Columbus Public Health Multi-Year Training Curriculum Plan

Fiscal Year 2012 - 2015

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Mayor Michael B. Coleman

Overview

Introduction	Training and development of the workforce is one part of a comprehensive strategy toward agency quality improvement. Fundamental to this work is identifying gaps in knowledge, skills, and abilities through the assessment of both organizational and individual needs, and addressing those gaps through targeted training and development opportunities.			
	This document provides a comprehensive Training Curriculum Plan for Columbus Public Health (CPH). This Plan is a roadmap for CPH to accomplish the priorities set forth by the mission and vision of the organization. To coordinate and organize these training priorities, staff training assessments were completed, priority-driven trainings were determined and meetings were held with subject matter experts in the department. This Training Curriculum Plan is the strategy to ensure a capable and well-trained public health workforce.			
	The CPH training program is administered by the Office of Workforce Development located in the Human Resources Office. The training agenda described in this plan is a flexible yet binding document for the department.			
Mission and Vision Statements	The mission of Columbus Public Health is to protect health and improve lives in our community.			
	The Columbus community is protected from disease and other public health threats and everyone is empowered to live healthier, safer lives.			
	Columbus Public Health is the leader for identifying public health priorities and mobilizing resources and community partnerships to address them.			
CPH Goals				
	• Identify and respond to public health threats and priorities.			
	• Collaborate with residents, community stakeholders and policy-makers to address local gaps in public health.			
	• Empower people and neighborhoods to improve their health.			
	• Establish and maintain organizational capacity and resources to support continuous quality improvement.			

Points of Contact

Points of Contact

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Table of Contents

Торіс	See Page
Overview / Mission and Vision Statement / CPH Goals	2
Points of Contact	3
Table of Contents	4
Introduction	5
Priority 1: Communications and Public Information	7
Priority 2: Continuous Quality Improvement	13
Priority 3: Emergency Preparedness	17
Priority 4: New Employees	24
Building Block Approach	29
Program Maintenance	29
Appendix: Continuous Quality Improvement Training Plan	

Introduction

Purpose	The purpose of the CPH Multi-Year Training Curriculum Plan is to provide a companion document to the CPH Workforce Development Plan. It is a living document that will be updated and refined annually, and as needed. The CPH Multi-Year Training Curriculum Plan provides a roadmap of the top training needs, the actual trainings, the identified audience, and a proposed timeline on when the trainings will be completed in order to accomplish departmental priorities. The plan is written with all public health disciplines in mind. Each priority is linked to the CPH Mission, Vision and Strategic Planning Goals, as well other corresponding priorities such as the Public Health Core Competencies, the Council on Linkages Ten Essential Services and the National Incident Management System.
	Included in the Training Curriculum Plan is a comprehensive training plan for the Continuous Quality Improvement priority, which provides a graphic illustration of trainings, training objectives, identified audience, and proposed schedule for the years 2012 - 2015. It is representative of the natural progression by which CPH will maintain and improve public health skills and competencies to ensure a competent and prepared workforce.
	Any associated competencies and disciplines that cross-over are listed to show how efforts accomplish requirements in several priorities.
Background	The priorities for the CPH Training Curriculum Plan were selected from departmental, city, regional, and state requirements, training needs assessments, discipline specific priorities, continuing education requirements, and lessons learned from past exercises and real events.
Corresponding State and National Priorities	The Ohio Department of Health; The Centers for Disease Control and Prevention; The National Incident Management System (NIMS); Public Health Accreditation Board (PHAB); Council on Linkages Ten Essential Services; Public Health Core Competencies.
Corresponding Local Priorities	 Strategic initiatives identified from the Columbus Public Health Board of Health and the Health Commissioner; Strategic initiatives identified by the City of Columbus, Office of the Mayor; Strategic initiatives from any local emergency response partner where public health has been identified as a key player; Discipline specific continuing education requirements.

Introduction, con't

Improvement Plan (IP)

Past IP actions that relate to this Plan:

- CPH and FCPH H1N1 Influenza A Virus Outbreak Real-Time Response Phase 1 (April May 2009)
- CPH H1N1 Influenza A Virus Outbreak Real-Time Response Phase 2 (August 1, 2009 March 31, 2010)
- CPH and FCPH Training and Exercise Planning Workshop (June 2011)
- Biological Anthrax POD Full Scale Exercise (April 2011)
- Operation Meningococcemia Real-Time Event (May 2011)
- Operation Chicken Pox (September 2011)
- COHAN Test Drills (quarterly)
- Terminal Services Drills (semi-annually)

Training Needs In building the CPH Multi-Year Training Curriculum Plan, CPH staff had the opportunity to participate in several training needs assessments in 2011. The results from these assessments were analyzed and the top training needs were incorporated into this document. These assessments include:

- Training Needs Assessment for City of Columbus employees (conducted by Citywide Training and Development Center of Excellence);
- Workforce Training Needs Assessment based on the Council on Linkages Core Competencies for the Public Health Workforce (conducted by The Ohio State University College of Public Health, Center for Public Health Practice);
- Health Equity Needs Assessment Survey (conducted by Columbus Public Health).

Background Maintaining communications within and between organizations ensures compliance with the National Incident Management System as well as ensuring interoperability on a daily basis and during an emergency event. Public Information involves developing, coordinating and disseminating information to the public, coordinating officials and responders across all jurisdictions and disciplines through alerts, warnings and notifications. The continuous flow of information is critical to maintaining open lines of communication with public health staff, the medical community and the public at large.

Additional State, County and Local Priorities

- Maintain and test the Crisis and Emergency Risk Communications Plan, Tactical Communications Plan, and related policies and procedures.
- Conduct MARCS basic and refresher training courses.
- Ensure redundant forms of communication are in place and tested.
- Continue communications continuity planning that outlines back-up systems, interoperability and redundant communication methods.
- Maintain membership in the Central Ohio Public Information Network (COPIN).
- Develop, implement and test public information, alert/warning and notification training and exercise programs.
- Manage emergency public information and warnings.
- Participate in the Franklin County Joint Information Center.
- Continue to test and utilize the Franklin County Mobile Joint Information Center.
- Test the notification of volunteers.
- Test redundant communication methods at Points of Dispensing (POD) locations.
- Demonstrate the ability to appoint a lead PIO within one hour of the start of an incident.
- Ensure partners and key stakeholders are informed prior to the release of significant public health messages at least five minutes prior to an e-mail, web, or fax release and at least one half-hour before a news conference.
- Demonstrate the ability to develop messages that contain adequate detail to help protect the public's health during a public health emergency.
- All PIO's need to complete at least eight hours of training in the area of public information and risk communications annually.
- All new PIO's with little to no experience must complete public information and risk communications training in the first six months of hire.

Improvement Past improvement plan actions that relate to this priority: **Plan (IP)**

- Proper use of tactical communication equipment during public health response emergencies;
- Continue to test COHAN as a means to notify staff and volunteers, more training on use of ICS, and additional training for the MARCS radios (CPH and FCPH Biological POD Full-Scale Exercise April 21, 2011);
- Create categories for notifications; discuss pathways of communication with other first responder agencies and high risk populations; and examine personnel procedures. (LEPC/CERC/CEPAC Tabletop Exercise May 23, 2011);
- Increase success rate of staff accessing their computer desktops from a remote location away from the office (Terminal Services Drill August 2011);
- Improve Ohio Public Health Communication System (OPHCS) response rates (2011 and 2012 OPHCS tests);
- Encourage radio refresher training for food inspectors to use while inspecting food vendors at college football games and at large events where food is served (August 2011).

Priority Methodology

The **Communications and Public Information** training courses and exercises were chosen based upon:

- Identified gaps in training,
- The addition of new technology,
- Corrective actions and lessons learned from exercise and real-world event improvement plans.

TrainingThe following training courses and exercises have been identified for this priority:Courses andExercises

Training Course Title	Intended	Audience & Benchmark	Other Competencies
	Completion Date		and Disciplines Met
COHAN Team/Group Leader Training	March 2012 September 2012 Semi-annually	Train and provide updates to identified members of the Joint Information Team, COHAN team and group leaders.	Emergency Preparedness Analytic Leadership
COHAN Training	2012 Quarterly	Provide training to all new CPH employees on how to sign up for, use and maintain the COHAN system to receive alerts. Tie in with CPH New Employee Orientation.	New Employees
CPH Public Health Emergency Notification Training	December 2011 – March 2012	CPH employees will learn about the new public health emergency notification system.	Analytic Community
Crisis and Emergency Risk Communication Plan (CERC) Plan Training	February 2012 Annually	100% of identified CPH staff from policy group, division directors, and OEP	Emergency Preparedness Analytic Policy Cultural Community Leadership
Crisis Communication and JIC Plan Training Workshop	October 2012 October 2013	Emergency preparedness and public/risk communication staff from CPH and FCPH will attend the COPIN sponsored training.	Emergency Preparedness Cultural Leadership
MARCS Basic Training	- May 9, 10, and 16, 2012 - Fall 2012 - Ongoing semi- annually	 New CPH staff in public information positions and who may serve in an ICS Command and General staff position. POD Staff, PIT members and identified partners in TAR 2.2 will be trained to use MARCS radios. 	Emergency Preparedness New Employees
MARCS Refresher	 March 21, 22, and 27, 2012 Summer 2012 Ongoing semi- annually 	CPH and FCPH staff previously trained on MARCS radios will attend a MARCS Refresher course.	Emergency Preparedness
Motorola 2-way radio JIT	- Conduct JIT for each event - Ongoing All Year	Just–in-time training will be provided prior to events and exercises.	Emergency Preparedness
NIMS Communication Management (IS-704)	As needed	Identified CPH, FCPH and COPIN personnel	Emergency Preparedness Cultural Community Leadership

Training Course Title	Intended	Audience & Benchmark	Other Competencies
	Completion Date		and Disciplines Met
OhioTRAIN Training	July 2012	CPH and FCPH staff will receive	
	December 2012	training on how to use	
	Semi-Annually	OhioTRAIN to track training.	
OPHCS Alert Training	On-going as	Training for new CPH and FCPH	New Employees
	needed	staff, as well as community	
		partners receiving an OPHCS	
		license who are unable to attend	
		the ODH-sponsored alert training.	
OPHCS Refresher	Annually	CPH staff with an OPHCS license	
		will receive refresher training.	
Public Information	As needed	100% of identified CPH staff from	Leadership
Systems (IS-702)		mid-level management to	Analytic
		command and general staff; public	Policy
		information team members and	Cultural
		COPIN	Community
Training in the use of	January 2012	Designated people listed in TAR	Emergency Preparedness
redundant		2.2	Community
communication systems			
(TAR 4.6)			

Exercise Title	Intended Completion Date	Audience & Benchmark	Other Competencies and Disciplines Met
Drill: COHAN Alerts	First Wednesday of each quarterly month (January, April, July, and October)	85% of CPH staff registered on the COHAN system will confirm receipt of random quarterly test messages.	Emergency Preparedness Cultural Community
Drill: COHAN alerts - SNS Responder Mobilization	Quarterly (January, April, July and October)	85% of SNS POD Team members listed in TAR 2.2 will confirm receipt of random tests for mobilization from the Everbridge alerting system. (TAR 2.2 and 2.4)	Emergency Preparedness Community
Drill: Homeland Security Region (HS4) Radio	Monthly	CPH will confirm receipt of at least 80% of the random monthly HS4 radio checks conducted by the Ohio Department of Public Safety.	Emergency Preparedness Community
Drill: MARCS Radio Message Receipt from ODH	Monthly	CPH will confirm receipt of at least 75% of the random monthly MARCS radio checks conducted by ODH.	Emergency Preparedness
Drill: MARCS Radio Tests	Monthly	CPH will monthly test the use of the MARCS radios and receive a 75% response rate.	Emergency Preparedness

Exercise Title	Intended	Audience & Benchmark	Other Competencies
	Completion Date		and Disciplines Met
Drill: MRC Volunteer Call Down	January 11, 2012 June 5, 2012 At least semi- annually	Using the Ohio Responds System MRC volunteers registered in the system will confirm receipt of a random test. Meets the notification and activation (TAR 2.6).	Community
Drill: OPHCS Message Receipt from ODH	Monthly	75% of CPH staff with OPHCS licenses will confirm receipt of high, medium and low priority OPHCS messages sent by ODH within allotted timeframe.	Emergency Preparedness
Drill: OPHCS Test Alerts	Monthly Quarterly Every 60 days	 CPH will conduct monthly test alerts to all OPHCS users and receive at least a 75% response rate within the specific time limit. CPH will test communication networks between command and management locations quarterly using OPHCS and receive at least a 75% response. (TAR 4.5) 100% of OPHCS users change password and resave profile every 60 days 	Emergency Preparedness Community
FSE: Radiological FSE	September 20, 2012	CPH will test their CERCP along with communications plans from FCEM&HS, FCPH, airport, CFD, and CPD's.	Emergency Preparedness Analytic Policy Cultural Community Public Health Sciences Leadership
Drill: Testing of redundant communications systems	- Quarterly (CRI) - Monthly (PHEP for MARCS and OPHCS)	CPH and FCPH staff, as well as partners in TAR 4.4, will be tested on at least <u>six</u> redundant communications systems quarterly to include MARCS, OPHCS, VoIP, landline phones, cell phones, faxes, etc. (TAR 4.3 and 4.5)	Emergency Preparedness Cultural Community
Drill: Terminal Services (Remote Access)	May 2012 November 2012 Semi-Annually	100% of CPH staff with a Terminal Services license will access desktops (from a remote location) and formally evaluate its capabilities.	

Roles and The following people from CPH will have roles and responsibilities in the **Responsibilities** Communications and Public Information priority:

- Brenda Davis, Office of Emergency Preparedness
- Leslie diDonato, Office of Emergency Preparedness
- Mike Fielding, Office of Emergency Preparedness
- Ann Luttfring, Office of Public Affairs and Communications
- Joe McCann, Department of Technology
- Mike McNutt, Office of Emergency Preparedness
- Penny Mills, Office of Emergency Preparedness
- Jayne Moreau, Office of Public Affairs and Communications
- Beth Peters, Office of Emergency Preparedness
- Beth Ransopher, Human Resources Office and Office of Emergency Preparedness
- Jose Rodriguez, Office of Public Affairs and Communications
- Josh Watters, Department of Technology
- Ryan Younge, Office of Emergency Preparedness

Collaboration CPH will collaborate with the following local partner agencies:

- Mark Anthony, Franklin County Emergency Management & Homeland Security
- Amber Breedlove, Franklin County Public Health
- Susan Brumm, Ohio Department of Health
- Randy Carver, Franklin County Public Health
- Mitzi Kline, Franklin County Public Health
- Sergeant Tim McVey, City of Columbus Police Department
- Donna Monell, Columbus Regional Airport Authority
- Tessa Mott, Franklin County & Columbus Medical Reserve Corps

Additional Training Resources The following organizations and academic institutions have certification, training and online self-study programs available in the areas of Communications and Public Information:

Central Ohio Public Information Network

- Federal Emergency Management Agency
- Franklin County Emergency Management & Homeland Security
- Ohio Department of Health
- Ohio Emergency Management Agency

Priority 2: Continuous Quality Improvement

Background	Quality Improvement (QI) is a systematic approach to assessing processes and improving them on an ongoing basis. Columbus Public Health is committed to improving quality in all of its services, processes and programs. QI is also a critical part of the public health accreditation process. In order to accomplish this priority, a formal training structure is necessary to lead and guide these efforts.
Additional	Public Health Accreditation Board (PHAB);
Corresponding	Council on Linkages Ten Essential Services;

		0	
National and	Public Health	Core Comp	etencies;

State Priorities Ohio Department of Health.

Priority	The Continuous Quality Improvement training courses were chosen based upon:
Methodology	• Establishing continuous quality improvement (CQI) as a priority for the
	department;

- Writing, approving and testing a CQI Plan;
- Recognizing improvements that need to be made within the department.

Training	The following training courses have been identified for the Continuous Quality
Courses	Improvement priority:

Training Course Title	Intended Audience		Other Competencies
	Completion Date		and Disciplines Met
CQI in Public Health: The Fundamentals (Module 1 of 3)	 Ongoing Always available online 	 Any existing public health practitioners interested in quality improvement All New CPH employees within three months of hire Refresher training for all staff every five years. 	New Employees Policy Leadership
CQI in Public Health: The Fundamentals (Module 2 of 3)	 Ongoing Always available online 	 All existing public health practitioners interested in quality improvement All New CPH managers and supervisors within six months of hire Other New CPH employees within six months of hire (optional) Refresher Training for all management staff every five years. 	New Employees Analytic Policy Public Health Science Leadership

Priority 2: Continuous Quality Improvement

Training Course Title	Intended	Audience	Other Competencies
	Completion Date		and Disciplines Met
CQI in Public Health: The Fundamentals (Module 3 of 3)	 Ongoing Always available online 	 All existing public health practitioners interested in quality improvement All New CPH managers and supervisors within six months of hire Other New CPH employees within six months of hire (optional) Refresher Training for all management staff every five years. 	New Employees Analytic Policy Public Health Science Leadership
Introduction to CQI Principles & PDSA Process – Part 1	January 30, 2012	All Leadership, Managers, Supervisors (SAT/MMM)	Analytic Policy Public Health Science Leadership
CQI Project Selection and Implementing Successful Teams	February 14, 2012	All Leadership, Managers, Supervisors (SAT/MMM)	Analytic Policy Public Health Science Leadership
Introduction to CQI Principles & PDSA Process – Part 2	March 7, 2012	 All identified Leadership, Managers, and Supervisors on Teams Identified Team Members 	Analytic Policy Public Health Science Leadership
Implementing Successful CQI Teams	March 28, 2012	 All identified Leadership, Managers, and Supervisors on Teams Identified Team Members 	Analytic Policy Public Health Science Leadership
CQI Tool Time: Flowcharts, Fishbones & 5 Whys Module 1 of 5	2012	 All identified Leadership, Managers, and Supervisors on Teams Identified Team Members 	Analytic Policy Public Health Science Leadership
CQI Tool Time: Data Tools Module 2 of 5	2012	 All identified Leadership, Managers, and Supervisors on Teams Identified Team Members 	Analytic Policy Public Health Science Leadership
CQI Tool Time: Decision Tools Force Field Analysis Module 3 of 5	2012	 All identified Leadership, Managers, and Supervisors on Teams Identified Team Members 	Analytic Policy Public Health Science Leadership
CQI Tool Time: Planning Tools Module 4 of 5	2012	 All identified Leadership, Managers, and Supervisors on Teams Identified Team Members 	Analytic Policy Public Health Science Leadership

Priority 2: Continuous Quality Improvement, con't

Training Course Title	Intended Completion Date	Audience	Other Competencies and Disciplines Met
CQI Tool Time: Telling Your Story Module 5 of 5	2012	 All identified Leadership, Managers, and Supervisors on Teams Identified Team Members 	Analytic Communications Policy Public Health Science Leadership
Advanced CQI Training	2013	All identified leadership, managers and supervisors (SAT/MMM)	Analytic Policy Public Health Science Leadership
National CQI Certificate	2013	Identified CPH staff	Cultural Policy Public Health Science Leadership
Internal CPH CQI Groups	2013	CPH staff involved in team projects	Communications Policy Public Health Science Leadership
CQI for Public Health: Big QI – QI Plans & Culture	2013	 All identified Leadership, Managers, and Supervisors on Teams Identified Team Members 	Analytic Policy Public Health Science Leadership
CQI Customer Focus: Identifying Customer Needs & Expectations	2013	 All identified Leadership, Managers, and Supervisors on Teams Identified Team Members 	Analytic Communications Community Policy Public Health Science Leadership
How to Mentor CQI Projects	2014	CPH staff with experience conducting QI projects and willing to be a mentor	Communications Policy Public Health Science Leadership
CQI "In A Minute" In Service Trainings	2014	CPH staff at staff meetings	Communications Policy Public Health Science
CQI External Community Mentoring Group CQI Community Mentoring Pool	2015	 Identified community groups Partners: FCPH and OSU Potential: other LHD's, hospitals, businesses, ISPI, ASQ, OPEG 	Analytic Community Policy Public Health Science Leadership
Collecting and Managing Data & Statistics	2015	 All identified Leadership, Managers, and Supervisors on Teams Identified Team Members 	Analytic Policy Public Health Science Leadership
How to Develop Good Survey Questions	2015	 All identified Leadership, Managers, and Supervisors on Teams Identified Team Members 	Analytic Policy Public Health Science Leadership

Priority 2: Continuous Quality Improvement, con't

Roles and
ResponsibilitiesThe following people from CPH staff will have roles and responsibilities in the
Continuous Quality Improvement priority:

	 Laurie Dietsch, Office of Planning and Accreditation Dr. Teresa Long, Health Commissioner Beth Ransopher, Human Resources Office and Office of Emergency Preparedness Mike Smeltzer, Office of Planning and Accreditation Columbus Public Health Board of Health Columbus Public Health Quality Team
Collaboration	CPH will collaborate with the following local partner agencies:
	 Racquel Graham, Ohio State University, Center for Public Health Practice Joanne Pearsol, Ohio State University, Center for Public Health Practice Beth Pierson, Franklin County Public Health Melissa Sever, Ohio State University, Center for Public Health Practice National Association of County and City Health Officials Ohio Department of Health
Additional Training Resources	 The following organizations and academic institutions have certification, training online self-study programs available in the area of Continuous Quality Improvemen American Society for Quality (Quality Improvement Associate Certification, Quality Process Analyst Certification) International Society for Performance Improvement Ohio Public Evaluators Group The Ohio State University, College of Public Health The Ohio State University, Fisher College of Business Purdue University (Public Healthcare – Public Health Lean Six Sigma Yellow Training)

- University of Minnesota (Public Health Certificate in Performance Improvement)
- University of Wisconsin (Quality Management Certificate)

Background Columbus Public Health is committed to prepare for and address bioterrorism, other outbreaks of infectious disease and other public health threats and emergencies at the city, county and regional public health level. The priorities for the Emergency Preparedness discipline were selected from local, regional, state and federal requirements, needs assessments, and lessons learned from past exercises and real events.

Corresponding State and National Priorities	 The Homeland Security Urban Area Strategic Initiative; The Central Ohio Regional Public Health Planning Committee; The Public Health Emergency Preparedness Grant; The Cities Readiness Initiative; The Ohio Department of Health; The State of Ohio Terrorism Exercise and Evaluation Manual; The Centers for Disease Control and Prevention; The National Incident Management System (NIMS); U.S Department of Homeland Security Exercise and Evaluation Program; and Homeland Security Presidential Directive #8 which established the National Preparedness Goal, that includes the National Planning Scenarios, the Universal Task List, and the Core Capabilities List.
Corresponding County/Local Priorities	 Strategic initiatives from local emergency response partners where public health has been identified as a key player; The Franklin County and Columbus Medical Reserve Corps; The Columbus and Metropolitan Medical Response System and associated grants; and The Chemical Emergency Preparedness Advisory Committee (also known as the Local Emergency Planning Commission).

Improvement Plan (IP) Past IP actions that relate to this priority:

- August 1, 2009 March 31, 2010 CPH H1N1 Influenza A Virus Outbreak: this real-time event was conducted by CPH. Lessons learned included the positive and negative use of functional groups instead of the ICS, and the use of the ICS and the DOC during the mass vaccination clinics. The department needs additional practice on how we can best utilize the incident management system and multi-agency coordination in responding to a public health event.
- January 20, 2011 CPH and FCPH Biological Tabletop Exercise: continue training and exercising on use of EOC, Unified Command, and Policy Group; conduct training on the CERC Plan, SNS Plan and ERP Plan; and need training on how to use the Planning P.
- February 1, 2011 February 4, 2011 Winter Storm Response Real-Time Event, "Operation Cold as Ice 2011": The improvements noted after this real-time event included the categories of ICS and DOC training (depth at each position).
- April 20, 2011 April 21, 2011- CPH and FCPH Biological POD Full-Scale Exercise: This was the first large-scale test of the modified-medical model dispensing model in the Columbus MSA. The improvements noted include revising the JIT training, reviewing the POD set up, more training on use of ICS and POD forms training.
- May 23, 2011 LEPC/CERC/CEPAC Tabletop Exercise: CPH participated in this community exercise. Improvements for public health include creating categories for notifications; discussing pathways of communication with other first responder agencies and high risk populations; and examining personal procedures. Plans that need reviewed include the ERP and CERC Plans.
- May 24, 2011- May 27, 2011 Meningococcemia Response Real-Time Event: The event was responded to by CPH. The improvements included contacting ODH to discuss communication issues, initial notification to CPH staff for class A diseases, Planning P (when to hold branch/section meetings), jobs specific training, ICS (chain of command), and IDER Plan training.

PriorityThe Emergency Preparedness training courses and exercises were chosen based
upon:

- AAR results from past exercises and real world events.
- Program priorities for CPH.
- Public Health Emergency Preparedness grant priorities.
- Ongoing safety and health training courses required for all new and existing CPH employees.

TrainingThe following training courses and exercises have been identified for this priority:Courses andExercises

Training Course Title	Intended Completion Date	Audience & Benchmark	Other Competencies and Disciplines Met
Introduction to ICS (ICS-100)	January 2012	100% of all new CPH staff	New Employees
Introduction to ICS (ICS-100)	April 2012	from entry level to command	Communications
	July 2012	and general staff within three	Cultural
	October 2012	months of hire.	Community
	000001 2012	montuls of fine.	Public Health Sciences
		Test review classes will be	Leadership
		offered quarterly.	Leadership
ICS for Single Resources and	As needed	100% of identified CPH staff	New Employees
Initial Action Incidents (ICS-	ns needed	from front line supervisors to	Communications
200)		command and general staff	Cultural
200)		within six months of hire.	Community
			Public Health Sciences
			Leadership
Intermediate ICS (ICS-300)	As needed	100% of identified CPH staff	Analytic
		from mid-level management	Policy
		to command and general staff	Communications
			Cultural
			Community
			Public Health Sciences
			Financial
			Leadership
Advanced ICS (ICS-400)	As needed	100% of identified CPH staff	Analytic
		in the command and general	Policy
		staff	Communications
			Cultural
			Community
			Public Health Sciences
			Financial
			Leadership

Training Course Title	Intended Completion Date	Audience & Benchmark	Other Competencies
Introduction to NIMS (IS- 700)	Completion Date February 2012 May 2012 August 2012 November 2012	100% of all new CPH staff from entry level to command and general staff within three months of hire. Test review classes will be	and Disciplines Met New Employees Communications Cultural Community Leadership
Multi-Agency Coordination Systems (IS-701)	As needed	offered quarterly. 100% of identified CPH staff from mid-level management to command and general staff	Analytic Policy Communications Cultural Community Public Health Sciences Leadership
Public Information Systems (IS-702)	As needed	100% of identified CPH staff from mid-level management to command and general staff; public information team members and COPIN	Communications & Public Information Analytic Policy Cultural Community Leadership
Resource Management (IS- 703)	As needed	100% of identified CPH staff from mid-level management to command and general staff	Analytic Communications Community Financial Leadership
Communication and Information Management (IS- 704)	As needed	100% of identified CPH staff from mid-level management to command and general staff	Communications & Public Information Cultural Community Leadership
NIMS Intrastate Mutual Aid (IS-706)	As needed	100% of identified CPH staff from mid-level management to command and general staff	Policy Communications Cultural Community Public Health Sciences Leadership
National Response Framework (IS-800)	As needed	100% of identified CPH staff from mid-level management to command and general staff	Analytic Policy Communications Cultural Community Leadership

Training Course Title	Intended	Audience & Benchmark	Other Competencies
	Completion Date		and Disciplines Met
Fundamentals of Emergency Management (IS-230)	As needed	100% of CPH Office of Emergency Preparedness staff	Analytic Policy Communications Cultural Community Leadership
Introduction to the ERP, Appendices and Annexes	CEPAC Meeting – February 2012	 80% of identified CPH staff Share with public, community partners; and functional needs populations. 	Policy Communications Community Public Health Science
Ready in Three	May 2, 2012 June 16, 2012	Conduct training to public health staff and community partners on family emergency readiness and Ready in Three	Communications Cultural Community
Emergency Response Plan Training (online)	June 2012 June 2013 June 2014	 100% of identified CPH complete online training annually All new employees complete online training within six months of hire 	New Employees Analytic Policy Communications Public Health Sciences Leadership
Crisis and Emergency Risk Communication Plan (CERC) Plan Training	2012 2013	100% of identified CPH staff from policy group, division directors, and OEP.	Communications & Public Information Analytic Policy Communications Cultural Community Leadership
POD 101 Training (position specific/management, including forms)	As needed 2015 (this will be for the CRI FSE)	The following audiences will complete training and be able to identify their roles and responsibilities in a POD: - 80% of identified CPH and FCPH staff - MRC volunteers	Policy Communications Cultural Community Public Health Sciences
POD 102 Training (position specific seminar)	June 19 and 20, 2012 Annually	The following audiences will complete training and be able to effectively perform their position specific roles and responsibilities in a POD: - 80% of identified CPH and FCPH staff - MRC volunteers	Analytic Policy Communications Cultural Community Public Health Sciences Leadership

Training Course Title	Intended Completion Date	Audience & Benchmark	Other Competencies and Disciplines Met
Bloodborne Pathogen	February 2012	- All clinical staff and	New Employees
Training	February 2013	identified staff in the	Policy
	February 2014	laboratory and environmental	Public Health Sciences
		health	
		- All identified new	
		employees within two weeks	
		of hire	
Safety Orientation (including	2012	All new employees within	New Employees
building safety policies and	2013	two weeks of hire	Policy
procedures, health, and	2014		
personal safety)			
Respiratory Fit Testing and	2012	All new and existing	New Employees
Training	2013	employees annually	Policy
-	2014		Public Health Sciences

Exercise Title	Intended Completion Date	Audience & Benchmark	Other Competencies and Disciplines Met
Drill: COHAN alerts	Quarterly (January,	75% of SNS POD Team	Communications &
- SNS Responder	April, July and	members listed in TAR 2.2	Public Information
Mobilization	October)	will confirm receipt of	Cultural
		random tests for mobilization	Community
		from the Everbridge alerting	
		system. (TAR 2.2 and 2.4)	
Drill: Staff Notification and	January 4, 2012	CPH command and general	Communications &
Site Activation		staff will confirm receipt of a	Public Information
		call down using the	Cultural
		Everbridge System during the regional call.	Community
Drill: Testing of redundant	- Quarterly (CRI)	CPH and FCPH staff, as well	Communications &
communications systems	- Monthly (PHEP	as partners in TAR 4.4, will	Public Information
	for MARCS and	be tested on at least six	Cultural
	OPHCS)	redundant communications	Community
		systems quarterly to include	
		MARCS, OPHCS, VoIP,	
		landline phones, cell phones,	
		faxes, etc. (TAR 4.3 and 4.5)	
Full Scale: Radiological	September 20,	First responders, NAS-T,	Communications &
(CPH, NAST and Airport)	2012	CPH, FCPH, hospitals,	Public Information
		Poison Control, ARC, FCEM	Analytic
		& HS, HOCO, and the	Policy
		Airport will test community	Cultural
		radiological response and	Community
		communication plans	Public Health Sciences
			Leadership
FE or FSE: County LEPC	Spring 2013	Identified CPH and FCPH	Community
Exercise		staff will participate.	Public Health Sciences

Roles and Responsibilities	The following people from CPH will have roles and responsibilities in the Emergency Preparedness priority:
	 Julie Alban, Human Resources Office Brian Butler, Office of Epidemiology Brenda Davis, Office of Emergency Preparedness Ben DeJesus, Office of Epidemiology Leslie diDonato, Office of Emergency Preparedness Allen Emanuel, Office of Emergency Preparedness Mike Fielding, Office of Emergency Preparedness Mike McNutt, Office of Emergency Preparedness Penny Mills, Office of Emergency Preparedness Beth Peters, Office of Emergency Preparedness Beth Ransopher, Human Resources Office and Office of Emergency Preparedness Dana Warner, Human Resources Office Ryan Younge, Office of Emergency Preparedness
Collaboration	 CPH will collaborate with the following local partner agencies: Amber Breedlove, Franklin County Public Health Randy Carver, Franklin County Public Health Jonathon Dye, Franklin County Public Health
	 Radhika Iyer, Franklin County Public Health Jodi Keller, Central Ohio Hospital System Mitzi Kline, Franklin County Public Health Tessa Mott, Franklin County & Columbus Medical Reserve Corps Mike Pannell, Franklin County Emergency Management & Homeland Security Marie Robinette, Central Ohio Hospital System Pam Tickle, Franklin County Emergency Management & Homeland Security
Additional Training Resources	The following organizations and academic institutions have certification, training and online self-study programs available in the Emergency Preparedness priority:
	 Central Ohio Public Information Network Federal Emergency Management Agency Franklin County Emergency Management & Homeland Security Ohio Department of Health

• Ohio Emergency Management Agency

Priority 4: New Employees

Background A well trained public health workforce is an essential co- our local public health system. All new CPH employees a designated level of training to ensure everyone receives information regarding the organization and the Ci- performance, safety and health, and emergency prepared will have a supervisor or manager role will be expe- additional training. It is the City of Columbus and CPH's these trainings and the new employee's and their super ensure the trainings are completed within the allotted the Columbus employee, all CPH staff has the advantage of a by the Citywide Training and Development Center of Ex- to increase Citywide performance levels by providing City with learning opportunities which enable them to reach per excellence. The goal of CPH is to have a public health wo confident, and well prepared.	s are required to complete a es the same basic level of City, expected levels of dness. New employees who pected to complete some I's responsibility to provide ervisor's responsibilities to time periods. As a City of attending trainings offered Excellence. Their mission is ity of Columbus employees personal and organizational
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Additional	The Public Health Emergency Preparedness Grant;
Corresponding	Occupational Safety and Health Administration;
Local, State	Public Health Accreditation Board;
and National	City of Columbus, Department of Human Resources;
Priorities	Ohio Department of Health.

The New Employee training courses were chosen based upon:

- Required City of Columbus training objectives
- Required CPH training objectives
- National Incident Management System training objectives
- Occupational Safety and Health Administration training objectives
- Position specific training objectives for all new supervisors and managers
- Discipline specific training objectives for all new employees (i.e. Registered Nurses, Registered Sanitarians, Dieticians, Lab Workers, etc.)
- Identified gaps in the operation of equipment and systems.

Training	The following training courses have been identified for this priority:
Courses	

Training Course Title	Intended Completion Date	Audience & Benchmark	Other Competencies
	Completion Date		and Disciplines Met
New Employee Walk	At time of hire	- All new employees	Policy
Through		- Prior to first day or on first day	
-		of work	
City of Columbus New	Training provided	- All new City of Columbus	Policy
Employee Orientation	quarterly	employees	
		- Complete within three months	
		of hire.	

Priority

Methodology

Training Course Title	Intended	Audience & Benchmark	Other Competencies
	Completion Date		and Disciplines Met
CPH New Employee Orientation	Training provided bi-monthly	All new CPH employeesComplete within three months of hire	Policy Communications
Medicaid Administrative Claim	As needed	Identified employees in billing, clinical services and patient care	Policy
Introduction to ICS (ICS-100)	January 2012 April 2012 July 2012 October 2012	 100% of all new CPH staff from entry level to command and general staff within three months of hire. Test review classes will be offered quarterly. 	Emergency Preparedness Communications Cultural Community Public Health Sciences Leadership
ICS for Single Resources and Initial Action Incidents (ICS- 200)	As needed	100% of identified CPH staff from front line supervisors to command and general staff within six months of hire.	Emergency Preparedness Communications Cultural Community Public Health Sciences Leadership
Introduction to NIMS (IS- 700)	February 2012 May 2012 August 2012 November 2012	100% of all new CPH staff from entry level to command and general staff within three months of hire. Test review classes will be offered quarterly.	Emergency Preparedness Communications Cultural Community Leadership
MARCS Basic Training	- May 9, 10, and 16, 2012 - Fall 2012 - Ongoing semi- annually	 New CPH staff in public information positions and who may serve in an ICS Command and General staff position. POD Staff, PIT members and identified partners in TAR 2.2 will be trained to use MARCS radios. 	Communications & Public Information Emergency Preparedness
Emergency Response Plan Training (online)	June 2012 June 2013 June 2014	 100% of identified CPH complete online training annually All new employees will complete online training within six months of hire 	Emergency Preparedness Analytic Policy Communications Public Health Sciences Leadership
OPHCS Alert Training	On-going as needed	Training provided to new CPH staff who have been identified to receive an OPHCS license.	Communications & Public Information
COHAN Training	2012 Quarterly	Provide training to all new CPH employees on how to sign up for, use and maintain the COHAN system to receive alerts. Tie in with CPH New Employee Orientation.	Communications & Public Information

Training Course Title	Intended	Audience & Benchmark	Other Competencies
	Completion Date		and Disciplines Met
CQI in Public Health: The Fundamentals (Module 1 of 3)	 Ongoing Always available online 	 Any existing public health practitioners interested in quality improvement All New CPH employees within three months of hire Refresher training for all staff every five years 	Continuous Quality Improvement Policy Leadership
CQI in Public Health: The Fundamentals (Module 2 of 3)	 Ongoing Always available online 	 All existing public health practitioners interested in quality improvement All New CPH managers and supervisors within six months of hire Other New CPH employees within six months of hire (optional) Refresher Training for all management staff every five years 	Continuous Quality Improvement Analytic Policy Public Health Science Leadership
CQI in Public Health: The Fundamentals (Module 3 of 3)	 Ongoing Always available online 	 All existing public health practitioners interested in quality improvement All New CPH managers and supervisors within six months of hire. Other New CPH employees within six months of hire (optional) Refresher Training for all management staff every five years. 	Continuous Quality Improvement Analytic Policy Public Health Science Leadership
Bloodborne Pathogen Training	February 2012 February 2013 February 2014	 All clinical staff and identified staff in the laboratory and environmental health All identified new employees within two weeks of hire 	Emergency Preparedness Policy Public Health Sciences
Safety Orientation (including building safety policies and procedures, health and personal safety)	2012 2013 2014	All new employees within two weeks of hire	Emergency Preparedness Policy
Respiratory Fit Testing and Training	2012 2013 2014	All new and existing employees annually	Emergency Preparedness Policy Public Health Sciences

Training Course Title	Intended	Audience & Benchmark	Other Competencies
	Completion Date		and Disciplines Met
Sexual Harassment	Training provided	- All new City of Columbus	Policy
	bi-monthly	employees	Cultural Competency
		- Complete within three months	
		of hire.	
Violence in the	Training provided	- All new City of Columbus	Policy
Workplace	bi-monthly	employees	Cultural Competency
		- Complete within three months	
		of hire.	
Diversity Training	Training provided	- All new City of Columbus	Policy
	bi-monthly	employees	Cultural Competency
		- Complete within three months	
		of hire.	
HIPAA	January 2012	- All new staff complete online	Analytic
	January 2013	training	Policy
	January 2014	- All existing staff complete	Cultural Competency
		online training annually	
Healthcare Provider	Offered quarterly	All identified staff within six	Policy
CPR		months of hire	

Roles and
ResponsibilitiesThe following people from CPH will have roles and responsibilities in the New
Employee priority:

- Julie Alban, Human Resources Office
- Alisha Ardolino, Human Resources Office
- Laurie Dietsch, Office of Planning & Accreditation
- Kelly Lee, Human Resources Office
- Dr. Teresa Long, Health Commissioner's Office
- Mike McNutt, Office of Emergency Preparedness
- Jayne Moreau, Office of Public Affairs and Communication Tracy Poling, Human Resources Office
- Beth Peters, Office of Emergency Preparedness
- Tracy Poling, Human Resources Office
- Beth Ransopher, Human Resources Office and Office of Emergency Preparedness
- Dana Warner, Human Resources Office
- Kevin Williams, Human Resources Office
- Ryan Younge, Office of Emergency Preparedness

Collaboration CPH will collaborate with the following local partner agencies:

- Abbie Amos, Citywide Training and Development Center of Excellence
- Kris Cannon, Citywide Training and Development Center of Excellence
- Racquel Graham, Ohio State University, Center for Public Health Practice
- Ric Morrison, Citywide Training and Development Center of Excellence
- Joanne Pearsol, Ohio State University, Center for Public Health Practice
- Beth Pierson, Franklin County Public Health
- Melissa Sever, Ohio State University, Center for Public Health Practice

Additional
TrainingThe following organizations and academic institutions will be a resource in
the training priority area of New Employees:Resources

- City of Columbus, Department of Human Resources
- City of Columbus, Department of Technology
- Federal Emergency Management Agency
- The Ohio State University, College of Public Health, Center for Public Health Practice
- SOS Technologies (Healthcare Provider CPR class)

Building Block Approach

Increasing Complexity	 The cycle of training and exercises increase in complexity by: Planning (developing and improving plans, policies, and standard operating procedures). Training (training staff on equipment and plans) to increase skills. Exercising (conducting seminars, workshops, tabletops, games, drills, functional exercises and full scale exercises) to increase capabilities. Building on a multi-year approach over the next three years.
Evaluation and Improvement Planning	 The CPH will use the following methods to evaluate and improve planning: All trainings will use a sign-in sheet to track participants and a written evaluation form will be distributed following trainings to obtain feedback. Trainings will be revised as needed. Performance will be evaluated against the public health competencies, core capabilities and discipline specific competencies. Following the completion of all department-sponsored exercises an evaluation will be conducted and documentation maintained. Participants involved in providing feedback include – exercise design team members, players, controllers, facilitators, simulators, evaluators, and senior officials. Departmental plans, policies and procedures will be reviewed and updated at least annually incorporating the improvements and lessons learned from completed trainings and exercises. The CPH Workforce Development Plan and Training Curriculum Plan will be reviewed and updated at least annually incorporating improvements and lessons learned from completent trainings and exercises and exercises and to improve future competency and capabilities based educational curriculum planning. An After Action Report (AAR) will be completed within thirty days of the exercise. An Improvement Plan (IP) will be completed within ninety days of the exercise to include a corrective action plan.

Plan Maintenance

Training
Curriculum
Plan
MaintenanceColumbus Public Health will annually hold a Training Planning Workshop to
collect input from all of the disciplines and subject matter experts in the department.
The results from this workshop will be utilized to build the CPH Workforce
Development Plan and the CPH Multi-Year Training Curriculum Plan. Both plans
will require a final approval and sign-off from the Human Resources Office and the
Health Commissioners Office.

Maintenance of the Training Curriculum Plan will be the responsibility of the CPH Workforce Development Manager, located in the Human Resources Office.