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2017 HPP Performance Measures

Pre-Decisional Draft

U.S. Department of Health and Human Services

Office of the Assistant Secretary for Preparedness and Response



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2017 HPP Performance Measures Overview

- Performance Measures (PMs) are listed and grouped under six broad categories: Resources and Planning, Engagement, Coordination, Communication, Patient Care, and Continuous Learning. Each PM description includes:
 - *Operational Intent*—A brief description of the purpose of the measure
 - *Data Elements*—The data points that will be reported to inform the measure
 - *Source*—Who is providing the data for the measure (awardee or HCC) and whether the data is collected during an exercise or a communications drill
 - *Alignment to Capabilities*—List of the 2017-2022 Health Care System Preparedness and Response Capabilities to which the measure aligns.
- The [Coalition Surge Test exercise](http://www.phe.gov/Preparedness/planning/hpp/Pages/coalition-tool.aspx) will be required annually and the manual and evaluation tools are available online (<http://www.phe.gov/Preparedness/planning/hpp/Pages/coalition-tool.aspx>). Data from the associated evaluation tool will inform the performance measures that have Coalition Surge Test exercise listed under the Source.

Coalition Surge Test Exercise Overview

- This Coalition Surge Test exercise assesses a coalition’s ability to work in a coordinated way to find appropriate destinations for patients using a simulated evacuation of up to three inpatient patient care facilities.
- **The exercise is a low/no-notice exercise.** Low/no-notice exercising is important in ensuring that health care coalitions can transition quickly and efficiently into “disaster mode” and provide a more realistic picture of readiness than pre-announced exercises. At least one month in advance, the trusted insider will identify the assessment team and inform coalition members that an exercise will occur within a two-week window. Coalition members will not know the exact date and time, and they will not know whether they are playing the role of “evacuating” or “receiving” facility.
- **The exercise is designed to be challenging.** Some coalitions may not be able to launch and complete the tool in the allotted time. Struggling with a challenging drill may be more helpful in the long run than succeeding with an easier one.
- **The exercise is intended to improve health care system response readiness.** Health care coalitions will select their own peer assessors who can provide tough, but constructive, feedback to improve response.
- **The exercise tests overall health care system response.** Although the exercise simulates a health facility evacuation, it can reveal preparedness capabilities needed for a number of different scenarios. These capabilities may include emergency operations coordination, information sharing, and medical surge capacity.
- The entire exercise takes approximately four hours to complete and includes the following phases:

Phase 1: Functional Exercise (90 minutes)

- The exercise starts 60 minutes after the assessment team notifies one or more hospitals or other patient-care facilities that they need to stand up their facility command centers. Phase 1 ends when all patients are placed or after 90 minutes, whichever comes first.

Phase 2 & 3: Facilitated Discussion and Hotwash (2.5 hours)

- Ideally, these phases occur immediately after Phase 1, but **can be scheduled for a later date.**
- The next phase is devoted to a facilitated discussion that explores issues raised during Phase 1, which may include: patient transportation planning, receiving health care facility capacity, patient tracking and public information, the needs of vulnerable patients, and continuity of operations.
- A hotwash, or after action review, concludes the exercise and consists of an assessment of strengths and weaknesses and corrective action planning.

98 **Category: Resources and Planning**

99 **PM1: Percent of funding each HCC receives from the awardee, other federal sources, and**
100 **other non-federal sources.**

101 Operational Intent

- 102 • Provides insight into the amount of funding each HCC receives to better enable linking HCC funding
103 and program outcomes, as well as HCC sustainability (diversity of funding). This measure is not
104 intended to collect information on in-kind goods or services provided to the HCC by any source.

105 Data Points

- 106 • Total HPP funding amount each HCC received from the awardee
- 107 • Total funding each HCC received from non-federal sources
- 108 • Total funding each HCC received from other-federal sources (e.g., PHEP, DHS funding) (HCC will be
109 asked to identify funding source in open text)
- 110 • Total funding each HCC received from all sources

111 Source

- 112 • HCC

113 Alignment to Capabilities

- 114 • Capability 1 – Foundation for Health Care and Medical Readiness
-

115 **PM2: Number of calendar days from start of budget period for awardees to execute**
116 **subawards with each HCC.**

117 Operational Intent

- 118 • Provides insight into administrative readiness and efficiency of awardees in executing subawards to
119 HCCs in a timely basis.

120 Data Points

- 121 • Number of calendar days from start of budget period for awardee to execute subawards with each
122 HCC.

123 Source

- 124 • Awardee

125 Alignment to Capabilities

- 126 • Capability 1 – Foundation for Health Care and Medical Readiness
-

127 **PM3: Percent participation rate of HCC core (acute care Hospitals, EMS, Emergency**
128 **Management, Public Health) and additional member organizations by member type.**

129 (See Capability 1, Objective 1, and Activity 2 for information about member types) (HPP will aim to have a new
130 HPP/PHEP IT system that will require onetime data entry of HCC member organizations' type, legal name, and
131 address to capture information on member names such as in the below data points.)

132 Operational Intent

- 133 • Determine if HCCs' membership is appropriate for the community it serves by assessing rate of
134 participation of potential core and additional members, and track HCC membership trends over
135 time.

136 Data Points

- 137 • Core member organizations participating in the HCC, disaggregated by member type (HCC)
- 138 • Total number of core member organizations within HCC boundaries, disaggregated by member type
139 (Awardee)
- 140 • Additional member organizations participating in the HCC, disaggregated by member type (HCC)

- 141 • Total number of additional member organizations within HCC boundaries, disaggregated by member
142 type (Awardee)

143 Source

- 144 • Awardee and HCC

145 Alignment to Capabilities

- 146 • Capability 1 – Foundation for Health Care and Medical Readiness

147 **PM4: Percent of HCCs that have a complete Preparedness Plan.**

148 Operational Intent

- 149 • Determine if HCCs have a Preparedness Plan approved by all member organizations as described in
150 Capability 1, Objective 1, Activities 1-5 of the *2017-2022 Health Care Preparedness and Response*
151 *Capabilities*. Specific requirements for the Preparedness Plan will be delineated in the 2017 HPP
152 Funding Opportunity Announcement.

153 Data Points

- 154 • The HCC has a complete Preparedness Plan with the required components (required by the end of
155 Budget Period 1) [Y/N]
156 • The HCC has a Preparedness Plan that has been approved and signed by its member organizations
157 [Y/N]

158 Source

- 159 • HCC

160 Alignment to Capabilities

- 161 • Capability 1 – Foundation for Health Care and Medical Readiness
162 • Capability 2 – Health Care and Medical Response Coordination
163 • Capability 3 – Continuity of Health Care Service Delivery
164 • Capability 4 – Medical Surge

165 **PM5: Percent of HCCs that have a complete Response Plan.**

166 Operational Intent

- 167 • Determine if HCCs have a response plan approved by all member organizations as described in
168 Capability 2, Objective 1, Activities 1 and 2 of the *2017-2022 Health Care Preparedness and*
169 *Response Capabilities* for discussion of the key components of the Preparedness Plan, specific
170 requirements for the response plan will be delineated in the 2017 HPP Funding Opportunity
171 Announcement and/or subsequent budget years' Continuation Guidance.

172 Data Points

- 173 • The HCC has a complete Response Plan with the required components (required by the end of
174 Budget Period 2) [Y/N]
175 • The HCC has a Response Plan that has been approved and signed by its member organizations [Y/N]

176 Source

- 177 • HCC

178 Alignment to Capabilities

- 179 • Capability 1 – Foundation for Health Care and Medical Readiness
180 • Capability 2 – Health Care and Medical Response Coordination
181 • Capability 3 – Continuity of Health Care Service Delivery
182 • Capability 4 – Medical Surge

183 **PM6: Percent of awardees and HCCs that obtain de-identified data from emPOWER at**
184 **least once per quarter to identify populations with access and functional needs for**
185 **planning purposes.**

186 **Operational Intent**

- 187 • Determine if awardees and HCCs have up-to-date data on populations with access and functional
188 needs in their jurisdiction for planning purposes. Numbers of individuals with access and functional
189 needs available in emPOWER represents a floor for potential population needs in an emergency;
190 awardees and HCCs should at least plan for the populations needs based on emPOWER data,
191 although actual needs of the population are certainly greater. For example, emPOWER data does
192 not capture populations covered by Medicaid, including children.

194 **Data Points**

- 195 • The awardee obtains de-identified data from emPOWER at least once per quarter to identify
196 populations with access and functional needs for floor planning purposes [Y/N]
- 197 • The awardee shares the emPOWER data with its partners at least quarterly to inform plans [Y/N]
- 198 • The HCC obtains de-identified emPOWER map data to understand numbers of persons with access
199 and functional needs in their community at least once per quarter [Y/N]

200 **Source**

- 201 • Awardee
- 202 • HCC

203 **Alignment to Capabilities**

- 204 • Capability 1 – Foundation for Health Care and Medical Readiness

205 **PM7: Percent of hospitals with an Emergency Department (ED) recognized through a**
206 **statewide, territorial or regional standardized system that are able to stabilize**
207 **and/or manage pediatric medical emergencies.**

208 **Operational Intent**

- 209 • Determine if awardees are connected with the Emergency Medical Services for Children (EMSC)
210 program in their jurisdiction to foster coordination and planning for pediatric medical emergencies
211 and incentivize relationships and initiatives with EDs that are able to stabilize and/or manage
212 pediatric medical emergencies. **Joint measure with EMSC.**

213 **Data Points**

- 214 • The HPP awardee and the EMSC awardee within their jurisdiction provide a joint letter of support
215 indicating that EMSC and HPP are linked at the awardee level [Y/N]
- 216 • (Hospitals with EDs that are able to stabilize and/or manage pediatric medical emergencies provided
217 by EMSC.)

218 **Source**

- 219 • Awardee will provide the letter of support
- 220 • EMSC will provide the data on hospitals with EDs that are able to stabilize and/or manage pediatric
221 medical emergencies. HPP awardees, HCCs, and hospitals do not need to provide any data to HPP
222 for this component of the measure.

223 **Alignment to Capabilities**

- 224 • Capability 1 – Foundation for Health Care and Medical Readiness
- 225 • Capability 4 – Medical Surge

226 **PM8: Percent of awardees that have HCCs incorporated into the ESF-8 response plans.**

227 **Operational Intent**

- 228 • Assess whether HCCs are integrating with ESF-8.

229 Data Points

- 230 • The awardee has provided an opportunity for each HCC to review and provide updates to the
231 awardee’s ESF-8 response plan [Y/N]

232 Source

- 233 • Awardee

234 Alignment to Capabilities

- 235 • Capability 1 – Foundation for Health Care and Medical Readiness
-

236 **PM9: Percent of HCCs engaged in their awardee’s jurisdictional risk assessment.**

237 Operational Intent

- 238 • Assess extent to which HCCs participate in the development of their jurisdiction’s risk assessment.

239 Data Points

- 240 • Each HCC has provided input into its awardee’s jurisdictional risk assessment [Y/N]

241 Source

- 242 • HCC

243 Alignment to Capabilities

- 244 • Capability 1 – Foundation for Health Care and Medical Readiness

245

246 **Category: Engagement**

247 **PM10: Percent of HCC member organizations participating in the table top portion during**
248 **the first 90 minutes of the Coalition Surge Test exercise.**

249 Operational Intent

- 250
 - Gauge extent to which HCC member organizations are engaged in the coalition.

251 Data Points

- 252
 - HCC core member organizations participating in the table top portion during the first 90 minutes of

253 the Coalition Surge Test exercise

 - HCC additional member organizations participating in the table top portion during the first 90

254 minutes of the Coalition Surge Test exercise

255

256 Source

- 257
 - HCC (Coalition Surge Test exercise)

258 Alignment to Capabilities

- 259
 - Capability 1 – Foundation for Health Care and Medical Readiness
-

260 **PM11: Percent of HCC member organizations and their executives participating in a post**
261 **Coalition Surge Test exercise lessons-learned event (facilitated discussion, hotwash)**
262 **during the last 2.5 hours of the exercise.**

263 Operational Intent

- 264
 - Provides insight into the extent to which HCC member organizations and their executives are

265 engaged in the lessons-learned event after required surge exercise.

266 Data Points

- 267
 - HCC core member organizations participating in a Coalition Surge Test exercise lessons-learned

268 event (facilitated discussion, hotwash) during the last 2.5 hours of the exercise

 - HCC additional member organizations participating in a Coalition Surge Test exercise lessons-learned

269 event (facilitated discussion, hotwash) during the last 2.5 hours of the exercise

270

 - Number of HCC core and additional member organizations with executives participating (in person

271 or virtual) in a Coalition Surge Test exercise lessons-learned event (facilitated discussion, hotwash)

272 during the last 2.5 hours of the exercise

273

274 Source

- 275
 - HCC (Coalition Surge Test exercise)

276 Alignment to Capabilities

- 277
 - Capability 1 – Foundation for Health Care and Medical Readiness
-

278 **PM12: Percent of HCC member organizations that have shared lessons learned from facility-**
279 **level drills or exercises with the HCC.**

280 Operational Intent

- 281
 - HCC member organizations must meet various regulatory and accreditation requirements on

282 preparedness that require exercises or drills. Member organizations should regularly share lessons

283 learned at the facility-level with their coalition to inform coalition planning.

284 Data Points

- 285
 - Number of HCC member organizations that shared lessons-learned from their facility's drills and

286 exercises to inform coalition planning.

287 Source

- 288
 - HCC member organizations

289 Alignment to Capabilities

- 290
 - Capability 1 – Foundation for Health Care and Medical Readiness

291 **Category: Coordination**

292 **PM13: Time [in minutes] for evacuating facilities in the HCC to report the total number of**
293 **evacuating patients.**

294 Operational Intent

- 295 • Measures how quickly evacuating facilities are able to assess and communicate essential
296 information across the HCC during an exercise as a proxy for response in a real emergency.

297 Data Points

- 298 • Number of minutes after start of the Coalition Surge Test exercise for the last evacuating facility to
299 report the number of patients to be evacuated.

300 Source

- 301 • HCC (Coalition Surge Test exercise)

302 Alignment to Capabilities

- 303 • Capability 2 – Health Care and Medical Response Coordination
304 • Capability 3 – Continuity of Health Care Service Delivery

305 **PM14: Time [in minutes] for receiving facilities in the HCC to report the total number of**
306 **beds available to receive patients.**

307 Operational Intent

- 308 • Measures how quickly receiving facilities are able to assess and communicate essential information
309 across the HCC during an exercise as a proxy for response in a real emergency.

310 Data Points

- 311 • Number of minutes after start of the Coalition Surge Test exercise for the last potential receiving
312 facility (all facilities that are able to receive patients per the coalition plans) in the HCC to report the
313 number of beds available to receive patients during the exercise.

314 Source

- 315 • HCC (Coalition Surge Test exercise)

316 Alignment to Capabilities

- 317 • Capability 2 – Health Care and Medical Response Coordination
318 • Capability 3 – Continuity of Health Care Service Delivery
319 • Capability 4 – Medical Surge

320 **PM15: Time [in minutes] for the HCCs to identify a clinically appropriate and available**
321 **transportation asset for each evacuating patient.**

322 Operational Intent

- 323 • Measures how quickly HCCs can coordinate between EMS, evacuating facilities, and other member
324 organizations to identify appropriate transportation for evacuating patients in an exercise as a proxy
325 for response in a real emergency.

326 Data Points

- 327 • Number of minutes after start of the Coalition Surge Test exercise for a clinically appropriate and
328 available transportation asset to be identified for each evacuating patient in the exercise.

329 Source

- 330 • HCC (Coalition Surge Test exercise)

331 Alignment to Capabilities

- 332 • Capability 2 – Health Care and Medical Response Coordination
333 • Capability 3 – Continuity of Health Care Service Delivery

334 **Category: Communication**

335 **PM16: Percent of HCCs that have exercised their redundant communications plans and**
336 **systems and platforms at least biannually.**

337 Operational Intent

- 338 • Assess whether regular communications drills are taking place to help ensure that communications
339 systems and plans and backup systems and plans are working when needed.

340 Data Points

- 341 • The HCC has exercised their redundant communications plans and systems and platforms at least
342 biannually [Y/N]

343 Source

- 344 • HCC (drill)

345 Alignment to Capabilities

- 346 • Capability 2 – Health Care and Medical Response Coordination
347 • Capability 3 – Continuity of Health Care Service Delivery

348 **PM17: Percent of HCC member organizations that responded during a communications drill**
349 **by system and platform type used.**

350 Operational Intent

- 351 • Provide insight into how and how completely HCCs are able to reach their member organizations
352 during a communications drill or exercise (see PM16).

353 Data Points

- 354 • Communication platforms used during the drill (Select all that apply)
355 - Telephone
356 - Satellite telephones
357 - Electronic system
358 - Radios
359 - HAM radios
360 - Incident management software
361 - Bed and patient tracking systems
362 - EMS information systems
363 - Other (specify)
364 • Number of HCC member organizations who responded using each identified system/platform

365 Source

- 366 • HCC (drill)

367 Alignment to Capabilities

- 368 • Capability 2 – Health Care and Medical Response Coordination
369 • Capability 3 – Continuity of Health Care Service Delivery

370

371 *Category: Patient Care*

372 **PM18: Percent of patients discharged to home from evacuating facilities in 90 minutes.**

373 Operational Intent

- 374 • Assess demonstrated ability to appropriately decompress in an exercise as a proxy for ability to
375 surge in an emergency.

376 Data Points

- 377 • Number of patients discharged to home from the evacuating facility during a Coalition Surge Test
378 exercise
379 • Total patients at evacuating facility (beginning of exercise)

380 Source

- 381 • HCC (Coalition Surge Test exercise)

382 Alignment to Capabilities

- 383 • Capability 3 – Continuity of Health Care Service Delivery
384 • Capability 4 – Medical Surge

385 **PM19: Percent of patients needing to be evacuated to another health care facility with a**
386 **bed identified at a receiving facility in 90 minutes.**

387 Operational Intent

- 388 • Assess demonstrated ability to meet initial patient care needs in an exercise as a proxy for response
389 in an emergency.

390 Data Points

- 391 • Total beds confirmed at receiving facilities (at the end of the functional portion of the exercise)
392 • Total patients all evacuating facilities need to evacuate (beginning of exercise, less discharge)

393 Source

- 394 • HCC (Coalition Surge Test exercise)

395 Alignment to Capabilities

- 396 • Capability 3 – Continuity of Health Care Service Delivery
397 • Capability 4 – Medical Surge

398 **PM20: Percent of patients with clinically appropriate transportation needs identified in 90**
399 **minutes.**

400 Operational Intent

- 401 • Assess demonstrated ability to meet patient transportation needs by finding transportation
402 resources that match patient numbers and their needs in an exercise as a proxy for response in an
403 emergency.

404 Data Points

- 405 • Total patients matched to confirmed and clinically appropriate vehicles for patient transport (at the
406 end of the exercise)
407 • Total patients the evacuating facility needs to evacuate (beginning of exercise, less discharge)

408 Source

- 409 • HCC (Coalition Surge Test exercise)

410 Alignment to Capabilities

- 411 • Capability 3 – Continuity of Health Care Service Delivery
412 • Capability 4 – Medical Surge

413

414 *Category: Continuous Learning*

415 **PM21: Percent of HCCs where areas for improvement have been identified from exercises**
416 **or real-world events and the preparedness strategy has been revised to reflect**
417 **improvements.**

418 **Operational Intent**

- 419 • Assess the ability of HCCs to integrate continuous learning from exercises and events.

420 **Data Points**

- 421 • The HCC has identified areas for improvement from exercises or real-world events [Y/N]
- 422 • If yes, the HCC has revised its preparedness strategy to reflect improvements [Y/N]

423 **Source**

- 424 • HCC

425 **Alignment to Capabilities**

- 426 • Capability 1 – Foundation for Health Care and Medical Readiness

427

428 **Glossary**

429 **Access and Functional Needs**

- 430 • Access-based needs: All people must have access to certain resources, such as social services,
431 accommodations, information, transportation, medications to maintain health, and so on.
 - 432 • Function-based needs: Function-based needs refer to restrictions or limitations an individual may
433 have that require assistance before, during, and/or after a disaster or public health emergency.¹
-

434 **Additional members**

- 435 • Additional HCC members include, but are not limited to, the following:
 - 436 - Behavioral health services and organizations
 - 437 - Community Emergency Response Team (CERT)² and Medical Reserve Corps (MRC)³
 - 438 - Dialysis centers and regional Centers for Medicare and Medicaid Services (CMS)-funded end-
439 stage renal disease (ESRD) networks⁴
 - 440 - Federal facilities (e.g., U.S. Department of Veterans Affairs Medical Centers, Indian Health
441 Services facilities, military treatment facilities)
 - 442 - Home health agencies (including home and community-based services)
 - 443 - Infrastructure companies (e.g., utility and communication companies)
 - 444 - Jurisdictional partners, including cities, counties, and tribes
 - 445 - Local chapters of health care professional organizations (e.g., medical society, professional
446 society, hospital association)
 - 447 - Local public safety agencies (e.g., law enforcement and fire services)
 - 448 - Medical and device manufacturers and distributors
 - 449 - Non-governmental organizations (e.g., American Red Cross, voluntary organizations active in
450 disaster amateur radio operators, etc.)
 - 451 - Outpatient health care delivery (e.g., ambulatory care, clinics, community and tribal health
452 centers, Federally Qualified Health Centers (FQHCs)⁵, urgent care centers, free standing
453 emergency rooms, stand-alone surgery centers)
 - 454 - Primary care providers, including pediatrics and women’s health providers
 - 455 - Public or private payers (e.g., Medicare and insurance companies)
 - 456 - Schools and universities, including academic medical centers
 - 457 - Skilled nursing, nursing, and long-term care facilities
 - 458 - Support service providers (e.g., clinical laboratories, pharmacies, radiology, blood banks, poison
459 control centers)
 - 460 - Other (e.g., child care services, dental clinics, social work services, faith-based organizations)
-

461 **Core HCC members**

- 462 • Core HCC members must include, at least, the following:
 - 463 - Hospitals (e.g., acute care, trauma centers, burn centers, children's hospitals, rehabilitation
464 hospitals)
 - 465 - EMS (including inter-facility and other non-EMS patient transport systems)
 - 466 - Emergency management organizations
 - 467 - Public health agencies

¹ “At Risk Individuals.” *Public Health Emergency*, 8 Sept. 2016. Web. Accessed 16 Sept. 2016. Available online at <http://www.phe.gov/Preparedness/planning/abc/Pages/atrisk.aspx>

² “Community Emergency Response Teams.” *FEMA*, 31 Aug. 2016. Web. Accessed 7 Sept. 2016. Available online at <http://www.fema.gov/community-emergency-response-teams/>.

³ “Medical Reserve Corps.” *MRC*, 6 Jul. 2016. Web. Accessed 7 Sept. 2016. Available online at <https://www.medicalreservecorps.gov/HomePage>.

⁴ “ESRD Networks.” *KCER*, 2016. Web. Accessed 7 Sept. 2016. Available online at <http://kcercoalition.com/en/esrd-networks/>

⁵ “What are Federally qualified health centers?” *HRSA*, n.d. Web. Accessed 7 Sept. 2016. Available online at <http://www.hrsa.gov/healthit/toolbox/RuralHealthITtoolbox/Introduction/qualified.html>.

468 **Emergency Support Function-8 (ESF-8) – Public Health and Medical Services Annex**

- 469
- ESF-8 (Public Health and Medical Services) provides the mechanism for coordinated federal assistance to supplement state, tribal, and local resources in response to the following:

470

 - Public health and medical care needs
 - 471
 - Veterinary and/or animal health issues in coordination with the U.S. Department of Agriculture (USDA)
 - 472
 - Potential or actual incidents of national significance
 - 473
 - A developing potential health and medical situation⁶
 - 474
 - 475
-

476 **Health Care Coalition(s) (HCC)**

- 477
- A group of individual health care and response organizations (e.g., hospitals, emergency medical services (EMS), emergency management organizations, public health agencies, etc.) in a defined geographic location. HCCs play a critical role in developing health care delivery system preparedness and response capabilities. HCCs serve as multiagency coordinating groups that support and integrate with ESF-8 activities in the context of incident command system (ICS) responsibilities.

478

479

480

481
-

482 **Health Care Coalition (HCC) Member**

- 483
- An HCC member is defined as an entity within the HCC’s defined boundaries that actively contributes to HCC strategic planning, operational planning and response, information sharing, and resource coordination and management.

484

485
-

486 **Member Type**

- 487
- A category of health care coalition (HCC) members that represents a type of facility or organization (e.g., all nursing facilities, all hospitals, or all emergency medical services (EMS) agencies within one HCC).

488

489

⁶ “Emergency Support Functions” *Public Health Emergency*, 2 Jun. 2015. Web. Accessed 12 Sept. 2016. Available online at <http://www.phe.gov/Preparedness/support/esf8/Pages/default.aspx#8>.