

Resource Guide for Directors of Public Health Preparedness and Hospital Preparedness Program Coordinators



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Introduction

ASTHO is pleased to provide this document as a reference for directors of public health preparedness and hospital preparedness program coordinators on several important topics. (The first version of this guide was developed for preparedness directors, and it was subsequently amended to include hospital preparedness coordinators.) The guide highlights national preparedness efforts, ASTHO resources and activities, and several methods of information sharing in this critical area. The briefing book includes a summary of preparedness topics that are key to state and territorial health agencies, and offers action items that will help state and territorial preparedness leaders further understand their roles. This guide was created with input from seasoned preparedness directors to ensure that the most relevant and critical information is included. We hope that the briefing book will be a valuable resource for individuals who are new to the field, and a handy reference for those who are already familiar with these programs.



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FEDERAL POLICY

Several federal guidance documents lay the national framework for preparedness and response goals and activities. These include the Pandemic and All Hazards Preparedness Act, the National Health Security Strategy and Implementation Plan, and Presidential Policy Directive 8. These documents identify preparedness and response program areas and provide both an implementation strategy and a template for incident management.

Pandemic and All-Hazards Preparedness Reauthorization Act

In December 2006, Congress passed and President George W. Bush signed the Pandemic and All Hazards Preparedness Act Public Law No. 109-417, which had broad implications for HHS' preparedness and response activities. The law was reauthorized and signed by President Barack Obama in March 2013 and renamed the Pandemic and All Hazards Preparedness Reauthorization Act (PAHPRA). This act reauthorizes public health security and all-hazards preparedness and response activities under the Public Health Service Act and the Federal Food, Drug and Cosmetic Act. PAHPRA provides funding through 2018 and has four major focus areas:

- Strengthening national preparedness and response for public health emergencies.
- Optimizing state and local all-hazards preparedness and response.
- Enhancing medical countermeasure review.
- Accelerating medical countermeasure advanced research and development.

Action Item:

- ☐ Review [PAHPRA](#).
- ☐ Review the Network for Public Health Law's [memorandum on PAHPRA](#).

National Health Security Strategy

Developed every four years by HHS, the National Health Security Strategy (NHSS) provides strategic direction for the health security system. NHSS is the work of individuals, nongovernmental organizations, academia, and state, territorial, local, and tribal governments, and pulls from national efforts and strengths. The 2014-2018 NHSS has five objectives:

- Build and sustain health resilience.
- Plan for and implement effective countermeasures.
- Ensure health situational awareness to support decision making before during and after incidents.
- Create and sustain integrated, scalable public health and healthcare emergency management systems supported by a highly competent workforce.
- Strengthen global health security.



Action Item:

- ☐ Review the [NHSS](#).
- ☐ Review the [NHSS Review 2010-14](#).

National Health Security Strategy Implementation Plan

ASPR led the development of the NHSS implementation plan, which was created to help stakeholders complete NHSS objectives and achieve national health security. It serves as a roadmap for achieving NHSS' five objectives through community efforts and collaboration among stakeholders, including the private sector and all governmental, nongovernmental, research, and academic organizations. The plan also identifies expected outcomes and high-priority implementation activities to be initiated, subject to the availability of resources.

Action Item:

- ☐ Review the [NHSS Implementation Plan](#).

Presidential Policy Directive 8

Created in 2011 and implemented by the Department of Homeland Security (DHS), Presidential Policy Directive 8 required the United States to develop the National Preparedness Goal and an accompanying National Preparedness System. National Preparedness Goal defines roles, responsibilities, and actions for a whole community approach that prepares the nation for all types of disasters and emergencies. The National Preparedness System outlines the responsibilities and activities needed to achieve the National Preparedness Goal.

Action Items:

- ☐ Review the [National Preparedness Goal](#).
- ☐ Review the [National Preparedness System](#).

PROGRAMS AND FUNDING

The Public Health Emergency Preparedness (PHEP) cooperative agreement and the Hospital Preparedness Program (HPP) cooperative agreement are the two main sources of federal funding for state, territorial, and directly funded city health department preparedness programs. Although they are separate funding streams, their applications are aligned to reduce the administrative burden. ASPR and CDC are working closely with FEMA to coordinate programs, but FEMA's grants are not currently aligned with PHEP and HPP. Other sources of federal funding include the Urban Area Security Initiative, and the Cities Readiness Initiative.



PHEP Cooperative Agreement

The [PHEP cooperative agreement](#) is administered by CDC's Division of State and Local Readiness and is a critical source of funding for state, local, tribal and territorial public health departments that helps enhance their ability to effectively respond to a range of public health threats. Its fiscal year runs from July 1-June 30.

Action Items:

- ☐ Coordinate with preparedness staff to submit yearly grant applications through the password-protected PERFORMS site. Email [CDC](#) with any questions about accessing and navigating the site.
- ☐ Participate on ASTHO Directors of Public Health Preparedness conference calls and other CDC and ASPR monthly calls for updates on the program. Contact project officers or [ASTHO staff](#) for specific call information.
- ☐ Subscribe to the Division of State and Local Readiness Friday Update through your CDC project officer.

Hospital Preparedness Program Cooperative Agreement

The [HPP Cooperative agreement](#) is administered by ASPR's National Hospital Preparedness Program within HHS. Many preparedness directors are responsible for managing both the HPP and PHEP cooperative agreements for their agencies. HPP provides leadership and funding to states, territories, and municipalities to improve surge capacity and enhance community and hospital preparedness for public health emergencies. Its fiscal year also runs from July 1-June 30.

Action Items:

- ☐ Determine if you are responsible for managing both the HPP and PHEP cooperative agreements for your agency.
- ☐ Coordinate with preparedness staff to submit yearly grant applications through the password protected PERFORMS site. Email [CDC](#) with any questions about accessing and navigating the site.
- ☐ Participate in ASTHO Directors of Public Health Preparedness conference calls and in other CDC and ASPR monthly calls for updates on the program.
- ☐ Subscribe to the Hospital Preparedness Program's "HPP Weekly Update" through your HPP project officer.

Emergency System for Advance Registration of Volunteer Health Professionals

The Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) is a federal initiative that helps establish a standardized volunteer registration program. As each potential medical volunteer registers with the system, the program allows state coordinators to verify identities, licenses, credentials, and hospital privileges in advance. This nationally standardized system allows jurisdictions to support each other during a response.



Action Item:

- ☐ Review information about ESAR-VHP on HHS' [About ESAR-VHP](#) website.
- ☐ Meet with your state ESAR-VHP coordinator.

Homeland Security Grant Program

Administered by FEMA, the Homeland Security Grant Program plays an important role in the National Preparedness System by helping agencies build, sustain, and deliver core capabilities essential to achieving the National Preparedness Goal.

The grant program is composed of three interconnected initiatives that fund a range of preparedness activities:

- State Homeland Security Program.
- Urban Areas Security Initiative.
- Operation Stonegarden.

The Urban Area Security Initiative provides a select number of high-threat, high-density urban areas with dedicated funding to support regional collaboration efforts through multidisciplinary planning, organization, and training and exercise. State Administrative Agencies may request these funds if they have one of the 100 most populous metropolitan statistical areas within their jurisdictions. Although this program is managed by emergency management agencies, some of the activities involve public health. This funding is appropriated by the Department of Homeland Security Appropriations Act and authorized by section 2002 of the Homeland Security Act of 2002.

Action Item:

- ☐ Review [Homeland Security Grant Program information](#).
- ☐ Review [Urban Area Security Initiative information](#).
- ☐ Work with your state emergency management director to ensure that public health activities are coordinated.

Emergency Management Performance Grants Program

Administered by FEMA, the Emergency Management Performance Grants Program provides federal grants to assist state, local, territorial, and tribal governments in preparing for all hazards. The grants play an important role in the National Preparedness System by helping agencies build, sustain, and deliver core capabilities essential to achieving the National Preparedness Goal. The program is authorized by the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended (42 U.S.C. §§ 5121 et seq.) and Section 662 of the Post Katrina Emergency Management Reform Act of 2006, as amended (6 U.S.C. § 762).



Action Item:

- ☐ Review [Emergency Management Performance Grant information](#).
- ☐ Work with your state emergency management director to ensure that public health activities are coordinated.

Cities Readiness Initiative

The Cities Readiness Initiative is a federally funded program through CDC's PHEP cooperative agreement designed to enhance preparedness in the nation's major metropolitan statistical areas. The initiative's funding has helped states and large metropolitan public health departments quickly receive and distribute medicine and medical supplies from the Strategic National Stockpile to local communities in the event of a large-scale public health emergency. State awardees provide Cities Readiness Initiative funds to their jurisdictions to support all-hazards medical countermeasure distribution and dispensing planning and preparedness. Program evaluation is tied to PAHPRA funding benchmarks.

Action Items:

- ☐ Determine which of your state's local health departments participate in the [Cities Readiness Initiative](#).
- ☐ Coordinate with local health department leaders to execute the initiative's objectives.
- ☐ Refer to the [CDC JOIN](#) site for information on annual drill requirements and jurisdictional data sheets.

BioWatch

BioWatch is a nationwide biosurveillance system used to detect aerosolized releases of specific biological agents. DHS' Office of Health Affairs oversees the program and state and local public health agencies manage the day-to-day operations. BioWatch includes sensors in more than 30 cities. When a pathogen is detected, samples are sent to CDC laboratories to determine the plausibility of a potential biological attack. Each BioWatch jurisdiction is required to establish a BioWatch Advisory Committee. This committee leads response efforts following detection and follows national protocols to provide resources and situational awareness to state, local, and federal officials.

Action Items:

- ☐ Review [BioWatch testimony](#).
- ☐ Meet with BioWatch Advisory Committee Chairs from each major jurisdiction.

EXERCISES

PHEP and HPP grants require awardees to complete a certain number of exercises or drills each project period. All exercises are conducted using guidelines from the Homeland Security Exercise and Evaluation Program.



PHEP AND HPP Exercises

The PHEP cooperative agreement requires each of the local planning jurisdictions within the 72 Cities Readiness Initiative metropolitan statistical areas, the four directly funded localities, and the eight U.S. territories and freely associated states to complete at least one annual exercise to test preparedness and response capabilities. PHEP awardees must complete these components for exercises and training:

- **Planning:** Awardees must submit exercise and training planning documents for PHEP exercises.
- **Implementation:** Awardees must implement planned PHEP exercises that follow acceptable guidelines for design, development, and participation.
- **Evaluation:** Awardees must submit an after-action report and improvement plan.

Awardee response and recovery operations during real incidents could meet the criteria for this annual exercise requirement if (1) the response was sufficient in scope and the after-action report and improvement plan adequately detail which public health preparedness capabilities were tested and evaluated, and (2) it is approved by CDC or ASPR.

HPP and PHEP require a joint exercise within the five-year project period that includes participation from a healthcare coalition and a public health jurisdiction. Awardees must submit the after action report and improvement plan from the full-scale exercise to both ASPR and CDC.

Action Items:

- ☐ Review [PHEP exercise requirements](#).
- ☐ Review [HPP exercise requirements](#).
- ☐ Meet with your PHEP and HPP coordinators to discuss exercise plans.

Homeland Security Exercise and Evaluation Program

The [Homeland Security Exercise and Evaluation Program](#) is a capabilities and performance based exercise program that provides a standard policy, methodology, and terminology for exercise design, development, conduct, evaluation, and improvement planning. Its methodology is in accordance with Presidential Policy Directive 8 and the National Incident Management System. All federal agencies have accepted the program's methodology and participate in the [National Exercise Program](#), and PHEP awardees must complete all required exercises in accordance with the program's fundamentals.

Action Item:

- ☐ Review the [Homeland Security Exercise and Evaluation Program website](#) for tools and resources.

EVALUATION

The preparedness community has created a number of performance measures and evaluation tools, drills, and exercise requirements to ensure the continued success of public health standards and a return on investment for federal, state, and private funds.



Public Health Preparedness Capabilities

CDC developed 15 public health preparedness [capabilities](#) that align with the [National Health Security Strategy](#), FEMA's [Core Capabilities](#), ASPR's [Healthcare Preparedness Capabilities](#) and CDC's [10 Essential Public Health Services](#). The capabilities guide helps jurisdictions better organize their work, plan their priorities, and decide which capabilities they have the resources to build or sustain. The capabilities also help ensure that federal preparedness funds are directed to priority areas within individual jurisdictions. The 15 Public Health Preparedness Capabilities are:

1. Community Preparedness.
2. Community Recovery.
3. Emergency Operations Coordination.
4. Emergency Public Information and Warning.
5. Fatality Management.
6. Information Sharing.
7. Mass Care.
8. Medical Countermeasure Dispensing.
9. Medical Materiel Management and Distribution.
10. Medical Surge.
11. Non-Pharmaceutical Interventions.
12. Public Health Laboratory Testing.
13. Public Health Surveillance and Epidemiological Investigation.
14. Responder Safety and Health.
15. Volunteer Management.

Action Items:

- ☐ Watch the [PHEP 101 Training Video](#) and the [PHEP 102 Training Video](#).
- ☐ Coordinate with preparedness staff to meet yearly reporting requirements.

Healthcare Preparedness Capabilities

ASPR developed parallel capabilities for healthcare system preparedness programs that help healthcare systems, coalitions, and organizations develop plans and activities that facilitate healthcare system sustainment and resiliency. The eight Healthcare Preparedness Capabilities are:

1. Healthcare System Preparedness.
2. Healthcare System Recovery.
3. Emergency Operations Coordination.
4. Fatality Management.
5. Information Sharing.
6. Medical Surge.
7. Responder Safety and Health.
8. Volunteer Management.



Action Items:

- ☐ Review the [Healthcare Preparedness Capabilities](#).
- ☐ Coordinate with preparedness staff to meet yearly reporting requirements.
- ☐ Review [Creating a Model Linkage for Capability-based Emergency Preparedness](#).

PHEP Capabilities	HPP Capabilities
1. Community Preparedness	1. Community Preparedness
2. Community Recovery	2. Community Recovery
3. Emergency Operations Coordination	3. Emergency Operations Coordination
4. Emergency Public Information and Warning	
5. Fatality Management	5. Fatality Management
6. Information Sharing	6. Information Sharing
7. Mass Care	
8. Medical Countermeasures Dispensing	
9. Medical Material Management and Distribution	
10. Medical Surge	10. Medical Surge
11. Non-pharmaceutical Interventions	
12. Public Health Laboratory Testing	
13. Public Health Surveillance and Epidemiological Investigation	
14. Responder Safety and Health	14. Responder Safety and Health
15. Volunteer Management	15. Volunteer Management

Supplemental PHEP Assessments

Jurisdictional Risk Assessment

The PHEP work plan requires awardees to complete a jurisdictional risk assessment as part of [Capability 1: Community Preparedness](#). The risk assessment must use an all-hazards approach with input and assistance from public health and non-public health subject matter experts, emergency management risk assessment data, health department programs, community engagement, and other applicable sources that identify and prioritize jurisdictional hazards and health vulnerabilities.

The jurisdictional risk assessment must include the following elements at minimum:

- A definition of risk, including use of the Geospatial Informational System or other mechanism to map locations of at-risk populations.
- Evidence of community involvement in determining areas for risk assessment or hazard mitigation.
- Assessment of potential loss or disruption of essential services such as clean water, sanitation, or the interruption of healthcare services or public health agency infrastructure.



Action Item:

- ☐ Review your state's most recent jurisdictional risk assessment and consider how it may inform planning efforts.

Medical Countermeasure Operational Readiness Review

CDC developed the Medical Countermeasure Operational Readiness Review (MCM ORR) to replace the previously used Technical Assistance Review planning tool as a new method of measuring state and local capability to plan for and execute large-scale public health emergency responses that require medical countermeasures. The review also helps identify medical countermeasure response operational capabilities and gaps. Medical countermeasure benchmarks include three drills for each Cities Readiness Initiative planning jurisdiction and completion and submission of all Receipt, Stage, and Store (RSS) site surveys. These minimum requirements for meeting operational readiness are in accordance with PAHPRA benchmarks, and failing to achieve them may result in a decrease in funding.

Action Item:

- ☐ Meet with your Strategic National Stockpile coordinator to review the MCM ORR process. The MCM ORR is submitted to CDC through the [CDC JOIN](#) website.

Pandemic Influenza Readiness Assessment

In 2009, HHS published the report [Assessment of States' Operating Plans to Combat Pandemic Influenza](#) to fulfill a requirement (Action #6.1.1.2) established by the Homeland Security Council in its [National Strategy for Pandemic Influenza Implementation Plan](#). The report summarizes planning information collected from states between 2006 and 2008. Flu.gov provides a [list](#) of pandemic plans that are currently available on state websites.

Action Item:

- ☐ Review your jurisdiction's pandemic influenza plan.

National Health Security Preparedness Index

The [National Health Security Preparedness Index](#) is a comprehensive tool, first released in 2013, that annually measures state and national health security and preparedness levels. The index offers a snapshot of national preparedness and gives objective information on how well states and the nation are prepared for public health and other emergencies. It is intended to support quality improvement, inform resource and policy decisions, enhance collaboration and strengthen shared responsibility, and advance the science of measuring preparedness. The most current version is composed of six domains that each have between two and five subdomains.



Action Items:

- ☐ Review the general National Health Security Preparedness Index [results](#).
- ☐ Review your state's results by selecting your state on the interactive map.
- ☐ Consider how to use your state's results for planning purposes.

Trust for America's Health Rankings

Trust for America's Health's annual [Outbreaks](#) report aims to measure how the nation's ability to prevent and control infectious disease outbreaks is hampered by outdated systems and limited resources. Scores are based on 10 indicators and states are given one point for achieving each indicator.

Action Item:

- ☐ Review [Trust for America's Health report and state results](#).

Threat and Hazard Identification and Risk Assessment

FEMA administers the Threat and Hazard Identification and Risk Assessment process, which each state emergency management office is required to complete. This four-step process helps communities map their risks by identifying community-specific threats and hazards and setting capability targets for each of the National Preparedness Goal's defined core capabilities.

Action Items:

- ☐ Review the [Threat and Hazard Identification Risk Assessment](#).
- ☐ Meet with your state emergency management director to review your state's assessment, and discuss ways that public health can be further involved in the assessment process.

National Preparedness Report

Presidential Policy Directive 8 requires an annual National Preparedness Report that summarizes the country's progress in building, sustaining, and delivering the 31 core capabilities outlined in the National Preparedness Goal. The report intends to provide practical insights on core capabilities that can inform decisions about program priorities, resource allocation, and community actions.

Action Item:

- ☐ Review the [National Preparedness Report](#).

State Preparedness Report

FEMA administers the State Preparedness Report, an annual assessment mandated for any state or territory receiving preparedness assistance from DHS. The report is a comprehensive review of each state's homeland security threats, hazards, strengths, current capabilities, and areas of opportunity, and results can help allocate grant funding. FEMA provides each state with its own results, but does not release them publicly.



Action Item:

- ☐ Meet with preparedness staff and emergency management representatives to review the State Preparedness Report submission process.

Public Health Accreditation Board

The [Public Health Accreditation Board](#) is a nonprofit organization that works to promote and protect the public's health by advancing the quality and performance of all public health departments in the United States through national public health department accreditation. The governmental entity that has the primary statutory or legal responsibility for public health in a tribe, state, territory, or at the local level is eligible to apply for accreditation.

Action Items:

- ☐ Determine your state's current position in the [accreditation process](#).
- ☐ Visit ASTHO's [website](#) for further information on the accreditation process.
- ☐ Determine how the preparedness department can contribute to your state's accreditation.

Project Public Health Ready

[Project Public Health Ready](#) is a competency-based training and recognition program administered by NACCHO that assesses local health departments' capacity and capability to plan for, respond to, and recover from public health emergencies. The program's criteria are nationally recognized standards for local public health preparedness that encourage continuous quality improvement through achieving and maintaining recognition.

Action Items:

- ☐ Contact your state's local health departments to determine where they stand in the accreditation process.
- ☐ Offer to serve as or delegate the responsibility of serving as a state lead. State leads facilitate the process of local health accreditation by coordinating local efforts and serving as a point of contact for Project Public Health Ready staff.

LEGAL AUTHORITIES

Several legal authorities supplement state-specific legal protections and govern how the public health preparedness community responds to disasters. These include the Stafford Act, Emergency Use Authorizations, the Emergency Management Assistance Compact, the Public Readiness and Emergency Preparedness Act, and the Shelf Life Extension Program. ASTHO has developed a series of toolkits to help you navigate the legal aspects of response.



Stafford Act

The Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act) authorizes the delivery of federal technical, financial, and logistical assistance to states declaring major disasters or emergencies. FEMA coordinates administration of disaster relief resources and assistance to states. Federal assistance is provided under the Stafford Act if an event is beyond the combined response capabilities of state and local governments.

State Response and Request for Assistance

- The governor of an affected state must respond to the emergency event and execute the state's emergency response plan before requesting a presidential declaration under the Stafford Act.
- The governor must certify in writing that the magnitude of the event exceeds the state's capability to respond and that supplemental federal assistance is necessary.
- In the absence of a specific request, the president may provide accelerated federal assistance where it is necessary to save lives or prevent severe damage.

Action Item:

- ☐ Review the [Stafford Act Factsheet](#).

Emergency Use Authorizations

Under Section 564 of the Federal Food, Drug, and Cosmetic Act, an [Emergency Use Authorization](#) allows for the use of drugs and other medical products during certain types of emergencies. Specifically, an EUA permits the use of unapproved medical products (including drugs, biologics [e.g., vaccines], and devices [e.g., diagnostics]) or use of approved medical products in unapproved ways to diagnose, treat, or prevent serious diseases or conditions caused by chemical, biological, radiological, or nuclear agents. EUAs, which are issued by the FDA commissioner when the criteria in section 564 of the Food, Drug, and Cosmetic Act are met, may be issued and made available prior to an event for preparedness purposes or during an emergency.

Action Item:

- ☐ Review the ASTHO Legal Preparedness Series [Emergency Use Authorization Toolkit](#).
- ☐ Refer to [FDA's EUA website](#) for current official information on EUAs.
- ☐ Coordinate with preparedness staff and partners to become familiar with relevant EUAs that FDA has issued prior to, or during, a disaster.

Emergency Management Assistance Compact

The [Emergency Management Assistance Compact](#) is a national mutual aid system by which states and territories experiencing governor-declared states of emergency can request personnel and equipment assistance from other states. All requests are made through a state's emergency management agency. Once aid has been requested, offered, and accepted, the requesting state assumes responsibility for reimbursement.



Action Items:

- ☐ Review ASTHO's [Emergency Management Assistance Compact Factsheet](#).
- ☐ Review [Emergency Management Assistance Compact Overview Webinars](#).
- ☐ Meet with your state coordinator to discuss public health packages available and the processes for requesting mutual aid.

Public Readiness and Emergency Preparedness Act

The Public Readiness and Emergency Preparedness Act provides liability immunity to individuals and entities that provide countermeasures against declared diseases or threats during a public health emergency. The act also establishes the Countermeasures Injury Compensation Program for injuries directly caused after countermeasures are declared for use.

Action Item:

- ☐ Review the [Public Readiness and Emergency Preparedness Act Factsheet](#).

FDA Expiration Dating Extension Authority

FDA acknowledges the stockpiling challenges facing federal, state, local, tribal, and territorial stakeholders (for example, related to doxycycline, ciprofloxacin, Tamiflu, and certain auto-injector products) and remains committed to finding appropriate solutions to address such challenges. Below are several examples of how FDA has addressed expiry dating challenges prior to and after PAHPRA's enactment.

- Before PAHPRA: [Examples](#) of how FDA addressed stakeholders' expiry dating challenges before PAHPRA's enactment (including information about extensions related to antiviral drugs following the 2009-2010 H1N1 influenza pandemic response and spot shortages of Tamiflu during the 2013 seasonal influenza response).
- After PAHPRA: FDA expiry extensions of [auto-injector lots manufactured by Meridian Medical Technologies](#).

ASTHO Legal Toolkits

ASTHO developed a series of [toolkits](#) that address public health officials' key information to understand and use legal authorities to prepare for and respond to public health emergencies. This series arose after state and local public health agencies identified needs regarding certain legal questions and uncertainties that were perceived to be barriers to effective planning and response to infectious disease outbreaks, natural disasters, intentional acts, and other emergency events. The toolkits and their component documents are designed to help educate and train individuals and plan activities to prepare for emergencies and serve as quick reference resources during an emergency response to an event.

The following toolkits are available on the ASTHO website:

- [Emergency Authority and Immunity Toolkit](#)



- [Emergency Use Authorization Toolkit](#)
- [Emergency Volunteer Toolkit](#)
- [Public Health and Information Sharing Toolkit](#)
- [Public Health and Schools Toolkit](#)
- [Scope of Practice Toolkit](#)
- [Pharmacy Legal Toolkit](#)

Action Item:

- ☐ Review the [ASTHO Legal Preparedness Series](#).

FEDERAL ASSETS

The government maintains several preparedness assets that are available to states through state and federal coordination and can be valuable resources during public health responses, including the Strategic National Stockpile, CHEMPACK, the National Disaster Medical System, and the Emergency System for Advance Registration of Volunteer Health Professionals.

Strategic National Stockpile

[Strategic National Stockpile](#) is a federal repository of medicines and medical supplies that can be used to help state and local communities respond to a public health emergency. Assets from the stockpile can only be used after all local resources have been exhausted or are expected to be and CDC approval has been granted. The first line of support is a 12-hour “push package,” which is only deployed if the chemical or biological agent is unknown, and includes pharmaceuticals, antidotes, and medical supplies designed to protect the public during the early hours of an event. During an incident, it is important to make a stockpile request as soon as possible, especially in cases where the jurisdiction is aware ahead of time that they do not have enough assets to manage the response.

Action Item:

- ☐ Meet with your state medical countermeasure or Strategic National Stockpile coordinator to review your state’s plan.
- ☐ Contact [ASTHO staff](#) for a copy of the Strategic National Stockpile Director Resource Guide for detailed information regarding assets that can be made available.

CHEMPACK Program

The CHEMPACK program, launched in 2003 by CDC’s Division of Strategic National Stockpile, is an ongoing initiative that provides antidotes to nerve agents for pre-positioning by state, local, and tribal officials. Other CHEMPACK Program benefits include extended shelf life for Strategic National Stockpile-owned assets, local control of critical life-saving assets to ensure that assets are dispensed timely, and federal management of the product life cycle to ensure product quality. Although this is not a grant program, it makes critical resources more readily available.



Action Items:

- ☐ Determine if your jurisdiction participates in CHEMPACK.
- ☐ Review [CHEMPACK information](#).

National Disaster Medical System

The [National Disaster Medical System](#) (NDMS) is a federally coordinated system that augments the Nation's medical response capability. NDMS aims to supplement an integrated national medical response capability to help state and local authorities deal with the medical impacts of major peacetime disasters and to help the military and the Department of Veterans Affairs medical systems care for casualties evacuated back to the United States from overseas armed conventional conflicts. NDMS has three components:

- **Medical response** to a disaster area in the form of personnel, teams and individuals, supplies, and equipment.
- **Patient movement** from a disaster site to unaffected areas of the nation.
- **Definitive medical care** at participating hospitals in unaffected areas.

The medical response component is composed of four types of response teams available for deployment to a jurisdiction to help provide medical care during a disaster. Each type of team requested provides the personnel, supplies, and equipment necessary for medical response, patient transport, or definitive medical care.

- [Disaster Medical Assistance Team](#) (DMAT): DMAT teams are composed of medical personnel who can be deployed to provide rapid supplement medical care to local jurisdictions following an emergency. DMAT teams deploy with enough resources to self-sustain and provide initial medical care for 72 hours.
- [Disaster Mortuary Operational Response Team](#) (DMORT): DMORT teams are composed of mortuary and forensic experts who provide identification and mortuary services following a disaster. Teams include funeral directors, pathologists, forensic anthropologists, medical examiners, and coroners. In addition, DMORT teams have access to federal Disaster Portable Morgue Units, which contain a complete morgue with processing elements, supplies, and equipment.

For more information on the two additional response teams, see these web pages:

- [International Medical Surgical Response Team](#)
- [National Veterinary Response Team](#)

INCIDENT MANAGEMENT

Effectively managing a public health emergency or incident begins in the preparedness stage and continues through the lifecycle of response, mitigation, and recovery. The National Incident Management System provides a universal and comprehensive approach to incident management and



works within the National Preparedness Frameworks and National Preparedness Guidelines to lead state and national incident management activities, while the Comprehensive Preparedness guide focuses on planning. These guides note that special consideration should be given to at-risk populations' needs and all affected individuals' behavioral and psychological health needs to ensure that all populations receive necessary services throughout an incident. In some cases, federal aid supports responses above and beyond preparedness grant funding.

National Incident Management System

The [National Incident Management System](#) (NIMS) is a comprehensive, national approach to incident management that provides a template for incident management, regardless of cause, size, location, or complexity. The system is applicable at all jurisdictional levels and across functional disciplines, and focuses on five key areas or components:

- Preparedness.
- Communications and information management.
- Resource management.
- Command and management.
- Ongoing management and maintenance.

Command and management enables effective and efficient incident management and coordination by providing a flexible, standardized incident management structure that integrates three organizational constructs:

1. Incident Command System
2. Multi-Agency Coordination System
3. Public Information

The Incident Command System (ICS) is a standardized, on-scene, all-hazards incident management approach that:

- Allows entities to integrate facilities, equipment, personnel, procedures, and communications operating within a common organizational structure.
- Enables a coordinated response among various jurisdictions and functional agencies, both public and private.
- Establishes common processes for planning and managing resources.

The system is flexible and can be used for incidents of any type, scope, and complexity. All levels of government—federal, state, tribal, and local— and many nongovernmental organizations and the private sector use the ICS structure, and it is also applicable across disciplines. It is typically structured to facilitate activities in five major functional areas: command, operations, planning, logistics, and finance/administration. All of the functional areas may or may not be used based on the incident needs. All federal grants require that your plans, documents, and exercise be both NIMS and ICS compliant.



Action Item:

- ☐ Complete the online [ICS training courses](#) for your role in your jurisdiction's response plan.
- ☐ Review the [NIMS Implementation for Healthcare Organizations Guidance](#).

National Planning Frameworks

The [National Planning Frameworks](#), developed by FEMA, provides information on how the whole community works together to achieve the [National Preparedness Goal](#).

- The [National Prevention Framework](#) reviews the capabilities necessary to avoid, prevent, or stop a threatened or actual act of terrorism.
- The [National Protection Framework](#) discusses what the whole community should do to safeguard against acts of terrorism, natural disasters, and other threats or hazards.
- The [National Mitigation Framework](#) covers the capabilities necessary to reduce loss of life and property by lessening disasters' impact.
- The [National Response Framework](#) examines the capabilities necessary to save lives, protect property and the environment, and meet basic human needs after an incident has occurred. Together, the Response Framework and NIMS integrate the capabilities and resources of various governmental jurisdictions, incident management and emergency response disciplines, nongovernmental organizations, and the private sector into a cohesive, coordinated, and seamless national framework for domestic incident management.
- The [National Disaster Recovery Framework](#) includes the core capabilities necessary to help state and local communities recover from a disaster.

Emergency Support Functions

FEMA developed [Emergency Support Functions](#) to bundle and funnel capabilities and resources from federal departments and agencies and certain private sector and nongovernmental organizations to local, tribal, state, and other responders. They aim to provide the greatest possible access to government capabilities regardless of which agency has those capabilities.

Health agencies are the lead agency for [Emergency Support Function #8: Public Health and Medical](#), which provides the mechanism for federal assistance to supplement local, state, tribal, territorial, and insular area resources in response to an incident that may lead to a public health, medical, behavioral, or human service emergency.

Recovery Support Functions

In support of the National Disaster Recovery Framework, FEMA developed [Recovery Support Functions](#) that help facilitate problem solving, improve access to resources, and improve coordination among state and federal agencies, nongovernmental partners, and stakeholders. Recovery Support Functions are organized into six components through which stakeholders are brought together to plan for and address post-disaster recovery challenges.



Action Items:

- ☐ Review the [National Planning Frameworks](#), with particular attention to the [National Response Framework](#) and the [National Disaster Recovery Framework](#).
- ☐ Review [Emergency Support Function #8](#)'s functions and your state's emergency plan to determine your state health department's lead and supporting roles.
- ☐ Review the [Recovery Support Functions](#).

Comprehensive Preparedness Guide

FEMA released a series of [Comprehensive Preparedness Guides](#) (CPGs) to help both novice and experienced planners navigate the planning process:

- [CPG 101, Developing and Maintaining Emergency Operations Plans](#) provides information and instruction on the fundamentals of planning and their application.
- [CPG 201, Threat and Hazard Identification and Risk Assessment Guide](#) provides a five-step process for conducting a Threat and Hazard Identification and Risk Assessment.
- [CPG 502, Considerations for Fusion Center and Emergency Operations Center Coordination](#) focuses on the critical partnership and exchange of information between fusion centers and Emergency Operations Centers.

Action Item:

- ☐ Review the CPGs and consider how they can enhance planning practices.

National Preparedness Guidelines

The [National Preparedness Guidelines](#) facilitate the development of the [National Preparedness Goal](#) and define what it means for the nation to be prepared. There are three main elements of the National Preparedness Guidelines:

- The National Preparedness Vision, "A nation prepared with coordinated capabilities to prevent, protect against, respond to, and recover from all hazards in a way that balances risk with resources and need."
- The [National Planning Scenarios](#), which depict a diverse set of high-consequence threat situations, including both potential terrorist attacks and natural disasters. Collectively, the 15 scenarios are designed to focus contingency planning for homeland security preparedness work at all levels of government and with the private sector. The scenarios form the basis for coordinated federal planning, training, exercises, and grant investments needed to prepare for emergencies of all types.
- The [31 Core Capabilities](#) are considered the distinct critical elements needed to achieve the goal. These capabilities were adopted in place of the Target Capabilities in 2011. A [crosswalk](#) of the two lists demonstrates the similarities and differences.



Action Item:

- ☐ Review the National Preparedness Guidelines, paying particular attention to the [National Planning Scenarios](#) and the [Core Capabilities](#).

Federal Response and Recovery Aid

For Government Entities: Public Assistance Grant Program

A number of resources are available to state, local, and territorial agencies to aid in recovery efforts through FEMA's Public Assistance Grant Program. Eligible applicants include state government agencies, local governments and special districts, private nonprofit organizations, and federally recognized tribal organizations. The program provides federal grant assistance (75% of eligible costs) for various recovery efforts, such as debris removal, public facility repair, and hazard mitigation.

For Pharmacies and Individuals: Emergency Prescription Assistance Program

ASPR's [Emergency Prescription Assistance Program](#) performs activities related to processing prescription drug claims for medications and durable medical equipment for designated eligible individuals in a federally identified disaster area. The program allows any enrolled pharmacy in the United States and its territories to use existing electronic pharmacy systems as an infrastructure to efficiently process prescriptions and equipment for eligible individuals.

For Individuals

Individuals in each community affected by a declared disaster may use or apply for a number of FEMA-provided resources, including:

- Housing.
- Crisis counseling.
- Disaster unemployment assistance.
- Disaster legal services.

Action Items:

- ☐ Review FEMA's [Public Assistance Program](#).
- ☐ Review FEMA's [Individual Assistance Program](#).

Behavioral and Psychological Health

The delivery of behavioral and psychological assistance during and following a disaster is commonly referred to as disaster behavioral health. Emergencies are stressful events that may cause distress and anxiety for all involved individuals, including families and other directly affected individuals as well as first responders. Behavioral health services are provided by trained professionals who may offer assistance and education to survivors in shelters or medical facilities.



Action Item:

- ☐ Review your state's Disaster Behavioral Health Plan, if available.
- ☐ Review [Disaster Behavioral Health: Current Assets and Capabilities](#).
- ☐ Review the HHS [Disaster Behavioral Health Concept of Operations](#).

At-Risk Individuals

At-risk individuals are those who may need assistance in one or more functional areas before, during, or after an event. These functional areas of assistance may include communication, medical care, transportation, or supervision. Specialty populations of at-risk individuals can include people with disabilities, pregnant women, individuals with low English proficiency, children, and seniors. Special consideration must be made to include at-risk individuals in all stages of preparedness planning, communication, and recovery efforts. Following a disaster, the needs of at-risk individuals may be magnified.

Action Item:

- ☐ Review [factsheets and tools](#) on how to include at-risk individuals in planning and recovery.
- ☐ Review [At-Risk Populations and Pandemic Influenza: Planning Guidance for State, Territorial, Tribal, and Local Health Departments](#) on the ASTHO website.
- ☐ Review the [Whole Community Inclusion Project](#) website.

INFORMATION SHARING AND RESOURCES

Public health preparedness directors receive information through various modes of communication in both times of crisis and during day-to-day operations. A series of governmental and nongovernmental networks, online portals, committees, and newsletters contribute to the effective flow of communication between health departments and their external partners.

Crisis Communications

Communication with the public and other stakeholders is extremely important during and after a response. Crisis communications is a research-based approach used to provide information to leaders, individuals, and communities to allow the best possible decisions to be made in response to a threat. Comprehensive crisis communications training involves resources and information on emergency and risk communication concepts, offers guidance on how to craft and tailor messages to a variety of audiences, and provides media training.

Your agency may have a designated public information officer who serves as an official spokesperson during an event. However, you may be required to serve as a communication lead for a public health event and provide regular updates to the public and other stakeholders. Adequate communication training will help you become more familiar with media and messaging and ensure the public's trust.



Action Items:

- ☐ Meet with your agency's public information officer to review his or her role in an emergency and discuss any organization standards for crisis and emergency communication.
- ☐ Complete CDC's [Crisis and Emergency Risk Communication Training](#).

Classified Briefings

In coordination with ASPR and DHS, ASTHO members may apply for a federal security clearance. If granted, this personal clearance allows state health officials and other public health leaders to access sensitive information that is relevant to public health preparedness. Throughout the year, ASTHO works with ASPR and DHS to hold classified briefings adjacent to other meetings. Each state is granted the opportunity to select up to three individuals to apply for security clearance, and in most instances it is recommended that the state health official, senior deputy and the director of public health preparedness apply. Once an individual obtains a clearance she or he must renew it every ten years.

Action Item:

- ☐ If you are interested in applying for a clearance, please contact [ASTHO staff](#) for additional information. (Please note that ASTHO can only facilitate interactions with DHS and ASPR for an initial security clearance application and cannot guarantee that each applicant will be granted clearance. The government will make the final decision following a full application and background check.)

Homeland Security Information Network

The Department of Homeland Security hosts the [Homeland Security Information Network](#) (HSIN), a secure portal that allows federal, state, local, tribal, territorial, and private sector partners to share unclassified sensitive information.

HSIN's features and capabilities include:

- Alerts and notifications.
- Basic learning management system.
- Comprehensive HSIN training.
- Document repository.
- Geographic information system mapping.
- Instant messaging (HSIN Chat).
- Managed workflow capabilities
- Secure messaging (HSINBox).
- Web conferencing (HSIN Connect).



Action Items:

- ☐ Review HSIN's [features and capabilities](#).
- ☐ Contact [DHS](#) to request an application to access HSIN.

Epi-X

[Epi-X](#) is a web-based surveillance portal administered by CDC. Access to the portal is limited to public health officials and allows federal, state, and local health departments, poison control centers, and other public health organizations to access and share preliminary health surveillance information. The system can alert users to breaking health events and helps them share postings about disease outbreaks that can potentially impact a number of jurisdictions.

Action Item:

- ☐ Speak with your state epidemiology staff to determine your Epi-X designated users or [request access from CDC](#).

Health Alert Network

Health Alert Networks are real-time information sharing tools used to disseminate significant health information and raise national, state, and local awareness. Your jurisdiction likely has its own network to provide important information to public and medical professionals. To ensure that contact information and communication procedures are accurate, jurisdictions should regularly test their Health Alert Networks. CDC shares pertinent national public health information through its own network, and messages range in importance from simple information to a full alert that warrants immediate attention or action by public health officials.

Action Items:

- ☐ [Sign up](#) to receive CDC Health Alert Network alerts.
- ☐ Meet with your Health Alert Network coordinator to review results from the last test and look for areas for potential improvement.

Fusion Centers

Fusion centers are a national network of offices that provide interdisciplinary expertise and situational awareness to multiple levels of government to prevent and respond to crime and terrorism. These centers gather, analyze, and share information between federal, state, local, tribal, territorial, and private sector partners. Fusion center analysts review incoming information from a variety of sources and develop products that provide partners with the tools and information necessary to detect or prevent immediate or emerging threats. Each fusion center is operated by a state or local entity and is federally supported.



Action Items:

- ☐ Review the [National Network of Fusion Centers](#).
- ☐ Review the National Fusion Center Association [website resources](#).
- ☐ Visit your [state fusion center](#).

CDC JOIN

CDC JOIN is a password-protected site where CDC shares information on grants and programs with awardees. This is also where awardees submit all medical countermeasures requirements.

Action Item:

- ☐ Contact your CDC project officer to set up a CDC JOIN account.

Lessons Learned Information Sharing

FEMA's Lessons Learned Information Sharing website is a national, online network of lessons learned, best practices, and innovative ideas for the emergency management and homeland security communities.

Action Items:

- ☐ [Register](#) for a Lessons Learned Information Sharing account.
- ☐ [Subscribe](#) to Lessons Learned Information Sharing email updates.

Division of State and Local Readiness Friday Update

CDC's Division of State and Local Readiness (DSLRL) sends an email update every Friday afternoon that contains important information for preparedness directors and medical countermeasure/Strategic National Stockpile coordinators. The update also contains information on Strategic National Stockpile Second Wednesday Webinars.

Action Item:

- Subscribe to the DSLRL Friday Update through your CDC project officer.

HPP Weekly Update

ASPR sends an HPP email update every Tuesday that contains important information for preparedness directors.

Action Item:

- ☐ Subscribe to the ASPR Update through your HPP project officer.



ASPR TRACIE

In 2014, ASPR created the Technical Resources Assistance Center and Information Exchange (TRACIE) to meet the needs of regional ASPR staff, healthcare coalitions, healthcare entities, healthcare providers, emergency managers, public health practitioners, and others working in disaster medicine, healthcare system preparedness, and public health emergency preparedness.

ASPR TRACIE supports timely access to information and promising practices, identifies and remedies knowledge gaps, and provides users with responses to a range of requests for technical assistance. ASPR TRACIE is comprised of three complementary domains:

- Technical Resources.
- Assistant Center.
- Information Exchange

Action Item:

- ☐ Review the [ASPR TRACIE](#) website.
- ☐ [Register and subscribe](#) to ASPR TRACIE.

ASPR Resources

ASPR has a variety of resources available to help state and local health departments and healthcare coalitions manage the medical and public health response to an emergency or disaster:

- [Medical Surge Capacity and Capability Handbook: A Management System for Integrating Medical and Health Resources During Large-Scale Emergencies.](#)
- [Medical Surge Capacity and Capability: The Healthcare Coalition in Emergency Response and Recovery.](#)

ASTHO Resources and Communications

ASTHO has a variety of resources and communications for the preparedness director peer group, including:

- **Preparedness Policy Committee:** One of ASTHO's standing committees, this group is composed of state health officials, senior deputies, preparedness directors, and representatives from partner organizations with expertise and experience in preparedness issues. The committee sets yearly priorities and provides policy recommendations on national public health preparedness and infrastructure issues that are applicable to state-based public health programs. If you have questions or concerns regarding national-level programs, policies, or methods, please contact [ASTHO staff](#) to bring this to the committee's attention.
- **Directors of Public Health Preparedness Executive Committee:** This is a peer group composed of state and territorial staff designated to oversee preparedness programs. Membership includes representatives from all 50 states, six territories and freely-associated states, and four directly-funded cities. The committee provides a network to develop shared practices and



communications regarding operational issues related to public health preparedness. It provides additional subject matter expertise and guidance to the Preparedness Policy Committee and federal government partners represented in the group. Please contact [ASTHO staff](#) if you have questions, concerns, or information to share.

- **Directors of Public Health Preparedness Conference Calls:** Directors of public health preparedness convene every two months via conference call to discuss emerging issues and share promising practices. These calls are open to all 62 lead preparedness directors and their preparedness staff. Please contact [ASTHO staff](#) to receive conference call notifications.
- **Performance Evaluation and Improvement Workgroup:** This workgroup convenes every two months via conference call to discuss emerging performance evaluation issues, share and advance practices at the state level, and coordinate with federal evaluation efforts. If you or a staff member is interested in serving on this workgroup, please contact [ASTHO staff](#).
- **eMCM Steering Committee:** Medical countermeasure/Strategic National Stockpile coordinators convene each month via conference call to discuss emerging issues in the community, share and advance practices at the state level, and coordinate with federal efforts. Although public health preparedness directors do not routinely join these calls, ASTHO recommends working with your coordinators to obtain relevant updates. If you have any questions, please contact [ASTHO staff](#).
- **Legislative Tracking:** ASTHO's State Health Policy team [tracks and analyzes state legislation](#) to identify trends and emerging issues impacting public health and state health agencies. If you have questions or know of legislation that should be tracked, please contact [ASTHO staff](#).
- **Preparedness News Update:** ASTHO sends a weekly email with top preparedness news stories, resources, and notifications to national preparedness professionals. Please contact [ASTHO staff](#) to subscribe.
- **Preparedness Newsletter:** Each month, ASTHO sends a newsletter containing top preparedness news stories, state updates, federal updates, preparedness resources, and ASTHO preparedness news updates to state health officials, senior deputies, lead preparedness directors, and other national preparedness professionals. Please contact [ASTHO staff](#) to subscribe.
- **Have You Shared:** ASTHO's "Have You Shared" initiative systematically collects and disseminates stories that highlight promising and useful practices and implementation strategies from state and territorial health agencies. Please visit the [Have You Shared website](#) to access and submit stories.

KEY PARTNERSHIPS

There are several individuals internal and external to your department whom you will want to contact for help orienting yourself to your new position and to establish long-term relationships that will strengthen your preparedness program's effectiveness.

Regional State Preparedness Directors

Your fellow preparedness directors can provide a wealth of knowledge about the ins and outs of the position, offer advice and resources to assist in your transition, and provide anecdotal information and evidence on how to respond to a variety of events common to your area.



Action Item:

- ☐ Reach out to 2-3 regional preparedness directors to discuss recent response efforts. For contact information, please contact [ASTHO staff](#).

State Health Official

Your state health official plays a critical role in emergency preparedness and response, including making strategic and tactical decisions and communicating with key partners and the media. A strong relationship with your state leadership will strengthen your public health emergency responses.

Action Item:

- ☐ Meet with your state health official to review roles, expectations, and policies.
- ☐ Keep your state health official informed of emerging preparedness issues.

State Epidemiologist and Lab Director

The state epidemiologist plays a critical role in epidemiological investigations related to preparedness and response, including bioterrorist threats and infectious diseases. He or she is often responsible for developing medical and public health guidelines, directing investigations, and making decisions related to outbreaks, surveillance, and other related issues. The lab director and staff are pivotal to supporting epidemiologists' work. Collaboration between the epidemiologist, lab director, and preparedness director is vital to prepare for and respond to public health threats.

Action Item:

- ☐ Meet with your state epidemiologist and lab director to discuss policies, protocols, and areas for collaboration.
- ☐ Review the [Council of State and Territorial Epidemiologists' website](#).
- ☐ Review the [Association of Public Health Laboratories' website](#).

Environmental Health Director

Because disaster preparedness and environmental health often overlap during disaster responses, it's valuable to have a collaborative relationship with your environmental health director or agency lead to help bridge the gap between the two disciplines.

Action Item:

- ☐ Meet with your state environmental health director to discuss potential partnerships.

CDC and HPP Project Officers

Project officers are federal employees who serve as the primary contact for PHEP and HPP grant awardees. CDC and HPP project officers respond to awardee technical assistance requests and help awardees meet program and reporting requirements.



Action Item:

- ☐ Identify and contact your CDC and HPP project officers as soon as possible to establish an open line of communication and discuss your current status.

Emergency Management Director

A collaborative relationship with your State Emergency Management or Homeland Security director or agency lead can help create connections between public health and emergency management. Traditionally, the person in this position may have oversight of the state fusion center or federal homeland security grant programs. Since these programs provide and receive public health-related information, partnering is important.

Action Item:

- ☐ Meet with your state Emergency Management or Homeland Security agency lead to discuss potential ways to collaborate.
- ☐ Review the [National Emergency Managers Association's website](#).

State Homeland Security Advisors

Each state and territory has an established homeland security organization structured by the governor. The state's homeland security advisor plays a key leadership role in each state and territory, often wearing multiple hats. All critical homeland security functions will involve the homeland security advisor, the adjutant general, the emergency manager, and the state administrative agency, the agency or individual assigned in each state to oversee federal homeland security grants.

In 2006, the [National Governor's Association](#) Center for Best Practices created the Governor's Homeland Security Advisory Council to bring together the 55 homeland security advisors appointed by the governors of each state and territory to share common concerns and develop strategies for managing homeland security threats.

Action Item:

- ☐ Review the [NGA Homeland Security Advisors Council](#) information.
- ☐ Review the [State Homeland Security Governance Structure](#).

Regional Emergency Coordinator

Regional emergency coordinators are ASPR representatives placed in each HHS region who work with local, state, and territorial health officials to provide federal assistance for disaster planning and response activities. They have direct access to HHS's Operations Center and can help fulfill national public health and medical asset requests.



Action Item:

- ☐ [Review](#) your region's preparedness concerns.
- ☐ [Contact](#) your regional emergency coordinator to discuss regional concerns and how your state can mitigate efforts.

Local Law Enforcement

Local law enforcement is an important partner during public health emergencies and events: they are integral in managing planned events such as mass gatherings, can enforce quarantine orders during an infectious disease response, and play a role in responding to terrorist attacks. Coordinating with your law enforcement director will help ensure the health and safety of the public.

Action Item:

- ☐ Contact your local law enforcement to discuss protocols and concerns specific to your jurisdiction.

Local Public Health Emergency Response Coordinators

If your state has county or city health departments, the local emergency response coordinators in those agencies are critical partners. Emergency responses are often coordinated locally, making communication between state and local agencies vital. State and local agencies also coordinate to share data and meet grant objectives.

Action Item:

- ☐ Contact your local emergency response coordinators to establish an open line of communication and discuss local health issues.

Medical Reserve Corps Unit Leader

Overseen by the Division of Civilian Volunteer Medical Reserve Corps, the Medical Reserve Corps (MRC) is a national network of volunteer units serving local communities and states. A unit coordinator who oversees its activities, recruitment, and other administrative duties leads each unit. Units include medical and non-medical volunteers who assist in preparedness and other traditional public health activities such as health screening, veterinary services, and vaccinations. The MRC national network also includes state and regional coordinators.

Action Item:

- ☐ [Contact](#) your state MRC coordinator to learn about the activities of units in your jurisdiction.



KEY ORGANIZATION PARTNERSHIPS

Your state will benefit from partnering with several organizations in addition to those already mentioned (CDC, ASPR, and FEMA). ASTHO, DHS, the National Emergency Management Association, and the National Academy of Medicine all contribute uniquely to the public health preparedness field and can help state health departments carry out preparedness activities.

DHS Office of Health Affairs

DHS' [Office of Health Affairs](#) provides medical, public health, and scientific expertise in support of DHS' mission to prepare for, respond to, and recover from all threats. The office serves as the principal advisor to the DHS secretary and the FEMA administrator on medical and public health issues, leads DHS' workforce health protection and oversight activities, and coordinates DHS' biological and chemical defense activities.

National Emergency Management Association

The [National Emergency Management Association](#) (NEMA) is a professional association for all state and territorial emergency management directors. As CDC and ASPR work to align preparedness programs more closely with FEMA, public health preparedness directors should include emergency management staff in state public health preparedness activities.

Action Items:

- ☐ Review the NEMA's [document library](#).
- ☐ Review information on [FEMA regions](#).

National Academy of Medicine

[The National Academy of Medicine](#), formerly the Institute of Medicine, is an independent nonprofit organization that aims to "help decision makers and the public make informed health decisions by providing unbiased evidence and advice." At HHS' request, the organization formed a committee in 2009 that developed guidance that health officials could use to establish and implement standards of care during disasters.

Action Item:

- ☐ Review [Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations](#) and [Crisis Standards of Care: A Systems Framework for Catastrophic Disaster Response](#).

National Governor's Association

The National Governors Association (NGA) is the bipartisan organization of the nation's governors. Through NGA, governors share best practices, speak with a collective voice on national policy, and develop innovative solutions that improve state government and support the principles of federalism. NGA's Center for Best Practices has five [divisions](#): Economic, Human Services & Workforce, Education, Environment, Energy & Transportation, Health, and Homeland Security & Public Safety.



Action Item:

- ☐ [Review](#) NGA's Center for Best Practices' five divisions.

CONFERENCES AND MEETINGS

Several annual public health preparedness meetings and conferences take place throughout the year to provide you with opportunities to network, share promising practices, and discuss emerging issues. While many more opportunities are available, the meetings highlighted in this section should be top priorities for new directors with demanding schedules.

Public Health Preparedness Summit

NACCHO hosts a four-day annual [Public Health Preparedness Summit](#) each April. The summit provides opportunities for a wide range of public health partners (including local, state, and federal government organizations) to present new research findings, share tools and resources, and learn how to implement model practices.

Action Items:

- ☐ Attend the Public Health Preparedness Summit in April.
- ☐ Consider submitting a session abstract to present tools, resources, and practices to your peers.
- ☐ Visit the [Public Health Preparedness Summit website](#) for more information.

Annual Directors of Public Health Preparedness Meeting

ASTHO hosts a three-day annual Directors of Public Health Preparedness (DPHP) Meeting each October. The meeting provides opportunities for preparedness directors, PHEP and HPP coordinators, and other preparedness staff to network, share ideas and practices, discuss emerging and persisting public health preparedness issues, and collaborate with federal partners.

Action Item:

- ☐ Attend ASTHO's Annual DPHP Meeting. ASTHO emails information about this meeting to public health preparedness directors; please review this information and attend or send a proxy if possible. If you have any questions, please contact [ASTHO staff](#).

Regional Meetings

Most regions have regular conference calls and meetings to discuss issues unique to each geographical area.

Action Item:

- ☐ Connect with regional preparedness directors to ensure that you receive invitations to regional conference calls and meetings. For contact information, please contact [ASTHO staff](#).



National Healthcare Coalition Preparedness Conference

The [National Healthcare Coalition Preparedness Conference](#) expands opportunities for learning about the implementation of healthcare coalitions and coalition activities in our communities. The conference is co-hosted by the National Healthcare Coalition Resource Center, a program funded and operated by three non-profit healthcare coalitions: the [MESH Coalition](#), [Northern Virginia Hospital Alliance](#), and the [Northwest Healthcare Response Network](#).

FINAL THOUGHTS

This document covers a wide range of basic information that should be helpful for new directors of public health preparedness and hospital preparedness program coordinators. While it is an important reference, interviews with current preparedness directors revealed that the most valuable tools you will receive during your first several months in this new position are relationships and connections in the greater preparedness community. Gaining these tools includes becoming familiar with the internal state health department preparedness staff strengths and weaknesses, reaching out early to CDC project officers, ASTHO, and local and regional health departments (if applicable), and making regional and national connections with other state preparedness directors. If you would like assistance contacting current preparedness directors, or if you have questions about the contents of this document, please contact [ASTHO staff](#).

This resource was developed by:

Jennifer L. Lumpkins, MPH
Director, Public Health Preparedness
Association of State and Territorial Health Officials
Phone: 571-528-3186
Email: jlumpkins@astho.org

Lindi LoVerde, MPH, CPH
Senior Analyst, Public Health Preparedness
Association of State and Territorial Health Officials
Phone: 571-528-3155
Email: lloverde@astho.org

