Columbus Public Health Multi-Year Training Curriculum Plan

Fiscal Year 2012 - 2015

Prepared by: Columbus Public Health
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Version: Final

Teresa C. Long, MD., M.P.H.
Health Commissioner

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

For further information, please contact the following individuals:

<table>
<thead>
<tr>
<th>CPH Workforce Development Point of Contact:</th>
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<tbody>
<tr>
<td><strong>Name:</strong></td>
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<td><strong>Office:</strong></td>
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<tr>
<th>CPH Emergency Preparedness Training and Exercise Point of Contact:</th>
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<th>CPH Human Resources Point of Contact:</th>
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<td><strong>Office:</strong></td>
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<td><strong>Address:</strong></td>
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<tr>
<th>CPH Accreditation Point of Contact:</th>
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<td><strong>Name:</strong></td>
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<td><strong>Phone:</strong></td>
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<td>Appendix: Continuous Quality Improvement Training Plan</td>
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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

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)

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).
Priority 1: Communications and Public Information

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.
Priority 1: Communications and Public Information, continued

Improvement Plan (IP)

Past improvement plan actions that relate to this priority:

- 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.
### Priority 1: Communications and Public Information, con’t

The following training courses and exercises have been identified for this priority:

#### Training Courses and Exercises

<table>
<thead>
<tr>
<th>Training Course Title</th>
<th>Intended Completion Date</th>
<th>Audience &amp; Benchmark</th>
<th>Other Competencies and Disciplines Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>COHAN Team/Group Leader Training</td>
<td>March 2012, September 2012, Semi-annually</td>
<td>Train and provide updates to identified members of the Joint Information Team, COHAN team and group leaders.</td>
<td>Emergency Preparedness Analytic Leadership</td>
</tr>
<tr>
<td>COHAN Training</td>
<td>2012 Quarterly</td>
<td>Provide training to all CPH employees on how to sign up for, use and maintain the COHAN system to receive alerts. Tie in with CPH New Employee Orientation.</td>
<td>New Employees</td>
</tr>
<tr>
<td>CPH Public Health Emergency Notification Training</td>
<td>December 2011 – March 2012</td>
<td>CPH employees will learn about the new public health emergency notification system.</td>
<td>Analytic Community</td>
</tr>
<tr>
<td>Crisis and Emergency Risk Communication Plan (CERC) Plan Training</td>
<td>February 2012, Annually</td>
<td>100% of identified CPH staff from policy group, division directors, and OEP</td>
<td>Emergency Preparedness Analytic Policy Cultural Community Leadership</td>
</tr>
<tr>
<td>Crisis Communication and JIC Plan Training Workshop</td>
<td>October 2012, October 2013</td>
<td>Emergency preparedness and public/risk communication staff from CPH and FCPH will attend the COPIN sponsored training.</td>
<td>Emergency Preparedness Cultural Leadership</td>
</tr>
<tr>
<td>MARCS Basic Training</td>
<td>- May 9, 10, and 16, 2012 - Fall 2012 - Ongoing semi-annually</td>
<td>- 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.</td>
<td>Emergency Preparedness New Employees</td>
</tr>
<tr>
<td>MARCS Refresher</td>
<td>- March 21, 22, and 27, 2012 - Summer 2012 - Ongoing semi-annually</td>
<td>CPH and FCPH staff previously trained on MARCS radios will attend a MARCS Refresher course.</td>
<td>Emergency Preparedness</td>
</tr>
<tr>
<td>Motorola 2-way radio JIT</td>
<td>- Conduct JIT for each event - Ongoing All Year</td>
<td>Just-in-time training will be provided prior to events and exercises.</td>
<td>Emergency Preparedness</td>
</tr>
<tr>
<td>NIMS Communication Management (IS-704)</td>
<td>As needed</td>
<td>Identified CPH, FCPH and COPIN personnel</td>
<td>Emergency Preparedness Cultural Community Leadership</td>
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## Priority 1: Communications and Public Information, con’t

<table>
<thead>
<tr>
<th>Training Course Title</th>
<th>Intended Completion Date</th>
<th>Audience &amp; Benchmark</th>
<th>Other Competencies and Disciplines Met</th>
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</thead>
<tbody>
<tr>
<td>OhioTRAIN Training</td>
<td>July 2012 December 2012 Semi-Annually</td>
<td>CPH and FCPH staff will receive training on how to use OhioTRAIN to track training.</td>
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<tr>
<td>OPHCS Alert Training</td>
<td>On-going as needed</td>
<td>Training for new CPH and FCPH staff, as well as community partners receiving an OPHCS license who are unable to attend the ODH-sponsored alert training.</td>
<td>New Employees</td>
</tr>
<tr>
<td>OPHCS Refresher</td>
<td>Annually</td>
<td>CPH staff with an OPHCS license will receive refresher training.</td>
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<tr>
<td>Public Information Systems (IS-702)</td>
<td>As needed</td>
<td>100% of identified CPH staff from mid-level management to command and general staff; public information team members and COPIN</td>
<td>Leadership Analytic Policy Cultural Community</td>
</tr>
<tr>
<td>Training in the use of redundant communication systems (TAR 4.6)</td>
<td>January 2012</td>
<td>Designated people listed in TAR 2.2</td>
<td>Emergency Preparedness Community</td>
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<table>
<thead>
<tr>
<th>Exercise Title</th>
<th>Intended Completion Date</th>
<th>Audience &amp; Benchmark</th>
<th>Other Competencies and Disciplines Met</th>
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</thead>
<tbody>
<tr>
<td><strong>Drill:</strong> COHAN Alerts</td>
<td>First Wednesday of each quarterly month (January, April, July, and October)</td>
<td>85% of CPH staff registered on the COHAN system will confirm receipt of random quarterly test messages.</td>
<td>Emergency Preparedness Community</td>
</tr>
<tr>
<td><strong>Drill:</strong> COHAN alerts - SNS Responder Mobilization</td>
<td>Quarterly (January, April, July and October)</td>
<td>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)</td>
<td>Emergency Preparedness Community</td>
</tr>
<tr>
<td><strong>Drill:</strong> Homeland Security Region (HS4) Radio</td>
<td>Monthly</td>
<td>CPH will confirm receipt of at least 80% of the random monthly HS4 radio checks conducted by the Ohio Department of Public Safety.</td>
<td>Emergency Preparedness Community</td>
</tr>
<tr>
<td><strong>Drill:</strong> MARCS Radio Message Receipt from ODH</td>
<td>Monthly</td>
<td>CPH will confirm receipt of at least 75% of the random monthly MARCS radio checks conducted by ODH.</td>
<td>Emergency Preparedness</td>
</tr>
<tr>
<td><strong>Drill:</strong> MARCS Radio Tests</td>
<td>Monthly</td>
<td>CPH will monthly test the use of the MARCS radios and receive a 75% response rate.</td>
<td>Emergency Preparedness</td>
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## Priority 1: Communications and Public Information, con’t

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<tr>
<th>Exercise Title</th>
<th>Intended Completion Date</th>
<th>Audience &amp; Benchmark</th>
<th>Other Competencies and Disciplines Met</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Drill: MRC Volunteer Call Down</strong></td>
<td>January 11, 2012</td>
<td>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).</td>
<td>Community</td>
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<td>June 5, 2012</td>
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<td></td>
<td>At least semi-annually</td>
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<tr>
<td><strong>Drill: OPHCS Message Receipt from ODH</strong></td>
<td>Monthly</td>
<td>75% of CPH staff with OPHCS licenses will confirm receipt of high, medium and low priority OPHCS messages sent by ODH within allotted timeframe.</td>
<td>Emergency Preparedness</td>
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<tr>
<td><strong>Drill: OPHCS Test Alerts</strong></td>
<td>Monthly</td>
<td>- CPH will conduct monthly test alerts to all OPHCS users and receive at least a 75% response rate within the specific time limit.</td>
<td>Emergency Preparedness Community</td>
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<td></td>
<td>Quarterly</td>
<td>- CPH will test communication networks between command and management locations quarterly using OPHCS and receive at least a 75% response. (TAR 4.5)</td>
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<td></td>
<td>Every 60 days</td>
<td>- 100% of OPHCS users change password and resave profile every 60 days</td>
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<td><strong>FSE: Radiological FSE</strong></td>
<td>September 20, 2012</td>
<td>CPH will test their CERCP along with communications plans from FCEM&amp;HS, FCPH, airport, CFD, and CPD’s.</td>
<td>Emergency Preparedness Analytic Policy Cultural Community Public Health Sciences Leadership</td>
</tr>
<tr>
<td><strong>Drill: Testing of redundant communications systems</strong></td>
<td>- Quarterly (CRI)</td>
<td>CPH and FCPH staff, as well as partners in TAR 4.4, will be tested on at least six redundant communications systems quarterly to include MARCS, OPHCS, VoIP, landline phones, cell phones, faxes, etc. (TAR 4.3 and 4.5)</td>
<td>Emergency Preparedness Cultural Community</td>
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<td></td>
<td>- Monthly (PHEP for MARCS and OPHCS)</td>
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<tr>
<td><strong>Drill: Terminal Services (Remote Access)</strong></td>
<td>May 2012 Semi-Annually</td>
<td>100% of CPH staff with a Terminal Services license will access desktops (from a remote location) and formally evaluate its capabilities.</td>
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Priority 1: Communications and Public Information, con’t

Roles and Responsibilities

The following people from CPH will have roles and responsibilities in the 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 Corresponding National and State Priorities

- Public Health Accreditation Board (PHAB);
- Council on Linkages Ten Essential Services;
- Public Health Core Competencies;
- Ohio Department of Health.

Priority Methodology

The Continuous Quality Improvement training courses were chosen based upon:

- 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 Courses

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

<table>
<thead>
<tr>
<th>Training Course Title</th>
<th>Intended Completion Date</th>
<th>Audience</th>
<th>Other Competencies and Disciplines Met</th>
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</thead>
</table>
| CQI in Public Health: The Fundamentals (Module 1 of 3)     | - Ongoing                | - 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                | - 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

<table>
<thead>
<tr>
<th>Training Course Title</th>
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</tr>
</thead>
<tbody>
<tr>
<td>CQI in Public Health: The Fundamentals (Module 3 of 3)</td>
<td>- Ongoing</td>
<td>- All existing public health practitioners interested in quality improvement&lt;br&gt;- All New CPH managers and supervisors within six months of hire&lt;br&gt;- Other New CPH employees within six months of hire (optional)&lt;br&gt;- Refresher Training for all management staff every five years.</td>
<td>New Employees Analytic Policy Public Health Science Leadership</td>
</tr>
<tr>
<td>CQI Project Selection and Implementing Successful Teams</td>
<td>February 14, 2012</td>
<td>All Leadership, Managers, Supervisors (SAT/MMM)</td>
<td>Analytic Policy Public Health Science Leadership</td>
</tr>
<tr>
<td>Introduction to CQI Principles &amp; PDSA Process – Part 2</td>
<td>March 7, 2012</td>
<td>- All identified Leadership, Managers, and Supervisors on Teams&lt;br&gt;- Identified Team Members</td>
<td>Analytic Policy Public Health Science Leadership</td>
</tr>
<tr>
<td>Implementing Successful CQI Teams</td>
<td>March 28, 2012</td>
<td>- All identified Leadership, Managers, and Supervisors on Teams&lt;br&gt;- Identified Team Members</td>
<td>Analytic Policy Public Health Science Leadership</td>
</tr>
<tr>
<td>CQI Tool Time: Flowcharts, Fishbones &amp; 5 Whys Module 1 of 5</td>
<td>2012</td>
<td>- All identified Leadership, Managers, and Supervisors on Teams&lt;br&gt;- Identified Team Members</td>
<td>Analytic Policy Public Health Science Leadership</td>
</tr>
<tr>
<td>CQI Tool Time: Data Tools Module 2 of 5</td>
<td>2012</td>
<td>- All identified Leadership, Managers, and Supervisors on Teams&lt;br&gt;- Identified Team Members</td>
<td>Analytic Policy Public Health Science Leadership</td>
</tr>
<tr>
<td>CQI Tool Time: Decision Tools Force Field Analysis Module 3 of 5</td>
<td>2012</td>
<td>- All identified Leadership, Managers, and Supervisors on Teams&lt;br&gt;- Identified Team Members</td>
<td>Analytic Policy Public Health Science Leadership</td>
</tr>
<tr>
<td>CQI Tool Time: Planning Tools Module 4 of 5</td>
<td>2012</td>
<td>- All identified Leadership, Managers, and Supervisors on Teams&lt;br&gt;- Identified Team Members</td>
<td>Analytic Policy Public Health Science Leadership</td>
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</table>
## Priority 2: Continuous Quality Improvement, con’t

<table>
<thead>
<tr>
<th>Training Course Title</th>
<th>Intended Completion Date</th>
<th>Audience</th>
<th>Other Competencies and Disciplines Met</th>
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<tbody>
<tr>
<td>CQI Tool Time: Telling Your Story Module 5 of 5</td>
<td>2012</td>
<td>- All identified Leadership, Managers, and Supervisors on Teams - Identified Team Members</td>
<td>Analytic Communications Policy Public Health Science Leadership</td>
</tr>
<tr>
<td>Advanced CQI Training</td>
<td>2013</td>
<td>All identified leadership, managers and supervisors (SAT/MMM)</td>
<td>Analytic Policy Public Health Science Leadership</td>
</tr>
<tr>
<td>National CQI Certificate</td>
<td>2013</td>
<td>Identified CPH staff</td>
<td>Cultural Policy Public Health Science Leadership</td>
</tr>
<tr>
<td>Internal CPH CQI Groups</td>
<td>2013</td>
<td>CPH staff involved in team projects</td>
<td>Communications Policy Public Health Science Leadership</td>
</tr>
<tr>
<td>CQI for Public Health: Big QI – QI Plans &amp; Culture</td>
<td>2013</td>
<td>- All identified Leadership, Managers, and Supervisors on Teams - Identified Team Members</td>
<td>Analytic Policy Public Health Science Leadership</td>
</tr>
<tr>
<td>CQI Customer Focus: Identifying Customer Needs &amp; Expectations</td>
<td>2013</td>
<td>- All identified Leadership, Managers, and Supervisors on Teams - Identified Team Members</td>
<td>Analytic Communications Community Policy Public Health Science Leadership</td>
</tr>
<tr>
<td>How to Mentor CQI Projects</td>
<td>2014</td>
<td>CPH staff with experience conducting QI projects and willing to be a mentor</td>
<td>Communications Policy Public Health Science Leadership</td>
</tr>
<tr>
<td>CQI “In A Minute” In Service Trainings</td>
<td>2014</td>
<td>CPH staff at staff meetings</td>
<td>Communications Policy Public Health Science</td>
</tr>
<tr>
<td>CQI External Community Mentoring Group CQI Community Mentoring Pool</td>
<td>2015</td>
<td>- Identified community groups - Partners: FCPH and OSU - Potential: other LHD’s, hospitals, businesses, ISPI, ASQ, OPEG</td>
<td>Analytic Community Policy Public Health Science Leadership</td>
</tr>
<tr>
<td>Collecting and Managing Data &amp; Statistics</td>
<td>2015</td>
<td>- All identified Leadership, Managers, and Supervisors on Teams - Identified Team Members</td>
<td>Analytic Policy Public Health Science Leadership</td>
</tr>
<tr>
<td>How to Develop Good Survey Questions</td>
<td>2015</td>
<td>- All identified Leadership, Managers, and Supervisors on Teams - Identified Team Members</td>
<td>Analytic Policy Public Health Science Leadership</td>
</tr>
</tbody>
</table>
### Priority 2: Continuous Quality Improvement, con’t

#### Roles and Responsibilities

The 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 Improvement:

- 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)
Priority 3: Emergency Preparedness

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).
Priority 3: Emergency Preparedness, con’t

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.
Priority 3: Emergency Preparedness, con’t

Priority Methodology

The 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.

Training Courses and Exercises

The following training courses and exercises have been identified for this priority:

<table>
<thead>
<tr>
<th>Training Course Title</th>
<th>Intended Completion Date</th>
<th>Audience &amp; Benchmark</th>
<th>Other Competencies and Disciplines Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction to ICS (ICS-100)</td>
<td>January 2012&lt;br&gt;April 2012&lt;br&gt;July 2012&lt;br&gt;October 2012</td>
<td>100% of all new CPH staff from entry level to command and general staff within three months of hire.&lt;br&gt;Test review classes will be offered quarterly.</td>
<td>New Employees&lt;br&gt;Communications&lt;br&gt;Cultural&lt;br&gt;Community&lt;br&gt;Public Health Sciences&lt;br&gt;Leadership</td>
</tr>
<tr>
<td>ICS for Single Resources and Initial Action Incidents (ICS-200)</td>
<td>As needed</td>
<td>100% of identified CPH staff from front line supervisors to command and general staff within six months of hire.</td>
<td>New Employees&lt;br&gt;Communications&lt;br&gt;Cultural&lt;br&gt;Community&lt;br&gt;Public Health Sciences&lt;br&gt;Leadership</td>
</tr>
<tr>
<td>Intermediate ICS (ICS-300)</td>
<td>As needed</td>
<td>100% of identified CPH staff from mid-level management to command and general staff</td>
<td>Analytic&lt;br&gt;Policy&lt;br&gt;Communications&lt;br&gt;Cultural&lt;br&gt;Community&lt;br&gt;Public Health Sciences&lt;br&gt;Financial&lt;br&gt;Leadership</td>
</tr>
<tr>
<td>Advanced ICS (ICS-400)</td>
<td>As needed</td>
<td>100% of identified CPH staff in the command and general staff</td>
<td>Analytic&lt;br&gt;Policy&lt;br&gt;Communications&lt;br&gt;Cultural&lt;br&gt;Community&lt;br&gt;Public Health Sciences&lt;br&gt;Financial&lt;br&gt;Leadership</td>
</tr>
</tbody>
</table>
## Priority 3: Emergency Preparedness, con't

<table>
<thead>
<tr>
<th>Training Course Title</th>
<th>Intended Completion Date</th>
<th>Audience &amp; Benchmark</th>
<th>Other Competencies and Disciplines Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction to NIMS (IS-700)</td>
<td>February 2012, May 2012,</td>
<td>100% of all new CPH staff from entry level to command and general staff within three months of hire.</td>
<td>New Employees, Communications, Cultural, Community, Leadership</td>
</tr>
<tr>
<td></td>
<td>August 2012, November 2012</td>
<td>Test review classes will be offered quarterly.</td>
<td></td>
</tr>
<tr>
<td>Multi-Agency Coordination Systems (IS-701)</td>
<td>As needed</td>
<td>100% of identified CPH staff from mid-level management to command and general staff</td>
<td>Analytic, Policy, Communications, Cultural, Community, Leadership</td>
</tr>
<tr>
<td>Public Information Systems (IS-702)</td>
<td>As needed</td>
<td>100% of identified CPH staff from mid-level management to command and general staff, public information team members and COPIN</td>
<td>Communications &amp; Public Information, Analytic, Policy, Cultural, Community, Leadership</td>
</tr>
<tr>
<td>Resource Management (IS-703)</td>
<td>As needed</td>
<td>100% of identified CPH staff from mid-level management to command and general staff</td>
<td>Analytic, Communications, Community, Financial, Leadership</td>
</tr>
<tr>
<td>Communication and Information Management (IS-704)</td>
<td>As needed</td>
<td>100% of identified CPH staff from mid-level management to command and general staff</td>
<td>Communications &amp; Public Information, Cultural, Community, Leadership</td>
</tr>
<tr>
<td>NIMS Intrastate Mutual Aid (IS-706)</td>
<td>As needed</td>
<td>100% of identified CPH staff from mid-level management to command and general staff</td>
<td>Policy, Communications, Cultural, Community, Public Health Sciences, Leadership</td>
</tr>
<tr>
<td>National Response Framework (IS-800)</td>
<td>As needed</td>
<td>100% of identified CPH staff from mid-level management to command and general staff</td>
<td>Analytic, Policy, Communications, Cultural, Community, Leadership</td>
</tr>
</tbody>
</table>
### Priority 3: Emergency Preparedness, con't

<table>
<thead>
<tr>
<th>Training Course Title</th>
<th>Intended Completion Date</th>
<th>Audience &amp; Benchmark</th>
<th>Other Competencies and Disciplines Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fundamentals of Emergency Management (IS-230)</td>
<td>As needed</td>
<td>100% of CPH Office of Emergency Preparedness staff</td>
<td>Analytic; Policy; Communications; Cultural; Community; Leadership</td>
</tr>
<tr>
<td>Introduction to the ERP, Appendices and Annexes</td>
<td>CEPAC Meeting – February 2012</td>
<td>- 80% of identified CPH staff - Share with public, community partners; and functional needs populations.</td>
<td>Policy; Communications; Community; Public Health Science</td>
</tr>
<tr>
<td>Ready in Three</td>
<td>May 2, 2012 June 16, 2012</td>
<td>Conduct training to public health staff and community partners on family emergency readiness and Ready in Three</td>
<td>Communications; Cultural; Community</td>
</tr>
<tr>
<td>Emergency Response Plan Training (online)</td>
<td>June 2012 June 2013 June 2014</td>
<td>- 100% of identified CPH complete online training annually - All new employees complete online training within six months of hire</td>
<td>New Employees; Analytic; Policy; Communications; Public Health Sciences; Leadership</td>
</tr>
<tr>
<td>Crisis and Emergency Risk Communication Plan (CERC) Plan Training</td>
<td>2012 2013</td>
<td>100% of identified CPH staff from policy group, division directors, and OEP.</td>
<td>Communications &amp; Public Information; Analytic; Policy; Communications; Cultural; Community; Leadership</td>
</tr>
<tr>
<td>POD 101 Training (position specific/management, including forms)</td>
<td>As needed 2015 (this will be for the CRI FSE)</td>
<td>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</td>
<td>Policy; Communications; Cultural; Community; Public Health Sciences</td>
</tr>
<tr>
<td>POD 102 Training (position specific seminar)</td>
<td>June 19 and 20, 2012 Annually</td>
<td>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</td>
<td>Analytic; Policy; Communications; Cultural; Community; Public Health Sciences; Leadership</td>
</tr>
</tbody>
</table>
## Priority 3: Emergency Preparedness, con’t

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

<table>
<thead>
<tr>
<th>Exercise Title</th>
<th>Intended Completion Date</th>
<th>Audience &amp; Benchmark</th>
<th>Other Competencies and Disciplines Met</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Drill: COHAN alerts</strong>  - SNS Responder Mobilization</td>
<td>Quarterly (January, April, July and October)</td>
<td>75% 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)</td>
<td>Communications &amp; Public Information  Cultural  Community</td>
</tr>
<tr>
<td><strong>Drill: Staff Notification and Site Activation</strong></td>
<td>January 4, 2012</td>
<td>CPH command and general staff will confirm receipt of a call down using the Everbridge System during the regional call.</td>
<td>Communications &amp; Public Information  Cultural  Community</td>
</tr>
<tr>
<td><strong>Drill: Testing of redundant communications systems</strong>  - Quarterly (CRI)  - Monthly (PHEP for MARCS and OPHCS)</td>
<td></td>
<td>CPH and FCPH staff, as well as partners in TAR 4.4, will be tested on at least six redundant communications systems quarterly to include MARCS, OPHCS, VoIP, landline phones, cell phones, faxes, etc. (TAR 4.3 and 4.5)</td>
<td>Communications &amp; Public Information  Cultural  Community</td>
</tr>
<tr>
<td><strong>Full Scale: Radiological</strong>  (CPH, NAST and Airport)</td>
<td>September 20, 2012</td>
<td>First responders, NAS-T, CPH, FCPH, hospitals, Poison Control, ARC, FCEM &amp; HS, HOCO, and the Airport will test community radiological response and communication plans</td>
<td>Communications &amp; Public Information  Analytic  Policy  Cultural  Community  Public Health Sciences  Leadership</td>
</tr>
<tr>
<td><strong>FE or FSE: County LEPC Exercise</strong></td>
<td>Spring 2013</td>
<td>Identified CPH and FCPH staff will participate.</td>
<td>Community  Public Health Sciences</td>
</tr>
</tbody>
</table>
Priority 3: Emergency Preparedness, con't

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 Epidemiology
- 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 component in strengthening our local public health system. All new CPH employees are required to complete a designated level of training to ensure everyone receives the same basic level of information regarding the organization and the City, expected levels of performance, safety and health, and emergency preparedness. New employees who will have a supervisor or manager role will be expected to complete some additional training. It is the City of Columbus and CPH’s responsibility to provide these trainings and the new employee’s and their supervisor’s responsibilities to ensure the trainings are completed within the allotted time periods. As a City of Columbus employee, all CPH staff has the advantage of attending trainings offered by the Citywide Training and Development Center of Excellence. Their mission is to increase Citywide performance levels by providing City of Columbus employees with learning opportunities which enable them to reach personal and organizational excellence. The goal of CPH is to have a public health workforce that is competent, confident, and well prepared.

### Additional Corresponding Local, State and National Priorities
The Public Health Emergency Preparedness Grant; Occupational Safety and Health Administration; Public Health Accreditation Board; City of Columbus, Department of Human Resources; Ohio Department of Health.

### Priority Methodology
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 Courses
The following training courses have been identified for this priority:

<table>
<thead>
<tr>
<th>Training Course Title</th>
<th>Intended Completion Date</th>
<th>Audience &amp; Benchmark</th>
<th>Other Competencies and Disciplines Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Employee Walk Through</td>
<td>At time of hire</td>
<td>- All new employees</td>
<td>Policy</td>
</tr>
<tr>
<td>City of Columbus New Employee Orientation</td>
<td>Training provided quarterly</td>
<td>- All new City of Columbus employees</td>
<td>Policy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Complete within three months of hire.</td>
<td></td>
</tr>
</tbody>
</table>
## Priority 4: New Employees, con’t

<table>
<thead>
<tr>
<th>Training Course Title</th>
<th>Intended Completion Date</th>
<th>Audience &amp; Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CPH New Employee Orientation</strong></td>
<td>Training provided bi-monthly</td>
<td>- All new CPH employees - Complete within three months of hire</td>
</tr>
<tr>
<td><strong>Medicaid Administrative Claim</strong></td>
<td>As needed</td>
<td>Identified employees in billing, clinical services and patient care</td>
</tr>
<tr>
<td><strong>Introduction to ICS (ICS-100)</strong></td>
<td>January 2012 - April 2012, July 2012, October 2012</td>
<td>- 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.</td>
</tr>
<tr>
<td><strong>ICS for Single Resources and Initial Action Incidents (ICS-200)</strong></td>
<td>As needed</td>
<td>100% of identified CPH staff from front line supervisors to command and general staff within six months of hire.</td>
</tr>
<tr>
<td><strong>Introduction to NIMS (IS-700)</strong></td>
<td>February 2012 - May 2012, August 2012, November 2012</td>
<td>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.</td>
</tr>
<tr>
<td><strong>MARCS Basic Training</strong></td>
<td>- May 9, 10, and 16, 2012, - Fall 2012, - Ongoing semi-annually</td>
<td>- 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.</td>
</tr>
<tr>
<td><strong>Emergency Response Plan Training (online)</strong></td>
<td>June 2012 - June 2013, June 2014</td>
<td>- 100% of identified CPH complete online training annually - All new employees will complete online training within six months of hire</td>
</tr>
<tr>
<td><strong>OPHCS Alert Training</strong></td>
<td>On-going as needed</td>
<td>Training provided to new CPH staff who have been identified to receive an OPHCS license.</td>
</tr>
<tr>
<td><strong>COHAN Training</strong></td>
<td>2012 Quarterly</td>
<td>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.</td>
</tr>
</tbody>
</table>

**Other Competencies and Disciplines Met**

- Policy
- Communications
- Emergency Preparedness
- Cultural
- Community
- Public Health Sciences
- Leadership
## Priority 4: New Employees, con’t

<table>
<thead>
<tr>
<th>Training Course Title</th>
<th>Intended Completion Date</th>
<th>Audience &amp; Benchmark</th>
<th>Other Competencies and Disciplines Met</th>
</tr>
</thead>
</table>
| 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 |
## Priority 4: New Employees, con't

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

### Roles and Responsibilities

The 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
Priority 4: New Employees, con’t

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

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

- 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 completed trainings 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

Columbus 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.