

Annual PHEP Exercise (Vulnerable Populations) with Access and Functional Needs (AFN) Partners

Element	Data Entry Guidance	Significance
AFN1 Name of exercise/event/incident	AFN1 Enter a unique exercise/event/incident name.	
Reviewer Guidance	Documentation	Submission Frequency
AFN1 Evidence must indicate exercise, event, or incident occurred.	<p>If an after-action report (AAR) is available for the incident, provide as evidence. Data collection call sheet, if available, should include emergency operations center (EOC) site call-down completion time, acknowledgement of completion time, and percentage of staff and EOC site availability.</p> <p><u>Examples of Acceptable Evidence</u></p> <ul style="list-style-type: none"> • AARs. • Incident corrective actions. • Training plans with incident participation included. 	At a minimum, submit annually.

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<p>AFN2 Partner involved.</p>	<p>AFN2 Document the partner names accurately. Evidence must indicate partners were engaged in the exercise.</p>	<p>Engaging community partners that work with at-risk populations is essential for preparedness planning. The 2019 Pandemic and All-Hazards Preparedness and Advancing Innovation Act (PAHPAIA), Public Law No. 116-22, requires the health and medical needs of all individuals, including at-risk populations, be protected. The Americans with Disabilities Act (ADA) also protects people with disabilities and prohibits discrimination. Updated in 2008, the ADA Amendments Act (ADAAA) mandates that individuals with access and functional needs be included in all disaster plans developed for a community under Title II. PAHPAIA defines at-risk individuals as children, pregnant women, older adults, individuals with disabilities, or others who may have access or functional needs in the event of a public health emergency, as determined by the Secretary of Health and Human Services. See Integrating People with Access and Functional Needs into Disaster Preparedness Planning for States and Local Governments, HHS 2020.</p>

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<p>AFN2 Verify evidence describes the partner type accurately.</p>	<p>AFN2 At a minimum, partner documentation must indicate both parties (health department and partner) acknowledge roles and responsibilities of the engagement. There is no required format to present evidence of partner engagement, but evidence must demonstrate ongoing engagement with each identified partner.</p> <p><u>Examples of Acceptable Evidence</u></p> <ul style="list-style-type: none"> • AARs or other exercise planning document with partners named in exercise participant list at a minimum; • Identified role in exercise, including any role in exercise planning, is preferred. • Partner planning worksheet/matrix. <p>If public health had no role, documentation must describe how prioritized populations were selected and refined throughout the campaign for the jurisdiction.</p> <p><u>Examples of Acceptable Evidence</u></p> <ul style="list-style-type: none"> • COVID-19 vaccination plans. • Stakeholder communications. • AARs. • Incident corrective actions. 	<p>At a minimum, review annually and update as necessary.</p>

Element	Data Entry Guidance	Significance
AFN3 Start date and time of exercise, incident, or event	AFN3 Indicate the start date and time. A start time must be documented for an incident.	
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AFN3 Evidence must indicate exercise, incident, or event occurred.	<p>If an AAR is available for the incident, provide as evidence. Data collection call sheet, if available, should include EOC site call-down completion time, acknowledgement completion time, and percentage of staff and EOC site availability.</p> <p><u>Examples of Acceptable Evidence</u></p> <ul style="list-style-type: none"> • AARs. • Incident corrective actions. • Training plans with incident participation included. 	At a minimum, submit annually.

Element	Data Entry Guidance	Significance
AFN4 End date and time of exercise, incident, or event	AFN4 Indicate the end date and time. A end time must be documented for incident.	
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AFN4 Evidence must indicate exercise, incident, or event occurred.	<p><u>Examples of Acceptable Evidence</u></p> <ul style="list-style-type: none"> • AARs. • Incident corrective actions. • Participant logs. • Training plans with exercise participation included. 	At a minimum, submit annually.

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<p>AFN5 Vulnerable populations or AFN partner groups represented</p>	<p>AFN5 Evidence must document which AFN populations the partner represented during the exercise using the CMIST framework. CMIST is an acronym for Communication; Maintaining Health; Independence; Support, Safety, and Self-Determination; and Transportation. Examples of partners using CMIST include groups that work with older adults; children and youth; people with chronic illnesses and disabilities; people experiencing homelessness and transportation instability; and people with language barriers.</p>	<p>Jurisdictions must adopt a whole community planning approach. Consistent with Capability 1: Community Preparedness, training and participation in exercises, incidents, and events help solidify roles and increase knowledge and support for community involvement in preparedness efforts. Partners involved in response and recovery should be actively engaged in training and exercises.</p>
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<p>AFN5 Credit for the annual PHEP exercise requirement requires that evidence documents engagement with CMIST partners or other stakeholders representing people with disabilities and others with AFNs. At least one partner must participate to receive credit for the exercise.</p>	<p><u>Examples of Acceptable Evidence</u></p> <ul style="list-style-type: none"> • AARs. • Incident corrective actions. • Participant logs. • Training plans with exercise participation included. 	<p>At a minimum, submit annually.</p>

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<p>AFN6 Partner exercised accommodations for persons with disabilities or AFN</p>	<p>AFN6 Evidence from the incident must align with the selected answer choice.</p> <ul style="list-style-type: none"> • Performed without Challenges: Tasks associated with the activity were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. • Performed Adequately (with Some Challenges): Tasks associated with the response activity were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness or efficiency were identified. • Performed with Major Challenges: Tasks associated with the response activity were completed in a manner that achieved the objective(s), but some or all of the following were observed: a negative impact on the performance of other activities; additional health or safety risks for the public or for emergency workers; or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws. • Unable to Perform: Tasks associated with the response activity were not performed in a manner that achieved the objective(s). • Not Applicable: Tasks were not associated with the response activity. 	<p>All facilities managed in whole or part by public health agencies must address the needs of the whole community including individuals with AFN. Exercising facilities including points of dispensing (PODs), dispensing/vaccination clinics (DVCs), and congregate sites with AFN partners prior to emergencies can identify potential barriers.</p>

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<p>AFN6 Emergencies can intensify existing vulnerabilities and create new ones. Rather than isolating people with vulnerabilities and disabilities, the CMIST framework helps identify additional needs that must be considered when planning for, responding to, and recovering from a disaster or emergency. Review evidence for facility setup considerations that address people with limitations receiving and responding to information, requiring personal assistance, assistive devices, consumable medical supplies, or durable equipment. Evidence must address how language barriers, cognitive impairment, or vision or mobility issues were accommodated. Other considerations include provisions for service animals and addressing the needs of pregnant or nursing women, infants, children, and other people who may potentially be disproportionately impacted by the incident. Credit toward the annual PHEP exercise requires inclusion of at least one accommodation focused on improving AFN accommodations.</p>	<p>To meet the annual requirement using a drill or functional exercise (FE), at least one example of an implemented accommodation is required for each identified AFN partner. If a tabletop exercise (TTX) is used to meet the annual requirement, evidence based on the discussion of at least one improvement that modifies an accommodation by a participating partner is required.</p> <p><u>Examples of Accommodation Documentation</u> (examples are not exhaustive)</p> <ul style="list-style-type: none"> • Messages for whole community including AFN population that are written in simple language and large fonts. • Facility materials such as signage and handouts that accommodate communication barriers such as language and literacy. • Photos that document accommodations for persons with mobility issues. <p><u>Other Examples of Acceptable Evidence</u></p> <ul style="list-style-type: none"> • AARs. • Call logs. • Corrective actions. • Drill summary sheets. • Meeting logs with partners identified. • Memos for the record. • Training plans with partner participation documented. 	<p>At a minimum, submit annually.</p>

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<p>AFN7 Communication support (public information and warning)</p>	<p>AFN7 Evidence from the incident must align with the selected answer choices.</p> <ul style="list-style-type: none"> Performed without Challenges: Tasks associated with the activity were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. Performed Adequately (with Some Challenges): Tasks associated with the response activity were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness or efficiency were identified. Performed with Major Challenges: Tasks associated with the response activity were completed in a manner that achieved the objective(s), but some or all of the following were observed: a negative impact on the performance of other activities; additional health or safety risks for the public or for emergency workers; or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws. Unable to Perform: Tasks associated with the response activity were not performed in a manner that achieved the objective(s). 	<p>Engaging community partners that work with at-risk populations is essential for preparedness planning. The 2019 Pandemic and All-Hazards Preparedness and Advancing Innovation Act (PAHPAIA), Public Law No. 116-22 requires the health and medical needs of all individuals, including at-risk populations, be protected. The Americans with Disabilities Act (ADA) also protects people with disabilities and prohibits discrimination. Updated in 2008, the ADA Amendments Act (ADAAA) mandates that individuals with access and functional needs be included in all disaster plans developed for a community under Title II. PAHPAIA defines at-risk individuals as children, pregnant women, older adults, individuals with disabilities, or others who may have access or functional needs in the event of a public health emergency, as determined by the Secretary of Health and Human Services. See Integrating People with Access and Functional Needs into Disaster Preparedness Planning for States and Local Governments, HHS 2020.</p>

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<p>AFN7 Review level of coordination with partner to develop and disseminate information with respective populations. Effective message development and dissemination requires active participation by key partners. Partners may be used to leverage community networks to provide input or respond to information prior to, during, or after an incident.</p>	<p>At minimum, partner documentation must indicate both parties (health department and partner) acknowledge roles and responsibilities of the engagement. There is no required format to present evidence of partner engagement, but evidence must demonstrate ongoing engagement with each identified partner.</p> <p><u>Examples of Acceptable Evidence</u></p> <ul style="list-style-type: none"> AAR or other exercise planning document with partner named in exercise participant list at minimum; identified role in exercise including any role in exercise planning is preferred. Partner planning worksheet/matrix. 	<p>At a minimum, submit annually.</p>

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<p>AFN8 Exchange of information between partners (information sharing)</p>	<p>AFN8 Evidence from the incident must align with the selected answer choice.</p> <ul style="list-style-type: none"> Performed without Challenges: Tasks associated with the activity were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. Performed Adequately (with Some Challenges): Tasks associated with the response activity were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness or efficiency were identified. Performed with Major Challenges: Tasks associated with the response activity were completed in a manner that achieved the objective(s), but some or all of the following were observed: a negative impact on the performance of other activities; additional health or safety risks for the public or for emergency workers; or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws. Unable to Perform: Tasks associated with the response activity were not performed in a manner that achieved the objective(s). Not Applicable: Tasks were not associated with the response activity 	<p>Engaging community partners that work with at-risk populations is essential for preparedness planning. The 2019 Pandemic and All-Hazards Preparedness and Advancing Innovation Act (PAHPAIA), Public Law No. 116-22 requires the health and medical needs of all individuals, including at-risk populations, e protected. The Americans with Disabilities Act (ADA) also protects people with disabilities and prohibits discrimination. Updated in 2008, the ADA Amendments Act (ADAAA) mandates that individuals with access and functional needs be included in all disaster plans developed for community under Title II. PAHPAIA defines at-risk individuals as children, pregnant women, older adults, individuals with disabilities, or others who may have access or functional needs in the event of a public health emergency, as determined by the Secretary of Health and Human Services. See Integrating People with Access and Functional Needs into Disaster Preparedness Planning for States and Local Governments, HHS 2020.</p>

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<p>AFN8 Review documentation for partner's ability to exchange health-related information and situational awareness among federal, state, local, territorial, and tribal levels of government and the private sector. This must include routine sharing of information, as well as issuing of public health alerts across any levels of government in preparation for, and in response to, events or incidents of public health significance.</p>	<p>At a minimum, partner documentation must indicate both parties (health department and partner) acknowledge roles and responsibilities of the engagement. There is no required format to present evidence of partner engagement, but evidence must demonstrate ongoing engagement with each identified partner.</p> <p><u>Examples of Acceptable Evidence</u></p> <ul style="list-style-type: none"> AAR or other exercise planning document with partner named in exercise participant list at a minimum; identified role in exercise including any role in exercise planning is preferred. Partner planning worksheet/matrix. 	<p>At a minimum, submit annually.</p>

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AFN9 exercise: Strength	Create an observation statement focused on an aspect of a capability within this domain that was performed without challenges or adequately. The statement should reflect a successful response action or attribute.	Evaluation and documentation of achievements validate the preparedness capability and follows HSEEP principles.
AFN10 exercise: Area for Improvement	Create an observation statement focused on an aspect of a capability within this domain that was performed with major challenges or was not able to be performed. The statement should clearly describe the problem or gap; it should not include a recommendation or corrective action.	Analyzing and identifying areas for improvement will help focus corrective actions and follows HSEEP principles.
AFN11 exercise: Root Cause Analysis	Provide a root cause analysis or a summary statement about why the capability was not fully achieved.	Root cause analysis identifies the most basic causal factor for why an expected action did not occur or was not performed as expected.

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AFN9-11 Review statements for clarity and conclusions. Conclusions must align with strengths, findings, and corrective actions documented in submitted evidence. Statements should help improve existing plans and better prevent or reduce morbidity and mortality from public health incidents whose scale, rapid onset or unpredictability stresses the public health and health care systems.		