.com; Alexis.Bakofsky@flor.com; Karen.Kees@flor.com; Stephanie.Sutton@floridahousing.org; Taylor.Maxey@floridahousing.org; Fargason, Renee <Renee.Fargason@flbog.edu>; murrayr@fdva.state.fl.us; Sferrazza-RiosL@FDVA.STATE.FL.US
Subject: [EXTERNAL] - Re: ESF 14 Shifts and Updated Banners

Appreciate you Tiffany, thank you for your helpful tips, especially the jacket! :)

Reminder, I will be compiling the roll-up tomorrow so please send to me: Taryn.fenske@fldoe.org and ESF14@em.myflorida.com by 9:30am! Also, please either send only the new information or highlight the new information and have the appropriate senior staff members of your agency (including Chief of Staff and General Counsel) review before sending.

Thank you all for your diligence and hard work! Feel free to call with any questions,

Taryn
 904-945-8400

From: Vause, Tiffany <Tiffany.Vause@deo.myflorida.com>
Sent: Thursday, March 12, 2020 7:26 PM
Cc: jason.mahon@em.myflorida.com; Alberto.Moscoso@flhealth.gov; Ferre, Helen; Beatrice, Meredith M.; Marquez, Jonas; cody.mccloud@eog.myflorida.com; Ash, Ryan; Gambineri, Mara; Katie.Strickland@ahca.myflorida.com;

Patrick.Manderfield@ahca.myflorida.com; melanie.etters@apdcares.org; Zoe.linafelt@apdcares.org; Karen.smith@myfloridalicense.com; Patrick.fargason@myfloridalicense.com; DaMonica.Smith@myflfamilies.com; alyssa.coleman@myflfamilies.com; michelle.glady@fdc.myflorida.com; Rob.Klepper@fdc.myflorida.com; Vause, Tiffany; Oglesby, Emilie; Fenske, Taryn; Eppers, Cheryl; robertsr@elderaffairs.org; jason.mahon@em.myflorida.com; dee.ann.miller@floridadep.gov; susan.neel@myFWC.com; Katie.Purcell@MyFWC.com; Alberto.Moscoso@flhealth.gov; amanda.slama@dij.state.fl.us; molly.best@dij.state.fl.us; NucataK@flalottery.com; Rose.Hebert@dms.myflorida.com; Mark.Ard@DOS.MyFlorida.com; beth.fradys@dot.state.fl.us; Heller, Victoria; kkeenan@enterpriseofl.com; sshell@spaceflorida.gov; Tupper, John; Savannah@volunteerflorida.org; AaronKeller@flhsmv.gov; JessicaKelleher@flhsmv.gov; gretpllessinger@fdle.state.fl.us; jessicacary@fdle.state.fl.us; mary.c.brown26.mil@mail.mil; william.m.manley2.nfg@mail.mil; bethany.wester@floridarevenue.com; Alexis.Bakofsky@flair.com; Karen.Kees@flair.com; Stephanie.Sutton@floridahousing.org; Taylor.Maxey@floridahousing.org; Fargason, Renee; murrayr@fdva.state.fl.us; Sferrazza-RiosL@FDVA.STATE.FL.US; Gambineri, Mara

Subject: ESF 14 Shifts and Updated Banners

Good Evening Communication Friends and Happy Thursday! I know we have all had a super busy week, so I apologize for the long email, but I have a LOT of information to share. Thank you all for your continued support and your PATIENCE! It is much appreciated as this activation is like no other I have ever been a part of. (And I counted...this is my 6th!)

ESF-14 Shifts

- Attached please find my best attempt at putting everyone in a shift they said they could work. If something changes and you are unable to work your shift, please first attempt to find someone to fill your shift and if you can't find someone, please call me. I am trying to trouble shoot this for Jason, Alberto and Samantha. (850-766-4646 is the best number to reach me at.) (If I missed someone who can help, let me know!)
- Please bring a working laptop or surface to the EOC for your shift. WiFi is available in the EOC and you will be checking the ESF 14 inbox while you are there, so having a functioning laptop is crucial.
- Make sure you're getting the Joint Information Center on COVID-19 press releases. Be sure to read them before you come in for your shift so you're up-to-date. Email ESF14@em.myflorida.com if you are not getting them.
- Be ready to answer the phone. But don't worry if you don't know the answer, you can certainly call press back.
- Bring a jacket. It gets cold in the EOC. Also, it is ok to wear jeans as you're in there for an extended period of time.
- Get ready for a great experience! This is a really stressful time for all of us, but working at the EOC has really given me lots of learning opportunities as a communications professional that I would have never gotten just staying inside my agency, AND I get to work with all of you! I would put our Communications Pros against any in the nation and this is the time we get to really come together.
- That being said, please look at the shifts still remaining. Jason, Alberto and their teams along with our Governor's Office team have been there day and night already this past week, including the weekends. Please consider helping as much as you can. I know we ALL have a lot to do, but they have more and this impacts us all. Several of you are 1 man shops and are still helping us with double shifts! Thank you! If you, your deputy or your social media specialists can help us out, this is great on the job training you won't get anywhere else. Please look at the remaining shifts and consider volunteering. If we need to adjust shifts after next week will, but we are going to need the support.

Roll-Ups

- **Starting tomorrow Friday, March 13th, we will need your roll-ups by 9:30am every day, aiming for an early afternoon press release.**
- Please note moving forward, every morning someone from ESF-14 will send out an email on instructions for Roll-Up. Please ALWAYS copy ESF14@em.myflorida.com and the designated Communications Director of the day.

Updated Banners

- As promised, attached are updated banners for your website. Please post and use on your websites to link back to www.FLHealth.gov/COVID-19. We have also included an infographic for your use as well.

Again thank you for all you and your teams do. This is an unsettling time in our state, but because of YOUR efforts we are helping deliver messages that Floridians can understand and make the best decisions for their families.

Thank you and I can't wait to see you all!

Tiffany Vause
Director of Communications & External Affairs
Florida Department of Economic Opportunity
Office 850-245-7161
Mobile 850-445-9451
Tiffany.Vause@deo.myflorida.com
www.floridajobs.org

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From: Vause, Tiffany

Sent: Thursday, March 12, 2020 4:40 PM

Cc: jason.mahon@em.myflorida.com; Alberto.Moscoso@flhealth.gov; Ferre, Helen <Helen.Ferre@eog.myflorida.com>; Beatrice, Meredith M. <Meredith.M.Beatrice@eog.myflorida.com>; Marquez, Jonas <Jonas.Marquez@eog.myflorida.com>; cody.mccloud@eog.myflorida.com; Ash, Ryan <Ryan.Ash@eog.myflorida.com>; Gambineri, Mara

<Mara.Gambineri@eog.myflorida.com>

Subject: ESF 14 - Friday, March 13

Importance: High

Friends – I am still working on completing the schedule (was doing my day job today), and you will have it shortly, but I wanted to share the schedule for tomorrow.

We could use help for social media tomorrow afternoon. Even if your social person can't work until 10 p.m., we need some assistance. Thanks

Friday	3/13 8:00 AM - 2:30 PM	Taryn Fenske, DOE	Beth Frady, DOT	Samantha Bequer, DEM	Paul Walker, FDC
Friday	3/13 2:00 PM - 10:00 PM	Taryn Fenske, DOE	Aly Coleman, DCF	Samantha Bequer, DEM	

Tiffany Vause
Director of Communications & External Affairs
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www.floridajobs.org

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Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

From: Moskowitz, Jared <Jared.Moskowitz@em.myflorida.com>
Sent: Saturday, March 14, 2020 9:58 AM EDT
To: Eifert, James O Maj Gen USAF NG FLARNG (USA) <james.o.eifert.mil@mail.mil>
CC: Strum, Shane <Shane.Strum@eog.MyFlorida.com>; Moulton, Diane <Diane.Moulton@eog.myflorida.com>
Subject: RE: [EXTERNAL] FLNG update

Thank you General.

Jared Moskowitz, Esq.
Director
Florida Division of Emergency Management
2555 Shumard Oak Boulevard
Tallahassee, FL 32399
Office-850-815-4000
Jared@em.myflorida.com
www.floridadisaster.org

From: Eifert, James O Maj Gen USAF NG FLARNG (USA) <james.o.eifert.mil@mail.mil>
Sent: Saturday, March 14, 2020 9:48 AM
To: Moskowitz, Jared <Jared.Moskowitz@em.myflorida.com>
Cc: Strum, Shane <Shane.Strum@eog.MyFlorida.com>; Moulton, Diane <Diane.Moulton@eog.myflorida.com>
Subject: [EXTERNAL] FLNG update

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Jared,
Here's our status as of 0900 this morning:

- Currently 8 on SAD (planners and augmentation to SEOC and JTF COVID Staff)
Additional ~200 pax mobilizing today for TF Medical and project 20 PAX SUN for SLRC mission
- FLNG JTF COVID has been stood up with COL Robert G. Carruthers as the Commander.
- FLNG will mobilize TF MEDICAL at Camp Blanding to assist in a drive thru COVID Testing site. Currently assembling and forecast to be on mission starting MON AM in Broward County. ~200 PAX FLNG's CERFP C2 Element, Medical Triage Element and Army/AF component medic personnel(68W and 4N0) will form the team and be augmented by ANG/ARNG combat medics. PPE will be furnished by the State of Florida out of their operational stocks.
- FLNG TF COVID adopting 95% virtual staffing. Email, phone and Homeland Security Information Network (HSIN) established to promote social distancing without sacrificing command, control and coordination efforts.

Lemme know if you have any questions or concerns...

Thanks,

Eif

James O. Eifert, MAJ Gen
The Adjutant General of Florida

FL-DEM-20-0674-A-000844

(904) 823-0107
Cell: (904) 481-6387

Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

From: Mahon, Jason <Jason.Mahon@em.myflorida.com>
Sent: Friday, March 20, 2020 9:16 AM EDT
To: Paulk-Buchanan, Crystal <crystal.paulk-buchanan@fema.dhs.gov>
CC: Lucas, Danon J <Danon.Lucas@fema.dhs.gov>
Subject: RE: [EXTERNAL] Florida department of Public Health called me

[You can call me anytime](#)

From: Paulk-Buchanan, Crystal <crystal.paulk-buchanan@fema.dhs.gov>
Sent: Friday, March 20, 2020 8:29 AM
To: Mahon, Jason <Jason.Mahon@em.myflorida.com>
Cc: Lucas, Danon J <Danon.Lucas@fema.dhs.gov>
Subject: [EXTERNAL] Florida department of Public Health called me

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Jason -

I just got a call from pio at Florida department of public health. He said he has been contacted by pio at Orange County convention center. Wanted to know when testing site would be open. Media blowing up her line.

I referred public health to call you.

I'm in operational briefing now. Call call you after.

Crystal Paulk-Buchanan
External Affairs Specialist | External Affairs | FEMA Region IV
Office: (770) 220-5244 | Mobile: (202) 702-3477
crystal.paulk-buchanan@fema.dhs.gov
Federal Emergency Management Agency
fema.gov

Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

From: Sayler, Erik <Erik.Sayler@em.myflorida.com>
Sent: Monday, March 23, 2020 10:29 AM EDT
To: Baker, Stuart <Stuart.Baker@fema.dhs.gov>
CC: Goodman, Amy <amy.goodman@fema.dhs.gov>
Subject: RE: [EXTERNAL] FSA for COVID EM

No question. Anticipate sending you the FSA this afternoon.

Erik L. Sayler

Deputy General Counsel
Florida Division of Emergency Management
Direct: (850) 815-4154 | Mobile: (850) 694-6620 | Erik.Sayler@em.myflorida.com



Florida has a very broad public records law. Written communications to or from state officials regarding state business constitute public records. Public records are available to the public and media upon request, unless the information is subject to a specific statutory exemption. Therefore, any information that you send to this address, including your contact information, may be subject to public disclosure.

From: Baker, Stuart <Stuart.Baker@fema.dhs.gov>
Sent: Monday, March 23, 2020 10:20 AM
To: Sayler, Erik <Erik.Sayler@em.myflorida.com>
Cc: Goodman, Amy <amy.goodman@fema.dhs.gov>
Subject: [EXTERNAL] FSA for COVID EM

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Hi, Erik. Did you have a question about the FSA? Amy said she missed a call from you. I'm in a meeting now but will be free in 15 mins or so. Feel free to call or email either of us.

Stuart

Stuart G. Baker
Regional Counsel
FEMA Region IV
stuart.baker@fema.dhs.gov
Mobile: (404) 694-0355

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Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

From: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>
Sent: Monday, March 23, 2020 5:32 PM EDT
To: Deleon, Melissa (FLNG) <Melissa.e.deleon.mil@mail.mil>
CC: Guidicelli, Ian <Ian.Guidicelli@em.myflorida.com>; Luce, Christie <christie.luce@flhealth.gov>; Cooksey, Samantha <samantha.cooksey@flhealth.gov>; Sayler, Erik <Erik.Sayler@em.myflorida.com>
Subject: RE: [EXTERNAL] FW: Re: CST support for COVID-19 sample testing

Erik,

See below work with necessary GC's from other agencies.

Kevin Guthrie | Deputy Director

Office: (850) 815-4101
Cell: (850) 294-8250
Kevin.Guthrie@em.myflorida.com

From: Deleon, Melissa E MAJ USARMY NG FLARNG (USA) <melissa.e.deleon.mil@mail.mil>
Sent: Monday, March 23, 2020 3:35 PM
To: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>
Cc: Guidicelli, Ian <Ian.Guidicelli@em.myflorida.com>; Luce, Christie <christie.luce@flhealth.gov>; Cooksey, Samantha <samantha.cooksey@flhealth.gov>
Subject: [EXTERNAL] FW: Re: CST support for COVID-19 sample testing

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Kevin,

A capability we are working on is the ability to supplement lab testing if we can get the proper equipment from NGB (take about a week) and an MOU will have to be drafted wherein the FLDOH authorizes CST members to work under their CLIA license. We are working on the request now.

Thanks,
Melissa

From: Ladd, Michael A COL USARMY NG FLARNG (USA) <michael.a.ladd10.mil@mail.mil>
Sent: Monday, March 23, 2020 12:52 PM
To: Luce, Christie <Christie.Luce@flhealth.gov>; Deleon, Melissa E MAJ USARMY NG FLARNG (USA) <melissa.e.deleon.mil@mail.mil>
Subject: RE: [Non-DoD Source] Re: CST support for COVID-19 sample testing

Working it now, maam.

Very Respectfully,

Mike

MICHAEL A. LADD
Colonel, Florida Army National Guard
J3, Director of Military Support (DOMS)

National J3 FAC Chair

Office: (904) 823-0430
Cell: (904) 687-7785

From: Luce, Christie <Christie.Luce@flhealth.gov>
Sent: Monday, March 23, 2020 12:49 PM
To: Ladd, Michael A COL USARMY NG FLARNG (USA) <michael.a.ladd10.mil@mail.mil>; Deleon, Melissa E MAJ USARMY NG FLARNG (USA) <melissa.e.deleon.mil@mail.mil>
Subject: Re: [Non-DoD Source] Re: CST support for COVID-19 sample testing

All active links contained in this email were disabled. Please verify the identity of the sender, and confirm the authenticity of all links contained within the message prior to copying and pasting the address to a Web browser.

Please do. I'll be waiting for it.
Christie

From: Ladd, Michael A COL USARMY NG FLARNG (USA) <michael.a.ladd10.mil@mail.mil>

Sent: Monday, March 23, 2020 12:34 PM

To: Luce, Christie <Christie.Luce@flhealth.gov>; Deleon, Melissa E MAJ USARMY NG FLARNG (USA) <melissa.e.deleon.mil@mail.mil>

Subject: RE: [Non-DoD Source] Re: CST support for COVID-19 sample testing

Shall I draw up a memo and send you for concurrence?

Very Respectfully,

Mike

MICHAEL A. LADD
Colonel, Florida Army National Guard
J3, Director of Military Support (DOMS)

National J3 FAC Chair

Office: (904) 823-0430

Cell: (904) 687-7785

From: Luce, Christie <Christie.Luce@flhealth.gov>

Sent: Monday, March 23, 2020 12:33 PM

To: Ladd, Michael A COL USARMY NG FLARNG (USA) <michael.a.ladd10.mil@mail.mil>; Deleon, Melissa E MAJ USARMY NG FLARNG (USA) <melissa.e.deleon.mil@mail.mil>

Subject: Re: [Non-DoD Source] Re: CST support for COVID-19 sample testing

All active links contained in this email were disabled. Please verify the identity of the sender, and confirm the authenticity of all links contained within the message prior to copying and pasting the address to a Web browser.

I do, sir.

From: Ladd, Michael A COL USARMY NG FLARNG (USA) <michael.a.ladd10.mil@mail.mil < Caution-mailto:michael.a.ladd10.mil@mail.mil > >

Sent: Monday, March 23, 2020 12:32 PM

To: Luce, Christie <Christie.Luce@flhealth.gov < Caution-mailto:Christie.Luce@flhealth.gov > >; Deleon, Melissa E MAJ USARMY NG FLARNG (USA) <melissa.e.deleon.mil@mail.mil < Caution-mailto:melissa.e.deleon.mil@mail.mil > >

Subject: RE: [Non-DoD Source] Re: CST support for COVID-19 sample testing

Copy maam, didn't want to create churn for no reason, but at a minimum the eqpt could get here and provide us an ability to conduct internal testing of our forces prior to and after COVID support. Think it doable?

Very Respectfully,

Mike

MICHAEL A. LADD
Colonel, Florida Army National Guard
J3, Director of Military Support (DOMS)

National J3 FAC Chair

Office: (904) 823-0430

Cell: (904) 687-7785

From: Luce, Christie <Christie.Luce@flhealth.gov < Caution-mailto:Christie.Luce@flhealth.gov > >

Sent: Monday, March 23, 2020 12:30 PM

To: Ladd, Michael A COL USARMY NG FLARNG (USA) <michael.a.ladd10.mil@mail.mil < Caution-mailto:michael.a.ladd10.mil@mail.mil > >; Deleon, Melissa E MAJ USARMY NG FLARNG (USA) <melissa.e.deleon.mil@mail.mil < Caution-mailto:melissa.e.deleon.mil@mail.mil > >

Subject: [Non-DoD Source] Re: CST support for COVID-19 sample testing

All active links contained in this email were disabled. Please verify the identity of the sender, and confirm the authenticity of all links contained within the message prior to copying and pasting the address to a Web browser.

Sirs,

I think that getting the equipment would be a great idea and the CLIA issue could be solved relatively easily (especially if you were solely testing the FNG). My greatest concern is lack of collection kits, unless you feel you have enough on hand or

FL-DEM-20-0674-A-000849

have a line on how to get some it might be moot. We seem to have plenty of capable labs, just not enough swabs to test. Pls advise.
CL

From: Ladd, Michael A COL USARMY NG FLARNG (USA)
Sent: Monday, March 23, 2020 11:27 AM
To: Deleon, Melissa E MAJ USARMY NG FLARNG (USA)
Cc: Luce, Christie
Subject: RE: CST support for COVID-19 sample testing

Potentially augment CST testing activity with a DoH doc so that CLIA conversation is easier. Kinda like to overwatch our testing procedures.

Very Respectfully,

Mike

MICHAEL A. LADD
Colonel, Florida Army National Guard
J3, Director of Military Support (DOMS)

National J3 FAC Chair

Office: (904) 823-0430
Cell: (904) 687-7785

From: Deleon, Melissa E MAJ USARMY NG FLARNG (USA) <melissa.e.deleon.mil@mail.mil < Caution-Caution-mailto:melissa.e.deleon.mil@mail.mil < Caution-mailto:melissa.e.deleon.mil@mail.mil %3c Caution-Caution-mailto:melissa.e.deleon.mil@mail.mil > > >
Sent: Monday, March 23, 2020 11:13 AM
To: Ladd, Michael A COL USARMY NG FLARNG (USA) <michael.a.ladd10.mil@mail.mil < Caution-Caution-mailto:michael.a.ladd10.mil@mail.mil < Caution-mailto:michael.a.ladd10.mil@mail.mil %3c Caution-Caution-mailto:michael.a.ladd10.mil@mail.mil > > >
Cc: Luce, Christie <Christie.Luce@flhealth.gov < Caution-Caution-mailto:Christie.Luce@flhealth.gov < Caution-mailto:Christie.Luce@flhealth.gov %3c Caution-Caution-mailto:Christie.Luce@flhealth.gov > > >
Subject: RE: CST support for COVID-19 sample testing

Sir, how many could they test?

From: Ladd, Michael A COL USARMY NG FLARNG (USA) <michael.a.ladd10.mil@mail.mil < Caution-Caution-Caution-mailto:michael.a.ladd10.mil@mail.mil < Caution-Caution-mailto:michael.a.ladd10.mil@mail.mil %3c Caution-Caution-Caution-mailto:michael.a.ladd10.mil@mail.mil < Caution-mailto:michael.a.ladd10.mil@mail.mil %3c Caution-Caution-Caution-mailto:michael.a.ladd10.mil@mail.mil %3c Caution-Caution-mailto:michael.a.ladd10.mil@mail.mil %3c Caution-Caution-Caution-mailto:michael.a.ladd10.mil@mail.mil > > > > > >
Sent: Monday, March 23, 2020 10:56 AM
To: Deleon, Melissa E MAJ USARMY NG FLARNG (USA) <melissa.e.deleon.mil@mail.mil < Caution-Caution-Caution-mailto:melissa.e.deleon.mil@mail.mil < Caution-Caution-mailto:melissa.e.deleon.mil@mail.mil %3c Caution-Caution-Caution-mailto:melissa.e.deleon.mil@mail.mil < Caution-mailto:melissa.e.deleon.mil@mail.mil %3c Caution-Caution-Caution-mailto:melissa.e.deleon.mil@mail.mil %3c Caution-Caution-Caution-mailto:melissa.e.deleon.mil@mail.mil > > > > > >
Cc: Luce, Christie <Christie.Luce@flhealth.gov < Caution-Caution-Caution-mailto:Christie.Luce@flhealth.gov < Caution-Caution-mailto:Christie.Luce@flhealth.gov %3c Caution-Caution-Caution-mailto:Christie.Luce@flhealth.gov < Caution-mailto:Christie.Luce@flhealth.gov %3c Caution-Caution-Caution-mailto:Christie.Luce@flhealth.gov %3c Caution-Caution-mailto:Christie.Luce@flhealth.gov %3c Caution-Caution-Caution-mailto:Christie.Luce@flhealth.gov > > > > > >
Subject: FW: CST support for COVID-19 sample testing
Importance: High

Can you please vet with DoH / ESF 8 – may be additive to our ability, it is physically mobile (on scene testing) but needs to be calibrated on site.

This could offer additional testing bandwidth to the problem set. All we need is a memorandum from DEM saying that we would use them and they can be fielded this system at no cost to State.

This is time sensitive.

Very Respectfully,

Mike

To: Ladd, Michael A COL USARMY NG FLARNG (USA) <michael.a.ladd10.mil@mail.mil < Caution-Caution-Caution-mailto:michael.a.ladd10.mil@mail.mil < Caution-Caution-mailto:michael.a.ladd10.mil@mail.mil %3c Caution-Caution-Caution-mailto:michael.a.ladd10.mil@mail.mil < Caution-mailto:michael.a.ladd10.mil@mail.mil %3c Caution-Caution-Caution-mailto:michael.a.ladd10.mil@mail.mil %3c Caution-Caution-mailto:michael.a.ladd10.mil@mail.mil %3c Caution-Caution-Caution-mailto:michael.a.ladd10.mil@mail.mil > > > >

Cc: Pelleriti, John A COL USARMY NG FLARNG (USA) <john.a.pelleriti.mil@mail.mil < Caution-Caution-Caution-mailto:john.a.pelleriti.mil@mail.mil < Caution-Caution-mailto:john.a.pelleriti.mil@mail.mil %3c Caution-Caution-Caution-mailto:john.a.pelleriti.mil@mail.mil < Caution-mailto:john.a.pelleriti.mil@mail.mil %3c Caution-Caution-Caution-mailto:john.a.pelleriti.mil@mail.mil %3c Caution-Caution-mailto:john.a.pelleriti.mil@mail.mil %3c Caution-Caution-Caution-mailto:john.a.pelleriti.mil@mail.mil > > > >

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Subject: RE: CST support for COVID-19 sample testing

Roger Sir,

I will email you a summary later this evening. Currently dealing with a power outage.

V/R

LTC Troy M. Eastman
Commander

44th Weapons of Mass Destruction – Civil Support Team (WMD-CST) Florida National Guard

[5629 SR 16W Bld 4398](#)

[Starke FL 32091](#)

Desk: 904-682-2401 <<tel:904-682-2401> <<tel:904-682-2401> > <<tel:904-682-2401> <<tel:904-682-2401> > > >

Fax: 904-682-3230 <<tel:904-682-3230> <<tel:904-682-3230> > <<tel:904-682-3230> <<tel:904-682-3230> > > >

Cell: 904-813-4043 <<tel:904-813-4043> <<tel:904-813-4043> > <<tel:904-813-4043> <<tel:904-813-4043> > > >

troy.m.eastman.mil@mail.mil < Caution-mailto:troy.m.eastman.mil@mail.mil > < Caution-Caution-mailto:troy.m.eastman.mil@mail.mil > < Caution-Caution-Caution-mailto:troy.m.eastman.mil@mail.mil >

----- Original message -----

From: "Ladd, Michael A COL USARMY NG FLARNG (USA)" <michael.a.ladd10.mil@mail.mil < Caution-Caution-Caution-mailto:michael.a.ladd10.mil@mail.mil < Caution-Caution-mailto:michael.a.ladd10.mil@mail.mil %3c Caution-Caution-Caution-mailto:michael.a.ladd10.mil@mail.mil < Caution-mailto:michael.a.ladd10.mil@mail.mil %3c Caution-Caution-Caution-mailto:michael.a.ladd10.mil@mail.mil %3c Caution-Caution-mailto:michael.a.ladd10.mil@mail.mil %3c Caution-Caution-Caution-mailto:michael.a.ladd10.mil@mail.mil > > > >

Date: 3/22/20 7:24 PM (GMT-05:00)

To: "Eastman, Troy M LTC USARMY NG FLARNG (USA)" <troy.m.eastman.mil@mail.mil < Caution-Caution-Caution-mailto:troy.m.eastman.mil@mail.mil < Caution-Caution-mailto:troy.m.eastman.mil@mail.mil %3c Caution-Caution-Caution-mailto:troy.m.eastman.mil@mail.mil < Caution-mailto:troy.m.eastman.mil@mail.mil %3c Caution-Caution-Caution-mailto:troy.m.eastman.mil@mail.mil %3c Caution-Caution-Caution-mailto:troy.m.eastman.mil@mail.mil > > > >

Cc: "Pelleriti, John A COL USARMY NG FLARNG (USA)" <john.a.pelleriti.mil@mail.mil < Caution-Caution-Caution-mailto:john.a.pelleriti.mil@mail.mil < Caution-Caution-mailto:john.a.pelleriti.mil@mail.mil %3c Caution-Caution-Caution-mailto:john.a.pelleriti.mil@mail.mil < Caution-mailto:john.a.pelleriti.mil@mail.mil %3c Caution-Caution-Caution-mailto:john.a.pelleriti.mil@mail.mil %3c Caution-Caution-mailto:john.a.pelleriti.mil@mail.mil %3c Caution-Caution-Caution-mailto:john.a.pelleriti.mil@mail.mil > > > >

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Subject: Re: CST support for COVID-19 sample testing

As busy as they are (ESF 8 and DoH) recommend you put together an email with summarized background and the specific ask - I will push thru channels so we don't have new face popping up adding voltage to a delicate LOC. Not sure DIRLAUTH would be best method.

All of this pending CDR/83d concurrence.

Very respectfully,

Mike

COL Mike Ladd
J3/DOMS
Florida National Guard

(O) (904) 823-0430 <tel:(904)%20823-0430 <tel:(904)%20823-0430> <tel:(904)%20823-0430 <tel:(904)%20823-0430> > >
(C) (904) 687-7785 <tel:(904)%20687-7785 <tel:(904)%20687-7785> <tel:(904)%20687-7785 <tel:(904)%20687-7785> > >

National Chair, J3 Functional Advisory Council (FAC)

On Mar 22, 2020, at 19:18, Eastman, Troy M LTC USARMY NG FLARNG (USA)

<troym.eastman.mil@mail.mil < Caution-Caution-Caution-mailto:troym.eastman.mil@mail.mil < Caution-Caution-mailto:troym.eastman.mil@mail.mil %3c Caution-Caution-Caution-mailto:troym.eastman.mil@mail.mil < Caution-mailto:troym.eastman.mil@mail.mil %3c Caution-Caution-Caution-mailto:troym.eastman.mil@mail.mil %3c Caution-Caution-Caution-mailto:troym.eastman.mil@mail.mil %3c Caution-Caution-Caution-mailto:troym.eastman.mil@mail.mil > > >
wrote:

Sir,

Timeframe could be as soon as a week for the ABI 7500 (high throughput machine). LtCol Simpson is telling me the 75000 can be delivered within 7-10 days. Training for our ALS operators is 8 hours and can be completed via VTC, so training can be completed prior to the machines arrival. NGB should have resolution on the waiver by 2000 tomorrow. If the NGB waiver is not approved we would need to formalize an MOU with FLDOH; I anticipate that should take less than a week. Timeframe for the BioFire (low throughput machine) is 14 April; that is the soonest we could receive COVID-19 film arrays.

To facilitate this process I would like to request DIRLUTH with the FLDOH IOT determine their interest in CST assistance and to initiate the MOU if the NGB waiver does not come through.

V/R

LTC Troy M. Eastman
Commander
44th Weapons of Mass Destruction – Civil Support Team (WMD-CST) Florida National Guard
[5629 SR 16W Bld 4398](#)
[Starke FL 32091](#)

Desk:904-682-2401 <tel:904-682-2401 <tel:904-682-2401> <tel:904-682-2401 <tel:904-682-2401> > >
Fax:904-682-3230 <tel:904-682-3230 <tel:904-682-3230> <tel:904-682-3230 <tel:904-682-3230> > >
Cell:904-813-4043 <tel:904-813-4043 <tel:904-813-4043> <tel:904-813-4043 <tel:904-813-4043> > >
troym.eastman.mil@mail.mil < Caution-mailto:troym.eastman.mil@mail.mil > < Caution-Caution-mailto:troym.eastman.mil@mail.mil > < Caution-Caution-Caution-mailto:troym.eastman.mil@mail.mil >

From: Ladd, Michael A COL USARMY NG FLARNG (USA) <michael.a.ladd10.mil@mail.mil < Caution-Caution-Caution-mailto:michael.a.ladd10.mil@mail.mil < Caution-Caution-mailto:michael.a.ladd10.mil@mail.mil %3c Caution-Caution-Caution-mailto:michael.a.ladd10.mil@mail.mil %3c Caution-Caution-Caution-mailto:michael.a.ladd10.mil@mail.mil %3c Caution-Caution-Caution-mailto:michael.a.ladd10.mil@mail.mil %3c Caution-Caution-Caution-mailto:michael.a.ladd10.mil@mail.mil %3c Caution-Caution-Caution-mailto:michael.a.ladd10.mil@mail.mil > > >
Sent: Sunday, March 22, 2020 6:53 PM

To: Pelleriti, John A COL USARMY NG FLARNG (USA) <john.a.pelleriti.mil@mail.mil < Caution-Caution-Caution-mailto:john.a.pelleriti.mil@mail.mil < Caution-Caution-mailto:john.a.pelleriti.mil@mail.mil %3c Caution-Caution-Caution-mailto:john.a.pelleriti.mil@mail.mil < Caution-mailto:john.a.pelleriti.mil@mail.mil %3c Caution-Caution-Caution-mailto:john.a.pelleriti.mil@mail.mil %3c Caution-Caution-Caution-mailto:john.a.pelleriti.mil@mail.mil %3c Caution-Caution-Caution-mailto:john.a.pelleriti.mil@mail.mil > > >
Cc: Eastman, Troy M LTC USARMY NG FLARNG (USA) <troym.eastman.mil@mail.mil < Caution-Caution-Caution-mailto:troym.eastman.mil@mail.mil < Caution-Caution-mailto:troym.eastman.mil@mail.mil %3c Caution-Caution-Caution-mailto:troym.eastman.mil@mail.mil %3c Caution-Caution-Caution-mailto:troym.eastman.mil@mail.mil %3c Caution-Caution-Caution-mailto:troym.eastman.mil@mail.mil %3c Caution-Caution-Caution-mailto:troym.eastman.mil@mail.mil %3c Caution-Caution-Caution-mailto:troym.eastman.mil@mail.mil > > > > > > Bianchi, Mark G LTC USARMY NG FLARNG (USA) <mark.g.bianchi.mil@mail.mil < Caution-Caution-Caution-mailto:mark.g.bianchi.mil@mail.mil < Caution-Caution-mailto:mark.g.bianchi.mil@mail.mil %3c Caution-Caution-Caution-mailto:mark.g.bianchi.mil@mail.mil < Caution-mailto:mark.g.bianchi.mil@mail.mil %3c Caution-Caution-Caution-mailto:mark.g.bianchi.mil@mail.mil %3c Caution-Caution-Caution-mailto:mark.g.bianchi.mil@mail.mil > > > > > >

Subject: Re: CST support for COVID-19 sample testing

Thanks sir

Any timeframe when these testing capabilities will be ready?

With waiver?
And without?

Very respectfully,

Mike

COL Mike Ladd
J3/DOMS
Florida National Guard

(O) (904) 823-0430 <tel:(904)%20823-0430 <tel:(904)%20823-0430 > <tel:(904)%20823-0430 <tel:(904)%20823-0430 > > >
(C) (904) 687-7785 <tel:(904)%20687-7785 <tel:(904)%20687-7785 > <tel:(904)%20687-7785 <tel:(904)%20687-7785 > > >

National Chair, J3 Functional Advisory Council (FAC)

On Mar 22, 2020, at 18:43, Pelleriti, John A COL USARMY NG FLARNG (USA)
<john.a.pelleriti.mil@mail.mil < Caution-Caution-Caution-mailto:john.a.pelleriti.mil@mail.mil < Caution-Caution-mailto:john.a.pelleriti.mil@mail.mil %3c Caution-Caution-Caution-mailto:john.a.pelleriti.mil@mail.mil < Caution-mailto:john.a.pelleriti.mil@mail.mil %3c Caution-Caution-Caution-mailto:john.a.pelleriti.mil@mail.mil %3c Caution-Caution-Caution-mailto:john.a.pelleriti.mil@mail.mil %3c Caution-Caution-Caution-mailto:john.a.pelleriti.mil@mail.mil > > > > wrote:

Lets work it thru DOMS and see how the J3 wants to work it.

Thanks

JOHN A. PELLERITI
COL, SF, FLARNG
CDR, 83rd TC and G5
COM: (904) 827-8638 <tel:(904)%20827-8638 <tel:(904)%20827-8638 > <tel:(904)%20827-8638 <tel:(904)%20827-8638 > > >
Cell: (904) 814-1415 <tel:(904)%20814-1415 <tel:(904)%20814-1415 > <tel:(904)%20814-1415 <tel:(904)%20814-1415 > > >
NIPR: john.a.pelleriti.mil@mail.mil < Caution-mailto:john.a.pelleriti.mil@mail.mil > < Caution-Caution-mailto:john.a.pelleriti.mil@mail.mil > < Caution-Caution-Caution-mailto:john.a.pelleriti.mil@mail.mil >
SIPR: john.a.pelleriti.mil@mail.smil.mil < Caution-mailto:john.a.pelleriti.mil@mail.smil.mil > < Caution-Caution-mailto:john.a.pelleriti.mil@mail.smil.mil > < Caution-Caution-Caution-mailto:john.a.pelleriti.mil@mail.smil.mil >

From: "Eastman, Troy M LTC USARMY NG FLARNG (USA)"

<troy.m.eastman.mil@mail.mil < Caution-Caution-Caution-mailto:troy.m.eastman.mil@mail.mil < Caution-Caution-mailto:troy.m.eastman.mil@mail.mil %3c Caution-Caution-Caution-mailto:troy.m.eastman.mil@mail.mil < Caution-mailto:troy.m.eastman.mil@mail.mil %3c Caution-Caution-Caution-mailto:troy.m.eastman.mil@mail.mil %3c Caution-Caution-Caution-mailto:troy.m.eastman.mil@mail.mil %3c Caution-Caution-Caution-mailto:troy.m.eastman.mil@mail.mil > > > >

Date: Sunday, March 22, 2020 at 6:34:39 PM

To: "Pelleriti, John A COL USARMY NG FLARNG (USA)"

<john.a.pelleriti.mil@mail.mil < Caution-Caution-Caution-mailto:john.a.pelleriti.mil@mail.mil < Caution-Caution-mailto:john.a.pelleriti.mil@mail.mil %3c Caution-Caution-Caution-mailto:john.a.pelleriti.mil@mail.mil < Caution-mailto:john.a.pelleriti.mil@mail.mil %3c Caution-Caution-Caution-mailto:john.a.pelleriti.mil@mail.mil %3c Caution-Caution-Caution-mailto:john.a.pelleriti.mil@mail.mil %3c Caution-Caution-Caution-mailto:john.a.pelleriti.mil@mail.mil > > > >

Cc: "Bianchi, Mark G LTC USARMY NG FLARNG (USA)"

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<mailto:mark.g.bianchi.mil@mail.mil> > > > >

Subject: RE: CST support for COVID-19 sample testing

Sir,

I want to confirm the 44th and 48th have DRLUTH with the FL DOH labs IOT determine their interest in having the CSTs assist with COVID-19 sample testing?

V/R

LTC Troy M. Eastman
Commander

44th Weapons of Mass Destruction – Civil Support Team (WMD-CST) Florida National Guard
[5629 SR 16W Bld 4398](#)
[Starke FL 32091](#)

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Fax:904-682-3230 < <tel:904-682-3230> < <tel:904-682-3230> > < <tel:904-682-3230> < <tel:904-682-3230> > > > >

Cell:904-813-4043 < <tel:904-813-4043> < <tel:904-813-4043> > < <tel:904-813-4043> < <tel:904-813-4043> > > > >

troy.m.eastman.mil@mail.mil < Caution-<mailto:troy.m.eastman.mil@mail.mil> > < Caution-
Caution-<mailto:troy.m.eastman.mil@mail.mil> > < Caution-Caution-Caution-
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From: Pelleriti, John A COL USARMY NG FLARNG (USA)

<john.a.pelleriti.mil@mail.mil < Caution-Caution-Caution-
<mailto:john.a.pelleriti.mil@mail.mil> < Caution-Caution-
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<mailto:john.a.pelleriti.mil@mail.mil> < Caution-<mailto:john.a.pelleriti.mil@mail.mil> %3c Caution-
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<mailto:john.a.pelleriti.mil@mail.mil> %3c Caution-Caution-Caution-
<mailto:john.a.pelleriti.mil@mail.mil> > > > >

Sent: Sunday, March 22, 2020 6:08 PM

To: Eastman, Troy M LTC USARMY NG FLARNG (USA)

<troy.m.eastman.mil@mail.mil < Caution-Caution-Caution-
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<mailto:troy.m.eastman.mil@mail.mil> %3c Caution-Caution-Caution-
<mailto:troy.m.eastman.mil@mail.mil> > > > >

Cc: Bianchi, Mark G LTC USARMY NG FLARNG (USA)

<mark.g.bianchi.mil@mail.mil < Caution-Caution-Caution-
<mailto:mark.g.bianchi.mil@mail.mil> < Caution-Caution-
<mailto:mark.g.bianchi.mil@mail.mil> %3c Caution-Caution-Caution-
<mailto:mark.g.bianchi.mil@mail.mil> < Caution-<mailto:mark.g.bianchi.mil@mail.mil> %3c Caution-
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<mailto:mark.g.bianchi.mil@mail.mil> %3c Caution-Caution-Caution-
<mailto:mark.g.bianchi.mil@mail.mil> > > > >; Ladd, Michael A COL USARMY NG FLARNG

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<mailto:michael.a.ladd10.mil@mail.mil> %3c Caution-Caution-Caution-
<mailto:michael.a.ladd10.mil@mail.mil> > > > >; Evans, Elizabeth A LTC USARMY NG FLARNG

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<mailto:elizabeth.a.evans16.mil@mail.mil> < Caution-Caution-
<mailto:elizabeth.a.evans16.mil@mail.mil> %3c Caution-Caution-Caution-
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<mailto:elizabeth.a.evans16.mil@mail.mil> %3c Caution-Caution-Caution-
<mailto:elizabeth.a.evans16.mil@mail.mil> > > > >; Hill, Sidney P Jr LTC USARMY NG FLARNG

FL-DEM-20-0674-A-000856

The CSTs have two options for running COVID-19 samples:

Option 1 is using the BioFire PCR that is part of the new ALS1A1 fielding; though we don't yet have our new ALS1A1 NGB would ship us the BioFire machine. BioFire has developed a COVID-19 film array that received FDA approval today. The downside of the BioFire is that it can only run one sample an hour. However, we could utilize this analytical tool to test FLNG Soldiers/Airmen if warranted. This would allow us to provide the Soldier/Airmen with a result in 1-2 days; thus saving days of unnecessary quarantine for negative results and providing faster treatment for positive results. It would also lessen the testing burden on the civilian side. We could have the BioFire machine by Wed/Thur this week, but the film arrays will not be available from BioFire until 14 April.

Option 2 is to request a ABI 7500 PCR machine from NGB J39. JPEO has approached NGB J39 and indicated they can purchase 10 machines for the CSTs. LtCol Simpson stated that, if requested, Florida would definitely get one as FL is in the top ten for positive COVID-19 cases. This machine can run 500 plus samples per day. This would be a real force multiplier to our State DOH labs. Our ALS operators would need 8 hours of VTC training to learn how to use this machine and once it arrives it would take a day to set up and calibrate. JPEO should have the machines available for fielding within the week. Of note, when spoke to LtCol Simpson a few minutes ago he said the NY teams will get the first two machines due to how bad the things are in NY.

The one hurdle we have to overcome to allow our ALS operators to run COVID-19 samples is CFR 42, part 493, Clinical Laboratory Improvement Amendments (CLIA) certification. CLIA certification is required for labs that run human samples, and neither of our ALS operators have CLIA certification. Currently NGB is working with White House staff to get the CLIA requirement suspended for this crisis; LtCol Simpson said they should have more resolution on this waiver by 1500-1700 tomorrow. If they are not successful then we would need DRLUTH with the FLDOH to request an MOU between them and our ALS operators to allow our ALS operators to work under their CLIA certification. One other note, if we ran samples just on FLNG Soldiers/Airmen we would not need CLIA certification. We would need the military version call Clinical Laboratory Improvement Program (CLIP); which would just need to be run through the State Surgeons office.

V/R

LTC Troy M. Eastman
Commander
44th Weapons of Mass Destruction – Civil Support Team (WMD-CST) Florida
National Guard
5629 SR 16W Bld 4398
Starke FL 32091
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From: Cintron, Morgan <Morgan.Cintron@em.myflorida.com>
Sent: Friday, March 13, 2020 5:41 PM EDT
To: stuart.baker@fema.dhs.gov <stuart.baker@fema.dhs.gov>
Subject: RE: [EXTERNAL] FW: [EXTERNAL] RE: Declaration

Can you please send me the call in information. Please include me on these mailing for Florida. Thank you!

Morgan L. Cintron
External Affairs Director
Florida Division of Emergency Management
2555 Shumard Oak Boulevard
Tallahassee, FL 32399
C-850-755-2722
O-850-815-4013
Morgan.Cintron@em.myflorida.com
www.floridadisaster.org



From: Baker, Stuart <Stuart.Baker@fema.dhs.gov>
Sent: Friday, March 13, 2020 5:37 PM
To: Polk, Will <Will.Polk@ncdps.gov>; Fitzpatrick, Katherine J NFG NG KYARNG (USA) <katherine.j.fitzpatrick.nfg@mail.mil>;
Speaks, Janine <janine.speaks@ema.alabama.gov>; Greene, Joey <joey.greene@gema.ga.gov>; Laura Scruggs
<laura.g.scruggs@tn.gov>; 'Libby Donoho' <Libby.Donoho@tn.gov>; Polk, Betsy <bpolk@emd.sc.gov>; Sayler, Erik
<Erik.Sayler@em.myflorida.com>; William Dreher <wdreher@mema.ms.gov>
Subject: [EXTERNAL] RE: Declaration

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

The Directors of KY, MS, NC, and GA are on the call. Haven't heard the other Directors join yet. Just fyi.

Stuart

Stuart G. Baker
Regional Counsel
FEMA Region IV
stuart.baker@fema.dhs.gov
Office: (770) 220-8810

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From: Baker, Stuart
Sent: Friday, March 13, 2020 5:15 PM
To: Polk, Will <Will.Polk@ncdps.gov>; Fitzpatrick, Katherine J NFG NG KYARNG (USA) <katherine.j.fitzpatrick.nfg@mail.mil>;
Speaks, Janine <janine.speaks@ema.alabama.gov>; Greene, Joey <joey.greene@gema.ga.gov>; Laura Scruggs
<laura.g.scruggs@tn.gov>; 'Libby Donoho' <Libby.Donoho@tn.gov>; Polk, Betsy <bpolk@emd.sc.gov>; Sayler, Erik
<Erik.Sayler@em.myflorida.com>; William Dreher <wdreher@mema.ms.gov>
Cc: Goodman, Amy <amy.goodman@fema.dhs.gov>
Subject: RE: Declaration

The FEMA Regional Administrator (Gracia) is setting up a conference call with the State EMA Directors at 5:30 pm EST (in 15 mins) to go over the details. Wanted to let you know in case you can join your Director for the call. More to follow...

Stuart

Stuart G. Baker
Regional Counsel
FEMA Region IV
stuart.baker@fema.dhs.gov
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AMERICAN
OVERSIGHT

This communication, along with any attachments, is covered by federal and state law governing electronic communications and may contain confidential and legally privileged information.

FL-DEM-20-0674-A-000859

From: Baker, Stuart
Sent: Friday, March 13, 2020 4:15 PM
To: Polk, Will <Will.Polk@ncdps.gov>; Fitzpatrick, Katherine J NFG NG KYARNG (USA) <katherine.j.fitzpatrick.nfg@mail.mil>; Speaks, Janine <janine.speaks@ema.alabama.gov>; Greene, Joey <joey.greene@gema.ga.gov>; Laura Scruggs <laura.g.scruggs@tn.gov>; 'Libby Donoho' <Libby.Donoho@tn.gov>; Polk, Betsy <bpolk@emd.sc.gov>; Sayler, Erik <Erik.Sayler@em.myflorida.com>; William Dreher <wdreher@mema.ms.gov>
Cc: Goodman, Amy <amy.goodman@fema.dhs.gov>
Subject: RE: Declaration

Hi, all. I'll be sharing details as soon as I can. Waiting to get them, hoping soon...

Stuart

Stuart G. Baker
Regional Counsel
FEMA Region IV
stuart.baker@fema.dhs.gov
Office: (770) 220-8810

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From: Polk, Will <Will.Polk@ncdps.gov>
Sent: Friday, March 13, 2020 4:11 PM
To: Baker, Stuart <Stuart.Baker@fema.dhs.gov>; Fitzpatrick, Katherine J NFG NG KYARNG (USA) <katherine.j.fitzpatrick.nfg@mail.mil>; Speaks, Janine <janine.speaks@ema.alabama.gov>; Greene, Joey <joey.greene@gema.ga.gov>; Laura Scruggs <laura.g.scruggs@tn.gov>; 'Libby Donoho' <Libby.Donoho@tn.gov>; Polk, Betsy <bpolk@emd.sc.gov>; Sayler, Erik <Erik.Sayler@em.myflorida.com>; William Dreher <wdreher@mema.ms.gov>
Cc: Hutchins, Catherine <CHutchins@oag.state.va.us>; Goodman, Amy <amy.goodman@fema.dhs.gov>
Subject: Declaration

Good afternoon Stuart and Amy,

Now that the President has issued an emergency declaration will FEMA send any information out to States on what will be covered under Cat B and will IHP be allowed for this under IA for people impacted by COVID-19.

I know it is early but if you have any early info it would be appreciated.

Best,
Will

Will Polk
Assistant General Counsel
NC Department of Public Safety
4201 Mail Service Center
Raleigh, NC 27699-4201
919-825-2706 (Office)
919-219-4534 (mobile)
EMAIL ADDRESS: Will.Polk@ncdps.gov
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Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

From: Mahon, Jason <Jason.Mahon@em.myflorida.com>
Sent: Wednesday, February 12, 2020 10:25 AM EST
To: Paulk-Buchanan, Crystal <crystal.paulk-buchanan@fema.dhs.gov>
CC: Lucas, Danon J <Danon.Lucas@fema.dhs.gov>
Subject: RE: [EXTERNAL] FW: Earthquake Awareness Month -
Crystal,

I might have some concerns. Would at least like to stress that Miami is a very low risk for a strong earthquake. Can we have a call to discuss?

Jason

From: Paulk-Buchanan, Crystal <crystal.paulk-buchanan@fema.dhs.gov>
Sent: Wednesday, February 12, 2020 10:12 AM
To: Mahon, Jason <Jason.Mahon@em.myflorida.com>
Cc: Lucas, Danon J <Danon.Lucas@fema.dhs.gov>
Subject: [EXTERNAL] FW: Earthquake Awareness Month -

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Jason,
This month FEMA is raising awareness of the threat of earthquakes. – While the primary focus of our media pitching is in the central US for the New Madrid Fault, we would like to reach out to radio in the Miami market as that area experienced tremors from the earthquake in Jamaica a few weeks ago.

We wanted to make sure you were aware of this campaign and outreach effort. If you have any concerns please let Danon or myself know.

Below are the general talking points that will be used.

Talking Points

Prepare Before an Earthquake

- Practice **Drop, Cover, and Hold On** with family and coworkers.
- Protect your property. Secure heavy items in your home like bookcases, refrigerators, televisions, and objects that hang on walls.
- Store heavy and breakable objects on low shelves.
- Create a [family emergency communications plan](#) that has an out-of-state contact. Plan where to meet if you get separated.
- [Make a supply kit](#) that includes enough food and water for at least three days, a flashlight, a fire extinguisher, and a whistle.
- Do not forget the needs of [pets and service animals](#).
- Consider obtaining an [earthquake insurance policy](#). A standard homeowner's insurance policy does not cover earthquake damage.
- Consider making improvements to your building to fix structural issues that could cause your property to collapse during an earthquake.
- Know how to turn off [utilities](#)

During – Protect yourself

- **Drop, Cover, and Hold On**
- Pick a Safe spots best places under heavy pieces of furniture, such as a desk or sturdy table and against inside walls
- Stay away from windows or breaking objects
- Expect aftershocks
- Be the help until help arrives

Prepare After an Earthquake: Keep Yourself Safe After an Earthquake

- Earthquakes can cause serious hazards such as damage building structures, leaking gas and water lines, or downed power lines.
- Earthquakes can be part of a sequence prepare for more than one shake. Also prepare for aftershocks to follow a large earthquake. These could be as dangerous as the earthquake.
- Check yourself to see if you are hurt and help others if you have training. [Learn how to be the help until help arrives](#)
- If you are in a damaged building, go outside and quickly move away from the building. Do not enter damaged buildings.
- If you are trapped, protect your mouth, nose, and eyes from dust. Send a text, bang on a pipe or wall, or use a whistle instead of shouting to help rescuers locate you.
- Text messages may be more reliable than phone calls. Save phone calls for emergencies.
- Once you are safe, listen to local news reports for emergency information and instructions via battery operated radio, TV, social media, or from cell phone text alerts.
- Be careful during post-disaster cleanup of buildings and around debris. Wear protective clothing, including a long-sleeved shirt, long pants, work gloves, and sturdy, thick-soled shoes during cleanup.
- Register on the American Red Cross ["Safe and Well"](#) website so people will know you are okay.

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Follow us on twitter [@femaregion4](https://twitter.com/femaregion4) to receive preparedness tips and disaster recovery updates

From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>

Sent: Tuesday, March 24, 2020 1:03 AM EDT

To: Luddeke, R <r.luddeke@fema.dhs.gov>

CC: Gniady Banford, Lisa <lisa.gniadybanford@fema.dhs.gov>; Peterson, Amy <Amy.Peterson@fema.dhs.gov>; Grable, Bryon <bryon.grable@fema.dhs.gov>

Subject: Re: [EXTERNAL] FW: FaStep Test Kits

Will get with Department of Health and provide requested information

Get [Outlook for Android](#)

On Mon, Mar 23, 2020 at 3:57 PM -0400, "Luddeke, R"<R.Luddeke@fema.dhs.gov> wrote:

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Linda,

We understand that Florida is utilizing FaStep Test Kits. Is that so?

There are states that do not have Fed Supported CBTS and are looking at those as an option. Please see below and shed whatever light you can.

Request came from Bryon Grable – FEMA RVII Logistics Chief – on email.

Thanks,

Bond

From: Hare, Kertz M <Kertz.Hare@fema.dhs.gov>

Sent: Monday, March 23, 2020 3:38 PM

To: Luddeke, R <R.Luddeke@fema.dhs.gov>

Cc: Gniady Banford, Lisa <lisa.gniadybanford@fema.dhs.gov>

Subject: FW: FaStep Test Kits

Please investigate.

From: Grable, Bryon <Bryon.Grable@fema.dhs.gov>

Sent: Monday, March 23, 2020 2:16 PM

To: Hare, Kertz M <Kertz.Hare@fema.dhs.gov>

Subject: FaStep Test Kits

Kertz, it is my understanding that Florida has been using these test kits, can you get any validity out of that? Who is your IMAT-A for FL that may be able to chase that down? The Surgeon General, according to Dellamura, has stated he didn't want to use this process due to calibration issues, but we need to test folks who are outside those 41 supported federal sites. Thanks, hope you are doing good.

Respectfully Submitted,

Bryon D. Grable

Chief, Logistics Branch

Response Division, Region VII

11224 Holmes Road, KCMO 64131

(816) 810-8703 (Cell)

[Region VII Logistics Disaster Tool Box](#) (New)

Semper Fidelis

Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

From: Sayler, Erik <Erik.Sayler@em.myflorida.com>
Sent: Tuesday, March 17, 2020 12:57 PM EDT
To: Baker, Stuart <Stuart.Baker@fema.dhs.gov>
CC: Goodman, Amy <amy.goodman@fema.dhs.gov>; Twomey, Stephanie <Stephanie.Twomey@em.myflorida.com>
Subject: RE: [EXTERNAL] FW: FEMA-State agreement - FL, MS, and KY
Attachment(s): "Florida State positions to be designated for EM 3432 (3.17.20).docx"

Here you go.

Erik L. Sayler

Deputy General Counsel
Florida Division of Emergency Management
Direct: (850) 815-4154 | Mobile: (850) 694-6620 | Erik.Sayler@em.myflorida.com



Florida has a very broad public records law. Written communications to or from state officials regarding state business constitute public records. Public records are available to the public and media upon request, unless the information is subject to a specific statutory exemption. Therefore, any information that you send to this address, including your contact information, may be subject to public disclosure.

From: Baker, Stuart <Stuart.Baker@fema.dhs.gov>
Sent: Tuesday, March 17, 2020 12:39 PM
To: Sayler, Erik <Erik.Sayler@em.myflorida.com>; William Dreher <wdreher@mema.ms.gov>; Fitzpatrick, Katherine J NFG NG KYARNG (USA) <katherine.j.fitzpatrick.nfg@mail.mil>
Cc: Goodman, Amy <amy.goodman@fema.dhs.gov>
Subject: [EXTERNAL] FW: FEMA-State agreement - FL, MS, and KY

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Hi, Erik, Bill, and Katherine. Just following up on the names for the FSA. Hope I didn't miss an email – I'm getting a massive amount of incoming email.

Bill, I understand from our conversation yesterday that you're still working on MEMA names.

Thanks,

Stuart

Stuart G. Baker
Regional Counsel
FEMA Region IV
stuart.baker@fema.dhs.gov
Mobile: (404) 694-0355

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From: Baker, Stuart
Sent: Monday, March 16, 2020 2:55 PM
To: Polk, Will <Will.Polk@ncdps.gov>; Fitzpatrick, Katherine J NFG NG KYARNG (USA) <katherine.j.fitzpatrick.nfg@mail.mil>; Speaks, Janine <janine.speaks@ema.alabama.gov>; Greene, Joey <joey.greene@gema.ga.gov>; Laura Scruggs <laura.g.scruggs@tn.gov>; 'Libby Donoho' <Libby.Donoho@tn.gov>; Polk, Betsy <bpolk@emd.sc.gov>; Sayler, Erik <Erik.Sayler@em.myflorida.com>; William Dreher <wdreher@mema.ms.gov>
Cc: Goodman, Amy <amy.goodman@fema.dhs.gov>
Subject: RE: FEMA-State agreement

We've received the FSA template and working through populating them. Please send me the names of the following positions (see attached for context).

1. Governor's Authorized Representative (GAR)
2. Alternate GAR(s)
3. State Coordinating Officer (SCO)
4. Alternate SCO(s)
5. Property Officer
6. Non-discrimination Compliance Officer
7. Contractor Debarment Compliance Officer

Note there is no need for a hazard mitigation officer name because EMs don't include HMGP.

Thanks,

Stuart

Stuart G. Baker
Regional Counsel
FEMA Region IV
stuart.baker@fema.dhs.gov
Mobile: (404) 694-0355

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From: Baker, Stuart
Sent: Monday, March 16, 2020 9:06 AM
To: 'Polk, Will' <Will.Polk@ncdps.gov>; Fitzpatrick, Katherine J NFG NG KYARNG (USA) <katherine.j.fitzpatrick.nfg@mail.mil>; Goodman, Amy <amy.goodman@fema.dhs.gov>; Speaks, Janine <janine.speaks@ema.alabama.gov>; Greene, Joey <joey.greene@gema.ga.gov>; Laura Scruggs <laura.g.scruggs@tn.gov>; 'Libby Donoho' <Libby.Donoho@tn.gov>; Polk, Betsy <bpolk@emd.sc.gov>; Saylor, Erik <Erik.Saylor@em.myflorida.com>; William Dreher <wdreher@mema.ms.gov>
Cc: Gilchrist, Jane <Jane.Gilchrist@ncdps.gov>
Subject: RE: FEMA-State agreement

Good morning! We're hoping to have the FSA template ready today. I'll keep you all posted...

Stuart

Stuart G. Baker
Regional Counsel
FEMA Region IV
stuart.baker@fema.dhs.gov
Mobile: (404) 694-0355

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From: Polk, Will <Will.Polk@ncdps.gov>
Sent: Monday, March 16, 2020 9:03 AM
To: Baker, Stuart <Stuart.Baker@fema.dhs.gov>; Fitzpatrick, Katherine J NFG NG KYARNG (USA) <katherine.j.fitzpatrick.nfg@mail.mil>; Goodman, Amy <amy.goodman@fema.dhs.gov>; Speaks, Janine <janine.speaks@ema.alabama.gov>; Greene, Joey <joey.greene@gema.ga.gov>; Laura Scruggs <laura.g.scruggs@tn.gov>; 'Libby Donoho' <Libby.Donoho@tn.gov>; Polk, Betsy <bpolk@emd.sc.gov>; Saylor, Erik <Erik.Saylor@em.myflorida.com>; William Dreher <wdreher@mema.ms.gov>
Cc: Gilchrist, Jane <Jane.Gilchrist@ncdps.gov>
Subject: FEMA-State agreement

Good morning Stuart and Amy,

Hope you both are well. When can we expect to see the FEMA-State Agreements for COVID-19?

Thanks,
Will

Will Polk
Assistant General Counsel
NC Department of Public Safety
4201 Mail Service Center
Raleigh, NC 27699-4201
919-825-2706 (Office)
919-219-4534 (mobile)
EMAIL ADDRESS: Will.Polk@ncdps.gov
www.ncdps.gov

Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

State positions to be designated:

1. Governor's Authorized Representative (GAR)
2. Alternate GAR(s)
3. State Coordinating Officer (SCO)
4. Alternate SCO(s)
5. Property Officer
6. Non-discrimination Compliance Officer
7. Contractor Debarment Compliance Officer

ATTACHMENT 1 LIST OF STATE CERTIFICATION OFFICERS

1. The Governor hereby certifies that **Jared Moskowitz** is the Governor's Authorized Representative (GAR) empowered to execute on behalf of the State all necessary documents for federal assistance, including approval of subawards and certification of claims for Public Assistance. **Kevin Guthrie, Ashley Davis, and Allison McLeary** are the Alternate Governor's Authorized Representatives and are similarly empowered.
2. The Governor hereby certifies that **Jared Moskowitz** is the State Coordinating Officer (SCO) and **Kevin Guthrie and Dr. Scott Rivkees** are and Alternate SCOs, respectively, who will act in cooperation with the Federal Coordinating Officer under this Declaration.
3. The Governor hereby certifies that **Terry McCaffrey** is the representative of the State authorized to receive donations or loans of surplus property on behalf of the State and to execute certification, agreements, and other necessary documents with regard thereto.
4. The Governor hereby certifies that **Stephanie Twomey** is the State official authorized to execute compliance reports, carry out compliance reviews, and distribute informational material as required by FEMA to ensure that all recipients of federal assistance are in full compliance with FEMA nondiscrimination regulations (44 CFR Part 7, *Nondiscrimination in Federally-Assisted Programs* and 44 CFR § 206.11, *Nondiscrimination in disaster assistance*).
5. The Governor hereby certifies that **Stephanie Twomey** is the State official who will execute compliance reports, carry out compliance reviews, and distribute informational material as required by FEMA to ensure that all recipients of federal assistance are in compliance with the General Services Administration List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Sent: Wednesday, March 18, 2020 3:05 PM EDT
To: Keenan, Gwen (FEMA) <Gwen.Keenan@fema.dhs.gov>
Subject: RE: [EXTERNAL] FW: Florida - COVID-19 Information

Thank you!!

Linda J. McWhorter
Preparedness Bureau Chief
(850) 815-4301

From: Keenan, Gwen (FEMA) <Gwen.Keenan@fema.dhs.gov>
Sent: Wednesday, March 18, 2020 2:17 PM
To: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Subject: [EXTERNAL] FW: Florida - COVID-19 Information
Importance: High

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Recovery will get this through their recovery channels but wanted to ensure you had the latest.
Vr
Gwen

Gwen Keenan
Team Lead and Preparedness Specialist, Florida FEMA Integration Team, FEMA Region IV
Mobile: (404) 387-3773
Gwen.Keenan@fema.dhs.gov

Federal Emergency Management Agency
fema.gov



FEMA

From: Ford, Annie <Annie.Ford@fema.dhs.gov>
Sent: Wednesday, March 18, 2020 1:45 PM
To: Keenan, Gwen <gwen.keenan@fema.dhs.gov>; Peterson, Amy <amy.peterson@fema.dhs.gov>
Cc: Dale, William <william.dale@fema.dhs.gov>
Subject: Florida - COVID-19 Information
Importance: High

Afternoon.

The attached guidance is FYI, and not for distribution. All guidance to our external partners should be sent through Recovery channels. The States/Tribes are responsible for further distributing to Subgrantees for whom they are the custodians.

I have asked Saidat to re-send to Allison McLeary, since Melissa Shirah is on vacation through the end of the week.

Thanks,

Annie Ford
Recovery Specialist | Florida FEMA Integration Team | RIV Recovery Division
Mobile: (850) 445-4543
Annie.Ford@fema.dhs.gov
Federal Emergency Management Agency
fema.gov

From: Thomas, Saidat <Saidat.Thomas@fema.dhs.gov>
Sent: Wednesday, March 18, 2020 12:52 PM
To: Bazemore, Ronetta <ronetta.bazemore@fema.dhs.gov>; Boone, Chi-Donna <Chi-donna.Boone@fema.dhs.gov>; Boykin Jr, Joel <Joel.BoykinJr@fema.dhs.gov>; Brown, Kirk <kirk.brown@fema.dhs.gov>; Bryant, Claudine <Claudine.Bryant@fema.dhs.gov>; Burke, Bill <Bill.Burke@fema.dhs.gov>; Burr, Jessica <jessica.burr@fema.dhs.gov>; Coleman, James F <James.Coleman@fema.dhs.gov>; Dale, William <william.dale@fema.dhs.gov>; Draper, Sandra <Sandra.Draper@fema.dhs.gov>; Etson, Timothy <Timothy.Etson@fema.dhs.gov>; Ford, Annie <Annie.Ford@fema.dhs.gov>; Godbold, Michael <michael.godbold@fema.dhs.gov>; Harris, Ronald <ronald.harris@fema.dhs.gov>; Henderson, Michael <Michael.Henderson2@fema.dhs.gov>; Jackson, Erik <Erik.Jackson@fema.dhs.gov>; Jatko, James <James.Jatko@fema.dhs.gov>; Johnson, David <David.Johnson5@fema.dhs.gov>; Kershaw, Darrell <darrell.kershaw@fema.dhs.gov>; Lawton, Knecole <knecole.lawton@fema.dhs.gov>; Lea, Justin <justin.lea@fema.dhs.gov>;

FL-DEM-20-0674-A-000867

McKay, Lewis <lewis.mckay@fema.dhs.gov>; Mthenjane, Angeline <angeline.mthenjane@fema.dhs.gov>; Mthenjane, Jack <jack.mthenjane@fema.dhs.gov>; Pedrini, Tanya <Tanya.Pedrini@fema.dhs.gov>; Phillips, Michael <Michael.Phillips2@fema.dhs.gov>; Reid, William <William.Reid@fema.dhs.gov>; Reynolds, Kathy <kathy.reynolds@fema.dhs.gov>; Ringold, Barry <barry.l.ringold@fema.dhs.gov>; Robuck, John <John.Robuck@fema.dhs.gov>; Rose, Michelle <michelle.rose@fema.dhs.gov>; Schmidt, Adam <adam.schmidt@fema.dhs.gov>; Spicer Osborne, Dea <dea.spicer-osborne@fema.dhs.gov>; Tate, Corey <corey.tate@fema.dhs.gov>; Taylor, Karen <Karen.Taylor@fema.dhs.gov>; Vanover, Peggy <peggy.vanover@fema.dhs.gov>; Walter, Robert <Robert.Walter2@fema.dhs.gov>; Wilson, Paul <Paul.Wilson2@fema.dhs.gov>
Cc: Glover, Gary <Gary.Glover2@fema.dhs.gov>; Pardini, Julie <julie.pardini@fema.dhs.gov>; Gillman, Angela <Angela.Gillman@fema.dhs.gov>; Pickett Williams, Sharon <sharon.pickett-williams@fema.dhs.gov>; Simons, Janice <Janice.Simons@fema.dhs.gov>; Aucoin, Andrew <andrew.aucoin@fema.dhs.gov>; Moore, Sheila <Sheila.Moore@fema.dhs.gov>; Ferguson, Robert <Robert.Ferguson2@fema.dhs.gov>; Singh, Devika <devika.singh@fema.dhs.gov>

Subject: FW: COVID-19 Information

Importance: High

FYSA

Mrs. Saidat Thomas, Branch Chief, Public Assistance Branch | FEMA R4| 770.220.5248 Office | 404-895-2882 Cell

From: Thomas, Saidat

Sent: Wednesday, March 18, 2020 12:44 PM

To: Alexander, Kelli (EMA) <kelli.alexander@ema.alabama.gov>; Shirah, Melissa <Melissa.Shirah@em.myflorida.com>; Grooms, Valarie <valarie.grooms@gema.ga.gov>; LaTashae Walker <latashae.walker@gema.ga.gov>; Mitchell, Jessica A NFG (USA) <jessica.a.mitchell36.nfg@mail.mil>; cfrench@mema.ms.gov; Andy Hood <ahood@mema.ms.gov>; Dorothy.Henderson@ncdps.gov; bkelly@emd.sc.gov; Judy Huff <Judy.Huff@tn.gov>

Cc: Wilson, Paul <Paul.Wilson2@fema.dhs.gov>; Phillips, Michael <Michael.Phillips2@fema.dhs.gov>

Subject: COVID-19 Information

Importance: High

Good Afternoon State Partners,

I wanted to share some information with you in regards to the recent COVID-19 EM declarations. All of the EM declarations have been entered into grants portal. You should be able to see them now as well as be able to submit any request for public assistance. In addition, if you have not already please submit your annual 2020 state administrative plan as well as your disaster specific administrative plan for review. You can submit the plan via grants portal or through the FEMA-R4-PA-Action-Items@fema.dhs.gov email action box.

Paul Wilson will be the designated Infrastructure Branch Director for all of these events. Michael Phillips will be the designated Deputy Infrastructure Branch Director. Their contact information is below. Please feel free to email questions to Paul, Mike and myself so that we all have visibility of the questions coming in.

Paul Wilson

Paul.Wilson2@fema.dhs.gov

770-220-5621 (desk)

404-909-1007 (cell)

Michael Phillips

Michael.Phillips2@fema.dhs.gov

678-218-2138 (cell)

We are working with HQ to provide consistent guidance on how the process will work for PA implementation using the delivery model so please keep in mind that some of this information might change.

Request for Public Assistance (RPAs)

At this time RPAs must be submitted through grants portal as normal for applicants who are requesting assistance. Due to the extenuating circumstances of this emergency, FEMA may be extending the RPA submittal deadline allowing it to remain open until further notice. Some Recipients have requested being the sole RPA to be submitted instead of all RPAs submitted individually and we have submitted that request forward to HQ for consideration.

HQ is working on options to address how the Program Delivery Manager will interact with the potential applicants through this process.

Attached is the Interim Guidance from the CDC regarding Supplemental Funding that is designated for COVID-19 Crisis Response Cooperative Agreement – Components A and B. Please review the dollar amounts being provided to your state as well as the eligible activities that this funding is available for.

Attached is also new guidance regarding the “emergency and exigency” exception that allows non-competitive procurement. **The key takeaway is that FEMA finds that for the duration of the current federal Public Health Emergency declaration, the ongoing COVID pandemic qualifies per se as an emergency and/or exigent circumstance such that FEMA grant applicants may use non-competitive procurement under that exception.** The attached memo and Fact Sheet provide additional guidance on this topic.

Keep in mind that, as noted in my below email, procurement conducted by state agencies is not subject to the federal competition rules regarding the emergency/exigency exception. State agencies (unlike local governments and PNPs) merely have to follow their own state procurement rules (see my below email for details).

We will continue to provide you additional information as we progress. We should have additional updates either COB today or later tomorrow.

Mrs. Saidat Thomas, Branch Chief, Public Assistance Branch | FEMA R4| 770.220.5248 Office | 404-895-2882 Cell

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From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Sent: Thursday, March 05, 2020 4:03 PM EST
To: Keenan, Gwen (FEMA) <Gwen.Keenan@fema.dhs.gov>
Subject: Re: [EXTERNAL] FW: HHS 2From: ASKCSid <ASKCSid@fema.dhs.gov>019 Grants (HPP and PHEP)

No one else has requested monies for this event

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On Thu, Mar 5, 2020 at 3:48 PM -0500, "Keenan, Gwen"<gwen.keenan@fema.dhs.gov> wrote:

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Linda,

Are any of the counties or state agencies moving forward with requests to use this funding for COVIDS? I know you mentioned first responder training possible for 4/9.

R

Gwen

From: ASKCSid <ASKCSid@fema.dhs.gov>

Sent: Monday, March 2, 2020 6:50:23 AM

To: ASKCSid <ASKCSid@fema.dhs.gov>

Subject: Allowable Expenditures Under FEMA Preparedness Grants to Support Capabilities in Response to the Coronavirus Disease 2019 (COVID-19)

Sorry, took a minute to locate.

*****Sent on Behalf of Bridget Bean, Assistant Administrator, Grant Programs Directorate*****

The purpose of this notification is to inform recipients and subrecipients of allowable expenditures under FEMA preparedness grants to support capabilities in response to the Coronavirus Disease 2019 (COVID-19).

Background

[According to the CDC](#), COVID-19 is a respiratory disease caused by a novel (new) coronavirus, which is thought to be spread through person-to-person contact. Coronaviruses are a large family of viruses that are common in many different species of animals. The most common symptoms of COVID-19 are fever, cough, and shortness of breath. The virus is thought to spread via droplets produced when an infected person coughs or sneezes, or among people who are in close contact with one another.

The outbreak was first detected in Wuhan City, Hubei Province, China, and has now been detected in at least 50 locations internationally, including the United States. On January 30, 2020, the World Health Organization declared the outbreak a "public health emergency of international concern" (PHEIC). On January 31, 2020, Health and Human Services Secretary Alex M. Azar II declared a public health emergency for the United States to aid the nation's healthcare community in responding to COVID-19.

Programs and Eligibility

Emergency Management Performance Grant (EMPG)

The purpose of the EMPG Program is to provide federal funds to states to assist state, local, territorial, and tribal governments in preparing for all hazards. EMPG funding can be used to support emergency preparedness and response capabilities for COVID-19. Allowable activities include, but are not limited to, strengthening public health incident management and emergency operations coordination to enable jurisdictions to provide emergency management response support that exceeds normal capacity; Strengthening information management and sharing; Strengthening community recovery and resilience; Vector control and surveillance; Health surveillance and epidemiological investigation; Laboratory testing and support services; and Blood safety.

Homeland Security Grant Program (HSGP)

The HSGP includes a suite of risk-based grants, including the State Homeland Security Program (SHSP) and Urban Area Security Initiative (UASI), designed to assist SLTT efforts in preventing, preparing for, protecting against, and responding to acts of terrorism.

As referenced in the [Preparedness Grants Manual](#), for both SHSP and UASI many activities that support the achievement of core capabilities related to terrorism preparedness may simultaneously support enhanced preparedness for hazards unrelated to acts of terrorism. However, all SHSP- and UASI-funded projects must assist recipients and subrecipients in achieving core capabilities related to preventing, preparing for, protecting against, or responding to acts of terrorism. States and high-risk urban areas must justify proposed expenditures of SHSP or UASI funds in their Investment Justification submissions.

Tribal Homeland Security Grant Program (THSGP)

Similar to HSGP, the THSGP assists directly eligible tribal governments with efforts related to preventing, preparing for, protecting against, and responding to acts of terrorism. As referenced in the [Preparedness Grants Manual](#), activities funded under THSGP that support the achievement of core capabilities related to terrorism preparedness may simultaneously support enhanced preparedness for hazards unrelated to acts of terrorism. However, all THSGP-funded projects must assist recipients in achieving core capabilities related to preventing, preparing for, protecting against, or responding to acts of terrorism. Tribal governments must justify proposed expenditures of THSGP funds in their Investment Justification submissions.

Questions regarding the use of FEMA grant programs to support the preparedness and response capability for COVID-19 should be
FL-DEM-20-0674-A-000870

addressed to the assigned FEMA Regional Program Analyst or HQ Preparedness Officer, as applicable.

Andy Newton

Director, Grants Management Division

FEMA, Region IV

Atlanta, GA 30341

Work: 770 220 5558

Cell: 404 414 4763

Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>

Sent: Tuesday, March 24, 2020 12:50 AM EDT

To: R4-phul <r4-phul@fema.dhs.gov>; R04-RRCC-ESF8 <r04-rrcc-esf8@fema.dhs.gov>; mbeha@yahoo.com <mbeha@yahoo.com>; Luddeke, R <r.luddeke@fema.dhs.gov>

CC: Buerkle, Eugene <Eugene.Buerkle@em.myflorida.com>; Lloyd, Paul <paul.lloyd@fema.dhs.gov>; Hare, Kertz M <kertz.hare@fema.dhs.gov>

Subject: Re: [EXTERNAL] FW: Miami CBST inventory

Federal supplies are not being consumed in support of the state event - I have told there are two (2) separate storage facilities on this site.

Get [Outlook for Android](#)

On Mon, Mar 23, 2020 at 7:23 PM -0400, "Luddeke, R"<R.Luddeke@fema.dhs.gov> wrote:

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We need to make sure that the supplies for the "Federal Enabled CBTS" function of this site are not being consumed by the state operations post 250 testing.

When we look at the inventory for Miami, consumption is far beyond 1 day.

Do we also have the [Daily report](#) and [order](#) for the site?

Bond

From: R4-phul <r4-phul@fema.dhs.gov>

Sent: Monday, March 23, 2020 6:41 PM

To: Luddeke, R <R.Luddeke@fema.dhs.gov>

Subject: FW: Miami CBST inventory

HHS Region IV ESF-8 LNO, RRCC Atlanta

COVID-19 Response

FEMA RRCC Atlanta, GA

R4-phul@fema.dhs.gov

770.220.5434 or 770.220.5576

From: Micheal Beha <mbeha@yahoo.com>

Sent: Monday, March 23, 2020 6:37 PM

To: R4-COVID19-RRFs <R4-COVID19-RRFs@fema.dhs.gov>; R4-phul <r4-phul@fema.dhs.gov>; Brooke Kincaid <brooke.kincaid@em.myflorida.com>; Linda McWhorter <linda.mcwhorter@em.myflorida.com>

Subject: Miami CBST inventory

Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

From: Bussey, Jon <Jon.Bussey@em.myflorida.com>

Sent: Tuesday, February 25, 2020 4:33 PM EST

To: Keenan, Gwen (FEMA) <Gwen.Keenan@fema.dhs.gov>

Subject: RE: [EXTERNAL] FW: National Biosurveillance Integration Center (NBIC) Monitoring List - SLTT - 20200225

Thanks Gwen.

Jon

From: Keenan, Gwen (FEMA) <Gwen.Keenan@fema.dhs.gov>

Sent: Tuesday, February 25, 2020 4:06 PM

To: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>; Bussey, Jon <Jon.Bussey@em.myflorida.com>; Davis, Ashley <Ashley.Davis@em.myflorida.com>; McWhorter, Linda <Linda.McWhorter@em.myflorida.com>

Subject: [EXTERNAL] FW: National Biosurveillance Integration Center (NBIC) Monitoring List - SLTT - 20200225

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fysa

From: National Biosurveillance Integration Center <NBIC@messages.dhs.gov>

Sent: Tuesday, February 25, 2020 4:02 PM

To: Keenan, Gwen <gwen.keenan@fema.dhs.gov>

Subject: National Biosurveillance Integration Center (NBIC) Monitoring List - SLTT - 20200225

****Distribution to SLTT Partners Only****

NOT FOR PUBLIC RELEASE

National Biosurveillance Integration Center (NBIC) Monitoring List

25 February 2020

- [*Novel Coronavirus \(COVID-19\) – Global](#)
- [*Ebola – Democratic Republic of the Congo](#)
- [*African Swine Fever – Global](#)

*New content is shown in **bold, underlined** text.

PDF versions of the NBIC Monitoring List and Biosurveillance Event Reports are available in their entirety via HSIN at the following link <https://hsin.dhs.gov/collab/NBIC/SL/Pages/Reports.aspx>. If you do not have access to this HSIN community of interest, please email a request for access to CWMD.NBIC@hq.dhs.gov.

High Priority Event Updates

nscsq

***Novel Coronavirus (COVID-19) – Global**

- **WORSENING**
- Situational updates in Iran, Italy, and South Korea
- U.S. CDC updates travel advisories for Iran, Italy, and South Korea
- U.S. CDC: Containment will become more difficult as more countries experience community spread

ebola sq

***Ebola – Democratic Republic of the Congo**

- **UNDETERMINED**
- Suspect case identified in Mandima Health Zone
- Details on newly-listed probable cases provided

- **WORSENING**
- Additional detections in wild boar in Latvia and South Korea

*Novel Coronavirus (COVID-19) – Global

Current Event Status (Worsening)

The rapidly evolving situations in Hong Kong, Iran, Italy, Japan, and South Korea caused the WHO Director-General to warn the international community that the “window of opportunity is narrowing” to contain the outbreak, even though the latest data suggests the rate of infection is slowing in China. To date, the United States Centers for Disease Control and Prevention (U.S. CDC) has confirmed 57 cases of Coronavirus disease (COVID-19) in the U.S., including individuals repatriated from Wuhan, Hubei Province, China and the Diamond Princess cruise ship. As of 25 February, the Johns Hopkins University Dashboard reported 80,407 (+883 in past 24 hours) confirmed cases of COVID-19, including 2,708 (+84) deaths, in 40 countries including Hong Kong, Macao, and Taiwan. A total of 2,747 cases have been identified outside of China, including 45 deaths. A total of 27,878 cases have reportedly recovered. In addition to approximately 780 million people still living under partial or full transportation lockdowns in China, similar restrictions have been issued in affected regions of South Korea and Italy.

Why We Are Reporting on This Event

According to the U.S. CDC, the novel Coronavirus has met two of the three qualifying factors of a pandemic, including causing illness and death, as well as sustained person-to-person transmission. Sustained person-to-person transmission has been documented in several countries. Although it has not been observed in the U.S. yet, the U.S. CDC expects to see community spread in the future. While much remains unknown about the disease, numerous countries have increased screening of passengers and issued travel advisories for affected countries. This event is a public health emergency of international concern (PHEIC) as declared by the WHO and a U.S. public health emergency as declared by Health and Human Services.

FDSA

**Figure 1: Temporal and geographic distribution of reported confirmed COVID-19 cases as of 25 February 2020, as reported by national and/or local health authorities.*

Recent Developments:

- According to the Italian Ministry of Health and media reports on 25 February, 322 cases, including 10 deaths, have been reported. The northern region of Lombardy Region is the most affected with subsequent spread to at least seven other regions. The Italian Prime Minister indicated that improper infection prevention and control at a hospital contributed to the virus spread. In addition, a team of experts from the WHO and European CDC have arrived to support Italy and will focus on limiting further human-to-human transmission.
 - Cases have been exported from Italy to Algeria, Austria, Croatia, Romania, Spain, and Switzerland.
- According to media reports on 25 February, 977 cases, including 11 deaths, have been reported in South Korea. Health authorities aim to test more than 200,000 members of the Shincheonji Church organization, which approximately 68% of cases are linked to. Officials are prioritizing testing more than 1,300 symptomatic members of the Shincheonji Church in Daegu. In addition, the U.S. and South Korean militaries in the area are considering scaling back joint training as at least 13 members of the South Korean armed forces have tested positive for COVID-19.
- According to reports on 25 February, 95 cases, including 16 deaths, have been reported in Iran. Iranians are criticizing the government's handling of the outbreak as the official numbers may underestimate the scale of the outbreak. In addition, the U.S. Secretary of State stated that Iran may have suppressed vital details regarding spread and is urging them to be truthful and to cooperate with international aid organizations. To date, at least six countries have imported cases from Iran.

- On 24 February, the U.S. CDC updated its travel advisory for [South Korea to Level 3, Avoid Nonessential Travel](#). Travel advisories were also updated for [Iran](#) and [Italy to Level 2, Practice Enhanced Precautions](#). In addition, the U.S. CDC [stated that although the virus is not a pandemic yet, it has met two of the three qualifying factors with causing illness and death, as well as sustained human-to-human spread. The virus is moving closer to the third factor, which is worldwide spread. In addition, the U.S. CDC said successful containment would become more difficult as more countries report community-based transmission.](#)

References and Links:

[WHO – Pneumonia in Wuhan, China](#)

[CDC – Novel Coronavirus 2019 \(nCoV-2019\)](#)

[Hong Kong CHP](#)

[Taiwan CDC](#)

[Return to Table of Contents](#)

*Ebola – Democratic Republic of the Congo



Current Event Status (Undetermined)

After a period of improvement accompanied by declining case counts since July 2019, recent escalation in insecurity and violence against healthcare workers may jeopardize or reverse progress made in stopping the epidemic. Interventions, such as the deployment of two successful experimental Ebola therapeutics, and the introduction of the Johnson & Johnson vaccine were beginning to show encouraging signs of responders gaining control on the epidemic. In the past 21 days, only 1 of the 29 affected health zones reported confirmed cases. However, the latest rounds of violence caused WHO and MSF healthcare workers to temporarily evacuate the remaining strongholds of the virus in early December. A slight uptick in cases was observed, although response activities resumed in mid-December, and case incidence has stabilized. As of 24 February, the WHO reported 3,444 cases (3,310 [+0] confirmed and 134 probable [+0]), including 2,264 (+0) deaths, in 29 health zones of Ituri, North Kivu, and South Kivu provinces. In addition, 377 suspected cases are under investigation. A total of 1,167 (+0) cases have recovered and been discharged from treatment. Of 509 contacts, 97.4% were successfully followed-up with on 23 February. As of 24 February, 313,577 (+965) people have been vaccinated in 36 health zones of North Kivu, Ituri, Haut-Uele, South Kivu, Tshopo provinces, including health zones that have not reported cases to date. As of September 2019, four confirmed EVD cases were reported in Kasese District, Uganda. There is no active transmission occurring in Uganda.

Why We Are Reporting on This Event

The current EVD epidemic is the second largest ever recorded globally, and it represents the tenth and largest Ebola outbreak reported in the Democratic Republic of the Congo (DRC). The epidemic remains a public health emergency of international concern (PHEIC). Ituri, North Kivu, and South Kivu provinces, located in northeastern DRC (bordering Burundi, Uganda, Rwanda, and South Sudan), are areas of active conflict and high cross border movement. As a result, the WHO considers the risk of spread to be very high at the regional and national levels, but low globally. Ebola can have substantial medical, public health, and economic consequences if it spreads to densely populated areas. EVD is a severe and deadly disease that can affect humans and non-human primates. Transmission occurs via direct contact with bodily fluids (e.g., blood, mucus, vomit, urine, etc.). The 2013-2016 West Africa epidemic demonstrated the potential for Ebola to become an international crisis in the absence of early intervention. In addition, current research indicates a greater potential for Ebola-persistence and post-Ebola syndrome than previously known.

ebola ml

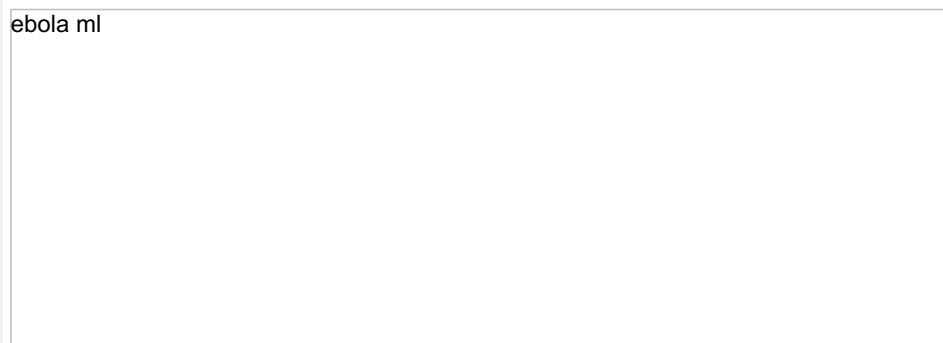


Figure 2: Health zones with confirmed cases, contact tracing by health zone, and case counts by category and health zone, as reported by the WHO.

Recent Developments:

- The government of DRC [reports](#) on 23 February that a contact who became a suspected case was intercepted at the Loya checkpoint, Mandima Health Zone, Ituri Province. The

suspected case has an unknown vaccination status and became symptomatic on the 21st day of follow-up (19 February) with fever, weakness, muscle and joint pain. The suspected case was referred to the Komanda Ebola treatment center.

- The DRC also provided details on the newly-reported 11 probable cases in Ituri and North Kivu provinces. The earliest cases dates back to February 2019. However, the majority of cases occurred from June through August 2019 and were part of one cluster. Only one case was not associated with a known contact.

References and Links

[WHO Ebola Virus Disease](#)

[WHO Ebola Situation Reports](#)

[DRC MoH – Ebola Press Releases](#)

[Return to Table of Contents](#)

*African Swine Fever – Global



Current Event Status (Worsening)

Since 2018, outbreaks of African swine fever (ASF) have been spreading across Eastern Europe and East and Southeast Asia with increasing intensity and widening geographic spread. Recently, outbreak reporting has declined and is expected to remain low with attention on coronavirus disease (COVID-19), but the risk of continued geographic spread has not diminished. ASF has been rapidly spreading west in Europe, with outbreaks in wild boar reaching as far as Western Poland, less than 25 miles from Germany, and domestic pig outbreaks reaching as far as eastern Poland. In efforts to curb this geographic expansion, an electric fence was erected at the German-Polish border in Brandenburg State, Germany on 20 December 2019, and there are plans to erect additional fencing further along the border. In addition, the first detection of ASF in Greece was reported on 05 February 2020. The first detection of ASF in East and Southeast Asia was reported in China on 03 August 2018. Since then, more than 150 outbreaks have spread across all provinces and municipalities of China, and many more in nearby countries including Cambodia, Indonesia, Laos, the Philippines, South Korea, and Vietnam. The largest number of outbreaks have been reported in Vietnam, with more than 4,600 across all provinces and municipalities, and more than 5.9 million pigs culled. While China has not reported any new detections of ASF since 20 December 2019, ASF detections have been made in imported pork products from Guangzhou, China in Manila, Philippines as recently as 29 January 2020. Additionally, as recent as 05 February, dead pigs continue to wash ashore on Taiwanese islands that test positive for ASF. Taiwan also reports that 9.26% of meat from mainland China confiscated by Taiwan's Border Patrol tested positive for ASF virus in January 2020.

Why We Are Reporting on This Event

While ASF is not of concern to human health, it is a highly contagious viral disease, causing hemorrhagic fever and high mortality rates in pigs. The introduction of the disease into the wild boar population may allow the disease to perpetuate through winter months and potentially be reintroduced to domestic pigs, causing continued significant economic strain. Many of the countries affected in East and Southeast Asia rely on pork as a source of protein and livelihoods and will suffer extensive economic strain by the diminishing domestic pig populations. Furthermore, the rapid geographic spread of the disease throughout Asia and Europe poses potential risk for neighboring countries and trade partners. ASF is classified as a U.S. Foreign Animal Disease (FAD) and an Organization for Animal Health (OIE) notifiable disease. Due to the ongoing COVID-19 outbreak, NBIC has seen decreased reporting of ASF in East Asia and Pacific region.

ASF_ML

Figure 3: Geographic and temporal distribution of ASF outbreaks globally as reported by the OIE as of 20 February 2020.

Recent Developments:

- On 25 February, the OIE reported seven additional detections of ASF in wild boar along

South Korea's border with North Korea. The outbreaks occurred in mid-February.

- **On 24 February, the OIE [reported](#) two additional detections of ASF in wild boar in Skaunes and Planu parishes in Latvia.**
- According to [local media reports](#) on 20 February, suspected ASF has killed over 100 pigs in North Central Timor Regency in East Nusa Tenggara, Indonesia. If confirmed, this will represent the first cases on the Indonesian side of the Island of Timor which is shared with Timor-Leste, which first [detected](#) ASF in September of 2019.
- According to an [immediate notification](#) to the OIE on 20 February, ASF was detected in five domestic pigs in Korovania, west-central Ukraine.

References and Links

[OIE – African Swine Fever](#)

[USDA African Swine Fever](#)

[China's Ministry of Agriculture and Rural Affairs](#)

[FAO ASF Situation Update](#)

[Return to Table of Contents](#)

The NBIC Monitoring List contains brief summaries of acute biological events that impact human, animal, plant, and environmental health and may be of concern or interest to NBIC partners. The content below includes the most current information as of 1600 EST on the day of release, regarding the incidents/events determined to be most active and of greatest overall impact. For questions, comments or to receive this report directly, please contact CWMD.NBIC@hq.dhs.gov.

DHS Footer Logo

Countering Weapons of Mass Destruction

National Biosurveillance Integration Center

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From: Moskowitz, Jared <Jared.Moskowitz@em.myflorida.com>
Sent: Tuesday, February 04, 2020 2:01 PM EST
To: Eifert, James O Maj Gen USAF NG FLARNG (USA) <james.o.eifert.mil@mail.mil>
CC: Strum, Shane <Shane.Strum@eog.MyFlorida.com>; Moulton, Diane <Diane.Moulton@eog.myflorida.com>; Carruthers, Robert G COL USARMY NG FLARNG (USA) <robert.g.carruthers.mil@mail.mil>
Subject: RE: [EXTERNAL] FW: PA Update 4 February 2020 (UNCLASSIFIED)

General,

Thank you for the situational awareness. Also appreciate the call.

Jared Moskowitz, Esq.
Director
Florida Division of Emergency Management
2555 Shumard Oak Boulevard
Tallahassee, FL 32399
Office-850-815-4000
Jared@em.myflorida.com
www.floridadisaster.org

-----Original Message-----

From: Eifert, James O Maj Gen USAF NG FLARNG (USA) <james.o.eifert.mil@mail.mil>
Sent: Tuesday, February 4, 2020 7:30 AM
To: Moskowitz, Jared <Jared.Moskowitz@em.myflorida.com>
Cc: Strum, Shane <Shane.Strum@eog.MyFlorida.com>; Moulton, Diane <Diane.Moulton@eog.myflorida.com>; Carruthers, Robert G COL USARMY NG FLARNG (USA) <robert.g.carruthers.mil@mail.mil>
Subject: [EXTERNAL] FW: PA Update 4 February 2020 (UNCLASSIFIED)

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

CLASSIFICATION: UNCLASSIFIED

Jared,
Reference story #1 below/attached, both CO (two days ago) and now NE National Guard locations have been approached by DoD and DoS about setting up quarantine sites for nCoV evacuees.

No requests for assistance from FL yet, but I think it may just be a matter of time...

V/R,

Eif

JAMES O. EIFERT
Major General
Florida National Guard
The Adjutant General

DSN: 822-0101, Comm: (904) 823-0101
Work Cell: (904) 481-6387
SIPR: james.o.eifert.mil@mail.smil.mil

-----Original Message-----

From: Cunningham, April D CIV NG NGB (USA) <april.d.cunningham2.civ@mail.mil>
Sent: Tuesday, February 4, 2020 7:01 AM
To: Lengyel, Joseph L Gen USAF NG NGB (USA) <joseph.l.lengyel.mil@mail.mil>
Cc: O'Grady-Walsh, Tracy A CIV NG NG PA (USA) <tracy.a.ograde-walsh.civ@mail.mil>
Subject: PA Update 4 February 2020

Today in the Department of Defense, February 4, 2020

- * Defense Secretary Dr. Mark T. Esper has no public or media events on his schedule.
- * Deputy Defense Secretary David L. Norquist has no public or media events on his schedule.
- * Chairman, Joints Chiefs of Staff Army Gen. Mark A. Milley has no public or media events on his schedule.
- * Vice Chairman, Joints Chiefs of Staff Air Force John E. Hyten is traveling.
- * Navy Vice Adm. Andrew L. Lewis, commander, U.S. Second Fleet; and commander, Joint Forces Command Norfolk, speaks at 10 a.m. EST at the Center for Security & International Studies Maritime Security Dialog, 1616 Rhode Island Ave. NW, Washington, District of Columbia.

1. : NE: Omaha World-Herald (Local) - Camp Ashland could be coronavirus quarantine site for Americans who were in Wuhan, China - By Steve Liewer and Julie Anderson

A National Guard camp near Ashland, Nebraska, could be used as a temporary quarantine site for Americans returning from China while they're under observation for signs of the coronavirus, Guard officials confirmed Monday. A team from the University of Nebraska Medical Center toured Camp Ashland on Sunday, said Maj. Scott Ingalsbe, a Nebraska National Guard spokesman. Nebraska Medicine, UNMC's clinical partner, confirmed Monday that Camp Ashland is the proposed location for the Americans to be housed if they are brought to Nebraska. "We have been asked to prepare to support

FL-DEM-20-0674-A-000878

this effort and we're ready if needed," said Taylor Wilson, a Nebraska Medicine spokesman.

https://www.omaha.com/news/military/camp-ashland-could-be-coronavirus-quarantine-site-for-americans-who/article_e02efc5f-1910-511b-b240-52e41b13882a.html

Related Story:

Unclear if Colorado will need to host coronavirus evacuees near Fort Carson

<https://www.denverpost.com/2020/02/03/fort-carson-coronavirus-quarantine-colorado/>

FULL STORY BELOW

2. NH: Fosters.com (Local) - Air Force studying cancer mortality at Pease - By Jeff McMenemy

The Air Force expects it will take about a year to complete what is being called the Pease Military Cancer Mortality Study. The study, as its name indicates, will "look at cancer deaths at Pease Air Force Base and Air National Guard Base service members from 1970 to the end of 2018," according to Col. Theresa Goodman, the commander of the U.S. Air Force School of Aerospace Medicine. The USAFSAM will conduct the study. The Air Force agreed to launch the study after a number of Pease widows and others raised concerns about what they believe is an unusually high number of cancers and other illnesses at the 157th Air Refueling Wing of the Air National Guard and the former Pease Air Force Base.

<https://www.fosters.com/news/20200203/air-force-studying-cancer-mortality-at-pease>

FULL STORY BELOW

3. US: Federal News Network (National) - 'Families and support systems are ALWAYS in the back burner!' Air Force sees spike in suicides in 2019 - By Scott Maucione

The Air Force lost 137 airmen and civilians to suicide last year, marking a 33% increase compared to 2018. 84 of those airmen were active duty, 24 were Air Force civilians, 14 were reservists and 14 were in the Air National Guard, according to documents obtained by the Facebook group Air Force amn/nco/snco. The Air Force confirmed the authenticity of the documents. The documents also note that airmen working in aircraft maintenance and in security forces were the highest career fields with suicides.

<https://federalnewsnetwork.com/air-force/2020/02/families-and-support-systems-are-always-in-the-back-burner-air-force-sees-spike-in-suicides-in-2019/>

FULL STORY BELOW

4. US: WRBL (Local) - Lawmakers push for expanded veteran suicide prevention funding, programs - By Jessi Turnure

Twenty veterans die by suicide each day in America and the crisis hits close to home for Senator John Boozman. "Since I've been in the Senate, 2010, we still have about 20 a day," said Sen. John Boozman, (R) Arkansas. "Just this month in Arkansas alone, a veteran of the National Guard, along with two current National Guard members and a member of the Army Reserve, took their own lives. Our approach simply isn't working," Boozman said. Over the past decade, Congress has increased funding for mental health and suicide prevention at the Veteran's Administration.

<https://www.wrbl.com/top-stories/lawmakers-push-for-expanded-veteran-suicide-prevention-funding-programs/>

FULL STORY BELOW

5. AZ: KOLD News 13 (Local) - Former Commander of Arizona Air National Guard to join Sen. Sinema at State of the Union - By Staff Reports

Arizona senior Senator Kyrsten Sinema announced today that Major General Ted Maxwell, USAF, Ret. of Tucson will be her guest at this year's State of the Union address. Major General Maxwell is an Air Force veteran of 34 years and is the former Commander of the Arizona Air National Guard. He now serves as President and CEO of the Southern Arizona Leadership Council. "Major General Maxwell's legacy of service is inspiring; he served our country and led Arizona servicemembers for over 30 years and now works to expand opportunities in Tucson and across our state," said Sinema, who serves on the Senate Veterans' Affairs Committee. "I will continue working across the aisle to support Arizona servicemembers, veterans, and their families."

<https://www.kold.com/2020/02/04/former-commander-arizona-air-national-guard-join-sen-sinema-state-union/>

FULL STORY BELOW

6. MT: Independent Record (Local) - Man found dead in Great Falls identified as Malmstrom airman - By Staff Reports

A man who was found dead in Great Falls early Sunday has been identified as an active-duty airman stationed at Malmstrom Air Force Base. At around 2:30 a.m., officers found the body of Tristen Allen Carlson at a residence on the 2300 block of 14th Avenue South, the Cascade County Sheriff's Office said in a news release. Carlson was 21 years old. Carlson's family has been notified. There is no official word yet on the cause of death, nor any reports of arrests in connection with his death. This is at least the third death of a Great Falls-area airman in the past month.

https://helenair.com/news/local/man-found-dead-in-great-falls-identified-as-malmstrom-airman/article_9159f183-13cb-554d-b09a-1186d8c0b160.html

FULL STORY BELOW

7. US: Stars & Stripes (National) - Army hikes bonuses for first time in decades to stem pilot exodus - By Slobodan Lekic

The Army will pay up to \$1,000 a month in aviation incentives, the first increases it has offered in decades, as it tries to remain competitive with commercial airlines offering higher salaries. The higher pay, which covers most pilots in the Army, Army National Guard and Army Reserve, became

effective Jan. 1. "This increase in (incentive pay), the first for Army pilots in over 20 years ... is just one of many efforts underway to maintain aviation readiness and ensure support to the joint force," Maj. Gen. David J. Francis, head of the U.S. Army Aviation Center of Excellence, said in a statement Friday.

<https://www.stripes.com/news/us/army-hikes-bonuses-for-first-time-in-decades-to-stem-pilot-exodus-1.617419>

FULL STORY BELOW

FULL STORIES:

1. : NE: Omaha World-Herald (Local) - Camp Ashland could be coronavirus quarantine site for Americans who were in Wuhan, China - By Steve Liewer and Julie Anderson

A National Guard camp near Ashland, Nebraska, could be used as a temporary quarantine site for Americans returning from China while they're under observation for signs of the coronavirus, Guard officials confirmed Monday.

A team from the University of Nebraska Medical Center toured Camp Ashland on Sunday, said Maj. Scott Ingalsbe, a Nebraska National Guard spokesman.

Nebraska Medicine, UNMC's clinical partner, confirmed Monday that Camp Ashland is the proposed location for the Americans to be housed if they are brought to Nebraska. "We have been asked to prepare to support this effort and we're ready if needed," said Taylor Wilson, a Nebraska Medicine spokesman.

Under a federal health emergency order issued Friday, U.S. citizens who have traveled within the past two weeks to China's Wuhan area - the epicenter of the coronavirus outbreak - will be subject to a mandatory quarantine of 14 days. Americans returning from other parts of China will be allowed to self-monitor for a similar period.

Ingalsbe said the Guard has offered to make available three buildings with 85 hotel-style rooms at Camp Ashland. The buildings are two stories high and built on stilts.

Wuhan visitors won't eat at the dining hall, use the fitness center or otherwise have contact with soldiers in training, Ingalsbe said. They will not interact with National Guard members, either.

"Meals would be brought to their rooms," Ingalsbe said. "They would be in buildings we could separate from regular training."

Maj. Gen. Daryl Bohac, the Nebraska National Guard's adjutant general, hasn't yet been notified whether Camp Ashland has been selected as a quarantine site, Ingalsbe said. He added, however, that "We are planning as if this is going to happen."

The federal Department of Health and Human Services is working on a plan to bring Americans back to the United States, UNMC Chancellor Jeffrey Gold said Saturday. The travelers most likely would be employees of the federal government or private companies who have tested negative for coronavirus. They would have recently visited Wuhan or other cities where people have come down with the virus.

Nearly 20,438 people around the world have been infected with the coronavirus, most in China, the World Health Organization reported Monday. The coronavirus so far has resulted in 425 deaths, all but one in China.

Eleven cases have been confirmed in the United States, nine of whom had traveled to the Wuhan area, the federal Centers for Disease Control and Prevention said. Nebraska has had no confirmed cases.

Reported illnesses from the coronavirus have ranged from people with few to no symptoms to people being severely ill and dying, the CDC said. Symptoms can include fever, cough and shortness of breath.

Currently, 195 Americans who arrived on a flight last week from Wuhan are under quarantine at March Air Reserve Base in California.

Dr. Nancy Messonnier of the CDC said in a news media briefing Monday that more flights from Wuhan are expected this week.

Over the weekend, she said, the CDC sent four additional teams to specific U.S. Department of Defense locations where those planes will arrive. Messonnier, director of the CDC's National Center for Immunization and Respiratory Diseases, did not name those locations.

She said the agency has a "general estimate" of the number of Americans who would be arriving but would not have a "completely accurate number" until the flights land. She did not give an estimate.

Camp Ashland, 30 miles southwest of Omaha, was devastated by flooding last year when a levee protecting it from the neighboring Platte River was breached. Floodwaters as deep as 8 feet wrecked most of the buildings at the 100-year-old training site.

But about a dozen buildings with barracks rooms and classrooms had been constructed on stilts. All remained unscathed. Roads, electrical infrastructure and a dining hall have since been repaired, and the levee has been patched.

Training has continued at Camp Ashland despite the flood damage. Ingalsbe said that won't change even if people being monitored for coronavirus are housed there.

The Guard has been told it will receive \$62 million from Congress this year to rebuild the remaining buildings on stilts and to extend concrete reinforcement of the levee.

Nebraska Gov. Pete Ricketts, Omaha Mayor Jean Stothert, Douglas County officials and others are involved in preparations for housing people returning from China, Gold said Saturday.

The Nebraska Department of Health and Human Services also has been monitoring the situation and has issued alerts to health care professionals across the state. The department has posted a web page with more information at <http://www.dhhs.ne.gov/coronavirus>

https://www.omaha.com/news/military/camp-ashland-could-be-coronavirus-quarantine-site-for-americans-who/article_e02efc5f-1910-511b-b240-52e41b13882a.html

2. NH: Fosters.com (Local) - Air Force studying cancer mortality at Pease - By Jeff McMenemy

The Air Force expects it will take about a year to complete what is being called the Pease Military Cancer Mortality Study.

The study, as its name indicates, will "look at cancer deaths at Pease Air Force Base and Air National Guard Base service members from 1970 to the end of 2018," according to Col. Theresa Goodman, the commander of the U.S. Air Force School of Aerospace Medicine.

The USAFSAM will conduct the study.

The Air Force agreed to launch the study after a number of Pease widows and others raised concerns about what they believe is an unusually high number of cancers and other illnesses at the 157th Air Refueling Wing of the Air National Guard and the former Pease Air Force Base.

Goodman told a group of retirees, their family members and active duty airmen during a recent meeting that "you asked us to help find out if something is going on here, this study is a step toward answering your questions."

Maj. Bryant Webber of USAFSAM described the study at Pease as a "retrospective cohort study," which will look at the number of cancer deaths between 1970 and 2018 at the guard base and the former Air Force base.

The cancer deaths at the two bases will be compared to cancer deaths in the general U.S. population data, he said.

By looking at the number of cancers from airmen who served at the bases and comparing them to the general U.S. population, the Air Force will be able to determine if people who served at Pease have higher rates of cancer, said Webber, a doctor, during a recent meeting at the guard base.

Once completed, the Air Force will release a memo on the study that will list "all of our findings" and "then we'll have a discussion of what those findings mean," he said.

He cautioned that the study won't be able to say "we found that being here at Pease caused someone to either develop cancer or die from cancer."

The study will allow scientists to say "there was an association or no association statistically with being assigned here and their cancer deaths," Webber said.

He acknowledged, too, after fielding questions from people at the meeting that the study "is not looking at current cancer diagnoses, it's looking at individuals who have died from cancer."

"We hope by doing this study that we're providing a piece of a larger puzzle," Webber said, adding the results of this study could lead to more studies.

Another group would have to do a separate cancer incidence study to look at all the cancers suffered by people who worked or lived at the base, he said.

"We have records on service members, not the spouses, not the children, the exposure is just being stationed here," he said.

Wing commander Col. John Pogorek called the Pease Military Cancer Mortality Study "a big deal."

He credited the activism done by family members of retirees who have died or suffered from cancer, along with the media, for pushing the Air Force to act.

"This has happened a lot quicker than it could have so I'm very grateful for that," he said during the recent meeting.

Mindi Messmer, a former state representative from Rye who is a member of the Pease working group, called the mortality study "a step in the right direction."

But she and others believe an incidence study could be conducted at the same time and plan to ask the Agency For Toxic Substances and Disease Registry to conduct one.

Messmer, a scientist, and Doris Brock, the widow of Kendall Brock, a 35-year Air National Guard member who died in June 2017 from bladder and prostate cancer, plan to ask the "ATSDR to do a cancer incidence study on a parallel track.

"There's no reason they can't be done at the same time," Messmer, a candidate for Executive Council, said Monday.

In addition, Messmer wants the Air Force to study any health ailments of the spouses and children who lived on the bases.

"They didn't sign up for the service, they were exposed because they lived here," she added.

<https://www.fosters.com/news/20200203/air-force-studying-cancer-mortality-at-pease>

3. US: Federal News Network (National) - 'Families and support systems are ALWAYS in the back burner!' Air Force sees spike in suicides in 2019 - By Scott Maucione

The Air Force lost 137 airmen and civilians to suicide last year, marking a 33% increase compared to 2018. 84 of those airmen were active duty, 24 were Air Force civilians, 14 were reservists and 14 were in the Air National Guard, according to documents obtained by the Facebook group Air Force amn/nco/snco. The Air Force confirmed the authenticity of the documents. The documents also note that airmen working in aircraft maintenance and in security forces were the highest career fields with suicides. The Air Force lost 137 airmen and civilians to suicide last year, marking a 33% increase compared to 2018.

84 of those airmen were active duty, 24 were Air Force civilians, 14 were reservists and 14 were in the Air National Guard, according to documents obtained by the Facebook group Air Force amn/nco/snco. The Air Force confirmed the authenticity of the documents.

The documents also note that airmen working in aircraft maintenance and in security forces were the highest career fields with suicides.

"The Department of the Air Force has been and continues to pursue immediate, mid-term, and long-range suicide prevention initiatives for the total force that focus on connections between individuals, units, and Air Force family; protections in environments, services, and policies; detection of risk in individuals and units; and equipping the total force and family members to mitigate risk and increase resilience," Lt. Gen. Brian Kelly, deputy chief of staff for manpower, personnel and services, said in a statement. "Suicide is a difficult national problem without easily identifiable solutions that has the full attention of leadership."

Other statistics show that about 10% of airmen who commit suicide were under investigation within the last three months. More than a third of those who committed suicide said they were experiencing a failing relationship within the last three months.

The Air Force took note of the high suicide rate in the middle of last year. Air Force Chief of Staff Gen. David Goldfein called for all wings to stand down on Aug. 1, 2019.

"We lose more airmen to suicide than any other single enemy. Even more than combat," Chief Master Sergeant of the Air Force Kaleth O. Wright said in an Aug. 2, 2019 address.

"We have to dedicate ourselves every single day to building strong and healthy airmen, supporting and engaging teams and cultures of trust and respect to help keep these airmen hopeful. To give them an opportunity to thrive in this Air Force. That's why Gen. Goldfein has directed this resiliency tactical pause. A break in the daily grind so we can focus on our airmen and their wellbeing."

Posters on the Air Force amn/nco/snco Facebook group expressed concerns about the way the Air Force treats its employees.

"Sustaining families and support systems are ALWAYS in the back burner! Most importantly, we need to take accountability for our own mental health and seek behavioral health treatment," one poster commented. "The Armed Forces will not do it for us."

Another poster took aim at the Air Force's approach.

"'Resilience' aka it's your fault. You weren't strong enough to overcome your problems or have a positive outlook on life," the poster states. "When the Air Force constantly preaches we need 'resilience' they are pushing the blame from a systematic problem to a personal problem with airmen."

Others shared personal stories.

"I separated last year. I was already fed up with how things had been going for the last few years prior to my separation," the poster said. "But the circumstances behind the suicide of one of the kids in my unit was the last straw for me."

<https://federalnewsnetwork.com/air-force/2020/02/families-and-support-systems-are-always-in-the-back-burner-air-force-sees-spike-in-suicides-in-2019/>

4. US: WRBL (Local) - Lawmakers push for expanded veteran suicide prevention funding, programs - By Jessi Turnure

Twenty veterans die by suicide each day in America and the crisis hits close to home for Senator John Boozman.

"Since I've been in the Senate, 2010, we still have about 20 a day," said Sen. John Boozman, (R) Arkansas.

"Just this month in Arkansas alone, a veteran of the National Guard, along with two current National Guard members and a member of the Army Reserve, took their own lives. Our approach simply isn't working," Boozman said.

Over the past decade, Congress has increased funding for mental health and suicide prevention at the Veteran's Administration.

But the department says of the 20 veteran suicides each day most received no treatment or care from the VA.

That's why lawmakers want to connect veterans with thousands of other organizations available to them.

"It will ensure that no veteran slips through the cracks," said Sen. Jon Tester, (D) Montana.

Tester has worked across party lines with Boozman on legislation to fund suicide prevention and emergency care through VA grants to nonprofits and community programs.

"It would send an important message not only to the veterans but also to the American public that we can come together during political turbulent times to do what's right," said Tester.

Amid the partisan impeachment trial, the Senate Veterans' Affairs Committee prided itself on unanimously approving the comprehensive bill.

The new committee chair - Senator Jerry Moran- says expanding access to veteran mental health services is his top priority.

"Allowing them to pursue their dreams the way they've allowed the rest of us in our country to pursue our dreams," said Moran, (R) Kansas.

The legislation now moves to the full Senate.

<https://www.wrbl.com/top-stories/lawmakers-push-for-expanded-veteran-suicide-prevention-funding-programs/>

5. AZ: KOLD News 13 (Local) - Former Commander of Arizona Air National Guard to join Sen. Sinema at State of the Union - By Staff Reports

Arizona senior Senator Kyrsten Sinema announced today that Major General Ted Maxwell, USAF, Ret. of Tucson will be her guest at this year's State of the Union address.

Major General Maxwell is an Air Force veteran of 34 years and is the former Commander of the Arizona Air National Guard. He now serves as President and CEO of the Southern Arizona Leadership Council.

"Major General Maxwell's legacy of service is inspiring; he served our country and led Arizona servicemembers for over 30 years and now works to expand opportunities in Tucson and across our state," said Sinema, who serves on the Senate Veterans' Affairs Committee. "I will continue working

across the aisle to support Arizona servicemembers, veterans, and their families."

"It is an honor to be Senator Sinema's guest at the State of the Union address," said Ted Maxwell, Major General (Ret.), United States Air Force. "As the former Commander of the Arizona Air National Guard, I know how important it is to have Arizona leaders standing up for our servicemembers and veterans and keeping our country safe. I have seen Senator Sinema's commitment to our Armed Forces and veterans first hand and her steadfast support is greatly appreciated. As President and CEO of the Southern Arizona Leadership Council, I thank Senator Sinema for her engagement and support of our region's business community and her recent leadership on the USMCA."

Major General Ted Maxwell served in the U.S. Air Force for over 34 years. During his years of military experience, Major General Maxwell established himself as a leader capable of motivating and managing a large diverse workforce. Ted retired as a Major General in 2018. His final military position was as the Commander of the Arizona Air National Guard. In that role he oversaw and was responsible for over 2,700 Airmen and the operations of units flying the F-16, the KC-135 and the MQ-9 aircraft supporting the Air Force at home and abroad. Ted has extensive experience working with Congress, with government officials and with foreign dignitaries. He has over 4,600 flying hours predominately in the F-16. Today, Ted serves as President and Chief Executive Officer of the Southern Arizona Leadership Council where he is focused on growing Tucson by focusing on education, infrastructure, healthcare, governance as well as economic growth and innovation.

Major General Maxwell was a 1984 graduate of the United States Air Force Academy earning a Bachelor's of Science. He received his Master's in Business Administration from the University of Arizona in 2014. Additionally, he serves on the Board of Directors for the Arizona Town Hall, the Tucson Hispanic Chamber, the Nova Home Loans Arizona Bowl and Tucson Values Teachers.

<https://www.kold.com/2020/02/04/former-commander-arizona-air-national-guard-join-sen-sinema-state-union/>

6. MT: Independent Record (Local) - Man found dead in Great Falls identified as Malmstrom airman - By Staff Reports

A man who was found dead in Great Falls early Sunday has been identified as an active-duty airman stationed at Malmstrom Air Force Base.

At around 2:30 a.m., officers found the body of Tristen Allen Carlson at a residence on the 2300 block of 14th Avenue South, the Cascade County Sheriff's Office said in a news release. Carlson was 21 years old.

Carlson's family has been notified.

There is no official word yet on the cause of death, nor any reports of arrests in connection with his death.

This is at least the third death of a Great Falls-area airman in the past month.

The body of Staff Sgt. Manuel Trevino Jr. was discovered by Cascade County Sheriff's Office deputies on Jan. 14. Foul play or other suspicious circumstances were not immediately suspected in the off-base death, Cascade County Sheriff Jesse Slaughter told the Great Falls Tribune. He did not disclose where Trevino was found.

The sheriff's office is leading the investigation with assistance from the Air Force Office of Special Investigations, according to a base spokeswoman.

The base was a close-knit community and a tragedy such as Trevino's death affects every member, 341st Missile Wing Commander Col. Jennifer Reeves said at the time.

Then on Jan. 22, Ian McBeth, 44, from Great Falls, died fighting wildfires in Australia when the tanker he was piloting crashed. He was one of three men in the crash who died. McBeth was an tanker pilot with Coulson Aviation Inc. and served with the Montana Air National Guard 120th Airlift Wing.

McBeth also served with the Wyoming and Nevada Air National Guards. He was also an instructor and an evaluator pilot, according a press release from Coulson.

https://helenair.com/news/local/man-found-dead-in-great-falls-identified-as-malmstrom-airman/article_9159f183-13cb-554d-b09a-1186d8c0b160.html

7. US: Stars & Stripes (National) - Army hikes bonuses for first time in decades to stem pilot exodus - By Slobodan Lekic

The Army will pay up to \$1,000 a month in aviation incentives, the first increases it has offered in decades, as it tries to remain competitive with commercial airlines offering higher salaries.

The higher pay, which covers most pilots in the Army, Army National Guard and Army Reserve, became effective Jan. 1.

"This increase in (incentive pay), the first for Army pilots in over 20 years ... is just one of many efforts underway to maintain aviation readiness and ensure support to the joint force," Maj. Gen. David J. Francis, head of the U.S. Army Aviation Center of Excellence, said in a statement Friday.

Pilots with two years of Army service would receive \$125 a month and those with more than 10 years of service would get \$1,000 monthly under the new bonus plan, the Army statement said.

The monthly incentive rates hadn't increased since 1999, when they represented almost 25% of base pay. Last year, incentive pay was equal to about 11% of base salary, the service statement said.

The Army also offers targeted retention bonuses to midcareer and senior pilots.

Last year, the Army's pilot attrition rate grew to a record 10% of its force, due largely to aging aviators and competition. More than 40% of its warrant officers had more than 17 years of service, Army officials said in April.

Each of the Pentagon services has struggled to retain pilots, who are often lured away from the military by companies offering enticements such as signing bonuses, tuition reimbursement and a more predictable work schedule.

The exodus is likely to get worse. In North America alone, airlines will require some 200,000 new pilots in the next two decades as older pilots retire, industry analysts have predicted.

The other services also offer monthly incentive pay and have recently upped their retention bonuses.

The Navy will pay pilots \$175,000 in bonuses over five years for staying in the service, it announced last month. The size of the bonus depends on the aircraft and length of reenlistment.

The Marine Corps in December announced it was offering bonuses of between \$45,000 and \$280,000 to reserve pilots who are willing to return to the cockpit.

The Air Force faced a shortage of about 2,000 pilots - 800 active duty and around 1,120 reserve pilots - at the end of 2018. The Rand Corp. has estimated that the active duty pilot deficit will double to around 1,600 by 2023.

Although the Air Force says its pilot retention rate has improved, the airlines value the aviators because they require only brief retraining before they receive a type rating for a commercial jet.

Similarly, Army helicopter pilots need just 90 days of additional fixed-wing training to qualify for a type rating.

<https://www.stripes.com/news/us/army-hikes-bonuses-for-first-time-in-decades-to-stem-pilot-exodus-1.617419>

Very respectfully, April

April D. Cunningham
Media Operations Branch
National Guard Bureau Public Affairs
111 S. George Mason Dr.
Arlington, VA 22204
Office:703-607-2558
Press Desk:703-601-6767
april.d.cunningham2.civ@mail.mil

CLASSIFICATION: UNCLASSIFIED

From: Sayler, Erik <Erik.Sayler@em.myflorida.com>
Sent: Wednesday, March 18, 2020 7:53 PM EDT
To: Keenan, Gwen (FEMA) <Gwen.Keenan@fema.dhs.gov>
CC: Campen, Amanda <Amanda.Campen@em.myflorida.com>; McLeary, Allison <Allison.McLeary@em.myflorida.com>
Subject: RE: [EXTERNAL] FW: PDAT Webinars for Florida
Attachment(s): "PDAT Webinar Schedule.pdf"

Thanks Gwen. Allison and Amanda are on it! ☺

Erik L. Sayler

Deputy General Counsel
Florida Division of Emergency Management
Direct: (850) 815-4154 | Mobile: (850) 694-6620 | Erik.Sayler@em.myflorida.com



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From: Keenan, Gwen <gwen.keenan@fema.dhs.gov>
Sent: Tuesday, March 17, 2020 8:37 AM
To: Sayler, Erik <Erik.Sayler@em.myflorida.com>
Cc: Bussey, Jon <Jon.Bussey@em.myflorida.com>
Subject: [EXTERNAL] FW: PDAT Webinars for Florida

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fysa

Gwen Keenan
Team Lead and Preparedness Specialist, Florida FEMA Integration Team, FEMA Region IV
Mobile: (404) 387-3773
Gwen.Keenan@fema.dhs.gov

Federal Emergency Management Agency
fema.gov



FEMA

From: Goodman, Amy <amy.goodman@fema.dhs.gov>
Sent: Tuesday, March 17, 2020 8:34 AM
To: Thomas, Saidat <Saidat.Thomas@fema.dhs.gov>; Keenan, Gwen <gwen.keenan@fema.dhs.gov>; Ford, Annie <Annie.Ford@fema.dhs.gov>; Dale, William <william.dale@fema.dhs.gov>
Cc: Baker, Stuart <Stuart.Baker@fema.dhs.gov>; Thomas, Saidat <Saidat.Thomas@fema.dhs.gov>
Subject: FW: PDAT Webinars for Florida

FYSA – The State of Florida requested 4 procurement refreshers (with a focus on emergency contracting and micro-purchases) for current COVID-19 operations. Below is the schedule and login information for the PDAT webinars. I don't know yet what the capacity is for each call, so it is not clear yet whether these can/should be advertised to other FEMA staff in the state yet (so that we can maximize the number of local government participants that are able to participate).

Amy Goodman

Assistant Regional Counsel | FEMA Office of Chief Counsel | FEMA Region IV
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Federal Emergency Management Agency
fema.gov



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From: Goodman, Amy
Sent: Tuesday, March 17, 2020 8:25 AM
To: 'Pickles, Karen' <Karen.Pickles@em.myflorida.com>
Subject: RE: PDAT Webinars for Florida

Karen,

Below is the information and instructor name for each of the requested procurement webinars. If you have any questions, please let me know.

Meeting Information

Name: Procurement under FEMA Awards- FL
Instructor: Nielsen Leon, Program Specialist
Start Time: 03/24/2020 9:30 AM
Duration: 1 Hour
URL: <https://fema.connectsolutions.com/rcraufblhafw/>

Audio Conference Details

Conference Number(s): 1-877-446-3914
Participant Code: 7192577

Meeting Information

Name: Procurement under FEMA Awards- FL
Instructor: Eve Helms, Program Specialist
Start Time: 03/27/2020 2:00 PM
Duration: 01:00
URL: <https://fema.connectsolutions.com/r76oguaozlla/>

Audio Conference Details

Conference Number(s): 1-877-446-3914
Participant Code: 199325

Meeting Information

Name: Procurement under FEMA Awards- FL
Instructor: Lynda Cortes-Avellaneda, Program Specialist
Start Time: 03/31/2020 2:00 PM
Duration: 01:00
URL: <https://fema.connectsolutions.com/r1g92nbcxvh0/>

Audio Conference Details

Conference Number(s): 1-877-446-3914
Participant Code: 431-2642

Meeting Information

Name: **Procurement under FEMA Awards - FL**

Instructor: **Leon Tucker, Program Specialist**

Start Time: **04/02/2020 9:30 AM (EST)**

Duration: **01:00**

URL: <https://fema.connectsolutions.com/rcpgeihnzr6i/>

Audio Conference Details

Conference Number(s): **1-877-446-3914**

Participant Code: **535-888**

• Test their connection: https://fema.connectsolutions.com/common/help/en/support/meeting_test.htm
Get a quick overview: <http://www.adobe.com/products/adobeconnect.html>

Amy Goodman

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From: Pickles, Karen <Karen.Pickles@em.myflorida.com>
Sent: Monday, March 16, 2020 12:46 PM
To: Goodman, Amy <amy.goodman@fema.dhs.gov>
Subject: PDAT Webinars for Florida

Hi Amy,

We propose the following schedule and will try to recommend attendance based on area/need:

- Tuesday, March 24 from 9:30 a.m. – 10:30 a.m. EST
- Friday, March 27 from 2:00 p.m. – 3:00 p.m. EST
- Tuesday, March 31 from 2:00 p.m. – 3:00 p.m. EST
- Thursday, April 2 from 9:30 a.m. – 10:30 a.m. EST

Please let me know if PDAT can accommodate our scheduling request. If I need to send other dates, please let me know.

Sincerely,

Karen



Karen Pickles, PhD | Education Program Administrator

Bureau of Recovery

Florida Division of Emergency Management

Rebuilding Together

(850) 815-4424 (o)

Email: karen.pickles@em.myflorida.com

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Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.



Rebuilding Together

Schedule for PDAT Webinars in Support of EM-3432-FL

****ALL TIMES ARE EASTERN STANDARD TIME****

Date	Time	Region / Area	Meeting URL and Audio Conference Details	
Tuesday, March 24, 2020	9:30 a.m. EST	1 – 3	URL	https://fema.connectsolutions.com/rcraufblhafw/
			Audio	Conference Number: 1-877-446-3914 Participant Code: 7192577
Friday, March 27, 2020	2:00 p.m. EST	4 & 5	URL	https://fema.connectsolutions.com/r76oguaozlla/
			Audio	Conference Number: 1-877-446-3914 Participant Code: 199325
Tuesday, March 31, 2020	2:00 p.m. EST	6 & 7	URL	https://fema.connectsolutions.com/r1g92nbcxvh0/
			Audio	Conference Number: 1-877-446-3914 Participant Code: 4312642
Thursday, April 2, 2020	9:30 a.m. EST	Statewide	URL	https://fema.connectsolutions.com/rcpgeihnzr6i/
			Audio	Conference Number: 1-877-446-3914 Participant Code: 535888

Please share this webinar schedule with any potential Applicants, including local governments, municipalities, towns, cities, and villages, local public authorities, school districts, special districts. **Certain non-profit entities are also potentially eligible including schools, utilities, emergency medical care providers, and houses of worship.

From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Sent: Friday, March 13, 2020 2:14 PM EDT
To: Jourdan-Walker, Canika <Canika.Jourdan-Walker@fema.dhs.gov>
Subject: RE: [EXTERNAL] FW: Training Suspension Notification

I have received and notified my stakeholders

Linda J. McWhorter
Preparedness Bureau Chief
(850) 815-4301

From: Jourdan-Walker, Canika <Canika.Jourdan-Walker@fema.dhs.gov>
Sent: Friday, March 13, 2020 2:13 PM
To: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>; Laretta Thorpe MS STO <lthorpe@mema.ms.gov>; Louis Walter SC-EM <lwalter@emd.sc.gov>; Katie Menaugh Training Coordinator - SC <kmenaugh@emd.sc.gov>; Michelle L. Tuck NC STO <Michelle.Tuck@ncdps.gov>
Subject: [EXTERNAL] FW: Training Suspension Notification
Importance: High

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Good Afternoon Training Partners

I have been asked to confirm that the below email has actually been seen by all the STO. I was able to reach several of the STO. If you are receiving this email, I was unable to reach you by phone but need to confirm that you have received the below message regarding cancellation of all courses at both EMI and CDP. Please send me a quick email to confirm that you have received this message.

Thank you in advance
Canika

Canika Jourdan – Walker
Regional Training Manager - Region IV
National Preparedness Division (NPD)
DHS/ Federal Emergency Management Agency (FEMA)
770 220 5462 (O)
404 823 5224 (M)
Canika.Jourdan-Walker@fema.dhs.gov

"Success isn't about how much money you make,
it's about the difference you make in people's lives"

- Michelle Obama

From: Lubman, Daniel <Daniel.Lubman@fema.dhs.gov>
Sent: Friday, March 13, 2020 8:40 AM
To: Akins, Thomas <Thomas.Akins@fema.dhs.gov>; Burton, Darrell <darrell.burton@fema.dhs.gov>; Cannon, Chad <Chad.Cannon@fema.dhs.gov>; DeMarco, Lauren <Lauren.DeMarco@fema.dhs.gov>; Fuqua, Charisse <Charisse.Fuqua@fema.dhs.gov>; Goldthorp, Remy <remy.goldthorp@fema.dhs.gov>; Imuta, Stacie <stacie.imuta@fema.dhs.gov>; Jourdan-Walker, Canika <Canika.Jourdan-Walker@fema.dhs.gov>; Lopez, Danna <Danna.Lopez@fema.dhs.gov>; Mitchell, Jessica <Jessica.Mitchell@fema.dhs.gov>; Nguyen, Binh <binh.n.nguyen@fema.dhs.gov>; Rivera, Oscar <oscar.rivera@fema.dhs.gov>; Stapleton, Angela <Angela.Stapleton@fema.dhs.gov>; Sweeney, Daisy <Daisy.Sweeney@fema.dhs.gov>; Taylor, James <James.Taylor@fema.dhs.gov>; Warren, Ronnie <Ronnie.Warren@fema.dhs.gov>; Young, Timothy <Timothy.Young@fema.dhs.gov>; Amanda Bresler-MI <breslera@michigan.gov>; Becky Scott-AZ <becky.scott@azdema.gov>; Beth Lewis-IA <beth.lewis@iowa.gov>; Bill Martin-OR <bill.martin@state.or.us>; Brenda Vossler-ND <blvossler@nd.gov>; Brittany Marquette-VT <brittany.marquette@vermont.gov>; Cari Leidholt-SD <cari.leidholt@state.sd.us>; Cassie Parker-IN <caparker@dhs.in.gov>; Cheri Scott-LA <cheri.scott@la.gov>; Chris Foreman-AR <chris.foreman@adem.arkansas.gov>; Chuck Kerns-OK <charles.kerns@oem.ok.gov>; Cole Hoffen-PA <choffen@pa.gov>; Colleen Gadd-CO <colleen.gadd@state.co.us>; Curtis Driscoll-OK <curtis.driscoll@okohs.ok.gov>; Damaris Li-WA <damaris.li@mail.wa.gov>; Danica Frederick-MI <frederickD3@michigan.gov>; Daniel Cuning-NJ <lpp6840@gw.njsp.org>; Darlene Loff-NV <dloff@dps.state.nv.us>; Dave Reisen-NE <dave.reisen@nebraska.gov>; David Nock-TN <david.nock@tn.gov>; David Nunley-OH <dbnunley@dps.state.oh.us>; David Pangelinan-MP <dpangelinan@cnmihsem.gov.mp>; Dustin Hight-SD <dustin.hight@state.sd.us>; Ed Westbrook-GA <ed.westbrook@gema.ga.gov>; Eva Edwards-AK <eva.edwards@alaska.gov>; Felecia Schreier-NM <felecia.schreier@state.nm.us>; Gary Leeder-ID <gleeder@imd.idaho.gov>; Gary Wieczorek-WI <gary.wieczorek@wisconsin.gov>; Glenn Garibaldi-NJ <lpp5700@gw.njsp.org>; Irvin R. Mason Sr.-VI <irvin.mason@vitema.vi.gov>; Jacob Beauregard-MN <jacob.beauregard@state.mn.us>; Jason Smith-AL <jason.smith@ema.alabama.gov>; Jeff Tedesco-MA <jeff.tedesco@state.ma.us>; Jeffrey McKenzie-AK <jeffrey.mckenzie@alaska.gov>; Jennifer Lindberg-MN <jennifer.lindberg@state.mn.us>; Jennifer Walter-HI <jennifer.m.walter@hawaii.gov>; Jerome Macdonald-NM <JeromeP.Macdonald@state.nm.us>; Jesse Farnham-ME <jesse.farnham@maine.gov>; Jim Cedeno-WA <jim.cedeno@state.wa.us>;

FL-DEM-20-0674-A-000890

<jim.cedeno@mil.wa.gov>; Joann Beaudoin-NH <joann.beaudoin@dos.nh.gov>; John Broaddus-MD <john.broaddus@maryland.gov>; John Brown-IN <jobrown@dhs.in.gov>; John Callahan-LA <john.callahan@la.gov>; Stewart, Jon <jonathan.stewart@dc.gov>; Karen Bibee-TN <karen.bibee@tn.gov>; Karen Layng-OR <karen.layng@mil.state.or.us>; Katherine Hassett-AZ <katherine.hassett@azdema.gov>; Kathryn Menaugh-SC <kmenaugh@emd.sc.gov>; Kelly Rogers-CA <kelly.rogers@caloes.ca.gov>; Kevin Wernet-WI <Kevin.wernet@wisconsin.gov>; Kris Repp-UT <krepp@utah.gov>; Larry Regorrah-ND <lregorrah@nd.gov>; Laura Norris-MO <laura.norris@sema.dps.mo.gov>; Lauren Bond-MD <lauren.bond@maryland.gov>; Linda McWhorter-FL <linda.mcwhorter@em.myflorida.com>; Lisa Jones-OH <ljones@dps.ohio.gov>; Loretta Thorpe-MS <lthorpe@mema.ms.gov>; Lori DeGristina-NV <ldegristina@dps.state.nv.us>; Louis Walter-SC <lwalter@emd.sc.gov>; Lynn Bailey-CO <lynn.bailey@state.co.us>; Marc Pellegrino-NJ <LPP6522@gw.njsp.org>; Marcia Seibel-MD <marcia.seibel@maryland.gov>; Maria Herrera Schultes-KS <maria.i.herrera13.nfg@mail.mil>; Mark Willis-KS <mwillis.kdem@gmail.com>; Meghan Geoffrion-NH <meghan.geoffrion@dos.nh.gov>; Michael Borcky-IL <michael.a.borcky@illinois.gov>; Michael Bourquin-MT <michael.bourquin@mt.gov>; Michael Young Blood Konkle-RR <myoungbloodkonkle@robinsonrancheria.org>; Michelle Nienhuis-MO <michelle.nienhuis@sema.dps.mo.gov>; Michelle Russo-RI <michelle.russo@ema.ri.gov>; Michelle Tuck-NC <Michelle.Tuck@ncdps.gov>; Naomi Ada-MP <Naomi.ada@cnmihsem.gov.mp>; Nowell Curran-CO <nowell.curran@state.co.us>; Patrick Leon <pat.leonguerrero@ghs.guam.gov>; Paul Hahn-TX <paul.hahn@dps.texas.gov>; Randy Johnson-MN <randy.johnson@state.mn.us>; Rebecca Wilburn-NY <rebecca.wilburn@dhses.ny.gov>; Renee Austin-WY <renee.austin1@wyo.gov>; Robert Christ-CT <robert.christ@ct.gov>; Robert Pflaumer-DE <robert.pflaumer@delaware.gov>; Roger Owens-PR <rowens@prema.pr.gov>; Ronald Roberts-NJ <lpp5779@gw.njsp.org>; Rusty Goodpaster-IN <rgoodpaster@dhs.in.gov>; Sabine Gumm-TX <sabine.gumm@dps.texas.gov>; Shannon Daniel-VA <shannon.daniel@vdm.virginia.gov>; Shawn Dunbrack-WV <shawn.d.dunbrack@wv.gov>; Steve Warren-IA <steve.warren@iowa.gov>; Suzanne Lewis-MS <slewis@mema.ms.gov>; Symantha Dandreaano-LA <symantha.dandreaano@la.gov>; Terri Ploger-McCool-KS <terri.d.plogermccool.nfg@mail.mil>; Terry Varney-KY <terry.l.varney.nfg@mail.mil>; Tiffany Jackson-NC <tiffany.jackson@ncdps.gov>; Tonya Nobach-MI <NobacchT@michigan.gov>; Vanessa Aguilu-PR <vaguilu@prema.pr.gov>

Subject: Training Suspension Notification

On behalf of the National Emergency Training Center, the Emergency Management Institute, and the National Fire Academy,

The National Emergency Training Center is suspending all on-campus training activities for a period of four (4) weeks, beginning 3/15/2020 through 4/11/2020. Off-campus, locally delivered training will continue at the discretion of the hosting jurisdiction or agency.

The Federal Emergency Management Agency (FEMA) continues to monitor the guidance of the Centers for Disease Control and Prevention (CDC) as it relates to COVID-19. To mitigate the spread of COVID-19, the CDC is encouraging organizations to promote social distancing, hold meetings via videoconferencing, reduce non-essential travel, and adjust or postpone events and gatherings.

We will work to reschedule courses for later in the year to the maximum extent possible and will send additional information as we have updates.

If you have questions, please contact NETC Admissions.

Please note that this decision is not one which was made lightly. We are mindful of the impact this has on you. We truly value our partnership with you as we ensure our continued ability to help people before, during, and after disasters.

Thank you,

Dan Lubman
Preparedness Branch Chief (A) | Preparedness Branch | Emergency Management Institute
301-447-1364 (phone) 301-980-7929 (cell)
daniel.lubman@fema.dhs.gov

Federal Emergency Management Agency
[fema.gov](https://www.fema.gov)



FEMA

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From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Sent: Tuesday, March 24, 2020 2:39 PM EDT
To: Williams, Paul (FEMA) <Paul.Williams6@fema.dhs.gov>
CC: Vinson, Alonna <Alonna.Vinson@em.myflorida.com>; Davis, Ashley <Ashley.Davis@em.myflorida.com>; Guidicelli, Ian <Ian.Guidicelli@em.myflorida.com>
Subject: RE: [EXTERNAL] FW: Tribal Connection

I do and thanks for sharing

Linda J. McWhorter
Preparedness Bureau Chief
2555 Shumard Oak Blvd
Tallahassee, FL 32399-21000
Office: (850) 815-4301
Mobile: (850) 528-7528
Linda.mcwhorter@em.myflorida.com

From: Williams, Paul (FEMA) <Paul.Williams6@fema.dhs.gov>
Sent: Tuesday, March 24, 2020 2:37 PM
To: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Cc: Vinson, Alonna <Alonna.Vinson@em.myflorida.com>; Davis, Ashley <Ashley.Davis@em.myflorida.com>; Guidicelli, Ian <Ian.Guidicelli@em.myflorida.com>
Subject: [EXTERNAL] FW: Tribal Connection

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Linda,

I think you already have M.s Bennett's contact info (Miccosukee Tribe).

Paul R. Williams

Response Liaison to Florida for COVID-19
Florida Emergency Operations Center
Cell: 229-977-4172
Paul.Williams6@fema.dhs.gov

From: Roper, Elisa <Elisa.Roper@fema.dhs.gov>
Sent: Tuesday, March 24, 2020 1:49 PM
To: Brown, Terry L <Terry.Brown5@fema.dhs.gov>
Cc: Williams, Paul R <Paul.Williams6@fema.dhs.gov>
Subject: RE: Tribal Connection

Larry Rogers
Seminole Tribe of Florida
954-605-9786
LarryRogers@semttribe.com

Jeanine Bennett
Miccosukee Tribe of Indians of Florida
786-734-3271
jeanneB@miccosukeetribe.com

From: Brown, Terry L <Terry.Brown5@fema.dhs.gov>
Sent: Tuesday, March 24, 2020 1:44 PM
To: Roper, Elisa <Elisa.Roper@fema.dhs.gov>
Cc: Williams, Paul R <Paul.Williams6@fema.dhs.gov>
Subject: Tribal Connection

Elisa,

I need the POC for the STOF so that they can complete their request. The Miccosukee POC should coordinate with the state of Florida since they don't have a declaration right now. Once you share this information we can get the ball rolling.

Thanks,

/r

Terry L. Brown
3003 Chamblee-Tucker Rd. 30341

AMERICAN
OVERSIGHT

FL-DEM-20-0674-A-000892

Response Division
Operations Integration Branch Chief
Wk: 770 220-3173
Cell: 770 853-7157
RRCC: 770 220-8877
terry.brown5@fema.dhs.gov

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From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Sent: Friday, March 13, 2020 9:59 AM EDT
To: Keenan, Gwen (FEMA) <Gwen.Keenan@fema.dhs.gov>
Subject: Re: [EXTERNAL] FW: Update on Training for CDP, NETC, and EMI

Thanks - are you feeling better

Get [Outlook for Android](#)

On Fri, Mar 13, 2020 at 9:27 AM -0400, "Keenan, Gwen"<gwen.keenan@fema.dhs.gov> wrote:

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Linda,

Heads up. If it hasn't come out to state, it will shortly. All training at the federal training centers (above) suspended 3/15-4/11/2020.

Vr

Gwen

Gwen Keenan

Team Lead and Preparedness Specialist, Florida FEMA Integration Team, FEMA Region IV

Mobile: (404) 387-3773

Gwen.Keenan@fema.dhs.gov

Federal Emergency Management Agency

fema.gov



FEMA

From: OperationsCadre <operationscadre@fema.dhs.gov>

Sent: Friday, March 13, 2020 8:43 AM

To: Operations_Cadre_FTE <Operations_Cadre_FTE@fema.dhs.gov>; Operations_Cadre_RSV <Operations_Cadre_RSV@fema.dhs.gov>; Operationscadre_IMCore <Operationscadre_IMCore@fema.dhs.gov>; Operationscadre-ALLHANDS <Operationscadre-ALLHANDS@fema.dhs.gov>; Operationscadre-HQ-FTE-OPS <Operationscadre-HQ-FTE-OPS@fema.dhs.gov>; Operationscadre-IMAT-OPS <Operationscadre-IMAT-OPS@fema.dhs.gov>; Operationscadre-Regional-FTE <Operationscadre-Regional-FTE@fema.dhs.gov>

Cc: OperationsCadre <operationscadre@fema.dhs.gov>

Subject: Update on Training for CDP and NETC

The Federal Emergency Management Agency (FEMA) continues to monitor the guidance of the Centers for Disease Control and Prevention (CDC) as it relates to COVID-19. To mitigate the spread of COVID-19, the CDC is encouraging organizations to promote social distancing, hold meetings via videoconferencing, reduce non-essential travel, and adjust or postpone events and gatherings.

FEMA is suspending resident training for a period of four (4) weeks, beginning 3/15/2020 through 4/11/2020 at the Center for Domestic Preparedness (CDP), the National Emergency Training Center (NETC) and the FEMA Incident Workforce Academy (FIWA). We will work to reschedule suspended training later this year to the maximum extent possible and will send additional information as we have updates. Any Deployment Orders previously issued in DTS for this delivery will be rescinded. Please cancel any/all travel arrangements you may have already secured pertaining to this training in CONCUR or with National Travel to include vouchering out to cover any fees you may have incurred.

If you have any questions, please contact FEMA-FQS-Training@fema.dhs.gov. Please monitor your DTS Responder Portal for future FQS training opportunities.

Daniel M. Moore

Program Manager (Training), Operations Division

HQ/RR-RS-OP

Operations Cadre

500 C Street SW

Washington D.C. 20472

202-445-0298 (C)

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FL-DEM-20-0674-A-000894

From: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>

Sent: Tuesday, March 24, 2020 2:24 PM EDT

To: Fitzgerald, John M CDR <John.M.Fitzgerald2@uscg.mil>; Davis, Ashley <Ashley.Davis@em.myflorida.com>; Guidicelli, Ian <Ian.Guidicelli@em.myflorida.com>; Lock, Ryan <Ryan.Lock@em.myflorida.com>; Cooksey, Samantha <samantha.cooksey@flhealth.gov>; Russell, Paul V BMC <Paul.V.Russell@uscg.mil>; Peterson, Amy <Amy.Peterson@fema.dhs.gov>

CC: Schwartz, Erica (HHS/OASH) <Erica.Schwartz@hhs.gov>; r4-phul@fema.dhs.gov <r4-phul@fema.dhs.gov>; Jeanne Eckes <Jeanne.Eckes@hhs.gov>; Crawford, Sean <Sean.Crawford@fema.dhs.gov>

Subject: RE: [EXTERNAL] FW: US Coast Guard to be considered First Responders at CBTS locations

Commander Fitzgerald,

As we discussed a few days ago, we have considered them first responders and advised all counties via email and phone calls that they are. If anyone experiences an issue, please notify me.

Please also understand that there are nearly 50K first responders in the Miami, Broward, Palm Beach foot print and we are limited to 250 tests per day.

Kevin Guthrie | Deputy Director

Office: (850) 815-4101

Cell: (850) 294-8250

Kevin.Guthrie@em.myflorida.com

From: Fitzgerald, John M CDR <John.M.Fitzgerald2@uscg.mil>

Sent: Tuesday, March 24, 2020 2:16 PM

To: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>; Davis, Ashley <Ashley.Davis@em.myflorida.com>; Guidicelli, Ian <Ian.Guidicelli@em.myflorida.com>; Lock, Ryan <Ryan.Lock@em.myflorida.com>; Cooksey, Samantha <samantha.cooksey@flhealth.gov>; Russell, Paul V BMC <Paul.V.Russell@uscg.mil>; Peterson, Amy <Amy.Peterson@fema.dhs.gov>

Subject: [EXTERNAL] FW: US Coast Guard to be considered First Responders at CBTS locations

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FYSA.

From: Schwartz, Erica (HHS/OASH) <Erica.Schwartz@hhs.gov>

Sent: Monday, March 23, 2020 6:43 PM

To: R4 PHUL (FEMA.DHS.GOV) <>

Cc: R4 PHUL (FEMA.DHS.GOV) <r4-phul@fema.dhs.gov>; Eckes, Jeanne (OS/ASPR/EMMO) <Jeanne.Eckes@hhs.gov>; Crawford, Sean (DHS.GOV) <sean.crawford@fema.dhs.gov>

Subject: RE: US Coast Guard to be considered First Responders at CBTS locations

We will remind folks at our next meeting w/our FEMA and HHS reps that Coast Guard is considered a federal first responder.

v/r,

RADM Erica Schwartz, MD, JD, MPH

Deputy Surgeon General

Office of the Surgeon General

United States Public Health Service

U.S. Department of Health and Human Services

200 Independence Ave SW, Suite 701-H

Washington, DC 20201

Office Phone: 202-401-4660

Email: erica.schwartz@hhs.gov

From: R4-phul <r4-phul@fema.dhs.gov>

Sent: Monday, March 23, 2020 6:24 PM

To: Schwartz, Erica (HHS/OASH) <Erica.Schwartz@hhs.gov>

Cc: R4 PHUL (FEMA.DHS.GOV) <r4-phul@fema.dhs.gov>; Eckes, Jeanne (OS/ASPR/EMMO) <Jeanne.Eckes@hhs.gov>

Subject: US Coast Guard to be considered First Responders at CBTS locations

Dr. Schwartz,

Can we get a written statement that United States Coast Guard (USCG) is considered first responders and can be included in the CBTS location testing? It has been reported that USCG has been getting turned away at CBTS locations.

Thank you,

Natalie Sanchez, MPH

HHS Region IV ESF-8 LNO, RRCC Atlanta

FL-DEM-20-0674-A-000896

COVID-19 Response
FEMA RRCC Atlanta, GA
R4-phul@fema.dhs.gov
770.220.5434 or 770.220.5576

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From: Moskowitz, Jared <Jared.Moskowitz@em.myflorida.com>
Sent: Saturday, February 01, 2020 10:41 AM EST
To: Eifert, James O Maj Gen USAF NG FLARNG (USA) <james.o.eifert.mil@mail.mil>
CC: Moulton, Diane <Diane.Moulton@eog.myflorida.com>; Strum, Shane <Shane.Strum@eog.MyFlorida.com>
Subject: RE: [EXTERNAL] Fwd: Coronavirus FORPRO Guidanc

General,

Thank you for the awareness. We are also reviewing our pandemic plan and held a no notice exercise on this subject last week. I will reach out to you early this week.

Thank you,

Jared Moskowitz, Esq.
Director
Florida Division of Emergency Management
2555 Shumard Oak Boulevard
Tallahassee, FL 32399
Office-850-815-4000
Jared@em.myflorida.com
www.floridadisaster.org

-----Original Message-----

From: Eifert, James O Maj Gen USAF NG FLARNG (USA) <james.o.eifert.mil@mail.mil>
Sent: Saturday, February 1, 2020 10:37 AM
To: Moskowitz, Jared <Jared.Moskowitz@em.myflorida.com>
Cc: Moulton, Diane <Diane.Moulton@eog.myflorida.com>; Strum, Shane <Shane.Strum@eog.MyFlorida.com>
Subject: [EXTERNAL] Fwd: Coronavirus FORPRO Guidanc

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From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Sent: Tuesday, March 24, 2020 5:56 PM EDT
To: Harvey, Cotilda <Cotilda.Harvey@fema.dhs.gov>
Subject: RE: [EXTERNAL] GMTA L0705 Course Status due to COVID 19

Does this apply to the course scheduled for August 4-6. 2020

Linda J. McWhorter
Preparedness Bureau Chief
2555 Shumard Oak Blvd
Tallahassee, FL 32399-21000
Office: (850) 815-4301
Mobile: (850) 528-7528
Linda.mcwhorter@em.myflorida.com

From: Harvey, Cotilda <Cotilda.Harvey@fema.dhs.gov>
Sent: Tuesday, March 24, 2020 5:12 PM
To: Farnham, Jesse <Jesse.Farnham@maine.gov>; Sweeney, Daisy <Daisy.Sweeney@fema.dhs.gov>; Mary Jane Robb <mrobb@so.cccounty.us>; William.shea@dhses.ny.gov; Norman, Stacey <stacey.norman@fema.dhs.gov>; Hannigan-Pierce, Maura <Maura.Hannigan-pierce@fema.dhs.gov>; McWhorter, Linda <Linda.McWhorter@em.myflorida.com>; jeffreyb.whitlow@wisconsin.gov; Michael.Bourquin@mt.gov; 'bhonzel@mt.gov' <bhonzel@mt.gov>; spool@mt.gov; Virginia Villagomez <vcvillagomez@omb.gov.mp>
Cc: Mauk, Jamie <Jamie.Mauk@fema.dhs.gov>; Gillenwater, Michael <Michael.Gillenwater@fema.dhs.gov>; McCartney, Sheila <sheila.mccartney@fema.dhs.gov>; Wade, Makesha (CTR) <makesha.wade@associates.fema.dhs.gov>
Subject: [EXTERNAL] GMTA L0705 Course Status due to COVID 19

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All,

To ensure the safety and health of the workforce and the public during the national response to COVID-19, new travel and attendance policies have been enacted. Under the current restrictions, FEMA is unable to deliver the L705 Fundamentals of Grants Management course. As of today, we are unable to provide an alternate date after May 10.

If the situation changes or we have updated information, we will reach out to schedule a call to discuss a reschedule date and review logistics. Also note, that we will try our best to identify dates before September 30, which is the end of our fiscal year. Due to the appropriations cycle, we may have to look at reschedule dates starting in January 2021. We will give your agency priority with the 2021 scheduling.

Please release a statement to registered persons to let them know L0705 Fundamentals of Grants Management maybe cancelled due to Federal guidance for COVID 19. A reschedule date will be shared when confirmed.

Thank you for your support with the COVID 19 response.

If you have questions or concerns, please direct them to me cotilda.harvey@fema.dhs.gov. This will help me ensure that consistent information is provided to all parties.

On behalf of the Grants Management Technical Assistance Program team, thank you for your understanding and support. We'll be in touch soon.

Warm regards,
Cotilda Harvey
GMTA Program Manager
Professional Development and Training Branch
DHS | FEMA | Grant Programs Directorate
mobile: 202-258-5065 | cotilda.harvey@fema.dhs.gov

"If your actions inspire others to dream more, learn more, do more, and become more, you are a leader."... John Quincy Adams

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From: Bussey, Jon <Jon.Bussey@em.myflorida.com>
Sent: Wednesday, March 25, 2020 9:38 PM EDT
To: Davis, Ashley <Ashley.Davis@em.myflorida.com>
CC: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>; Rosenstein, Jared <Jared.Rosenstein@em.myflorida.com>; michael.a.ladd10.mil@mail.mil <michael.a.ladd10.mil@mail.mil>
Subject: Re: [EXTERNAL] Gov EO 20-82

I've reached out for clarification.

Jon

Jon C. Bussey
Chief of Staff
Florida Division of Emergency Management
850-544-6044 Cell

Sent from my iPhone

On Mar 25, 2020, at 9:31 PM, Davis, Ashley <Ashley.Davis@em.myflorida.com> wrote:

FYSA

Ashley H. Davis
Florida Division of Emergency Management
Operations Section Chief
Response Bureau Chief

Ashley.Davis@em.myflorida.com
850.544.8373

Sent via iPhone

Begin forwarded message:

From: "TUTWILER, DENSON H Col USAF ACC AFNORTH/NSEP" <denon.tutwiler@us.af.mil>
Date: March 25, 2020 at 7:27:52 PM EDT
To: "Davis, Ashley" <Ashley.Davis@em.myflorida.com>, "Deleon, Melissa (FLNG)" <Melissa.e.deleon.mil@mail.mil>
Cc: "LESLIE TEMPLIN (leslie.a.templin.civ@mail.mil)" <leslie.a.templin.civ@mail.mil>, "Templin, Leslie A." <leslie.a.templin.mil@mail.mil>, "Louis.Fournier@us.af.mil" <Louis.Fournier@us.af.mil>
Subject: [EXTERNAL] Gov EO 20-82

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I'm getting numerous phone calls from Eglin AFB over this EO. It exempts "military". Eglin a test wing is comprised of uniform military and civilian defense contractors. The AF is still running test missions as many are sensitive and must be accomplished at certain times.

Currently there are 14 Lockheed Martin civilian contractors from CT in Atlanta airport ready to fly down to accomplish a test but according to interpretations they will be forced to self-isolate for 14 days.

The Eglin Wing Commander is requesting clarification or possibly an amendment to this EO to determine whether the DoD contractors are (or could be made) exempt. I advised the EM that if Gov Desantis made his contact information available to the Wing Commanders like Gov Scott did, this would be an appropriate time to contact his office. That being said I still wanted to run it up my side to see if we can get clarification or an amendment to exempt DoD contractor (we assume DoD civilians are exempt as they work "for" the military)

Thank you

Denny

Col Denny Tutwiler
AD EPLO to FL
850-855-8526
850-368-1821

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(www.blackberry.com)

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Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

From: Moskowitz, Jared <Jared.Moskowitz@em.myflorida.com>
Sent: Sunday, March 15, 2020 11:56 AM EDT
To: Gracia, Szczech (FEMA) <Gracia.Szczech@fema.dhs.gov>
CC: Cintron, Morgan <Morgan.Cintron@em.myflorida.com>
Subject: RE: [EXTERNAL] Hot Item: VP Task Force call

I would like to participate in the call, please send call in info

Jared Moskowitz, Esq.
Director
Florida Division of Emergency Management
2555 Shumard Oak Boulevard
Tallahassee, FL 32399
Office-850-815-4000
Jared@em.myflorida.com
www.floridadisaster.org

From: Szczech, Gracia <Gracia.Szczech@fema.dhs.gov>
Sent: Sunday, March 15, 2020 11:19 AM
To: Hastings, Brian <brian.hastings@ema.alabama.gov>; Moskowitz, Jared <Jared.Moskowitz@em.myflorida.com>; Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>; Homer.bryson@gema.ga.gov; Dossett, Michael E (KyEM) <michael.e.dossett@ky.gov>; Greg Michel <gmichel@mema.ms.gov>; Sprayberry, Mike A <mike.sprayberry@ncdps.gov>; 'Kstenson@emd.sc.gov' <Kstenson@emd.sc.gov>; Batson, Steven <sbatson@emd.sc.gov>; patrick.sheehan@tn.gov
Cc: Samaan, Robert <Robert.Samaan@fema.dhs.gov>; Toro, Manny J <Manny.Toro@fema.dhs.gov>; BowmanHHS, Thomas (OGA) <thomas.bowman@hhs.gov>; Hudak, Mary <Mary.Hudak@fema.dhs.gov>
Subject: [EXTERNAL] Hot Item: VP Task Force call

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State Directors,

I just received the message below. The call is at 2 PM today eastern time. Please let me know asap if you can participate and I will send a calendar invite. You can also forward to whoever you would like on the call. Thank you!

Begin Message:

FEMA HQs is trying to schedule a call for early this afternoon with the VPOTUS swab test site team. Earlier today, they had a very good call with FEMA Regions 3, 6 and 10. They chose those first because they contain the focused cities they are interested in. They would like to expand the conversation to include Mass and NY among others. The ask will be "do you want to participate, what help do you need, how many sites, where." They can provide some assistance and they'll discuss that. They acknowledge they will have to provide PPE. They want you to be as specific as you can with locations and dates. The call was successful because the other RAs invited their HHS counterparts and their states. There were even some other health care experts the states brought on the call. So you are free to add whomever you would like. Trying to work the times now, but wanted to give you a heads up. This is worth your time.

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From: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>
Sent: Tuesday, March 24, 2020 5:26 PM EDT
To: Cyrille, Charles (Miami-Dade Co Alt EM) <charles.cyrille@miamidade.gov>
CC: Bouie, Willie <Willie.Bouie@em.myflorida.com>; Davis, Ashley <Ashley.Davis@em.myflorida.com>; Deleon, Melissa (FLNG) <Melissa.e.deleon.mil@mail.mil>; EOC-COSLogistics <EOC-COSLogistics@em.myflorida.com>
Subject: Re: [EXTERNAL] Marlins Park
Attachment(s): "image001.jpg", "image002.png", "image003.png"

Ashley,

Please work.

Major, for your awareness

Kevin Guthrie MA CEM MEP FPEM
Deputy Director
Florida Division of Emergency Management
M-850-294-8250

On Mar 24, 2020, at 4:43 PM, Cyrille, Charles (MDFR) <charles.cyrille@miamidade.gov> wrote:

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Kevin:

Good afternoon, we are in need of an update on our resource request to support the Marlins Park testing operation. The mission numbers are:

1. 5529
2. 5600
3. 5569
4. 5521
5. 5541
6. 5748

Charles L. Cyrille
Division Director, Office of Emergency Management
Miami-Dade Fire Rescue Department
(305) 468-5406 Office
(305) 468-5401 Fax
e-mail: cyrille@miamidade.gov
www.miamidade.gov/oem
“Delivering Excellence Every Day”

<image001.jpg>

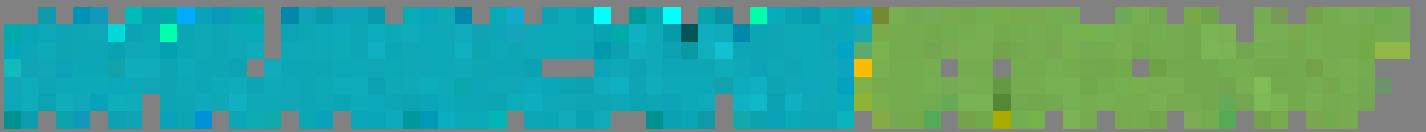
<image002.png>

<image003.png>

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From: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>
Sent: Thursday, February 27, 2020 1:15 PM EST
To: Keenan, Gwen (FEMA) <Gwen.Keenan@fema.dhs.gov>
CC: Miller, Carly <carly.miller@em.myflorida.com>
Subject: RE: [EXTERNAL] Meeting

Will have to be after 4 or so... if not maybe Monday morning?

Kevin Guthrie | Deputy Director

Office: (850) 815-4101
Cell: (850) 294-8250
Kevin.Guthrie@em.myflorida.com

From: Keenan, Gwen <gwen.keenan@fema.dhs.gov>
Sent: Thursday, February 27, 2020 11:26 AM
To: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>
Subject: [EXTERNAL] Meeting

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Hey Kevin,

If you're around today or tomorrow, I can stop by and give you the data dump on what I know about R4 efforts on CoViD19.

Vr

Gwen

Get [Outlook for iOS](#)

From: Moskowitz, Jared <Jared.Moskowitz@em.myflorida.com>
Sent: Thursday, March 19, 2020 10:44 AM EDT
To: Gracia, Szczech (FEMA) <Gracia.Szczech@fema.dhs.gov>; Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>
CC: Samaan, Robert <Robert.Samaan@fema.dhs.gov>; Toro, Manny J <Manny.Toro@fema.dhs.gov>; Gunnin, Stacy <Stacy.Gunnin@fema.dhs.gov>
Subject: RE: [EXTERNAL] Memorial

The 5000? 3 days or 5 days?

Jared Moskowitz, Esq.
Director
Florida Division of Emergency Management
2555 Shumard Oak Boulevard
Tallahassee, FL 32399
Office-850-815-4000
Jared@em.myflorida.com
www.floridadisaster.org

From: Szczech, Gracia <Gracia.Szczech@fema.dhs.gov>
Sent: Thursday, March 19, 2020 5:10 AM
To: Moskowitz, Jared <Jared.Moskowitz@em.myflorida.com>; Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>
Cc: Samaan, Robert <Robert.Samaan@fema.dhs.gov>; Toro, Manny J <Manny.Toro@fema.dhs.gov>; Gunnin, Stacy <Stacy.Gunnin@fema.dhs.gov>
Subject: [EXTERNAL] Memorial

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HHS is doing everything they can, but it may take a few days for the swabs to get to FL.

We will keep you updated.
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From: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>
Sent: Saturday, March 21, 2020 2:07 PM EDT
To: Fitzgerald, John M CDR <John.M.Fitzgerald2@uscg.mil>; Davis, Ashley <Ashley.Davis@em.myflorida.com>
CC: Luce, Christie <christie.luce@flhealth.gov>; Otis, Aaron (CDC/DDPHSIS/CPR/DSL) <fio6@cdc.gov>; Rivkees, Scott A <Scott.Rivkees@flhealth.gov>; Cooksey, Samantha <samantha.cooksey@flhealth.gov>; Guidicelli, Ian <Ian.Guidicelli@em.myflorida.com>; Lock, Ryan <Ryan.Lock@em.myflorida.com>; Jeanne Eckes <Jeanne.Eckes@hhs.gov>
Subject: RE: [EXTERNAL] MS MARINA - CDC/FDOH concurrence that this is not a COVID-19 concern
10=4

Kevin Guthrie | Deputy Director

Office: (850) 815-4101
Cell: (850) 294-8250
Kevin.Guthrie@em.myflorida.com

From: Fitzgerald, John M CDR <John.M.Fitzgerald2@uscg.mil>
Sent: Saturday, March 21, 2020 2:00 PM
To: Davis, Ashley <Ashley.Davis@em.myflorida.com>; Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>
Cc: Luce, Christie <christie.luce@flhealth.gov>; Otis, Aaron (CDC/DDPHSIS/CPR/DSL) <fio6@cdc.gov>; Rivkees, Scott A <Scott.Rivkees@flhealth.gov>; Cooksey, Samantha <samantha.cooksey@flhealth.gov>; Guidicelli, Ian <Ian.Guidicelli@em.myflorida.com>; Lock, Ryan <Ryan.Lock@em.myflorida.com>; Jeanne Eckes <Jeanne.Eckes@hhs.gov>
Subject: [EXTERNAL] MS MARINA - CDC/FDOH concurrence that this is not a COVID-19 concern

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Kevin and Ashley:

Please see below the cut line for CDC review and recommendation.

Additionally, Nicole Kimbrel in ESF-8, advised verbally that FDOH concurs with CDC's interpretation/recommendation.

Unless requested, I will advise USCG that there is no need to coordinate a teleconference concerning the MS MARINA. Should the port wish to discuss, I will let you know.

Please let me know if you need further.

v/r,

CDR Fitzgerald
D7 LNO to the FL EOC

Hi Eli,
I have reached out to the ship physician to confirm all the information you sent me, discussed this case with our medical officer, and provided a situational update to Florida Department of Health (FDOH).

It looks like this ship has 3 passengers onboard who have tested positive for Influenza A and do not have known exposure to COVID-19 cases. There is no ILI outbreak onboard. I will follow up with the ship to instruct that these three passengers wear surgical masks while disembarking.

Given the information we have now, we do not have any additional concerns or public health recommendations regarding this vessel. Please let us know if you have any other questions or concerns.

Thank you and all the best,
Emily

Emily Davenport, MPH
Public Health Advisor
Miami Quarantine Station
Division of Global Migration and Quarantine
Centers for Disease Control and Prevention
Office: 305-526-2910 | Cell: 305-407-5118
Fax: 305-869-1495 | Personal Fax: 404-471-8517
xkh2@cdc.gov

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From: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>

Sent: Friday, March 20, 2020 7:36 AM EDT

To: Davis, Ashley <Ashley.Davis@em.myflorida.com>; Jeanne Eckes <Jeanne.Eckes@hhs.gov>; Luce, Christie <christie.luce@flhealth.gov>; Jeanne Eckes <Jeanne.Eckes@hhs.gov>; Otis, Aaron (CDC/DDPHSIS/CPR/DSLRL) <fio6@cdc.gov>; Rivkees, Scott A <Scott.Rivkees@flhealth.gov>; Cooksey, Samantha <samantha.cooksey@flhealth.gov>

CC: SWO_COMMAND <SWO_COMMAND@em.myflorida.com>; Lock, Ryan <Ryan.Lock@em.myflorida.com>; Toro, Manny J <Manny.Toro@fema.dhs.gov>; Fitzgerald, John M CDR <John.M.Fitzgerald2@uscg.mil>; Rosenstein, Jared <Jared.Rosenstein@em.myflorida.com>; fdot-emoncall@dot.state.fl.us <fdot-emoncall@dot.state.fl.us>

Subject: RE: [EXTERNAL] MS Marina (Oceania) - awareness???

We discussed at the 1800 briefing last night. Ryan Lock has a little info Jared M and I will work this morning.

Kevin Guthrie | Deputy Director

Office: (850) 815-4101

Cell: (850) 294-8250

Kevin.Guthrie@em.myflorida.com

From: Davis, Ashley <Ashley.Davis@em.myflorida.com>

Sent: Thursday, March 19, 2020 3:28 PM

To: Jeanne Eckes <Jeanne.Eckes@hhs.gov>; Luce, Christie <christie.luce@flhealth.gov>; Jeanne Eckes <Jeanne.Eckes@hhs.gov>; Otis, Aaron (CDC/DDPHSIS/CPR/DSLRL) <fio6@cdc.gov>; Rivkees, Scott A <Scott.Rivkees@flhealth.gov>; Cooksey, Samantha <samantha.cooksey@flhealth.gov>

Cc: SWO_COMMAND <SWO_COMMAND@em.myflorida.com>; Lock, Ryan <Ryan.Lock@em.myflorida.com>; Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>; Toro, Manny J <Manny.Toro@fema.dhs.gov>; Fitzgerald, John M CDR <John.M.Fitzgerald2@uscg.mil>; Rosenstein, Jared <Jared.Rosenstein@em.myflorida.com>; fdot-emoncall@dot.state.fl.us

Subject: RE: [EXTERNAL] MS Marina (Oceania) - awareness???

I have no SA on this vessel.

From: Eckes, Jeanne (OS/ASPR/EMMO) <Jeanne.Eckes@hhs.gov>

Sent: Thursday, March 19, 2020 3:18 PM

To: Davis, Ashley <Ashley.Davis@em.myflorida.com>; Luce, Christie <christie.luce@flhealth.gov>; Jeanne Eckes <Jeanne.Eckes@hhs.gov>; Otis, Aaron (CDC/DDPHSIS/CPR/DSLRL) <fio6@cdc.gov>; Rivkees, Scott A <Scott.Rivkees@flhealth.gov>; Cooksey, Samantha <samantha.cooksey@flhealth.gov>

Subject: [EXTERNAL] MS Marina (Oceania) - awareness???

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Sam/Ashley

This is the string I got below and why I asked if you had this ship on the radar. Let me know if you find something out. HHS has no ask....we just want to make sure you are aware this may be headed to Miami.

Respectfully,
Jeanne

Jeanne Eckes-Roper, RN, MBA
Nurse Consultant/Regional Emergency Coordinator – Region IV
United States Department of Health & Human Services (HHS)
Assistant Secretary for Preparedness and Response (ASPR)
Emergency Management & Medical Operations (EMMO)
Field Operations and Response

61 Forsyth Street, SW Suite 5B95
Atlanta, GA 30303

cell: 404.772.9701

fax: 404.562.7913

email: Jeanne.eckes@hhs.gov

HSDN: Jeanne.eckesroper@dhs.gov

Alternate phone numbers

cell: 202.322.1930 AT&T (primary)

cell: 202.909.6950 Verizon (secondary)

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Jeanne,

See below. Is FL DOH tracking this?

Joe

Joe Lamana
HHS/ASPR/OEMMO
Cell: **202-230-9169**

From: Jao, Richard C (Beijing) <JaoRC@state.gov>
Sent: Thursday, March 19, 2020 2:27 PM
To: Lamana, Joseph (OS/ASPR/EMMO) <Joseph.Lamana@hhs.gov>
Subject: MS Marina (Oceania)

Hi Joe – are you tracking the MS Marina (Oceania)? I'm tracking 653 Amcits on board, COVID(+) cases on ship, headed to Miami but no ports there open. This is going to be a problem soon. We're getting inquiries from the Australians and Andorrans. This is the latest I have:

18MAR: Indications that an Oceania cruise ship will be arriving at Port of Miami sometime next week with various COVID-19 positives on it. Consular Affairs from the Australian Embassy contacted to say they had been notified overnight that the MS Marina (Oceania) is returning to Miami from South America via the Panama Canal after it was denied docking by several countries. The latest advice the Embassy has is that it is passing through the Canal could take 5 or 6 days. Australian Embassy in Mexico and Honorary Consul in Panama are trying to assist at least 49 Australians on board - some of whom are starting to run short of medications etc. - but are having difficulty contacting the crew and Oceania's agents in Panama. CONS provided them with the contact for Norwegian cruise lines which is a parent company of Oceania. OFM indicates Port of Miami is not aware of the ship coming to Miami and questioned where it would even dock as all available ports are occupied. OFM in touch with Norwegian.

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Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

From: Cintron, Morgan <Morgan.Cintron@em.myflorida.com>
Sent: Wednesday, March 25, 2020 2:59 PM EDT
To: Anderson, Hallie <Hallie.Anderson@fema.dhs.gov>
Subject: RE: [EXTERNAL] Notification of a Major Disaster Declaration for the State of Florida (FEMA-4486-DR-FL)
Thanks for sending this, appreciate you!

Morgan L. Cintron
External Affairs Director
Florida Division of Emergency Management
2555 Shumard Oak Boulevard
Tallahassee, FL 32399
C-850-755-2722
O-850-815-4013
Morgan.Cintron@em.myflorida.com
www.floridadisaster.org



From: FEMA-R4-Stakeholder-Relations <fema-r4-stakeholder-relations@fema.dhs.gov>
Sent: Wednesday, March 25, 2020 2:52 PM
To: FEMA-R4-Stakeholder-Relations <fema-r4-stakeholder-relations@fema.dhs.gov>
Subject: [EXTERNAL] Notification of a Major Disaster Declaration for the State of Florida (FEMA-4486-DR-FL)

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STATE OF FLORIDA

FEDERAL DISASTER DECLARATION FACT SHEET

MARCH 25, 2020

Today, March 25, 2020, President Donald J. Trump granted a Major Disaster Declaration for the State of Florida triggering the release of Federal funds to help people and communities recover from COVID-19 that occurred January 20, 2020, and continuing. Details of the disaster declaration and assistance programs are as follows:

Declaration Number:	FEMA-4486-DR
Incident:	COVID-19
Incident Period:	January 20, 2020, and continuing
Federal Coordinating Officer:	Gracia B. Szczech
Individual Assistance (IA):	(Assistance to individuals and households):
IA-Designated Areas: Program in all areas in the State of Florida.	Individual Assistance limited to the Crisis Counseling
Public Assistance (PA):	(Assistance for emergency work and the repair or replacement of disaster-damaged facilities):
PA-Designated Areas: authorized under other Federal statutes, including direct Federal assistance, under the Public Assistance program at 75 percent federal funding for all areas in the State of Florida.	Emergency protective measures (Category B) not
Hazard Mitigation (HM):	(Assistance for actions taken to prevent or reduce long term risk to life and property from natural hazards):
HM-Designated Areas:	Under Review.

OTHER:

Additional designations may be made at a later date if requested by the State and warranted by the results of further assessments.

For your reference, I have attached fact sheets on the Individual Assistance and Public Assistance programs.

If you have any questions, please contact FEMA Region IV Stakeholder Relations at (770) 220-5696.

Respectfully,

Hallie Anderson

External Affairs Specialist | Office of the Regional Administrator | FEMA Region IV

office: 770.220.5250 | mobile: 202.826.3190

hallie.anderson@fema.dhs.gov

Federal Emergency Management Agency

fema.gov



FEMA

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From: Saylor, Erik <Erik.Saylor@em.myflorida.com>
Sent: Sunday, March 15, 2020 3:09 PM EDT
To: Baker, Stuart <Stuart.Baker@fema.dhs.gov>; Greene, Joey <joey.greene@gema.ga.gov>; Fitzpatrick, Katherine J NFG NG KYARNG (USA) <katherine.j.fitzpatrick.nfg@mail.mil>; William Dreher <wdreher@mema.ms.gov>; Will Polk (Will.Polk@ncdps.gov) <will.polk@ncdps.gov>; Betsy Polk <bpolk@emd.sc.gov>; Libby Donoho <libby.donoho@tn.gov>; Speaks, Janine <janine.speaks@ema.alabama.gov>
CC: Goodman, Amy <amy.goodman@fema.dhs.gov>; Ayetin, Franklin <franklin.ayetin@fema.dhs.gov>
Subject: RE: [EXTERNAL] PDAT refresher for COVID-19

Thanks

Erik L. Saylor

Deputy General Counsel, Florida Division of Emergency Management
Direct: (850) 815-4154 | Mobile: (850) 694-6620 | Erik.Saylor@em.myflorida.com

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Sent via the Samsung Galaxy S9, an AT&T 5G Evolution smartphone.

----- Original message -----

From: "Baker, Stuart" <Stuart.Baker@fema.dhs.gov>
Date: 3/15/20 2:56 PM (GMT-05:00)
To: "Saylor, Erik" <Erik.Saylor@em.myflorida.com>, "Greene, Joey" <joey.greene@gema.ga.gov>, "Fitzpatrick, Katherine J NFG NG KYARNG (USA)" <katherine.j.fitzpatrick.nfg@mail.mil>, William Dreher <wdreher@mema.ms.gov>, "Will Polk (Will.Polk@ncdps.gov)" <will.polk@ncdps.gov>, Betsy Polk <bpolk@emd.sc.gov>, Libby Donoho <libby.donoho@tn.gov>, "Speaks, Janine" <janine.speaks@ema.alabama.gov>
Cc: "Goodman, Amy" <amy.goodman@fema.dhs.gov>, "Ayetin, Franklin" <franklin.ayetin@fema.dhs.gov>
Subject: [EXTERNAL] PDAT refresher for COVID-19

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Good afternoon, everybody. To offer a quick refresher on some key Procurement Under Grants (PUG) rules in the context of this COVID-19 situation:

Procurement rules for state agencies:

I imagine a lot of the procurement activity will be done at the State level (e.g., state health department, state EMA, etc.). Remember that for procurement by state agencies, there are only three requirements as set forth in 2 CFR 200.317:

1. **Follow your own state procurement rules.**
2. Use recycled materials to the extent possible (probably not relevant to most pandemic purchasing)
3. **Include the required federal contract clauses, as applicable** (see my below note).

Procurement rules for local governments and PNPs:

Local governments and PNPs must meet the more detailed requirements set forth in 2 CFR 200.318-326. See attached list of "Top 10 Procurement Mistakes" that highlights those rules.

To summarize the competition rules:

- For purchases under \$10,000 or the applicant's own micro-purchase threshold (whichever is less), no competitive quotes are required as long as the price is reasonable. To the extent practical, purchases should be distributed among qualified suppliers.
- For purchases under \$250,000 or the applicant's own small purchase threshold (whichever is less), price quotes should be sought from at least three qualified sources.
- For purchases above \$250,000 or the applicant's own small purchase threshold (whichever is less), competition is generally required. **Remember though that the rules make an exception for procurement for emergencies and exigencies, as described in the attached PDAT fact sheet.**

Note on contract clauses:

Some of the federal contract clauses won't be applicable in the context of a pandemic (such as construction work clauses). Also, the Termination for Cause/Convenience clause can be particularly helpful to get out of the contract if you need to, if the demand for the service/good is less than what was expected. We've had situations in the past (not in FEMA Region IV) where state governments entered into contracts as a hurricane was approaching but then the hurricane veered away and the goods/services weren't need, but the state agency was stuck with the contract because it didn't have a Termination for Convenience clause.

The PDAT webpage has more helpful info at <https://www.fema.gov/procurement-disaster-assistance-team>

Stuart

Stuart G. Baker
Regional Counsel
FEMA Region IV
stuart.baker@fema.dhs.gov
Office: (770) 220-8810

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From: Mahon, Jason <Jason.Mahon@em.myflorida.com>
Sent: Friday, March 20, 2020 12:23 PM EDT
To: Paulk-Buchanan, Crystal <crystal.paulk-buchanan@fema.dhs.gov>
Subject: RE: [EXTERNAL] RE: [EXTERNAL] Florida department of Public Health called me
Crystal,

We have connected with Nadia, a PIO is being deployed. I'll connect with you later. I'm planning to call in at 1:30. A 15 minute huddle is definitely something we could use.

From: Paulk-Buchanan, Crystal <crystal.paulk-buchanan@fema.dhs.gov>
Sent: Friday, March 20, 2020 9:40 AM
To: Mahon, Jason <Jason.Mahon@em.myflorida.com>
Subject: [EXTERNAL] RE: [EXTERNAL] Florida department of Public Health called me

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Jason – just tried to call you.

This is who is trying to get info.

Nadia Vanderhoof, MA
Marketing and Communications Manager | Marketing & Communications
[ORANGE COUNTY CONVENTION CENTER](#)
Direct: 407-685-5831 | Mobile: 407-616-7316
Email: Nadia.Vanderhoof@occc.net

Also can you join RIV EA at 1:30 p.m. ET today for a quick 15 minute huddle? Agenda and call-in details forthcoming

Crystal Paulk-Buchanan
External Affairs Specialist | External Affairs | FEMA Region IV
Office: (770) 220-5244 | Mobile: (202) 702-3477
crystal.paulk-buchanan@fema.dhs.gov

Federal Emergency Management Agency
fema.gov



FEMA

From: Mahon, Jason <Jason.Mahon@em.myflorida.com>
Sent: Friday, March 20, 2020 9:17 AM
To: Paulk-Buchanan, Crystal <crystal.paulk-buchanan@fema.dhs.gov>
Cc: Lucas, Danon J <Danon.Lucas@fema.dhs.gov>
Subject: RE: [EXTERNAL] Florida department of Public Health called me

You can call me anytime

From: Paulk-Buchanan, Crystal <crystal.paulk-buchanan@fema.dhs.gov>
Sent: Friday, March 20, 2020 8:29 AM
To: Mahon, Jason <Jason.Mahon@em.myflorida.com>
Cc: Lucas, Danon J <Danon.Lucas@fema.dhs.gov>
Subject: [EXTERNAL] Florida department of Public Health called me

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Jason -

I just got a call from pio at Florida department of public health. He said he has been contacted by pio at Orange County convention center. Wanted to know when testing site would be open. Media blowing up her line.

I referred public health to call you.

I'm in operational briefing now. Call call you after.

Crystal Paulk-Buchanan
External Affairs Specialist | External Affairs | FEMA Region IV
Office: (770) 220-5244 | Mobile: (202) 702-3477
crystal.paulk-buchanan@fema.dhs.gov
Federal Emergency Management Agency
fema.gov

Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

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From: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>
Sent: Wednesday, March 18, 2020 7:59 AM EDT
To: Avery, Lauraleigh (Orange Co EM) <lauraleigh.avery@ocfl.net>
CC: Baker, Claudia <Claudia.Baker@em.myflorida.com>; Deleon, Melissa (FLNG) <Melissa.e.deleon.mil@mail.mil>; McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Subject: RE: [EXTERNAL] RE: [EXTERNAL] FW: Community-Based Testing Site

We need to have a call as soon as we can to determine orange's involvement. Claudia, I need you to keep an eye on the orange convention center to let us know what is arriving.

Kevin Guthrie | Deputy Director

Office: (850) 815-4101
Cell: (850) 294-8250
Kevin.Guthrie@em.myflorida.com

From: Avery, Lauraleigh (Orange Co EM) <lauraleigh.avery@ocfl.net>
Sent: Tuesday, March 17, 2020 11:12 PM
To: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>
Cc: Baker, Claudia <Claudia.Baker@em.myflorida.com>
Subject: [EXTERNAL] RE: [EXTERNAL] FW: Community-Based Testing Site

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

I apologize for not being on the call at 1900 hours. I have provided the address and the contact for the Destination Lot at the Orange County Convention Center. The contact for the Convention Center is David Ingram. Here is his information again in case you still need it:

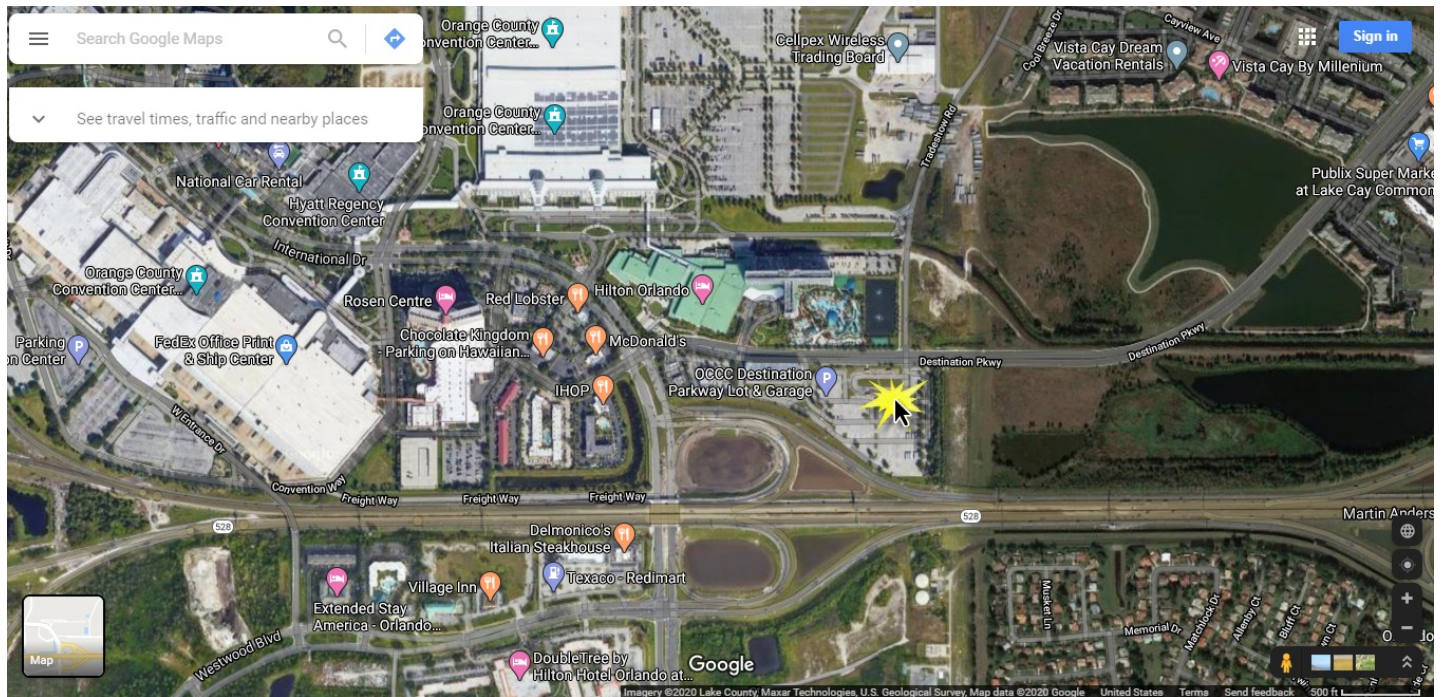
David Ingram, CVP

Acting General Manager

ORANGE COUNTY CONVENTION CENTER

Direct: (407) 685-5547 | Mobile: (321) 354-8602 | Fax: (407) 685-9886

Email: david.ingram@occc.net



He has been keeping in touch with me and advised that items are being set up already. Tents and equipment has arrived at the Convention Center. Please let me know if there is another time we can discuss the plan and if there is anything else that is needed.

Lauraleigh A. Avery ILO, A.S.,BPA, MPA
Acting Emergency Manager
Office of Emergency Management
Orange County Fire Rescue Department
P.O. Box 5879
Winter Park, Florida 32793-5879
407-836-9151
[Mailto:Lauraleigh.avery@ocfl.net](mailto:Lauraleigh.avery@ocfl.net)

From: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>
Sent: Tuesday, March 17, 2020 3:12 PM
To: Davis, Ashley <Ashley.Davis@em.myflorida.com>; EOC-COSLogistics <EOC-COSLogistics@em.myflorida.com>
Cc: Smith, Todd (Duval Co Alt EM) <todds@coj.net>; Bujeda, James <James.Bujeda@em.myflorida.com>; Scott, John <JohnW.Scott@em.myflorida.com>; Avery, Lauraleigh A <Lauraleigh.Avery@ocfl.net>; Rollason, Frank (Miami-Dade Co EM) <frank.rollason@miamidadegov>
Subject: FW: [EXTERNAL] FW: Community-Based Testing Site

Ashley and Col Knox,

Please see the attached spreadsheet titled "Complete Supply List" on tab one is what the feds are supplying, on tab 2 is what the state needs to provide per site.

Kevin Guthrie | Deputy Director

Office: (850) 815-4101
Cell: (850) 294-8250
Kevin.Guthrie@em.myflorida.com

From: Moskowitz, Jared <Jared.Moskowitz@em.myflorida.com>
Sent: Tuesday, March 17, 2020 2:30 PM
To: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>; Bussey, Jon <Jon.Bussey@em.myflorida.com>
Subject: FW: [EXTERNAL] FW: Community-Based Testing Site

Jared Moskowitz, Esq.
Director
Florida Division of Emergency Management
2555 Shumard Oak Boulevard
Tallahassee, FL 32399
Office: 850-815-4000

From: Gracia, Szczech (FEMA) <Gracia.Szczech@fema.dhs.gov>
Sent: Tuesday, March 17, 2020 2:07 PM
To: Homer Bryson <homer.bryson@gema.ga.gov>; Moskowitz, Jared <Jared.Moskowitz@em.myflorida.com>; Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>
Cc: Samaan, Robert <Robert.Samaan@fema.dhs.gov>; Toro, Manny J <Manny.Toro@fema.dhs.gov>; Dickinson, Jeanette (OS/ASPR/EMMO) <Jeanette.Dickinson@hhs.gov>; BowmanHHS, Thomas (OGA) <thomas.bowman@hhs.gov>
Subject: [EXTERNAL] FW: Community-Based Testing Site

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Homer and Jared,

We received this from the HHS Task Force. You may have already received this information through your State Public Health. Please see attached of what is being shipped today, currently only FL and GA will be receiving supplies. Also attached is a complete list of what is recommended at each testing site. Please let us know if you have any questions. Thank you!

From HHS/Ash Community-Based Testing Site Team

Material shipments will go out today. It is critical that you send us the following information on the attached spreadsheet:

- POC information for each shipping destination
- POC information for each testing site
- Site security information

At a minimum we need shipping POC information NLT noon EDT today.

From HHS/Ash Community-Based Testing Site Team

Dear Regional, State, and Local Partners,

Thank you for your partnership in this vital effort. We wanted to provide you additional information on the testing sites.

Supplies

Attached please find the supply list (and personnel) that we recommend for operating each testing site.

It contains two TABS of supplies: 1) federally-sourced supplies that we will ship to you; and 2) supplies that states and localities will need to source on their own.

We will be shipping out the initial set of federally-sourced supplies Tuesday. Our best estimate is this represents 1-2 weeks of supplies depending on the ramp-up and throughput speed of each individual site.

These supplies will arrive on Wednesday at the shipping location you have provided. We will confirm the number of shipments that you will receive tomorrow evening (we estimate between 3-6 individual shipments for each site). The shipments must be received by an individual present at the shipping location. **We are asking for that individual's contact information in the attached spreadsheet.**

Personnel

In the supplies spreadsheet, you will also see the number of personnel that our operations plan recommends per site.

We are planning to provide 3 National Public Health Service Corps Members per site including a Facilitator, Safety Officer, and Team Lead. Obviously, states will have the option of whether they want these members, but a Corps Member must certify any site receiving supplies prior to opening that site. **If you do not want 3 National Public Health Services Corps Members at the site, please indicate so in the last column of the spreadsheet labeled "Any Unique Requests for the Federal Government."** National Public Health Services Corps Members will be flying out to sites on Wednesday morning arriving throughout the day on Wednesday.

Site Announcement

All sites receiving federal supplies will be listed on a single website, in addition to any local marketing efforts undertaken by the state or locality.

The website will contain each site's address, hours, the date that the site will open, and any specific instructions or restrictions (i.e. only testing health care workers on first day). We will use information from the attached spreadsheet to load onto the website, so **please ensure the spreadsheet is 100% accurate.**

Security

We believe that security is a critical element of the testing sites.

The process for obtaining security will start with the normal disaster sourcing process, which begins at the local level, in this case with local law enforcement.

It is important that you **secure and send us the security details before a site goes live**

What We Need From You

As mentioned above, we are planning to ship orders beginning this evening.

In order for us to ship supplies, you must complete all fields for your locations on the "TO EDIT - COVID-19 Testing Sites Operational & Shipping Details" spreadsheet by 12:00pm EST on Tuesday. Please ensure that all of the attached information is accurate as it will be loaded onto the website before your site goes live.

In addition, you must **send the name of the entity providing security (e.g., local police) as well as the hours that your site will operate at noon on the day before you open**(we recommend 8am-8pm).

Finally, we will be sending an updated operational guide for the testing sites as soon as possible. Please note that this guide may change as we rollout these sites and learn best practices.

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All e-mails to and from County Officials are kept as a public record.
Your e-mail communications, including your e-mail address may be disclosed to the public and media at any time.

Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

From: Mahon, Jason <Jason.Mahon@em.myflorida.com>
Sent: Tuesday, February 18, 2020 5:02 PM EST
To: Paulk-Buchanan, Crystal <crystal.paulk-buchanan@fema.dhs.gov>
CC: Lucas, Danon J <Danon.Lucas@fema.dhs.gov>
Subject: RE: [EXTERNAL] RE: [EXTERNAL] FW: Earthquake Awareness Month -

Thank you

From: Paulk-Buchanan, Crystal <crystal.paulk-buchanan@fema.dhs.gov>
Sent: Thursday, February 13, 2020 9:21 AM
To: Mahon, Jason <Jason.Mahon@em.myflorida.com>
Cc: Lucas, Danon J <Danon.Lucas@fema.dhs.gov>
Subject: [EXTERNAL] RE: [EXTERNAL] FW: Earthquake Awareness Month -

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Jason:
Given your concerns I've asked the Earthquake campaign team to stand down on media pitching in the Miami area.

From: Mahon, Jason <Jason.Mahon@em.myflorida.com>
Sent: Wednesday, February 12, 2020 10:25 AM
To: Paulk-Buchanan, Crystal <crystal.paulk-buchanan@fema.dhs.gov>
Cc: Lucas, Danon J <Danon.Lucas@fema.dhs.gov>
Subject: RE: [EXTERNAL] FW: Earthquake Awareness Month -

Crystal,

I might have some concerns. Would at least like to stress that Miami is a very low risk for a strong earthquake. Can we have a call to discuss?

Jason

From: Paulk-Buchanan, Crystal <crystal.paulk-buchanan@fema.dhs.gov>
Sent: Wednesday, February 12, 2020 10:12 AM
To: Mahon, Jason <Jason.Mahon@em.myflorida.com>
Cc: Lucas, Danon J <Danon.Lucas@fema.dhs.gov>
Subject: [EXTERNAL] FW: Earthquake Awareness Month -

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Jason,
This month FEMA is raising awareness of the threat of earthquakes. – While the primary focus of our media pitching is in the central US for the New Madrid Fault, we would like to reach out to radio in the Miami market as that area experienced tremors from the earthquake in Jamaica a few weeks ago.

We wanted to make sure you were aware of this campaign and outreach effort. If you have any concerns please let Danon or myself know.

Below are the general talking points that will be used.

Talking Points

Prepare Before an Earthquake

- Practice **Drop, Cover, and Hold On** with family and coworkers.
- Protect your property. Secure heavy items in your home like bookcases, refrigerators, televisions, and objects that hang on walls.
- Store heavy and breakable objects on low shelves.
- Create a [family emergency communications plan](#) that has an out-of-state contact. Plan where to meet if you get separated.
- [Make a supply kit](#) that includes enough food and water for at least three days, a flashlight, a fire extinguisher, and a whistle.
- Do not forget the needs of [pets and service animals](#).
- Consider obtaining an [earthquake insurance policy](#). A standard homeowner's insurance policy does not cover earthquake damage.
- Consider making improvements to your building to fix structural issues that could cause your property to collapse during an earthquake.
- Know how to turn off [utilities](#)

During – Protect yourself

- **Drop, Cover, and Hold On**
- Pick a Safe spots best places under heavy pieces of furniture, such as a desk or sturdy table and against inside walls
- Stay away from windows or breaking objects

- Expect aftershocks
- Be the help until help arrives

Prepare After an Earthquake: Keep Yourself Safe After an Earthquake

- Earthquakes can cause serious hazards such as damage building structures, leaking gas and water lines, or downed power lines.
- Earthquakes can be part of a sequence prepare for more than one shake. Also prepare for aftershocks to follow a large earthquake. These could be as dangerous as the earthquake.
- Check yourself to see if you are hurt and help others if you have training. [Learn how to be the help until help arrives](#)
- If you are in a damaged building, go outside and quickly move away from the building. Do not enter damaged buildings.
- If you are trapped, protect your mouth, nose, and eyes from dust. Send a text, bang on a pipe or wall, or use a whistle instead of shouting to help rescuers locate you.
- Text messages may be more reliable than phone calls. Save phone calls for emergencies.
- Once you are safe, listen to local news reports for emergency information and instructions via battery operated radio, TV, social media, or from cell phone text alerts.
- Be careful during post-disaster cleanup of buildings and around debris. Wear protective clothing, including a long-sleeved shirt, long pants, work gloves, and sturdy, thick-soled shoes during cleanup.
- Register on the American Red Cross "[Safe and Well](#)" website so people will know you are okay.

Crystal Paulk-Buchanan
 FEMA RIV External Affairs
 3003 Chamblee Tucker Road
 Atlanta, GA 30341
crystal.paulk-buchanan@fema.dhs.gov
 office: 770-220-5244
 cell: 202-702-3477



Follow us on twitter [@femaregion4](#) to receive preparedness tips and disaster recovery updates

From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Sent: Tuesday, March 24, 2020 2:13 PM EDT
To: Luddeke, R <R.Luddeke@fema.dhs.gov>
CC: Gniady Banford, Lisa <lisa.gniadybanford@fema.dhs.gov>; Peterson, Amy <Amy.Peterson@fema.dhs.gov>; Grable, Bryon <Bryon.Grable@fema.dhs.gov>
Subject: RE: [EXTERNAL] RE: [EXTERNAL] FW: FaStep Test Kits

Dr. Roberson will be calling you to provide requested information

Linda J. McWhorter
Preparedness Bureau Chief
2555 Shumard Oak Blvd
Tallahassee, FL 32399-21000
Office: (850) 815-4301
Mobile: (850) 528-7528
Linda.mcwhorter@em.myflorida.com

From: Luddeke, R <R.Luddeke@fema.dhs.gov>
Sent: Tuesday, March 24, 2020 1:40 PM
To: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Cc: Gniady Banford, Lisa <lisa.gniadybanford@fema.dhs.gov>; Peterson, Amy <Amy.Peterson@fema.dhs.gov>; Grable, Bryon <Bryon.Grable@fema.dhs.gov>
Subject: [EXTERNAL] RE: [EXTERNAL] FW: FaStep Test Kits

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Any update regarding the FaStep Test Kits?

From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Sent: Tuesday, March 24, 2020 1:03 AM
To: Luddeke, R <R.Luddeke@fema.dhs.gov>
Cc: Gniady Banford, Lisa <lisa.gniadybanford@fema.dhs.gov>; Peterson, Amy <amy.peterson@fema.dhs.gov>; Grable, Bryon <Bryon.Grable@fema.dhs.gov>
Subject: Re: [EXTERNAL] FW: FaStep Test Kits

Will get with Department of Health and provide requested information

Get [Outlook for Android](#)

On Mon, Mar 23, 2020 at 3:57 PM -0400, "Luddeke, R" <R.Luddeke@fema.dhs.gov> wrote:

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Linda,

We understand that Florida is utilizing FaStep Test Kits. Is that so?

There are states that do not have Fed Supported CBTS and are looking at those as an option. Please see below and shed whatever light you can.

Request came from Bryon Grable – FEMA RVII Logistics Chief – on email.

Thanks,

Bond

From: Hare, Kertz M <Kertz.Hare@fema.dhs.gov>
Sent: Monday, March 23, 2020 3:38 PM
To: Luddeke, R <R.Luddeke@fema.dhs.gov>
Cc: Gniady Banford, Lisa <lisa.gniadybanford@fema.dhs.gov>
Subject: FW: FaStep Test Kits

Please investigate.

From: Grable, Bryon <Bryon.Grable@fema.dhs.gov>

FL-DEM-20-0674-A-000923

Sent: Monday, March 23, 2020 2:16 PM
To: Hare, Kertz M <Kertz.Hare@fema.dhs.gov>
Subject: FaStep Test Kits

Kertz, it is my understanding that Florida has been using these test kits, can you get any validity out of that? Who is your IMAT-A for FL that may be able to chase that down? The Surgeon General, according to Dellamura, has stated he didn't want to use this process due to calibration issues, but we need to test folks who are outside those 41 supported federal sites. Thanks, hope you are doing good.

Respectfully Submitted,

Bryon D. Grable
Chief, Logistics Branch
Response Division, Region VII
11224 Holmes Road, KCMO 64131

(816) 810-8703 (Cell)
[Region VII Logistics Disaster Tool Box](#) (New)

Semper Fidelis

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From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Sent: Tuesday, March 24, 2020 1:40 PM EDT
To: Luddeke, R <R.Luddeke@fema.dhs.gov>
Subject: RE: [EXTERNAL] RE: [EXTERNAL] FW: FaStep Test Kits
Get info shortly

Sent via the Samsung Galaxy S9, an AT&T 5G Evolution capable smartphone

----- Original message -----

From: "Luddeke, R" <R.Luddeke@fema.dhs.gov>
Date: 3/24/20 1:40 PM (GMT-05:00)
To: "McWhorter, Linda" <Linda.McWhorter@em.myflorida.com>
Cc: "Gniady Banford, Lisa" <lisa.gniadybanford@fema.dhs.gov>, "Peterson, Amy" <Amy.Peterson@fema.dhs.gov>, "Grable, Bryon" <Bryon.Grable@fema.dhs.gov>
Subject: [EXTERNAL] RE: [EXTERNAL] FW: FaStep Test Kits

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From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Sent: Tuesday, March 24, 2020 1:03 AM
To: Luddeke, R <R.Luddeke@fema.dhs.gov>
Cc: Gniady Banford, Lisa <lisa.gniadybanford@fema.dhs.gov>; Peterson, Amy <amy.peterson@fema.dhs.gov>; Grable, Bryon <Bryon.Grable@fema.dhs.gov>
Subject: Re: [EXTERNAL] FW: FaStep Test Kits

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Linda,

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There are states that do not have Fed Supported CBTS and are looking at those as an option. Please see below and shed whatever light you can.

Request came from Bryon Grable – FEMA RVII Logistics Chief – on email.

Thanks,

Bond

From: Hare, Kertz M <Kertz.Hare@fema.dhs.gov>
Sent: Monday, March 23, 2020 3:38 PM
To: Luddeke, R <R.Luddeke@fema.dhs.gov>
Cc: Gniady Banford, Lisa <lisa.gniadybanford@fema.dhs.gov>
Subject: FW: FaStep Test Kits

Please investigate.

From: Grable, Bryon <Bryon.Grable@fema.dhs.gov>
Sent: Monday, March 23, 2020 2:16 PM
To: Hare, Kertz M <Kertz.Hare@fema.dhs.gov>

Subject: FaStep Test Kits

Kertz, it is my understanding that Florida has been using these test kits, can you get any validity out of that? Who is your IMAT-A for FL that may be able to chase that down? The Surgeon General, according to Dellamura, has stated he didn't want to use this process due to calibration issues, but we need to test folks who are outside those 41 supported federal sites. Thanks, hope you are doing good.

Respectfully Submitted,

Bryon D. Grable

Chief, Logistics Branch

Response Division, Region VII

11224 Holmes Road, KCMO 64131

(816) 810-8703 (Cell)

[Region VII Logistics Disaster Tool Box](#) (New)

Semper Fidelis

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From: Sayler, Erik <Erik.Sayler@em.myflorida.com>
Sent: Thursday, March 19, 2020 2:54 PM EDT
To: Goodman, Amy <amy.goodman@fema.dhs.gov>; Baker, Stuart <Stuart.Baker@fema.dhs.gov>
CC: Twomey, Stephanie <Stephanie.Twomey@em.myflorida.com>; Joseph, Sherin <Sherin.Joseph@em.myflorida.com>; McLeary, Allison <Allison.McLeary@em.myflorida.com>
Subject: RE: [EXTERNAL] RE: [EXTERNAL] FW: FEMA-State agreement - FL, MS, and KY

Amy & Stuart,
Good afternoon. We identified a two typos in the FSA. See below from Sherin.

2 typos in sections (II)(D)(1) and (II)(D)(3) on the top of page 3:

- Attachment 1 to this Agreement lists the State officials named by the Governor as authorized to execute certifications and otherwise to act on behalf of and to legally bind the State are listed on. (don't need the last three words)
- The Governor certifies that appropriate action has been taken under State a law and the emergency plan has been executed. (rearrange- under State law)

Would you make those changes? After that, we can finish our routing process. Thanks for your patience.

V/r,

Erik L. Sayler

Deputy General Counsel
Florida Division of Emergency Management
Direct: (850) 815-4154 | Mobile: (850) 694-6620 | Erik.Sayler@em.myflorida.com



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From: Goodman, Amy <amy.goodman@fema.dhs.gov>
Sent: Tuesday, March 17, 2020 6:28 PM
To: Sayler, Erik <Erik.Sayler@em.myflorida.com>; Baker, Stuart <Stuart.Baker@fema.dhs.gov>
Cc: Twomey, Stephanie <Stephanie.Twomey@em.myflorida.com>
Subject: [EXTERNAL] RE: [EXTERNAL] FW: FEMA-State agreement - FL, MS, and KY

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The final FEMA-State Agreement is attached and ready for state signatures (unless you see any errors). Once signed, please return a copy to me for FEMA signature.

Amy Goodman

Assistant Regional Counsel | FEMA Office of Chief Counsel | FEMA Region IV
Office: (770) 220-8886 | Mobile: (202) 716-3914
amy.goodman@fema.dhs.gov

Federal Emergency Management Agency
fema.gov



FEMA

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From: Sayler, Erik <Erik.Sayler@em.myflorida.com>
Sent: Tuesday, March 17, 2020 12:58 PM
To: Baker, Stuart <Stuart.Baker@fema.dhs.gov>
Cc: Goodman, Amy <amy.goodman@fema.dhs.gov>; Twomey, Stephanie <Stephanie.Twomey@em.myflorida.com>
Subject: RE: [EXTERNAL] FW: FEMA-State agreement - FL, MS, and KY
Importance: High

Here you go,

AMERICAN
OVERSIGHT

FL-DEM-20-0674-A-000927

Erik L. Sayler

Deputy General Counsel
Florida Division of Emergency Management
Direct: (850) 815-4154 | Mobile: (850) 694-6620 | Erik.Sayler@em.myflorida.com



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From: Baker, Stuart <Stuart.Baker@fema.dhs.gov>
Sent: Tuesday, March 17, 2020 12:39 PM
To: Sayler, Erik <Erik.Sayler@em.myflorida.com>; William Dreher <wdreher@mema.ms.gov>; Fitzpatrick, Katherine J NFG NG KYARNG (USA) <katherine.j.fitzpatrick.nfg@mail.mil>
Cc: Goodman, Amy <amy.goodman@fema.dhs.gov>
Subject: [EXTERNAL] FW: FEMA-State agreement - FL, MS, and KY

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Hi, Erik, Bill, and Katherine. Just following up on the names for the FSA. Hope I didn't miss an email – I'm getting a massive amount of incoming email.

Bill, I understand from our conversation yesterday that you're still working on MEMA names.

Thanks,

Stuart

Stuart G. Baker
Regional Counsel
FEMA Region IV
stuart.baker@fema.dhs.gov
Mobile: (404) 694-0355

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From: Baker, Stuart
Sent: Monday, March 16, 2020 2:55 PM
To: Polk, Will <Will.Polk@ncdps.gov>; Fitzpatrick, Katherine J NFG NG KYARNG (USA) <katherine.j.fitzpatrick.nfg@mail.mil>; Speaks, Janine <janine.speaks@ema.alabama.gov>; Greene, Joey <joey.greene@gema.ga.gov>; Laura Scruggs <laura.g.scruggs@tn.gov>; 'Libby Donoho' <Libby.Donoho@tn.gov>; Polk, Betsy <bpolk@emd.sc.gov>; Sayler, Erik <Erik.Sayler@em.myflorida.com>; William Dreher <wdreher@mema.ms.gov>
Cc: Goodman, Amy <amy.goodman@fema.dhs.gov>
Subject: RE: FEMA-State agreement

We've received the FSA template and working through populating them. Please send me the names of the following positions (see attached for context).

1. Governor's Authorized Representative (GAR)
2. Alternate GAR(s)
3. State Coordinating Officer (SCO)
4. Alternate SCO(s)
5. Property Officer
6. Non-discrimination Compliance Officer
7. Contractor Debarment Compliance Officer

Note there is no need for a hazard mitigation officer name because EMs don't include HMGP.

Thanks,

Stuart

Stuart G. Baker
Regional Counsel
FEMA Region IV
stuart.baker@fema.dhs.gov
Mobile: (404) 694-0355

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From: Baker, Stuart
Sent: Monday, March 16, 2020 9:06 AM
To: 'Polk, Will' <Will.Polk@ncdps.gov>; Fitzpatrick, Katherine J NFG NG KYARNG (USA) <katherine.j.fitzpatrick.nfg@mail.mil>; Goodman, Amy <amy.goodman@fema.dhs.gov>; Speaks, Janine <janine.speaks@ema.alabama.gov>; Greene, Joey <joey.greene@gema.ga.gov>; Laura Scruggs <laura.g.scruggs@tn.gov>; 'Libby Donoho' <Libby.Donoho@tn.gov>; Polk, Betsy <bpolk@emd.sc.gov>; Saylor, Erik <Erik.Saylor@em.myflorida.com>; William Dreher <wdreher@mema.ms.gov>
Cc: Gilchrist, Jane <Jane.Gilchrist@ncdps.gov>
Subject: RE: FEMA-State agreement

Good morning! We're hoping to have the FSA template ready today. I'll keep you all posted...

Stuart

Stuart G. Baker
Regional Counsel
FEMA Region IV
stuart.baker@fema.dhs.gov
Mobile: (404) 694-0355

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From: Polk, Will <Will.Polk@ncdps.gov>
Sent: Monday, March 16, 2020 9:03 AM
To: Baker, Stuart <Stuart.Baker@fema.dhs.gov>; Fitzpatrick, Katherine J NFG NG KYARNG (USA) <katherine.j.fitzpatrick.nfg@mail.mil>; Goodman, Amy <amy.goodman@fema.dhs.gov>; Speaks, Janine <janine.speaks@ema.alabama.gov>; Greene, Joey <joey.greene@gema.ga.gov>; Laura Scruggs <laura.g.scruggs@tn.gov>; 'Libby Donoho' <Libby.Donoho@tn.gov>; Polk, Betsy <bpolk@emd.sc.gov>; Saylor, Erik <Erik.Saylor@em.myflorida.com>; William Dreher <wdreher@mema.ms.gov>
Cc: Gilchrist, Jane <Jane.Gilchrist@ncdps.gov>
Subject: FEMA-State agreement

Good morning Stuart and Amy,

Hope you both are well. When can we expect to see the FEMA-State Agreements for COVID-19?

Thanks,
Will

Will Polk
Assistant General Counsel
NC Department of Public Safety
4201 Mail Service Center
Raleigh, NC 27699-4201
919-825-2706 (Office)
919-219-4534 (mobile)
EMAIL ADDRESS: Will.Polk@ncdps.gov
www.ncdps.gov

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From: Saylor, Erik <Erik.Saylor@em.myflorida.com>
Sent: Tuesday, March 17, 2020 6:29 PM EDT
To: Goodman, Amy <amy.goodman@fema.dhs.gov>; Baker, Stuart <Stuart.Baker@fema.dhs.gov>
CC: Twomey, Stephanie <Stephanie.Twomey@em.myflorida.com>
Subject: RE: [EXTERNAL] RE: [EXTERNAL] FW: FEMA-State agreement - FL, MS, and KY

Thank you. When do you want the signed FSA?

Erik L. Saylor

Deputy General Counsel
Florida Division of Emergency Management
Direct: (850) 815-4154 | Mobile: (850) 694-6620 | Erik.Saylor@em.myflorida.com



Florida has a very broad public records law. Written communications to or from state officials regarding state business constitute public records. Public records are available to the public and media upon request, unless the information is subject to a specific statutory exemption. Therefore, any information that you send to this address, including your contact information, may be subject to public disclosure.

From: Goodman, Amy <amy.goodman@fema.dhs.gov>
Sent: Tuesday, March 17, 2020 6:28 PM
To: Saylor, Erik <Erik.Saylor@em.myflorida.com>; Baker, Stuart <Stuart.Baker@fema.dhs.gov>
Cc: Twomey, Stephanie <Stephanie.Twomey@em.myflorida.com>
Subject: [EXTERNAL] RE: [EXTERNAL] FW: FEMA-State agreement - FL, MS, and KY

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

The final FEMA-State Agreement is attached and ready for state signatures (unless you see any errors). Once signed, please return a copy to me for FEMA signature.

Amy Goodman

Assistant Regional Counsel | FEMA Office of Chief Counsel | FEMA Region IV
Office: (770) 220-8886 | Mobile: (202) 716-3914
amy.goodman@fema.dhs.gov

Federal Emergency Management Agency
fema.gov



FEMA

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From: Saylor, Erik <Erik.Saylor@em.myflorida.com>
Sent: Tuesday, March 17, 2020 12:58 PM
To: Baker, Stuart <Stuart.Baker@fema.dhs.gov>
Cc: Goodman, Amy <amy.goodman@fema.dhs.gov>; Twomey, Stephanie <Stephanie.Twomey@em.myflorida.com>
Subject: RE: [EXTERNAL] FW: FEMA-State agreement - FL, MS, and KY
Importance: High

Here you go.

Erik L. Saylor

Deputy General Counsel
Florida Division of Emergency Management
Direct: (850) 815-4154 | Mobile: (850) 694-6620 | Erik.Saylor@em.myflorida.com



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From: Baker, Stuart <Stuart.Baker@fema.dhs.gov>
Sent: Tuesday, March 17, 2020 12:39 PM

To: Saylor, Erik <Erik.Saylor@em.myflorida.com>; William Dreher <wdreher@mema.ms.gov>; Fitzpatrick, Katherine J NFG NG KYARNG (USA) <katherine.j.fitzpatrick.nfg@mail.mil>
Cc: Goodman, Amy <amy.goodman@fema.dhs.gov>
Subject: [EXTERNAL] FW: FEMA-State agreement - FL, MS, and KY

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Hi, Erik, Bill, and Katherine. Just following up on the names for the FSA. Hope I didn't miss an email – I'm getting a massive amount of incoming email.

Bill, I understand from our conversation yesterday that you're still working on MEMA names.

Thanks,

Stuart

Stuart G. Baker
Regional Counsel
FEMA Region IV
stuart.baker@fema.dhs.gov
Mobile: (404) 694-0355

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FEMA Region IV
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Cc: Gilchrist, Jane <Jane.Gilchrist@ncdps.gov>
Subject: RE: FEMA-State agreement

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Stuart

Stuart G. Baker
Regional Counsel
FEMA Region IV
stuart.baker@fema.dhs.gov
Mobile: (404) 694-0355

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Cc: Gilchrist, Jane <Jane.Gilchrist@ncdps.gov>
Subject: FEMA-State agreement

Good morning Stuart and Amy,

Hope you both are well. When can we expect to see the FEMA-State Agreements for COVID-19?

Thanks,
Will

Will Polk
Assistant General Counsel
NC Department of Public Safety
4201 Mail Service Center
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From: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>
Sent: Thursday, March 19, 2020 7:25 AM EDT
To: Munoz, Jesse <Jesse.Munoz@fema.dhs.gov>
Subject: RE: [EXTERNAL] RE: [EXTERNAL] Fwd: Tallahassee-Leon County Launches "Open for Takeout"
Jesse... sorry I sent it to the wrong Jesse but you are welcome!

Kevin Guthrie | Deputy Director

Office: (850) 815-4101
Cell: (850) 294-8250
Kevin.Guthrie@em.myflorida.com

From: Munoz, Jesse <Jesse.Munoz@fema.dhs.gov>
Sent: Thursday, March 19, 2020 7:17 AM
To: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>
Subject: [EXTERNAL] RE: [EXTERNAL] Fwd: Tallahassee-Leon County Launches "Open for Takeout"

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Thanks for sharing this excellent initiative.

Jesse

From: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>
Sent: Thursday, March 19, 2020 6:53 AM
To: Vaughn, Phyllis <Phyllis.Vaughn@em.myflorida.com>; Hunt, Kaitlyn <Kaitlyn.Hunt@em.myflorida.com>; Munoz, Jesse <Jesse.Munoz@fema.dhs.gov>; McDaniel, Susanne <Susanne.McDaniel@em.myflorida.com>
Subject: FW: [EXTERNAL] Fwd: Tallahassee-Leon County Launches "Open for Takeout"

Kevin Guthrie | Deputy Director

Office: (850) 815-4101
Cell: (850) 294-8250
Kevin.Guthrie@em.myflorida.com

From: Kevin Peters <PetersK@leoncountyfl.gov>
Sent: Wednesday, March 18, 2020 8:09 PM
To: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>
Cc: Bradshaw, Brian <Brian.Bradshaw@em.myflorida.com>; Buerkle, Eugene <Eugene.Buerkle@em.myflorida.com>
Subject: [EXTERNAL] Fwd: Tallahassee-Leon County Launches "Open for Takeout"

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FYI, if you are having trouble finding who is doing take-out/delivery locally, this map may help if you are looking for SEOC feeding options.

KLP

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From: Leon County <leon@service.govdelivery.com>
Sent: Wednesday, March 18, 2020 6:01:27 PM
To: Kevin Peters <PetersK@leoncountyfl.gov>
Subject: Tallahassee-Leon County Launches "Open for Takeout"

This message is being sent on behalf of the Tallahassee-Leon County Office of Economic Vitality.

Tallahassee-Leon County Launches "Open for Takeout"

Initiative highlights businesses offering online, takeout and delivery options.

TALLAHASSEE, Fla., March 18, 2020 – To continue supporting local businesses in Florida's capital during the Coronavirus pandemic, the Tallahassee-Leon County Office of Economic Vitality (OEV) today launched its "Open for Takeout" initiative to encourage residents to support local businesses while practicing social distancing to minimize the spread of Coronavirus. The initiative also features an [interactive map](#) that allows users to view which businesses are open and offer takeout, curbside, delivery and drive through options.

The Open For Takeout initiative is complemented by OEV's [Business Resource Guide](#) and [Business Outreach Survey](#). The Business Resource Guide was designed as a reference to support employers and business owners. The Business Outreach Survey encourages feedback from employers to identify the needs of the business community. This feedback is critical to identifying the needs of our business community, and the best ways in which OEV can leverage resources for local businesses and employees.

"OEV is committed to stepping in to promote our local businesses in ways that align with social distancing guidelines," Director of OEV Cristina Paredes said. "To that effect, our Open For Takeout initiative will spotlight restaurants remaining open and providing food service through delivery, take-out, curbside pickup, or drive through."

Based upon the "Open for Business" online interactive map that was developed after back to back active hurricanes seasons, OEV's Open for Takeout map showcases the hours of operation and contact information for local businesses offering alternative dining options, making it easier for local residents to directly contact businesses for products and services. The Open For Takeout initiative will spotlight restaurants remaining open and providing food service through digital and social media efforts.

Please contact the Tallahassee-Leon County Office of Economic Vitality at 850-219-1060 or email info@oevforbusiness.org if you have questions or need assistance.

About the Tallahassee - Leon County Office of Economic Vitality (OEV)

When you are looking to grow, relocate or start your business in Florida's capital city, the Office of Economic Vitality is your front door to business resources. OEV can guide you in a variety of ways: site location, talent solutions, financial assistance, for instance. To foster a strong business climate, the Office of Economic Vitality provides data, resources and support to site selectors, state partners, and business leaders in the community alike. We serve as the connector between state economic development, workforce development and business

###



850.606.5300 | cmr@LeonCountyFL.gov | www.LeonCountyFL.gov
301 S. Monroe St., Suite 502, Tallahassee, FL 32301



The 2020 Census is approaching and Leon County Government wants you to Make It Count. Learn how at www.LeonCountyFL.gov/Census

Update your subscriptions, modify your password or e-mail address, or stop subscriptions at any time on your [Subscriber Preferences Page](#).

This email was sent to petersk@leoncountyfl.gov using GovDelivery Communications Cloud on behalf of: Leon County Government
· 301 S. Monroe Street · Tallahassee, FL 32301 · 850-606-5300

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FL-DEM-20-0674-A-000934

From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Sent: Tuesday, March 24, 2020 6:05 PM EDT
To: Harvey, Cotilda <Cotilda.Harvey@fema.dhs.gov>
Subject: RE: [EXTERNAL] RE: [EXTERNAL] GMTA L0705 Course Status due to COVID 19

Thank you and stay safe

Linda J. McWhorter
Preparedness Bureau Chief
2555 Shumard Oak Blvd
Tallahassee, FL 32399-21000
Office: (850) 815-4301
Mobile: (850) 528-7528
Linda.mcwhorter@em.myflorida.com

From: Harvey, Cotilda <Cotilda.Harvey@fema.dhs.gov>
Sent: Tuesday, March 24, 2020 6:04 PM
To: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Subject: [EXTERNAL] RE: [EXTERNAL] GMTA L0705 Course Status due to COVID 19

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Yes, it does, but don't cancel yet. I'm just sending an advance alert. We will see how we move forward

Warm regards,
Cotilda Harvey
GMTA Program Manager
Professional Development and Training Branch
DHS | FEMA | Grant Programs Directorate
mobile: 202-258-5065 | cotilda.harvey@fema.dhs.gov

"If your actions inspire others to dream more, learn more, do more, and become more, you are a leader."... John Quincy Adams

From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Sent: Tuesday, March 24, 2020 5:57 PM
To: Harvey, Cotilda <Cotilda.Harvey@fema.dhs.gov>
Subject: RE: [EXTERNAL] GMTA L0705 Course Status due to COVID 19

Does this apply to the course scheduled for August 4-6. 2020

Linda J. McWhorter
Preparedness Bureau Chief
2555 Shumard Oak Blvd
Tallahassee, FL 32399-21000
Office: (850) 815-4301
Mobile: (850) 528-7528
Linda.mcwhorter@em.myflorida.com

From: Harvey, Cotilda <Cotilda.Harvey@fema.dhs.gov>
Sent: Tuesday, March 24, 2020 5:12 PM
To: Farnham, Jesse <Jesse.Farnham@maine.gov>; Sweeney, Daisy <Daisy.Sweeney@fema.dhs.gov>; Mary Jane Robb <mrobb@so.cccounty.us>; William.shea@dhses.ny.gov; Norman, Stacey <stacey.norman@fema.dhs.gov>; Hannigan-Pierce, Maura <Maura.Hannigan-pierce@fema.dhs.gov>; McWhorter, Linda <Linda.McWhorter@em.myflorida.com>; jeffreyb.whitlow@wisconsin.gov; Michael.Bourquin@mt.gov; 'bhonzel@mt.gov' <bhonzel@mt.gov>; spool@mt.gov; Virginia Villagomez <vcvillagomez@omb.gov.mp>
Cc: Mauk, Jamie <Jamie.Mauk@fema.dhs.gov>; Gillenwater, Michael <Michael.Gillenwater@fema.dhs.gov>; McCartney, Sheila <sheila.mccartney@fema.dhs.gov>; Wade, Makesha (CTR) <makesha.wade@associates.fema.dhs.gov>
Subject: [EXTERNAL] GMTA L0705 Course Status due to COVID 19

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All,

To ensure the safety and health of the workforce and the public during the national response to COVID-19, new travel and attendance policies have been enacted. Under the current restrictions, FEMA is unable to deliver the L705 Fundamentals of Grants

FL-DEM-20-0674-A-000936

Management course. As of today, we are unable to provide an alternate date after May 10.

If the situation changes or we have updated information, we will reach out to schedule a call to discuss a reschedule date and review logistics. Also note, that we will try our best to identify dates before September 30, which is the end of our fiscal year. Due to the appropriations cycle, we may have to look at reschedule dates starting in January 2021. We will give your agency priority with the 2021 scheduling.

Please release a statement to registered persons to let them know L0705 Fundamentals of Grants Management maybe cancelled due to Federal guidance for COVID 19. A reschedule date will be shared when confirmed.

Thank you for your support with the COVID 19 response.

If you have questions or concerns, please direct them to me cotilda.harvey@fema.dhs.gov . This will help me ensure that consistent information is provided to all parties.

On behalf of the Grants Management Technical Assistance Program team, thank you for your understanding and support. We'll be in touch soon.

Warm regards,

Cotilda Harvey

GMTA Program Manager
Professional Development and Training Branch
DHS | FEMA | Grant Programs Directorate
mobile: 202-258-5065 | cotilda.harvey@fema.dhs.gov

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From: Cintron, Morgan <Morgan.Cintron@em.myflorida.com>
Sent: Sunday, March 15, 2020 12:21 PM EDT
To: Gracia, Szczech (FEMA) <Gracia.Szczech@fema.dhs.gov>; Moskowitz, Jared <Jared.Moskowitz@em.myflorida.com>
Subject: RE: [EXTERNAL] Re: [EXTERNAL] Hot Item: VP Task Force call

Received, thank you!

Morgan L. Cintron
External Affairs Director
Florida Division of Emergency Management
2555 Shumard Oak Boulevard
Tallahassee, FL 32399
C-850-755-2722
O-850-815-4013
Morgan.Cintron@em.myflorida.com
www.floridadisaster.org



From: Szczech, Gracia <Gracia.Szczech@fema.dhs.gov>
Sent: Sunday, March 15, 2020 11:58 AM
To: Moskowitz, Jared <Jared.Moskowitz@em.myflorida.com>
Cc: Cintron, Morgan <Morgan.Cintron@em.myflorida.com>
Subject: [EXTERNAL] Re: [EXTERNAL] Hot Item: VP Task Force call

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I forwarded the calendar invite. Please let me know if you received.

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From: Moskowitz, Jared <Jared.Moskowitz@em.myflorida.com>
Sent: Sunday, March 15, 2020 11:56:30 AM
To: Szczech, Gracia <Gracia.Szczech@fema.dhs.gov>
Cc: Cintron, Morgan <Morgan.Cintron@em.myflorida.com>
Subject: RE: [EXTERNAL] Hot Item: VP Task Force call

I would like to participate in the call, please send call in info

Jared Moskowitz, Esq.
Director
Florida Division of Emergency Management
2555 Shumard Oak Boulevard
Tallahassee, FL 32399
Office-850-815-4000
Jared@em.myflorida.com
www.floridadisaster.org

From: Szczech, Gracia <Gracia.Szczech@fema.dhs.gov>
Sent: Sunday, March 15, 2020 11:19 AM
To: Hastings, Brian <brian.hastings@ema.alabama.gov>; Moskowitz, Jared <Jared.Moskowitz@em.myflorida.com>; Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>; Homer.bryson@gema.ga.gov; Dossett, Michael E (KyEM) <michael.e.dossett@ky.gov>; Greg Michel <gmicheel@mema.ms.gov>; Sprayberry, Mike A <mike.sprayberry@ncdps.gov>; 'Kstenson@emd.sc.gov' <Kstenson@emd.sc.gov>; Batson, Steven <sbatson@emd.sc.gov>; patrick.sheehan@tn.gov
Cc: Samaan, Robert <Robert.Samaan@fema.dhs.gov>; Toro, Manny J <Manny.Toro@fema.dhs.gov>; BowmanHHS, Thomas (OGA) <thomas.bowman@hhs.gov>; Hudak, Mary <Mary.Hudak@fema.dhs.gov>
Subject: [EXTERNAL] Hot Item: VP Task Force call

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I just received the message below. The call is at 2 PM today eastern time. Please let me know asap if you can participate and I will send a calendar invite. You can also forward to whoever you would like on the call. Thank you!

Begin Message:

FEMA HQs is trying to schedule a call for early this afternoon with the VPOTUS swab test site team. Earlier today, they had a very good call with FEMA Regions 3, 6 and 10. They chose those first because they contain the focused cities they are interested in. They would like to expand the conversation to include Mass and NY among others. The ask will be "do you want to participate, what help do you need, how many sites, where." They can provide some assistance and they'll discuss that. They acknowledge they will have to provide PPE. They want you to be as specific as you can with locations and dates. The call was successful because the other RAs invited their HHS counterparts and their states. There were even some others health care experts the states brought on the call. So you are free to add whomever you would like. Trying to work the times now, but wanted to give you a heads up. This is worth your time.

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Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

From: Moskowitz, Jared <Jared.Moskowitz@em.myflorida.com>
Sent: Sunday, March 15, 2020 12:00 PM EDT
To: Gracia, Szczech (FEMA) <Gracia.Szczech@fema.dhs.gov>
Subject: RE: [EXTERNAL] Re: [EXTERNAL] Hot Item: VP Task Force call

Got it

Jared Moskowitz, Esq.
Director
Florida Division of Emergency Management
2555 Shumard Oak Boulevard
Tallahassee, FL 32399
Office-850-815-4000
Jared@em.myflorida.com
www.floridadisaster.org

From: Szczech, Gracia <Gracia.Szczech@fema.dhs.gov>
Sent: Sunday, March 15, 2020 11:58 AM
To: Moskowitz, Jared <Jared.Moskowitz@em.myflorida.com>
Cc: Cintron, Morgan <Morgan.Cintron@em.myflorida.com>
Subject: [EXTERNAL] Re: [EXTERNAL] Hot Item: VP Task Force call

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I forwarded the calendar invite. Please let me know if you received.

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From: Moskowitz, Jared <Jared.Moskowitz@em.myflorida.com>
Sent: Sunday, March 15, 2020 11:56:30 AM
To: Szczech, Gracia <Gracia.Szczech@fema.dhs.gov>
Cc: Cintron, Morgan <Morgan.Cintron@em.myflorida.com>
Subject: RE: [EXTERNAL] Hot Item: VP Task Force call

I would like to participate in the call, please send call in info

Jared Moskowitz, Esq.
Director
Florida Division of Emergency Management
2555 Shumard Oak Boulevard
Tallahassee, FL 32399
Office-850-815-4000
Jared@em.myflorida.com
www.floridadisaster.org

From: Szczech, Gracia <Gracia.Szczech@fema.dhs.gov>
Sent: Sunday, March 15, 2020 11:19 AM
To: Hastings, Brian <brian.hastings@ema.alabama.gov>; Moskowitz, Jared <Jared.Moskowitz@em.myflorida.com>; Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>; Homer, Bryson <Homer.bryson@gema.ga.gov>; Dossett, Michael E (KyEM) <michael.e.dossett@ky.gov>; Greg Michel <gmichel@mema.ms.gov>; Sprayberry, Mike A <mike.sprayberry@ncdps.gov>; 'Kstenson@emd.sc.gov' <Kstenson@emd.sc.gov>; Batson, Steven <sbatson@emd.sc.gov>; patrick.sheehan@tn.gov
Cc: Samaan, Robert <Robert.Samaan@fema.dhs.gov>; Toro, Manny J <Manny.Toro@fema.dhs.gov>; BowmanHHS, Thomas (OGA) <thomas.bowman@hhs.gov>; Hudak, Mary <Mary.Hudak@fema.dhs.gov>
Subject: [EXTERNAL] Hot Item: VP Task Force call

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State Directors,

I just received the message below. The call is at 2 PM today eastern time. Please let me know asap if you can participate and I will send a calendar invite. You can also forward to whoever you would like on the call. Thank you!

Begin Message:

FEMA HQs is trying to schedule a call for early this afternoon with the VPOTUS swab test site team. Earlier today, they had a very good call with FEMA Regions 3, 6 and 10. They chose those first because they contain the focused cities they are interested in. They would like to expand the conversation to include Mass and NY among others. The ask will be "do you want to participate, what help do you need, how many sites, where." They can provide some assistance and they'll discuss that. They acknowledge they will have to provide PPE. They want you to be as specific as you can with locations and dates. The call was successful because the other RAs invited their HHS counterparts and their states. There were even some others health care experts

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the states brought on the call. So you are free to add whomever you would like. Trying to work the times now, but wanted to give you a heads up. This is worth your time.

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Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

From: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>
Sent: Thursday, February 27, 2020 1:25 PM EST
To: Keenan, Gwen (FEMA) <Gwen.Keenan@fema.dhs.gov>
CC: Miller, Carly <carly.miller@em.myflorida.com>
Subject: RE: [EXTERNAL] RE: [EXTERNAL] Meeting

Will do.

Kevin Guthrie | Deputy Director

Office: (850) 815-4101
Cell: (850) 294-8250
Kevin.Guthrie@em.myflorida.com

From: Keenan, Gwen (FEMA) <Gwen.Keenan@fema.dhs.gov>
Sent: Thursday, February 27, 2020 1:17 PM
To: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>
Cc: Miller, Carly <carly.miller@em.myflorida.com>
Subject: [EXTERNAL] RE: [EXTERNAL] Meeting

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Let's shoot for Monday....Might have more info by then.

From: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>
Sent: Thursday, February 27, 2020 1:15 PM
To: Keenan, Gwen <gwen.keenan@fema.dhs.gov>
Cc: Miller, Carly <carly.miller@em.myflorida.com>
Subject: RE: [EXTERNAL] Meeting

Will have to be after 4 or so... if not maybe Monday morning?

Kevin Guthrie | Deputy Director

Office: (850) 815-4101
Cell: (850) 294-8250
Kevin.Guthrie@em.myflorida.com

From: Keenan, Gwen <gwen.keenan@fema.dhs.gov>
Sent: Thursday, February 27, 2020 11:26 AM
To: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>
Subject: [EXTERNAL] Meeting

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hey Kevin,

If you're around today or tomorrow, I can stop by and give you the data dump on what I know about R4 efforts on CoViD19.

Vr

Gwen

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From: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>
Sent: Thursday, February 27, 2020 1:17 PM EST
To: Keenan, Gwen (FEMA) <Gwen.Keenan@fema.dhs.gov>
CC: Miller, Carly <carly.miller@em.myflorida.com>
Subject: RE: [EXTERNAL] RE: [EXTERNAL] Meeting

Thans.

Kevin Guthrie | Deputy Director

Office: (850) 815-4101
Cell: (850) 294-8250
Kevin.Guthrie@em.myflorida.com

From: Keenan, Gwen (FEMA) <Gwen.Keenan@fema.dhs.gov>
Sent: Thursday, February 27, 2020 1:17 PM
To: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>
Cc: Miller, Carly <carly.miller@em.myflorida.com>
Subject: [EXTERNAL] RE: [EXTERNAL] Meeting

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Let's shoot for Monday....Might have more info by then.

From: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>
Sent: Thursday, February 27, 2020 1:15 PM
To: Keenan, Gwen <gwen.keenan@fema.dhs.gov>
Cc: Miller, Carly <carly.miller@em.myflorida.com>
Subject: RE: [EXTERNAL] Meeting

Will have to be after 4 or so... if not maybe Monday morning?

Kevin Guthrie | Deputy Director

Office: (850) 815-4101
Cell: (850) 294-8250
Kevin.Guthrie@em.myflorida.com

From: Keenan, Gwen <gwen.keenan@fema.dhs.gov>
Sent: Thursday, February 27, 2020 11:26 AM
To: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>
Subject: [EXTERNAL] Meeting

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hey Kevin,

If you're around today or tomorrow, I can stop by and give you the data dump on what I know about R4 efforts on CoViD19.

Vr

Gwen

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From: Moskowitz, Jared <Jared.Moskowitz@em.myflorida.com>
Sent: Thursday, March 19, 2020 11:13 AM EDT
To: Gracia, Szczech (FEMA) <Gracia.Szczech@fema.dhs.gov>; Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>
CC: Samaan, Robert <Robert.Samaan@fema.dhs.gov>; Toro, Manny J <Manny.Toro@fema.dhs.gov>; Gunnin, Stacy <Stacy.Gunnin@fema.dhs.gov>
Subject: RE: [EXTERNAL] Re: [EXTERNAL] Memorial

Thank you for all your doing fighting for the region.

Jared Moskowitz, Esq.
Director
Florida Division of Emergency Management
2555 Shumard Oak Boulevard
Tallahassee, FL 32399
Office-850-815-4000
Jared@em.myflorida.com
www.floridadisaster.org

From: Szczech, Gracia <Gracia.Szczech@fema.dhs.gov>
Sent: Thursday, March 19, 2020 11:10 AM
To: Moskowitz, Jared <Jared.Moskowitz@em.myflorida.com>; Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>
Cc: Samaan, Robert <Robert.Samaan@fema.dhs.gov>; Toro, Manny J <Manny.Toro@fema.dhs.gov>; Gunnin, Stacy <Stacy.Gunnin@fema.dhs.gov>
Subject: [EXTERNAL] Re: [EXTERNAL] Memorial

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Hopefully we will get better fidelity today on timing. Will let you know as soon as we hear. Thanks!

From: Moskowitz, Jared <Jared.Moskowitz@em.myflorida.com>
Sent: Thursday, March 19, 2020 10:44:18 AM
To: Szczech, Gracia <Gracia.Szczech@fema.dhs.gov>; Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>
Cc: Samaan, Robert <Robert.Samaan@fema.dhs.gov>; Toro, Manny J <Manny.Toro@fema.dhs.gov>; Gunnin, Stacy <Stacy.Gunnin@fema.dhs.gov>
Subject: RE: [EXTERNAL] Memorial

The 5000? 3 days or 5 days?

Jared Moskowitz, Esq.
Director
Florida Division of Emergency Management
2555 Shumard Oak Boulevard
Tallahassee, FL 32399
Office-850-815-4000
Jared@em.myflorida.com
www.floridadisaster.org

From: Szczech, Gracia <Gracia.Szczech@fema.dhs.gov>
Sent: Thursday, March 19, 2020 5:10 AM
To: Moskowitz, Jared <Jared.Moskowitz@em.myflorida.com>; Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>
Cc: Samaan, Robert <Robert.Samaan@fema.dhs.gov>; Toro, Manny J <Manny.Toro@fema.dhs.gov>; Gunnin, Stacy <Stacy.Gunnin@fema.dhs.gov>
Subject: [EXTERNAL] Memorial

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HHS is doing everything they can, but it may take a few days for the swabs to get to FL.

We will keep you updated.
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From: Cintron, Morgan <Morgan.Cintron@em.myflorida.com>
Sent: Wednesday, March 25, 2020 3:09 PM EDT
To: Anderson, Hallie <hallie.anderson@fema.dhs.gov>
Subject: Re: [EXTERNAL] RE: [EXTERNAL] Notification of a Major Disaster Declaration for the State of Florida (FEMA-4486-DR-FL)

He is still doing Legislative Affairs. He is swamped so I've just been helping wherever I can. Let me know if you need anything.

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On Wed, Mar 25, 2020 at 3:02 PM -0400, "Anderson, Hallie"<Hallie.Anderson@fema.dhs.gov> wrote:

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We're happy to help Morgan!

Quick question – is Jared Rosenstein still the Leg. Affairs Dir. for FDEM, or do you handle leg affairs now?

From: Cintron, Morgan <Morgan.Cintron@em.myflorida.com>
Sent: Wednesday, March 25, 2020 2:59 PM
To: Anderson, Hallie <Hallie.Anderson@fema.dhs.gov>
Subject: RE: [EXTERNAL] Notification of a Major Disaster Declaration for the State of Florida (FEMA-4486-DR-FL)

Thanks for sending this, appreciate you!

Morgan L. Cintron
External Affairs Director
Florida Division of Emergency Management
2555 Shumard Oak Boulevard
Tallahassee, FL 32399
C-850-755-2722
O-850-815-4013
Morgan.Cintron@em.myflorida.com
www.floridadisaster.org



From: FEMA-R4-Stakeholder-Relations <fema-r4-stakeholder-relations@fema.dhs.gov>
Sent: Wednesday, March 25, 2020 2:52 PM
To: FEMA-R4-Stakeholder-Relations <fema-r4-stakeholder-relations@fema.dhs.gov>
Subject: [EXTERNAL] Notification of a Major Disaster Declaration for the State of Florida (FEMA-4486-DR-FL)

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STATE OF FLORIDA

FEDERAL DISASTER DECLARATION FACT SHEET

MARCH 25, 2020

Today, March 25, 2020, President Donald J. Trump granted a Major Disaster Declaration for the State of Florida triggering the release of Federal funds to help people and communities recover from COVID-19 that occurred January 20, 2020, and continuing. Details of the disaster declaration and assistance programs are as follows:

Declaration Number: FEMA-4486-DR

Incident: COVID-19

Incident Period: January 20, 2020, and continuing

Federal Coordinating Officer: Gracia B. Szczech

Individual Assistance (IA): (Assistance to individuals and households):

IA-Designated Areas: Individual Assistance limited to the Crisis Counseling Program in all areas in the State of Florida.

Public Assistance (PA): (Assistance for emergency work and the repair or replacement of disaster-damaged facilities):

PA-Designated Areas: Emergency protective measures (Category B) not authorized under other Federal statutes, including direct Federal assistance, under the Public Assistance program at 75 percent federal funding for all areas in the State of Florida.

Hazard Mitigation (HM): (Assistance for actions taken to prevent or reduce long term risk to life and property from natural hazards):

HM-Designated Areas: Under Review.

OTHER: Additional designations may be made at a later date if requested by the State and warranted by the results of further assessments.

For your reference, I have attached fact sheets on the Individual Assistance and Public Assistance programs.

If you have any questions, please contact FEMA Region IV Stakeholder Relations at (770) 220-5696.

Respectfully,

Hallie Anderson

External Affairs Specialist | Office of the Regional Administrator | FEMA Region IV

office: 770.220.5250 | mobile: 202.826.3190

hallie.anderson@fema.dhs.gov

Federal Emergency Management Agency

[fema.gov](https://www.fema.gov)



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Under Florida law, correspondence with the Florida Division of Emergency Management, which is neither confidential nor exempt pursuant to Florida Statutes Chapter 119, is a public record made available upon request.

From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Sent: Thursday, February 20, 2020 2:59 PM EST
To: Flick, Russell <russell.flick@fema.dhs.gov>
CC: Elmer Emeric <ElmerEmeric@oilspillresponse.com>
Subject: RE: [EXTERNAL] Re: [EXTERNAL] RE: [EXTERNAL] Access to ICS material

Mr. Flick,

Are the study links still available for the IT300/400 – have an individual that needs to test but when I tested the links received a message they are not found. Please advise

T

Linda J. McWhorter
Preparedness Bureau Chief
(850) 815-4301

From: Elmer Emeric <ElmerEmeric@oilspillresponse.com>
Sent: Thursday, February 20, 2020 11:47 AM
To: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Subject: [EXTERNAL] Re: [EXTERNAL] RE: [EXTERNAL] Access to ICS material

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Linda, where can we meet?
Do you have the most recent material to study available?
Can you help me find the Instructor technique certainly?
Are you demanding all this to just release the most updated material?
Can I get the most updated material to help the oil companies and not teach on behalf of the State of Florida?
If I meet all 3 items; I can have access to material and teach for Florida? Or only to receive the materials?

My urgency is to teach the most updated information and represent my company.

Thanks

Elmer

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From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Sent: Thursday, February 20, 2020 11:27:58 AM
To: Elmer Emeric <ElmerEmeric@oilspillresponse.com>
Subject: RE: [EXTERNAL] RE: [EXTERNAL] Access to ICS material

CAUTION: This email comes from an external source. Do not click on links, or open attachments, unless you recognise the sender.

No I cannot accept the V2019 G300 – the IT300 is a part of the instructor refresh. We can make arrangements to meet so that you can take the exam for G300/400. I also need your instructor technique certificate

Linda J. McWhorter
Preparedness Bureau Chief
(850) 815-4301

From: Elmer Emeric <ElmerEmeric@oilspillresponse.com>
Sent: Thursday, February 20, 2020 11:17 AM
To: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Cc: Flick, Russell <russell.flick@fema.dhs.gov>
Subject: [EXTERNAL] RE: [EXTERNAL] Access to ICS material

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Linda, can you accept VG 300 instead of IT300? Please see transcript.

2019 V G-300: Intermediate Incident Command
System for Expanding Incidents
08/27/2019

From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>

FL-DEM-20-0674-A-000947

Sent: Thursday, February 20, 2020 10:47 AM

To: Elmer Emeric <ElmerEmeric@oilspillresponse.com>

Cc: Flick, Russell <russell.flick@fema.dhs.gov>; Jo Unwin <JoUnwin@oilspillresponse.com>; Emily Foley <EmilyFoley@oilspillresponse.com>

Subject: RE: [EXTERNAL] Access to ICS material

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Mr. Emeric,

Upon review of your transcript I noticed the below listed required courses misses – upon receipt of these courses I will gladly release updated training material:

- Completion certificate for IT300
- Completion certificate for IT400
- Instructor Technique completion certificate

If you are instructing the Independent Study Courses (material found online) – the students will still need to go online and take the exam or you can request SCANTRONS through me to EMI so that they issue the certificates – only acceptable certificate of completion.

If further discussion is needed, please feel free to contact me in the office.

Linda J. McWhorter
Preparedness Bureau Chief
(850) 815-4301

From: Elmer Emeric <ElmerEmeric@oilspillresponse.com>

Sent: Thursday, February 20, 2020 9:42 AM

To: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>

Cc: Flick, Russell <russell.flick@fema.dhs.gov>; Jo Unwin <JoUnwin@oilspillresponse.com>; Emily Foley <EmilyFoley@oilspillresponse.com>

Subject: [EXTERNAL] Access to ICS material

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Greetings Linda, I am trying to get the most updated information for IC courses. I am already teaching for years IC100, 200, 220, 300, 400, and 402. I started doing this in the Coast Guard and retired as US Coast Guard Commander. I also responded to Katrina, Deepwater Horizon, Morris Berman spill and many other complicated spill as IC, PSC or OSC. I think I can represent the system very well. I just delivered IC 300 and 200 to Shell and Chevron.

I also completed from our State of Florida L0449 (See official Transcript from FEMA); also my SERT TRAC Transcript. I am not teaching for the State of Florida; I am teaching for our company OIL SPILL RESPONSE limited. We have over 140 Gas and Oil companies and most of them use ICS as the IMS for any Emergency Response...from, fires, oil spills, flooding anything that get reach the level of complexity. They still use the lower part of the P (stem) IC201 for any minor incident.

Please provide me access to the latest curriculum for 100, 200, 300, 400 and 402. Today my urgency is 300 and 402. If you can help me will be appreciated. All my certificates are issued with our own logo we do not issue Federal or State certificate. I have examples of the certificates if you need to see them.

I copied Russell Flick because he asked me to email you for help.

Respectfully,

Elmer Emeric | Duty Manager
Oil Spill Response USA Inc | 2381 Stirling Road, Fort Lauderdale, FL 33312 |
Tel: +1-954-983-9880 | Mob: +1-954-292--5866 |
Email: | elmeremeric@oilspillresponse.com |

From: Flick, Russell <russell.flick@fema.dhs.gov>

Sent: Thursday, February 20, 2020 9:20 AM

To: Elmer Emeric <ElmerEmeric@oilspillresponse.com>

Subject: RE: [EXTERNAL] RE: Greetings-phone conference

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04 Florida FL Linda McWhorter 850-815-4301

850-
815-
4298 linda.mcwhorter@em.myflorida.com

Florida Division of Emergency Management

Russell M. Flick
Training Specialist/Course Manager
Emergency Management Institute
Federal Emergency Management Agency
16825 South Seton Avenue
Building N-315E
Emmitsburg, MD 21727
301-447-1633 Office
202-826-5553 Cell

From: Elmer Emeric <ElmerEmeric@oilspillresponse.com>
Sent: Thursday, February 20, 2020 9:12 AM
To: Flick, Russell <russell.flick@fema.dhs.gov>
Subject: RE: [EXTERNAL] RE: Greetings-phone conference

Yes...can I call you on skype or to your office or cell. Just tell me and I will do it now. Attached is my transcript and a course that I just took to teach OSHA stuff.

Elmer

From: Flick, Russell <russell.flick@fema.dhs.gov>
Sent: Thursday, February 20, 2020 9:09 AM
To: Elmer Emeric <ElmerEmeric@oilspillresponse.com>
Subject: [EXTERNAL] RE: Greetings-phone conference

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Sure. I am available now, if you have time.

Russ

Russell M. Flick
Training Specialist/Course Manager
Emergency Management Institute
Federal Emergency Management Agency
16825 South Seton Avenue
Building N-315E
Emmitsburg, MD 21727
301-447-1633 Office
202-826-5553 Cell

From: Elmer Emeric <ElmerEmeric@oilspillresponse.com>
Sent: Thursday, February 20, 2020 9:02 AM
To: Flick, Russell <russell.flick@fema.dhs.gov>
Subject: Greetings-phone conference

Sr; can I call you today. I have a question and need some serious guidance. Reference to teaching. Please can we schedule a phone conference.

Thanks

Elmer Emeric | Duty Manager
Oil Spill Response USA Inc | 2381 Stirling Road, Fort Lauderdale, FL 33312 |
Tel: +1-954-983-9880 | Mob: +1-954-292--5866 |
Email: | elmeremeric@oilspillresponse.com |

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Oil Spill Response Limited is registered in England and Wales under number 1808594. The registered office is Lower William Street, Southampton, SO14 5QE, United Kingdom. <http://www.oilspillresponse.com>

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From: Sayler, Erik <Erik.Sayler@em.myflorida.com>
Sent: Sunday, March 22, 2020 11:12 AM EDT
To: Goodman, Amy <amy.goodman@fema.dhs.gov>; Baker, Stuart <Stuart.Baker@fema.dhs.gov>
CC: Twomey, Stephanie <Stephanie.Twomey@em.myflorida.com>; Joseph, Sherin <Sherin.Joseph@em.myflorida.com>; McLeary, Allison <Allison.McLeary@em.myflorida.com>
Subject: RE: [EXTERNAL] RE: [EXTERNAL] RE: [EXTERNAL] FW: FEMA-State agreement - FL, MS, and KY

I do not. I'll let you know when I know.

Erik L. Sayler

Deputy General Counsel
Florida Division of Emergency Management
Direct: (850) 815-4154 | Mobile: (850) 694-6620 | Erik.Sayler@em.myflorida.com



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From: Goodman, Amy <amy.goodman@fema.dhs.gov>
Sent: Sunday, March 22, 2020 8:35 AM
To: Sayler, Erik <Erik.Sayler@em.myflorida.com>; Baker, Stuart <Stuart.Baker@fema.dhs.gov>
Cc: Twomey, Stephanie <Stephanie.Twomey@em.myflorida.com>; Joseph, Sherin <Sherin.Joseph@em.myflorida.com>; McLeary, Allison <Allison.McLeary@em.myflorida.com>
Subject: [EXTERNAL] RE: [EXTERNAL] RE: [EXTERNAL] FW: FEMA-State agreement - FL, MS, and KY

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Do you have any update on when the FSA will be signed?

Amy Goodman

Assistant Regional Counsel | FEMA Office of Chief Counsel | FEMA Region IV
Office: (770) 220-8886 | Mobile: (202) 716-3914
amy.goodman@fema.dhs.gov

Federal Emergency Management Agency
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To: Sayler, Erik <Erik.Sayler@em.myflorida.com>; Baker, Stuart <Stuart.Baker@fema.dhs.gov>
Cc: Twomey, Stephanie <Stephanie.Twomey@em.myflorida.com>; Joseph, Sherin <Sherin.Joseph@em.myflorida.com>; McLeary, Allison <Allison.McLeary@em.myflorida.com>
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Here's the updated version.

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FL-DEM-20-0674-A-000951

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Sent: Thursday, March 19, 2020 2:55 PM

To: Goodman, Amy <amy.goodman@fema.dhs.gov>; Baker, Stuart <Stuart.Baker@fema.dhs.gov>

Cc: Twomey, Stephanie <Stephanie.Twomey@em.myflorida.com>; Joseph, Sherin <Sherin.Joseph@em.myflorida.com>; McLeary, Allison <Allison.McLeary@em.myflorida.com>

Subject: RE: [EXTERNAL] RE: [EXTERNAL] FW: FEMA-State agreement - FL, MS, and KY

Amy & Stuart,

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2 typos in sections (II)(D)(1) and (II)(D)(3) on the top of page 3:

- Attachment 1 to this Agreement lists the State officials named by the Governor as authorized to execute certifications and otherwise to act on behalf of and to legally bind the State are listed on. (don't need the last three words)
- The Governor certifies that appropriate action has been taken under State a law and the emergency plan has been executed. (rearrange- under State law)

Would you make those changes? After that, we can finish our routing process. Thanks for your patience.

V/r,

Erik L. Saylor

Deputy General Counsel

Florida Division of Emergency Management

Direct: (850) 815-4154 | Mobile: (850) 694-6620 | Erik.Saylor@em.myflorida.com



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Cc: Twomey, Stephanie <Stephanie.Twomey@em.myflorida.com>

Subject: [EXTERNAL] RE: [EXTERNAL] FW: FEMA-State agreement - FL, MS, and KY

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The final FEMA-State Agreement is attached and ready for state signatures (unless you see any errors). Once signed, please return a copy to me for FEMA signature.

Amy Goodman

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Cc: Goodman, Amy <amy.goodman@fema.dhs.gov>; Twomey, Stephanie <Stephanie.Twomey@em.myflorida.com>
Subject: RE: [EXTERNAL] FW: FEMA-State agreement - FL, MS, and KY
Importance: High

Here you go.

Erik L. Sayler

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Florida Division of Emergency Management
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Subject: [EXTERNAL] FW: FEMA-State agreement - FL, MS, and KY

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Hi, Erik, Bill, and Katherine. Just following up on the names for the FSA. Hope I didn't miss an email – I'm getting a massive amount of incoming email.

Bill, I understand from our conversation yesterday that you're still working on MEMA names.

Thanks,

Stuart

Stuart G. Baker
Regional Counsel
FEMA Region IV
stuart.baker@fema.dhs.gov
Mobile: (404) 694-0355

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Cc: Goodman, Amy <amy.goodman@fema.dhs.gov>
Subject: RE: FEMA-State agreement

We've received the FSA template and working through populating them. Please send me the names of the following positions (see attached for context).

1. Governor's Authorized Representative (GAR)
2. Alternate GAR(s)
3. State Coordinating Officer (SCO)
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5. Property Officer
6. Non-discrimination Compliance Officer
7. Contractor Debarment Compliance Officer

Note there is no need for a hazard mitigation officer name because EMs don't include HMGP.

Thanks,

Stuart

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To: 'Polk, Will' <Will.Polk@ncdps.gov>; Fitzpatrick, Katherine J NFG NG KYARNG (USA) <katherine.j.fitzpatrick.nfg@mail.mil>; Goodman, Amy <amy.goodman@fema.dhs.gov>; Speaks, Janine <janine.speaks@ema.alabama.gov>; Greene, Joey <joey.greene@gema.ga.gov>; Laura Scruggs <laura.g.scruggs@tn.gov>; 'Libby Donoho' <Libby.Donoho@tn.gov>; Polk, Betsy <bpolk@emd.sc.gov>; Saylor, Erik <Erik.Saylor@em.myflorida.com>; William Dreher <wdreher@mema.ms.gov>
Cc: Gilchrist, Jane <Jane.Gilchrist@ncdps.gov>
Subject: RE: FEMA-State agreement

Good morning! We're hoping to have the FSA template ready today. I'll keep you all posted...

Stuart

Stuart G. Baker
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FEMA Region IV
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Cc: Gilchrist, Jane <Jane.Gilchrist@ncdps.gov>
Subject: FEMA-State agreement

Good morning Stuart and Amy,

Hope you both are well. When can we expect to see the FEMA-State Agreements for COVID-19?

Thanks,
Will

Will Polk
Assistant General Counsel
NC Department of Public Safety
4201 Mail Service Center
Raleigh, NC 27699-4201
919-825-2706 (Office)
919-219-4534 (mobile)
EMAIL ADDRESS: Will.Polk@ncdps.gov
www.ncdps.gov

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Subject: RE: [EXTERNAL] RE: [EXTERNAL] RE: [EXTERNAL] FW: FEMA-State agreement - FL, MS, and KY

Thanks.

Erik L. Sayler

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Here's the updated version.

Amy Goodman

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Will

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Assistant General Counsel
NC Department of Public Safety
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CC: Twomey, Stephanie <Stephanie.Twomey@em.myflorida.com>; McLeary, Allison <Allison.McLeary@em.myflorida.com>; Primrose, Nicholas <nicholas.primrose@eog.myflorida.com>
Subject: RE: [EXTERNAL] RE: [EXTERNAL] RE: [EXTERNAL] FW: FEMA-State agreement - FL
Attachment(s): "Florida FEMA-State Agreement (COVID19) (3-23-20).pdf"

Amy and Stuart
Please see attached signed FSA.

Erik L. Saylor

Deputy General Counsel
Florida Division of Emergency Management
Direct: (850) 815-4154 | Mobile: (850) 694-6620 | Erik.Saylor@em.myflorida.com



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From: Goodman, Amy <amy.goodman@fema.dhs.gov>
Sent: Sunday, March 22, 2020 8:35 AM
To: Saylor, Erik <Erik.Saylor@em.myflorida.com>; Baker, Stuart <Stuart.Baker@fema.dhs.gov>
Cc: Twomey, Stephanie <Stephanie.Twomey@em.myflorida.com>; Joseph, Sherin <Sherin.Joseph@em.myflorida.com>; McLeary, Allison <Allison.McLeary@em.myflorida.com>
Subject: [EXTERNAL] RE: [EXTERNAL] RE: [EXTERNAL] FW: FEMA-State agreement - FL, MS, and KY

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Do you have any update on when the FSA will be signed?

Amy Goodman

Assistant Regional Counsel | FEMA Office of Chief Counsel | FEMA Region IV
Office: (770) 220-8886 | Mobile: (202) 716-3914
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Federal Emergency Management Agency
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From: Goodman, Amy
Sent: Thursday, March 19, 2020 3:01 PM
To: Saylor, Erik <Erik.Saylor@em.myflorida.com>; Baker, Stuart <Stuart.Baker@fema.dhs.gov>
Cc: Twomey, Stephanie <Stephanie.Twomey@em.myflorida.com>; Joseph, Sherin <Sherin.Joseph@em.myflorida.com>; McLeary, Allison <Allison.McLeary@em.myflorida.com>
Subject: RE: [EXTERNAL] RE: [EXTERNAL] FW: FEMA-State agreement - FL, MS, and KY

Here's the updated version.

Amy Goodman

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FEMA

**FEMA-STATE AGREEMENT
BETWEEN THE
FEDERAL EMERGENCY MANAGEMENT AGENCY
AND
THE STATE OF FLORIDA
FOR EMERGENCY DECLARATION
FEMA-3432-EM-FL**

I. PURPOSE AND BACKGROUND

On March 13, 2020, the President declared that an emergency exists nationwide as a result of Coronavirus Disease 2019 (COVID-19) beginning on January 20, 2020 and continuing. FEMA will provide assistance to the State through this FEMA-State Agreement (Agreement) under this emergency (Declaration) pursuant to the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. §§ 5121-5207 (Stafford Act), in accordance with 44 CFR § 206.44. The number for this Agreement is FEMA-3432-EM. This Agreement between the United States of America through the Regional Administrator, Federal Emergency Management Agency (FEMA), Department of Homeland Security (DHS) or his/her delegate, and the State of Florida (State or Recipient) governs all federal assistance FEMA provides the State under the Declaration.

II. GENERAL PROVISIONS

- A. GRANT AWARD PACKAGE.** Any federal grant award (which includes a cooperative agreement for purposes of this Agreement) package issued under this Agreement will consist of the Declaration, this Agreement, and the *Application(s) for Federal Assistance* (Standard Form (SF) 424), including *Assurances- Non-Construction Programs* (SF-424B) and also the *Assurances - Construction Programs* (SF 424D) when applicable, submitted by the State for each grant program provided under the Declaration and this Agreement.
- B. FEMA RESPONSIBILITIES.** FEMA may provide federal assistance to the State or residents of the State, if applicable, funds in the form of federal grant assistance or direct federal services to support the activities and programs authorized under the Stafford Act and the President's Declaration (federal assistance) in accordance with this Agreement.
- C. STATE RESPONSIBILITIES.**

 - 1. The State agrees to comply with the federal grant award terms and conditions set forth in the Declaration, this Agreement, individual projects,

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records of environmental consideration, and the State Administrative Plans in place for each grant award.

2. The State agrees to lead, manage and drive the overall recovery process and coordinate recovery activities and technical support by setting appropriate state policies. The State will coordinate with local, Tribal and Federal governments and agencies, private businesses and nonprofit organizations to lead and coordinate state recovery planning and assistance to impacted communities.
3. The State agrees to be the “Recipient” for all federal financial assistance provided under the Stafford Act and this Agreement, with the exception of Housing Assistance or for Other Needs Assistance when administered by FEMA rather than by the State (i.e., the “the FEMA option”) under the Individuals and Households Program, if applicable. The State also serves as the “pass-through entity” with respect to the State’s role in providing subawards and administering grant assistance provided to sub-recipients.
 - a. Recipient and pass-through entity have the same meaning as “Grantee,” as used in governing statutes, regulations, and FEMA guidance.
 - b. A recipient is also a “non-federal entity” for grants administration purposes.
4. The State will serve as the “pass-through entity” with respect to the State’s role in providing subawards and administering grant assistance provided to subrecipients. As the pass-through entity, the State agrees to comply with, and will require all subrecipients to comply with, the requirements of all applicable laws and regulations, including the Stafford Act, Title 44 of the Code of Federal Regulations (CFR) (*Emergency Management and Assistance*), 2 CFR Part 3002 (implementing 2 CFR Part 200 (*Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*)), and applicable FEMA policies and guidance.
 - a. The term “subrecipient” has the same meaning as “subgrantee,” as used in governing statutes, regulations, and FEMA guidance.
 - b. A subrecipient is also a “non-federal entity” for grants administration purposes.

D. CERTIFICATION AND WAIVERS.

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1. **Attachment 1** to this Agreement lists the State officials named by the Governor as authorized to execute certifications and otherwise to act on behalf of and to legally bind the State.
2. **Attachment 2** to this Agreement is the State's Certification Regarding Lobbying. This certification complies with the Lobbying Prohibitions in the DHS Standard Terms and Conditions and with the FEMA regulations found at 44 CFR Part 18 (*New Restrictions on Lobbying*).
3. The Governor certifies that appropriate action has been taken under State law and the emergency plan has been executed.
4. The State waives any consultation process under Executive Order 12372 (*Intergovernmental review of Federal programs*) and 44 CFR Part 4 (*Intergovernmental Review of Federal Emergency Management Agency (FEMA) Programs and Activities*) for grants, loans, or other financial assistance under the Stafford Act for the Declaration.

E. FEDERAL ASSISTANCE.

1. Federal assistance is limited to activities necessary to alleviate damage, loss, hardship, or suffering resulting from the incident that took place during the incident period, except that reasonable expenses that were incurred in anticipation of and immediately preceding such event may be eligible.
2. Federal assistance under the Stafford Act and this Agreement is limited to those areas and programs designated by the President or FEMA in the Federal Register Notices for this emergency, which are listed in **Attachment 3** to this Agreement and are incorporated by reference.
3. All scopes of work and costs approved as a result of this Agreement, whether as estimates or final costs approved through subawards, project worksheets, or otherwise, will incorporate by reference the terms of this Agreement and must comply with applicable laws, regulations, policy and guidance in accordance with this Agreement.
4. Pursuant to Executive Order 13858 "Strengthening Buy-American Preferences for Infrastructure Projects," FEMA encourages recipients to use, to the greatest extent practicable and consistent with the law, iron and aluminum as well as steel, cement, and other manufactured products produced in the United States, in Public Assistance eligible public infrastructure repair and construction projects affecting surface transportation, ports, water resources including sewer and drinking water,

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and power. Such preference must be consistent with the law, including cost and contracting requirements at 2 CFR Part 200.

F. CONTROLLING AUTHORITIES. This Agreement is subject to the following governing authorities:

1. The Stafford Act and its implementing regulations contained in Title 44 of the Code of Federal Regulations (CFR), and FEMA policy and guidance.
2. “Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards,” 2 CFR Parts 200 and 3002.
3. The DHS Standard Terms and Conditions for grants in effect on the date this event was declared, available at <http://www.dhs.gov/publication/fy15-dhs-standard-terms-and-conditions>, which are hereby incorporated by reference.

III. TYPES OF FEDERAL ASSISTANCE

The President may authorize any of the following federal assistance programs and **Attachment 3** to this Agreement sets forth the specific federal assistance programs authorized for this Declaration.

A. PUBLIC ASSISTANCE (PA). When the Declaration authorizes Emergency Work under the PA Program, and FEMA makes a PA grant award to the State, the following terms apply:

1. Cost Share. FEMA funding for PA project costs (which do not include management costs) will be limited to 75 percent of total eligible costs after appropriate reductions, except as may be provided for in any subsequent cost share amendments to the Declaration. The State agrees to make available the non-federal cost share of PA.
2. Direct Federal Assistance. When Direct Federal Assistance is requested and the assistance is provided:
 - a. The State will:
 - i. Provide without cost to the United States all lands, easements, and rights-of-ways necessary to accomplish the approved work;
 - ii. Hold and save the United States free from damages due to the requested work, and will indemnify the Federal Government against any claims arising from such work;

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- iii. Provide reimbursement to FEMA for the non-federal share of the cost of such work; and
- iv. Assist the performing federal agency in all support and local jurisdictional matters.

b. FEMA will bill the State for the non-federal cost share of Direct Federal Assistance provided and the State agrees to pay the non-federal share pursuant to the timeframes set forth in the letter or other correspondence transmitting the bill.

- 3. **Debris Removal.** When debris removal is authorized, the State agrees to indemnify and hold harmless the United States for any claims arising from the removal of debris or wreckage for this major disaster or emergency. The State agrees that debris removal from public and private property will not occur until an unconditional authorization for the removal of debris is provided.
- 4. **Additional Terms and Conditions.** Additional terms and conditions regarding implementation of the PA Program, including PA grant performance goals, may be included in an attached **Public Assistance Programmatic Addendum.**

B. **INDIVIDUAL ASSISTANCE (IA).** When the Declaration authorizes IA programs, and FEMA makes an IA grant award to the State, the following terms apply as applicable:

- 1. **General.** FEMA may award grant funds to the State for the IA programs authorized under the Declaration and requested by the State and, for Direct Temporary Housing and Permanent Housing Construction, may provide direct assistance.
- 2. **Other Needs Assistance.** When the Declaration authorizes the Individual and Households Program (IHP), and FEMA provides IHP assistance including Other Needs Assistance (ONA) to individuals and households, the State agrees to make available its 25 percent share of any ONA that is provided under Section 408(e) of the Stafford Act (42 U.S.C. § 5174(e)).
 - a. **FEMA Option.** When FEMA administers ONA under the FEMA Option, FEMA will bill the State monthly for the cost share. The State agrees to pay the amount billed within 30 days of receipt.
 - b. **Joint Option.** If the State administers ONA under the Joint Option, a Cooperative Agreement will be executed as an IA Program

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Addendum to this Agreement and FEMA will pay to the State 75 percent of the total ONA payments to individual and households and actual administrative costs in accordance with Section 408 of the Stafford Act (42 U.S.C. §5174) and 44 C.F.R. §206.120.

Administrative costs will equal up to 4 percent of the ONA grant.

- c. State Option. If the State administers ONA under the State Option, an ONA Grant Agreement will be executed as an IA Program Addendum to this Agreement and FEMA will pay to the State 75 percent of the total ONA payments to individual and households and actual administrative costs in accordance with Section 408 of the Stafford Act (42 U.S.C. §5174) and 44 C.F.R. §206.120. Administrative costs will equal up to 4 percent of the ONA grant.

3. Additional Terms and Conditions. Additional terms and conditions regarding implementation of the IHP and other applicable Individual Assistance (IA) Programs including IA Grant performance goals may be included in an attached **IA Programmatic Addendum**.

IV. FUNDING

A. PAYMENT PROCESS.

1. Payment System. FEMA will pay the State using the U.S. Department of Health and Human Services Payment Management System (HHS/Smartlink).
2. Payments. Payments are governed by the Treasury-State Cash Management Improvement Act (CMIA) agreements and default procedures codified at 31 CFR Part 205 (*Rules and Procedures for Efficient Federal-State Funds Transfers*) and Treasury Financial Management Manual, Volume 1, Part 4A-2000.
3. PA Overpayments. FEMA will use a “single obligation” system to process payments through a subaccount for each subaward under PA and HMGP. When FEMA identifies an overpayment as a potential debt, the State will have 60 days to appeal that initial determination. Upon exhaustion of appeal rights, the State will have 30 days to resolve the amount owed before the debt is referred to the FEMA Finance Center (FFC) for collection. The State may resolve the amount owed by paying FEMA directly. It may also deposit the amount owed directly into the applicable subaccount in HHS/Smartlink and notify FEMA when it has reimbursed that subaccount, after which FEMA will deobligate that

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amount in the subaccount. Alternatively, the State may request administrative offset of the amount owed against identifiable, allowable, allocable, and reasonable costs under the same subaward which have not yet been reimbursed by FEMA.

4. No Property Interest. The State and subrecipients have no property interest in the funds made available through the HHS/Smartlink account. At any time during the lifecycle of the grant, FEMA may adjust the amounts available to the State in HHS/Smartlink due to grant amendments, partial or full grant terminations, closeouts, or other reasons.

B. AVAILABILITY OF FUNDING. FEMA and the State agree to take measures to deliver assistance to individuals, households, governments and private nonprofits as expeditiously as possible, consistent with federal laws and regulations.

1. This Agreement does not comprise an award of any type of assistance authorized for the Declaration or as described in Part III, Types of Federal Assistance, above and this Agreement does not obligate any federal funding. Rather, FEMA will separately make such award decisions for the assistance authorized for the Declaration.
2. If FEMA decides to make an award of federal assistance, such assistance will be made available within the limits of funds available from Congressional appropriations for such purposes.
3. FEMA may, in its sole discretion, if necessary because of limited funds, give first priority to assistance for individuals and households, emergency work for protection of public health and safety, and administrative costs for managing the disaster programs. FEMA will provide other financial assistance when, and if, funds become available and will generally provide them in the order the claims are received.

V. REPORTING

A. FEDERAL FINANCIAL REPORTS.

1. Initial and Quarterly Financial Reports.
 - a. The State must submit complete and accurate Federal Financial Reports (Standard Form 425) to the FEMA Regional Office 30 days after the end of the first federal quarter following the federal award date for each program. The Regional Administrator or designee may waive the initial report if the incident is of such magnitude and

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complexity that it would place an undue administrative burden on the State. Subsequent reporting requirements will not be waived. The State must submit quarterly financial status reports thereafter until closeout of the federal grant award for each program funded. Reports are due on January 30, April 30, July 30, and October 30.

- b. The State must indicate in the remarks section on the quarterly financial report each time it has submitted a final expenditure report for a project or subaward as detailed in paragraph V.B below. The information must include the name of the subrecipient, the project number, and the date on which the State submitted the project closeout report. If it is the last project for a subrecipient, then the State must also note that the quarterly report reflects the last expenditures of that subrecipient.

- 2. Final Financial Report. The State must submit a complete and accurate final Federal Financial Report (SF 425), no later than 90 days after each program's federal grant award performance period expiration date.

B. FINAL EXPENDITURE REPORT FOR PROJECT COMPLETION

- 1. PA Large Project Final Expenditure Report
 - a. The State must submit a payment of claim to FEMA for each PA large project as required by FEMA regulations and guidance, including 44 C.F.R. § 206.205.
 - b. The State must submit the final payment of claim for a PA large project within 180 days from the earlier of the date the non-Federal entity completes the project or the project completion deadline.
- 2. PA Small Project Final Expenditure Report
 - a. The State must provide a small project certification for itself and each subrecipient as required by FEMA regulations and guidance, including 44 C.F.R. § 206.205.
 - b. The State must submit the certification within 180 days from the earlier of the date that the non-Federal entity completes its last small project or the latest project completion deadline of a small project.
- 3. PA Management Cost Project Final Expenditure Report
 - a. The State must submit a payment of claim to FEMA for each subrecipient's PA management cost project within 180 days after the earlier to occur of the following:

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- i. 180 days after work is completed on the subrecipient's last non-management cost PA project for the Declaration;
 - ii. 180 days after the latest project completion deadline of a subrecipient's non-management cost PA project for the Declaration; or
 - iii. Two years from the date of the Declaration.
- b. The State must submit a payment of claim to FEMA for the State's PA management cost project within 180 days after the earlier to occur of the following:
- i. 180 days after work is completed on the last non-management cost PA project for the Declaration;
 - ii. 180 days after the latest project completion deadline of a non-management cost PA project for the Declaration;
 - iii. Two years from the date of the Declaration.

4. Governmental Subrecipients

- a. FEMA will confirm the reports described in paragraphs 1, 2, and 3 as the final expenditure report only if the State has submitted all outstanding information and certifications required by applicable regulations and FEMA policy and guidance and the report is complete and accurate.
- b. The confirmed, complete, and accurate project closeout report is the "final expenditure report for project completion as certified by the grantee" for the purposes of applying Section 705(a) of the Stafford Act (codified as amended at 42 U.S.C. § 5205(a)).

C. PERFORMANCE REPORTS.

- 1. Initial and Quarterly Reports. The State must submit performance/progress reports in compliance with each program identified under this Agreement to the FEMA Regional Office 30 days after the end of the first federal quarter following the federal award date. The Regional Administrator or designee may waive the initial report if the incident is of such magnitude and complexity that it would place an undue administrative burden on the grantee. Subsequent reporting requirements will not be waived. The State must submit quarterly performance/progress status reports thereafter until the grant performance period ends. Reports are due on January 30, April 30, July 30, and October 30.

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2. **Report Content.** The State must include in its quarterly performance/progress reports (OMB Form 1660-0017 PA for PA) a status of project/subaward completion, amount of expenditures, and amount of payment for advancement or reimbursement of costs for each project/subaward funded under each of the programs authorized under this Agreement. The State must submit project overruns requiring additional obligations to FEMA for review and approval prior to incurring costs.
3. **Project Cost Overruns.** The State must submit project cost overruns requiring additional obligations to FEMA for review and approval. Where review and approval is not sought before incurring the costs of an overrun, there is no assurance that FEMA will reimburse such costs.
4. **Final Performance Report.** The State must submit a final performance/progress report 90 days from each program's grant award performance period expiration date that addresses all approved activities and the performance goals outlined in the federal award.

D. ENFORCEMENT. FEMA may suspend drawdowns, provide other special conditions or take other authorized action pursuant to 2 CFR § 200.338 (*Remedies for Noncompliance*) if the State does not submit accurate and timely reports. This may include, among other things, the administrative closeout of a grant and/or any projects under a grant when the State is not responsive to reasonable efforts FEMA makes to collect required reports needed to complete closeout. Administrative closeout is a unilateral mechanism by FEMA to move forward with project or grant closeout using available grant information in lieu of final reports. This can require FEMA to make cash or cost adjustments and ineligible cost determinations, which may result in identifying a debt owed by FEMA.

E. RECORDS RETENTION.

1. **State Requirement.** The State must retain records for 3 years, except in certain rare circumstances described in 2 CFR § 200.333 (*Retention requirements for records*), from the date it submits the final Federal Financial Report (SF 425) to FEMA in compliance with 2 CFR § 200.333, notwithstanding the time period prescribed for subrecipients in subsection 2, Subrecipient Requirement, below. If FEMA administratively closes the grant where no final SF-425 was submitted, FEMA uses the date the grant was administratively closed as the start date for the 3-year record retention period.
2. **Subrecipient Requirement.** The State must require subrecipients to retain project or subaward records for 3 years from the date that the State submits to FEMA the final expenditure report for a project or subaward as described above

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in Part V.B. If, however, there is any litigation, claim, negotiation, audit, request for information, or other action involving the project or subaward that starts before that date, the records must be retained until completion of the action and resolution of all issues which arise from it, or until the end of the 3-year period, whichever is later.

VI. RECOVERY OF FUNDS

A. **IN GENERAL.** FEMA may disallow costs and recover funds based on the results of audit or review during or after performance of the award to ensure compliance with the terms of the Agreement and award document. FEMA is required to recover funds when the Recipient or subrecipient has ineligible underruns (for example, actual costs for a PA large project are less than the amount FEMA awarded based on initial estimates); knowingly or negligently withholds or misrepresents material information; fails to complete work and comply with the terms of this Agreement or the approved award; expends federal funds in error; or incurs costs that are unreasonable or otherwise disallowed. If after exhaustion of appeal rights, FEMA determines a debt is owed, the State has 30 days to resolve the amount owed before the debt is referred to the FEMA Finance Center for collection. The State may do so by directly paying FEMA. The State may also deposit the amount owed directly into the applicable subaccount in HHS/Smartlink and notify FEMA when it has reimbursed that subaccount, after which FEMA will deobligate that amount in the subaccount. Alternatively, the State may request to substitute unallowable costs for other costs that are allowable (e.g., necessary, allocable, and reasonable under the same award and have not yet been reimbursed by FEMA

B. **DUPLICATION OF BENEFITS.**

1. **General.** The State must take all actions necessary and reasonable to ensure that all who receive federal assistance are aware of their responsibility to repay federal assistance that is duplicated by amounts available from insurance or any other source for the same purpose. FEMA may at any time pre-award or post-award adjust the level of funding provided to account for financial assistance provided from any other source for the same purpose as the federal assistance, or to account for benefits available for the same purpose from another source, irrespective of whether they are actually received.
2. **Insurance.** Within his/her authorities, the Governor must ensure, through the state agency responsible for regulation of the insurance industry, that insurance companies make full payment of eligible insurance benefits to

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disaster survivors and others who receive federal assistance. The State must also take all reasonable steps to ensure that disaster survivors are aware of procedures for filing insurance claims, and are informed of any state procedures instituted for assisting insured disaster survivors.

C. **COOPERATION.** The State agrees, on its behalf and on behalf of its political subdivisions and others that receive federal assistance, to cooperate with the Federal Government in seeking recovery of federal assistance against any party or parties whose intentional acts or omissions or whose negligence or other tortious conduct may have caused or contributed to the damage or hardship for which federal assistance was provided under this Agreement. If applicable, FEMA will treat recovered funds as duplicated benefits available to the recipient/ subrecipient in accordance with Section 312 of the Stafford Act (42 U.S.C. § 5155).

D. **STATE RESPONSIBILITIES.** The State is responsible for the recovery of federal assistance expended in error, misrepresentation, fraud, or for costs otherwise disallowed or unused.

1. The State must adjust its expenditures as it recovers funding and will report these adjustments quarterly on the Federal Financial Report, SF 425.
2. The State must designate on its PA quarterly progress reports the applicants/ subrecipients from which they have not processed recoveries but from which recoveries are due FEMA.
3. The State is responsible for notifying FEMA of any potential debt as a result of federal funds expended in error, misrepresentation, fraud, or for costs otherwise disallowed or unused.
4. The State must report all cases of suspected fraud to the DHS Office of Inspector General. The State must cooperate with any investigation conducted by the DHS Office of Inspector General.
5. The State must cooperate with FEMA regarding any and all lawsuits that may result from the State or FEMA's attempt to recover funds or disallow costs.

E. **STATUTE OF LIMITATIONS.**

1. **General.** The 3-year statute of limitations limiting FEMA's ability to recover funds paid as provided for in Section 705(a) of the Stafford Act (42 U.S.C. § 5205(a)) begins with the State's submission of the "final expenditure report" described in paragraphs V.B 1, 2, and 3.

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2. **Initiation of an Administrative Action to Recover Payment.** The initiation of an administrative action to recovery payments includes FEMA's written notice to the State or subrecipient of a questioned or disallowed cost or improper payment (including a request for information concerning such cost or payment) and written notice to the State or subrecipient of a FEMA or 3rd party review or audit.

- F. **REFUNDS, REBATES AND CREDITS.** The State must transfer to FEMA the appropriate share, based on the federal support percentage, of any refund, rebate, credit or other amounts arising from the performance of this agreement. The State must take necessary action to promptly collect all monies due or which may become due and if applicable, to cooperate with the Federal Government in any claim or suit in connection with amounts due.

VII. CONSTRUCTION REQUIREMENTS

Prior to the start of any construction activity, the State will ensure that all applicable federal, state, and local permits and approvals are obtained and all permit conditions are addressed including FEMA and recipient/subrecipient compliance with the National Environmental Policy Act, the National Historic Preservation Act, the Endangered Species Act, and all other applicable environmental laws and executive orders. All construction should be in accordance with approved permits, projects plans and specifications, applicable building codes and program guidance.

VIII. PERFORMANCE PERIODS

- A. **PROGRAM/GRANT AWARD.** The State will complete all grant award activities, including all projects and/or activities approved under each federal grant award, within the time period prescribed in FEMA regulations, program guidance and the award documents.
- B. **EXTENSIONS.** The State will include with any written request for an extension information and documentation to support the amendment and a schedule for completion. FEMA may approve subsequent work, monetary increase amendments, or activity time extension amendments only if the State submits all financial and performance reports to the appropriate Regional Office. FEMA will only approve extensions to the federal grant award period of performance or project completion timelines (if applicable) that comply with program regulatory timeframes. FEMA will not approve extensions for delays caused by lack of non-federal share funding.

IX. REMEDIES FOR NONCOMPLIANCE

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FEMA may take action as it determines appropriate under the circumstances including but not limited to withholding of payments, disallowance of costs, suspension or termination of the award if the State or sub-recipient fails to comply with applicable Federal statutes, regulations or the terms of this Agreement pursuant to 2 CFR § 200.338 (Remedies for Noncompliance).

X. ATTACHMENTS, PROGRAMMATIC ADDENDUMS AND AMENDMENTS

- A. **ATTACHMENTS.** Attached and also made part of this Agreement are the following Attachments which contain the terms and conditions applicable to all assistance provided under this Agreement:

Attachment 1: List of State Certification Officers

Attachment 2: Certification Regarding Lobbying

Attachment 3: List of Designated Programs and Areas

- B. **PROGRAMMATIC ADDENDUMS.** Attached and also made part of this Agreement are the following Programmatic Addendums, which unless indicated otherwise in Attachment 1 may be signed or agreed to on behalf of the State by the Governor's Authorized Representative (GAR) listed in Attachment 1, and are included on a case by case basis depending on the assistance designated and whether additional terms and conditions for implementation of specific assistance programs are needed:

None

- C. **AMENDMENTS.** This Agreement may be amended at any time by written approval of both parties. Executed amendments will be numbered and appended to this agreement in the order that they are executed. Electronic copies of executed amendments will be transmitted to the FEMA Declarations Unit.

XII. SIGNATURES AND EFFECTIVE DATE

- A. **COUNTERPART SIGNATURES.** This Agreement may be executed in two or more counterparts, each of which together shall be deemed an original, but all of which together shall constitute one and the same instrument. In the event that any signature is delivered by facsimile transmission or by e-mail delivery of a .pdf format data file, such signature shall create a valid and binding obligation of the party executing with the same force and effect as if such facsimile or .pdf signature page were an original thereof.

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- B. EFFECTIVE DATE. This FEMA-State Agreement becomes effective on the date of signature by the last Party.

Agreed



Ron DeSantis
Governor
State of Florida

22 Nov 20

Date

Gracia Szczech
Regional Administrator
FEMA Region IV

Date

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ATTACHMENT 1
LIST OF STATE CERTIFICATION OFFICERS

1. The Governor hereby certifies that **Jared Moskowitz** is the Governor's Authorized Representative (GAR) empowered to execute on behalf of the State all necessary documents for federal assistance, including approval of subawards and certification of claims for Public Assistance. **Kevin Guthrie**, **Ashley Davis**, and **Allison McLeary** are the Alternate Governor's Authorized Representatives and are similarly empowered.
2. The Governor hereby certifies that **Jared Moskowitz** is the State Coordinating Officer (SCO), and **Kevin Guthrie** and **Dr. Scott Rivkees** are the Alternate SCOs, who will act in cooperation with the Federal Coordinating Officer under this Declaration.
3. The Governor hereby certifies that **Terry McCaffrey** is the representative of the State authorized to receive donations or loans of surplus property on behalf of the State and to execute certification, agreements, and other necessary documents with regard thereto.
4. The Governor hereby certifies that **Stephanie Twomey** is the State official authorized to execute compliance reports, carry out compliance reviews, and distribute informational material as required by FEMA to ensure that all recipients of federal assistance are in full compliance with FEMA nondiscrimination regulations (44 CFR Part 7, *Nondiscrimination in Federally-Assisted Programs* and 44 CFR § 206.11, *Nondiscrimination in disaster assistance*).
5. The Governor hereby certifies that **Stephanie Twomey** is the State official who will execute compliance reports, carry out compliance reviews, and distribute informational material as required by FEMA to ensure that all recipients of federal assistance are in compliance with the General Services Administration List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

Restrictions on approval authority of the above named officials: None

Agreed:



Ron DeSantis
Governor



Date

FEMA-STATE AGREEMENT
FEMA-3432-EM-FL

ATTACHMENT 2
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

This certification is required by the regulations implementing the New Restrictions on Lobbying, 44 CFR Part 18. The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
2. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned must complete and submit Standard Form-LLL, *Disclosure Form to Report Lobbying*, in accordance with its instructions.
3. The undersigned must require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients must certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. § 1352. Any person who fails to file the required certification must be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Jared Moskowitz
Governor's Authorized Representative

3/23/20

Date

FEMA-STATE AGREEMENT
FEMA-3432-EM-FL

ATTACHMENT 3
LIST OF DESIGNATED AREAS AND PROGRAMS

Eligible applicants in the State of Florida are eligible to apply for emergency protective measures (Category B), including direct Federal assistance, under the Public Assistance program.

From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Sent: Thursday, February 20, 2020 3:24 PM EST
To: Flick, Russell <russell.flick@fema.dhs.gov>
Subject: RE: [EXTERNAL] RE: [EXTERNAL] Re: [EXTERNAL] RE: [EXTERNAL] Access to ICS material

Ok will do and I guess I will be responsible for issuing certificate for the IT300 and IT400 – correct?

Linda J. McWhorter
Preparedness Bureau Chief
(850) 815-4301

From: Flick, Russell <russell.flick@fema.dhs.gov>
Sent: Thursday, February 20, 2020 3:11 PM
To: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Subject: [EXTERNAL] RE: [EXTERNAL] Re: [EXTERNAL] RE: [EXTERNAL] Access to ICS material

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good afternoon,
The links were retired on 31 Dec 19. The best I can do is offer you paper versions of the tests (attached). The results would not be maintained in FEMA's student records, you would have to maintain them in the state system.

Russ

Russell M. Flick
Training Specialist/Course Manager
Emergency Management Institute
Federal Emergency Management Agency
16825 South Seton Avenue
Building N-315E
Emmitsburg, MD 21727
301-447-1633 Office
202-826-5553 Cell

From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Sent: Thursday, February 20, 2020 3:00 PM
To: Flick, Russell <russell.flick@fema.dhs.gov>
Cc: Elmer Emeric <ElmerEmeric@oilspillresponse.com>
Subject: RE: [EXTERNAL] Re: [EXTERNAL] RE: [EXTERNAL] Access to ICS material

Mr. Flick,

Are the study links still available for the IT300/400 – have an individual that needs to test but when I tested the links received a message they are not found. Please advise

T

Linda J. McWhorter
Preparedness Bureau Chief
(850) 815-4301

From: Elmer Emeric <ElmerEmeric@oilspillresponse.com>
Sent: Thursday, February 20, 2020 11:47 AM
To: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Subject: [EXTERNAL] Re: [EXTERNAL] RE: [EXTERNAL] Access to ICS material

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Linda, where can we meet?
Do you have the most recent material to study available?
Can you help me find the Instructor technique certainly?
Are you demanding all this to just release the most updated material?
Can I get the most updated material to help the oil companies and not teach on behalf of the State of Florida?
If I meet all 3 items; I can have access to material and teach for Florida? Or only to receive the materials?

My urgency is to teach the most updated information and represent my company.

Thanks

Elmer

Get [Outlook for iOS](#)

From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Sent: Thursday, February 20, 2020 11:27:58 AM
To: Elmer Emeric <ElmerEmeric@oilspillresponse.com>
Subject: RE: [EXTERNAL] RE: [EXTERNAL] Access to ICS material

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No I cannot accept the V2019 G300 – the IT300 is a part of the instructor refresh. We can make arrangements to meet so that you can take the exam for G300/400. I also need your instructor technique certificate

Linda J. McWhorter
Preparedness Bureau Chief
(850) 815-4301

From: Elmer Emeric <ElmerEmeric@oilspillresponse.com>
Sent: Thursday, February 20, 2020 11:17 AM
To: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Cc: Flick, Russell <russell.flick@fema.dhs.gov>
Subject: [EXTERNAL] RE: [EXTERNAL] Access to ICS material

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Linda, can you accept VG 300 instead of IT300? Please see transcript.

2019 V G-300: Intermediate Incident Command
System for Expanding Incidents
08/27/2019

From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Sent: Thursday, February 20, 2020 10:47 AM
To: Elmer Emeric <ElmerEmeric@oilspillresponse.com>
Cc: Flick, Russell <russell.flick@fema.dhs.gov>; Jo Unwin <JoUnwin@oilspillresponse.com>; Emily Foley <EmilyFoley@oilspillresponse.com>
Subject: RE: [EXTERNAL] Access to ICS material

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Mr. Emeric,

Upon review of your transcript I noticed the below listed required courses misses – upon receipt of these courses I will gladly release updated training material:

- Completion certificate for IT300
- Completion certificate for IT400
- Instructor Technique completion certificate

If you are instructing the Independent Study Courses (material found online) – the students will still need to go online and take the exam or you can request SCANTRONS through me to EMI so that they issue the certificates – only acceptable certificate of completion.

If further discussion is needed, please feel free to contact me in the office.

Linda J. McWhorter
Preparedness Bureau Chief
(850) 815-4301

From: Elmer Emeric <ElmerEmeric@oilspillresponse.com>
Sent: Thursday, February 20, 2020 9:42 AM
To: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Cc: Flick, Russell <russell.flick@fema.dhs.gov>; Jo Unwin <JoUnwin@oilspillresponse.com>; Emily Foley

FL-DEM-20-0674-A-000980

<EmilyFoley@oilspillresponse.com>

Subject: [EXTERNAL] Access to ICS material

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Greetings Linda, I am trying to get the most updated information for IC courses. I am already teaching for years IC100, 200, 220, 300, 400, and 402. I started doing this in the Coast Guard and retired as US Coast Guard Commander. I also responded to Katrina, Deepwater Horizon, Morris Berman spill and many other complicated spill as IC, PSC or OSC. I think I can represent the system very well. I just delivered IC 300 and 200 to Shell and Chevron.

I also completed from our State of Florida L0449 (See official Transcript from FEMA); also my SERT TRAC Transcript. I am not teaching for the State of Florida; I am teaching for our company OIL SPILL RESPONSE limited. We have over 140 Gas and Oil companies and most of them use ICS as the IMS for any Emergency Response...from, fires, oil spills, flooding anything that get reach the level of complexity. They still use the lower part of the P (stem) IC201 for any minor incident.

Please provide me access to the latest curriculum for 100, 200, 300, 400 and 402. Today my urgency is 300 and 402. If you can help me will be appreciated. All my certificates are issued with our own logo we do not issue Federal or State certificate. I have examples of the certificates if you need to see them.

I copied Russell Flick because he asked me to email you for help.

Respectfully,

Elmer Emeric | Duty Manager
Oil Spill Response USA Inc | 2381 Stirling Road, Fort Lauderdale, FL 33312 |
Tel: +1-954-983-9880 | Mob: +1-954-292--5866 |
Email: | elmeremeric@oilspillresponse.com |

From: Flick, Russell <russell.flick@fema.dhs.gov>
Sent: Thursday, February 20, 2020 9:20 AM
To: Elmer Emeric <ElmerEmeric@oilspillresponse.com>
Subject: RE: [EXTERNAL] RE: Greetings-phone conference

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04 Florida FL Linda McWhorter 850-815-4301 850-815-4298 linda.mcwhorter@em.myflorida.com Florida Division of Emergency Management

Russell M. Flick
Training Specialist/Course Manager
Emergency Management Institute
Federal Emergency Management Agency
16825 South Seton Avenue
Building N-315E
Emmitsburg, MD 21727
301-447-1633 Office
202-826-5553 Cell

From: Elmer Emeric <ElmerEmeric@oilspillresponse.com>
Sent: Thursday, February 20, 2020 9:12 AM
To: Flick, Russell <russell.flick@fema.dhs.gov>
Subject: RE: [EXTERNAL] RE: Greetings-phone conference

Yes...can I call you on skype or to your office or cell. Just tell me and I will do it now. Attached is my transcript and a course that I just took to teach OSHA stuff.

Elmer

From: Flick, Russell <russell.flick@fema.dhs.gov>
Sent: Thursday, February 20, 2020 9:09 AM
To: Elmer Emeric <ElmerEmeric@oilspillresponse.com>
Subject: [EXTERNAL] RE: Greetings-phone conference

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FL-DEM-20-0674-A-000981

Sure. I am available now, if you have time.

Russ

Russell M. Flick
Training Specialist/Course Manager
Emergency Management Institute
Federal Emergency Management Agency
16825 South Seton Avenue
Building N-315E
Emmitsburg, MD 21727
301-447-1633 Office
202-826-5553 Cell

From: Elmer Emeric <ElmerEmeric@oilspillresponse.com>
Sent: Thursday, February 20, 2020 9:02 AM
To: Flick, Russell <russell.flick@fema.dhs.gov>
Subject: Greetings-phone conference

Sr; can I call you today. I have a question and need some serious guidance. Reference to teaching. Please can we schedule a phone conference.

Thanks

Elmer Emeric | Duty Manager
Oil Spill Response USA Inc | 2381 Stirling Road, Fort Lauderdale, FL 33312 |
Tel: +1-954-983-9880 | Mob: +1-954-292--5866 |
Email: | elmeremeric@oilspillresponse.com |

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From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>

Sent: Thursday, February 20, 2020 4:50 PM EST

To: Flick, Russell <russell.flick@fema.dhs.gov>

Subject: RE: [EXTERNAL] RE: [EXTERNAL] RE: [EXTERNAL] Re: [EXTERNAL] RE: [EXTERNAL] Access to ICS material

Thanks for the advise – you know knuckle heads thought there would be no consequences if they just waited their time out – until I started denying certificates from uncertified instructors

Linda J. McWhorter
Preparedness Bureau Chief
(850) 815-4301

From: Flick, Russell <russell.flick@fema.dhs.gov>

Sent: Thursday, February 20, 2020 3:30 PM

To: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>

Subject: [EXTERNAL] RE: [EXTERNAL] RE: [EXTERNAL] Re: [EXTERNAL] RE: [EXTERNAL] Access to ICS material

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For me, I won't give any of my instructors the paper test. They either made the deadline or I require them to sit through the new class. If they weren't current instructors, then then they are treated like new instructors. I know that you have far more challenges reaching all of your instructors than I do, so several of the STOs are using the paper version of the IT-300 and IT-400 to catch some of their instructors that did not make the deadline. It will have to be you (FL) that gives them the certificates.

Russ

Russell M. Flick
Training Specialist/Course Manager
Emergency Management Institute
Federal Emergency Management Agency
16825 South Seton Avenue
Building N-315E
Emmitsburg, MD 21727
301-447-1633 Office
202-826-5553 Cell

From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>

Sent: Thursday, February 20, 2020 3:24 PM

To: Flick, Russell <russell.flick@fema.dhs.gov>

Subject: RE: [EXTERNAL] RE: [EXTERNAL] Re: [EXTERNAL] RE: [EXTERNAL] Access to ICS material

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Linda J. McWhorter
Preparedness Bureau Chief
(850) 815-4301

From: Flick, Russell <russell.flick@fema.dhs.gov>

Sent: Thursday, February 20, 2020 3:11 PM

To: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>

Subject: [EXTERNAL] RE: [EXTERNAL] Re: [EXTERNAL] RE: [EXTERNAL] Access to ICS material

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Good afternoon,

The links were retired on 31 Dec 19. The best I can do is offer you paper versions of the tests (attached). The results would not be maintained in FEMA's student records, you would have to maintain them in the state system.

Russ

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Emergency Management Institute
Federal Emergency Management Agency
16825 South Seton Avenue
Building N-315E
Emmitsburg, MD 21727
301-447-1633 Office

FL-DEM-20-0674-A-000983

From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Sent: Thursday, February 20, 2020 3:00 PM
To: Flick, Russell <russell.flick@fema.dhs.gov>
Cc: Elmer Emeric <ElmerEmeric@oilspillresponse.com>
Subject: RE: [EXTERNAL] Re: [EXTERNAL] RE: [EXTERNAL] Access to ICS material

Mr. Flick,

Are the study links still available for the IT300/400 – have an individual that needs to test but when I tested the links received a message they are not found. Please advise

T

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(850) 815-4301

From: Elmer Emeric <ElmerEmeric@oilspillresponse.com>
Sent: Thursday, February 20, 2020 11:47 AM
To: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Subject: [EXTERNAL] Re: [EXTERNAL] RE: [EXTERNAL] Access to ICS material

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Linda, where can we meet?
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My urgency is to teach the most updated information and represent my company.

Thanks

Elmer

Get [Outlook for iOS](#)

From: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Sent: Thursday, February 20, 2020 11:27:58 AM
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Linda J. McWhorter
Preparedness Bureau Chief
(850) 815-4301

From: Elmer Emeric <ElmerEmeric@oilspillresponse.com>
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To: McWhorter, Linda <Linda.McWhorter@em.myflorida.com>
Cc: Flick, Russell <russell.flick@fema.dhs.gov>
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2019 V G-300: Intermediate Incident Command
System for Expanding Incidents

08/27/2019

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Sent: Thursday, February 20, 2020 10:47 AM
To: Elmer Emeric <ElmerEmeric@oilspillresponse.com>
Cc: Flick, Russell <russell.flick@fema.dhs.gov>; Jo Unwin <JoUnwin@oilspillresponse.com>; Emily Foley <EmilyFoley@oilspillresponse.com>
Subject: RE: [EXTERNAL] Access to ICS material

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- Instructor Technique completion certificate

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(850) 815-4301

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I also completed from our State of Florida L0449 (See official Transcript from FEMA); also my SERT TRAC Transcript. I am not teaching for the State of Florida; I am teaching for our company OIL SPILL RESPONSE limited. We have over 140 Gas and Oil companies and most of them use ICS as the IMS for any Emergency Response...from, fires, oil spills, flooding anything that get reach the level of complexity. They still use the lower part of the P (stem) IC201 for any minor incident.

Please provide me access to the latest curriculum for 100, 200, 300, 400 and 402. Today my urgency is 300 and 402. If you can help me will be appreciated. All my certificates are issued with our own logo we do not issue Federal or State certificate. I have examples of the certificates if you need to see them.

I copied Russell Flick because he asked me to email you for help.

Respectfully,

Elmer Emeric | Duty Manager
Oil Spill Response USA Inc | 2381 Stirling Road, Fort Lauderdale, FL 33312 |
Tel: +1-954-983-9880 | Mob: +1-954-292--5866 |
Email: | elmeremeric@oilspillresponse.com |

From: Flick, Russell <russell.flick@fema.dhs.gov>
Sent: Thursday, February 20, 2020 9:20 AM

To: Elmer Emeric <ElmerEmeric@oilspillresponse.com>
Subject: RE: [EXTERNAL] RE: Greetings-phone conference

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04 Florida FL Linda McWhorter 850-815-4301 850-815-4298 linda.mcwhorter@em.myflorida.com Florida Division of Emergency Management

Russell M. Flick
Training Specialist/Course Manager
Emergency Management Institute
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Subject: RE: [EXTERNAL] RE: Greetings-phone conference

Yes...can I call you on skype or to your office or cell. Just tell me and I will do it now. Attached is my transcript and a course that I just took to teach OSHA stuff.

Elmer

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Sure. I am available now, if you have time.

Russ

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Training Specialist/Course Manager
Emergency Management Institute
Federal Emergency Management Agency
16825 South Seton Avenue
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Subject: Greetings-phone conference

Sr; can I call you today. I have a question and need some serious guidance. Reference to teaching. Please can we schedule a phone conference.

Thanks

Elmer Emeric | Duty Manager
Oil Spill Response USA Inc | 2381 Stirling Road, Fort Lauderdale, FL 33312 |
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Email: | elmeremeric@oilspillresponse.com |

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From: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>
Sent: Tuesday, March 17, 2020 1:33 PM EDT
To: Rollason, Frank (Miami-Dade Co EM) <frank.rollason@miamidade.gov>
CC: Cyrille, Charles (Miami-Dade Co Alt EM) <charles.cyrille@miamidade.gov>; Davis, Ashley <Ashley.Davis@em.myflorida.com>; Guidicelli, Ian <Ian.Guidicelli@em.myflorida.com>; Boswell, Alexandra <Alexandra.Boswell@em.myflorida.com>; EOC-COSLogistics <EOC-COSLogistics@em.myflorida.com>; Cheney, Taylor <Taylor.Cheney@em.myflorida.com>; Scott, John <JohnW.Scott@em.myflorida.com>; Hunt, Kaitlyn <Kaitlyn.Hunt@em.myflorida.com>; Hanlon, Thomas P. "Pat" <thanlon@mdpd.com>; Deleon, Melissa (FLNG) <Melissa.e.deleon.mil@mail.mil>
Subject: RE: [EXTERNAL] RE: [EXTERNAL] RE: [EXTERNAL] RE: Drive-through Testing Plan
Melissa... I accidentally left you off .

Kevin Guthrie | Deputy Director

Office: (850) 815-4101
Cell: (850) 294-8250
Kevin.Guthrie@em.myflorida.com

From: Rollason, Frank (MDFR) <Frank.Rollason@miamidade.gov>
Sent: Tuesday, March 17, 2020 1:30 PM
To: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>
Cc: Cyrille, Charles (Miami-Dade Co Alt EM) <charles.cyrille@miamidade.gov>; Davis, Ashley <Ashley.Davis@em.myflorida.com>; Guidicelli, Ian <Ian.Guidicelli@em.myflorida.com>; Boswell, Alexandra <Alexandra.Boswell@em.myflorida.com>; EOC-COSLogistics <EOC-COSLogistics@em.myflorida.com>; Cheney, Taylor <Taylor.Cheney@em.myflorida.com>; Scott, John <JohnW.Scott@em.myflorida.com>; Hunt, Kaitlyn <Kaitlyn.Hunt@em.myflorida.com>; Hanlon, Thomas P. "Pat" <thanlon@mdpd.com>
Subject: [EXTERNAL] RE: [EXTERNAL] RE: [EXTERNAL] RE: Drive-through Testing Plan
Importance: High

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Kevin, I just got off the phone with Assistant Police Director Thomas Hanlon who will be the contact dealing with Miami-Dade Police. He will provide a contact to meet on-site to discuss layout. He is infinitely knowledgeable of the stadium ins and outs as he was the Commander for the recent Super Bowl event. He will assist and advise on the actual layout to provide the proper flow throughout the process. His cell is 786-351-7614 and his email is thanlon@mdpd.com. I have also sent him the plan you sent me and I have copied him on this e-mail. He is standing by to accept your call.

Please be assured the County is in full support of this installation and will assist in whatever way we can in having a successful mission, Frank.

Frank Rollason,
Director, Office of Emergency Management
Miami-Dade Fire Rescue Department
Office: (305) 468-5405
Mobile: (786) 578-3802
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www.miamidade.gov/oem
readysouthflorida.org
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twitter.com/MiamiDadeEM

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From: Guthrie, Kevin [<mailto:Kevin.Guthrie@em.myflorida.com>]
Sent: Tuesday, March 17, 2020 1:12 PM
To: Rollason, Frank (MDFR) <Frank.Rollason@miamidade.gov>
Cc: Cyrille, Charles (MDFR) <charles.cyrille@miamidade.gov>; Davis, Ashley <Ashley.Davis@em.myflorida.com>; Guidicelli, Ian <Ian.Guidicelli@em.myflorida.com>; Boswell, Alexandra <Alexandra.Boswell@em.myflorida.com>; EOC-COSLogistics <EOC-COSLogistics@em.myflorida.com>; Cheney, Taylor <Taylor.Cheney@em.myflorida.com>; Scott, John <JohnW.Scott@em.myflorida.com>; Hunt, Kaitlyn <Kaitlyn.Hunt@em.myflorida.com>
Subject: RE: [EXTERNAL] RE: [EXTERNAL] RE: Drive-through Testing Plan

representative there but that is your call.

Taylor,

Mission assign the following parent mission for "operate a point of collection for Hard Rock Collection Site." Submission the following:

FDEM OPS Employee John Scott III assume IC/UC at the site.
FDEM OPS Employee John Scott III travel, 28 days.

Kaitlyn, complete TAR.

Melissa, mission for FLNG to come when we determine Federal personnel resources that will accompany package.

Ashley,

When we have verified what is coming from feds for package resources, mobilize nurses, wrap around services etc.

Kevin Guthrie | Deputy Director

Office: (850) 815-4101

Cell: (850) 294-8250

Kevin.Guthrie@em.myflorida.com

From: Rollason, Frank (Miami-Dade Co EM) <frank.rollason@miamidade.gov>

Sent: Tuesday, March 17, 2020 12:55 PM

To: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>

Cc: Cyrille, Charles (Miami-Dade Co Alt EM) <charles.cyrille@miamidade.gov>

Subject: [EXTERNAL] RE: [EXTERNAL] RE: Drive-through Testing Plan

Importance: High

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Kevin, Miami-Dade will provide the security via Miami-Dade police – the rest is provided by State, FEMA? I have been asked by Ashley to provide a person on-site (not sure when) to "oversee the installation." I would think whoever is coming with the POD set up has a specific site plan on how to lay out the structures? What was provided in the Plan is a flow chart not a site plan. I still need to know what type person you need on site, why you need them and what time do you need them there. You can always get me on my cell, thanks, Frank.

Frank Rollason,

Director, Office of Emergency Management

Miami-Dade Fire Rescue Department

Office: (305) 468-5405

Mobile: (786) 578-3802

E-mail: frank.rollason@miamidade.gov

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twitter.com/MiamiDadeEM

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From: Guthrie, Kevin [<mailto:Kevin.Guthrie@em.myflorida.com>]

Sent: Tuesday, March 17, 2020 12:47 PM

To: Rollason, Frank (MDFR) <Frank.Rollason@miamidade.gov>; Boswell, Alexandra <Alexandra.Boswell@em.myflorida.com>;

County Emergency Management Directors <CountyEmergencyManagementDirectors@em.myflorida.com>

Cc: Miller, Carly <carly.miller@em.myflorida.com>

Subject: RE: [EXTERNAL] RE: Drive-through Testing Plan

Frank,

I was under the impression from our call that Miami Dade wanted no footprint of the guard and would handle with Miami Dade resources.

Kevin Guthrie | Deputy Director

Office: (850) 815-4101

Cell: (850) 294-8250

Kevin.Guthrie@em.myflorida.com

From: Rollason, Frank (MDFR) <Frank.Rollason@miamidade.gov>

Sent: Tuesday, March 17, 2020 12:46 PM

To: Boswell, Alexandra <Alexandra.Boswell@em.myflorida.com>; County Emergency Management Directors <CountyEmergencyManagementDirectors@em.myflorida.com>

Cc: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>; Miller, Carly <carly.miller@em.myflorida.com>

Subject: [EXTERNAL] RE: Drive-through Testing Plan

Importance: High

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Alexandra, So, now we have the plan, but we have no floor plan and I still do not know why I need to have a rep at the stadium site. Listen, we need to get all the players on a con/call to discuss this project ASAP, Frank.

Frank Rollason,

Director, Office of Emergency Management

Miami-Dade Fire Rescue Department

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From: Boswell, Alexandra [<mailto:Alexandra.Boswell@em.myflorida.com>]

Sent: Tuesday, March 17, 2020 12:09 PM

To: County Emergency Management Directors <CountyEmergencyManagementDirectors@em.myflorida.com>

Cc: Guthrie, Kevin <Kevin.Guthrie@em.myflorida.com>; Miller, Carly <carly.miller@em.myflorida.com>

Subject: Drive-through Testing Plan

Hello All,

Attached is the plan for the drive-through testing centers.

Thanks,
Alex Boswell

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