



Capability Update Initiative Briefing

Public Health Emergency Preparedness and Response

*Capabilities: National Standards for State, Local, Tribal,
and Territorial Public Health*

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Capability Update Orientation

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Capability Update Initiative

Session Objectives

The purpose of this session is to provide Public Health Emergency Preparedness (PHEP) cooperative agreement recipients with an initial working knowledge of the capability update initiative and what the updated capabilities mean for them.

Specific objectives include:

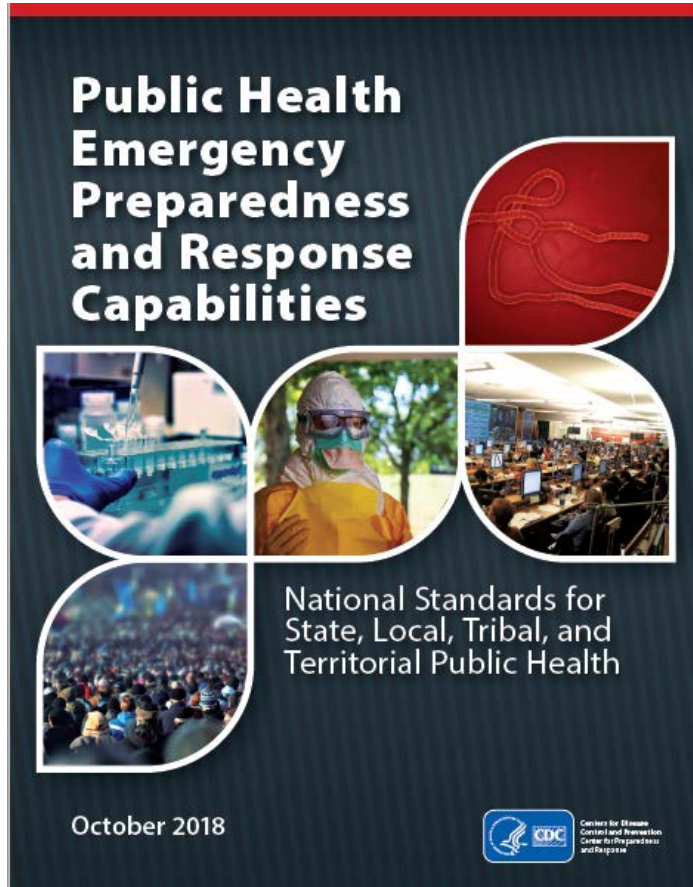
- Describe the purpose and approach for the capability update initiative
- Provide an overview of what has changed and what remains the same
- Explore the functional impacts on your work going forward

Capability Update Initiative (Cont.)

Agenda

- Introduction: Revisiting the “Premise” of the Capabilities
- Capability Update Initiative Overview
- Capability Update Examples
- Next Steps for Implementation

Public Health Emergency Preparedness and Response Capabilities



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 and Administration
9. Medical Materiel Management and Distribution
10. Medical Surge
11. Nonpharmaceutical Interventions
12. Public Health Laboratory Testing
13. Public Health Surveillance and Epidemiological Investigation
14. Responder Safety and Health
15. Volunteer Management

Designed for **state, local, tribal, and territorial** preparedness program development...

...the capabilities support the full preparedness cycle.

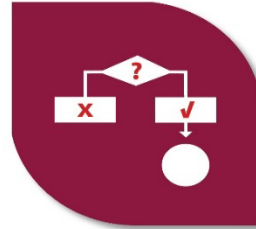


Federal Emergency Management Agency
Preparedness Cycle

The Capabilities Support the Following Functions...

Planning Framework

Comprehensive framework to guide public health planning and response



Public Health Role

References to help jurisdictions define their preparedness and response role



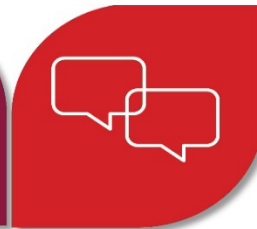
Collaboration Tool

Suggestions to ensure applicable stakeholders are involved



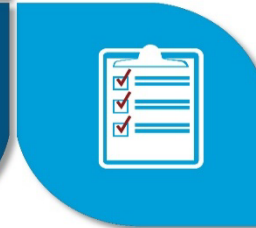
Common Terminology

Consistent language for public health preparedness and response



Evaluation Planning

Considerations for jurisdictional evaluation programs and exercise priorities



Key Messages about the Capabilities

What the capabilities are

Standards for public health emergency management programs

Roadmap, direction-setting framework

Recommendation of “what to do”

A “menu” of considerations for preparedness program development

Decision support for how to build and sustain the capabilities according to jurisdictional priorities

What they are NOT

NOT specific Notice of Funding Opportunity guidance

NOT a destination or end point

NOT “how to do it” in every instance

NOT prescriptive mandates or requirements

NOT performance measures

Capability Update Initiative Overview

Capability Update Purpose

Reasons for Update

- Lessons learned from recent incidents and events
- Evolution of guidance, standards, and practices
- Feedback indicating a need to update
 - PHEP program review
 - 2017 National Association of County and City Health Officials (NACCHO) Preparedness Summit (feedback from the practice community)
 - Assessment of Public Health Preparedness Capabilities report
 - DSLR staff survey (internal staff feedback)

Capability Update Purpose (Cont.)

Update Objectives – State, Local, Tribal, and Territorial Utility

- **Strengthen** cross-cutting and intersecting program areas
- **Simplify and streamline language** without loss of meaning
- **Emphasize planning and operational readiness**
- **Update content** in resource elements, tasks and definitions, as needed
- **Update preface** to set the context of capabilities and their use

2018 Capability Update Initiative

How were the updates made?

3

Phases used to draft, review, and finalize the updated capabilities

19

Work groups conducted detailed reviews of the capabilities

350+

CDC experts and partners provided feedback on the revised capabilities



What's new in the capabilities?



Expands strategies that plan for disproportionately impacted populations



Accounts for public health consequences of environmental hazards in emergencies



Incorporates considerations for maintaining chemical laboratory capacity



Modernizes information technology and data security measures



Expands medical countermeasure strategies to include vaccination



Promotes social media use to keep communities safe and aware

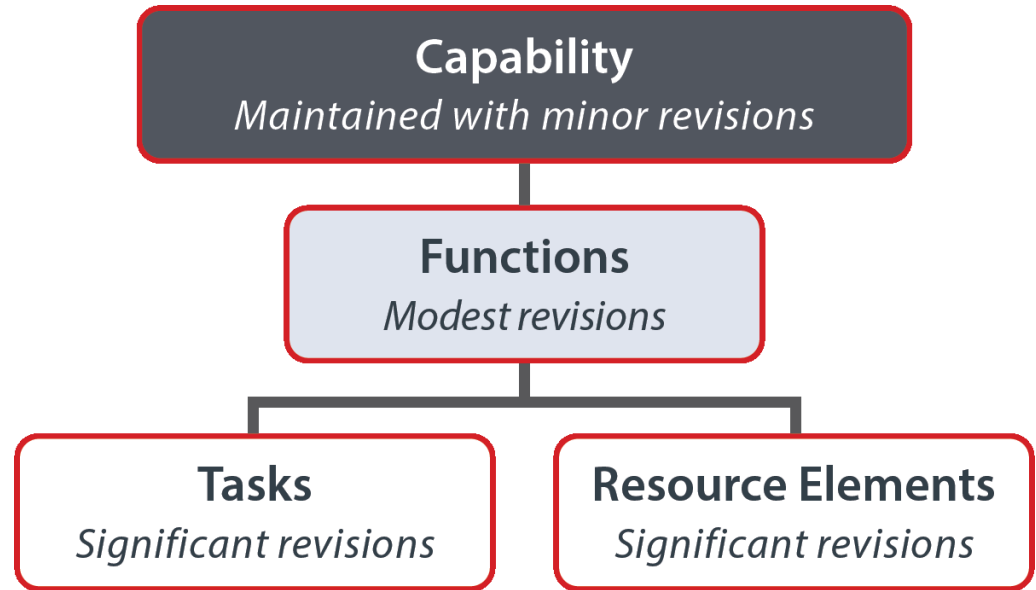


Strengthens responder safety and control measures

Capability Update Overview

Scope of Content Changes

- Edits are mostly focused on tasks and resource elements, but also include changes to functions and capability definitions
- The 15 capabilities were retained, but the title of Capability 8 was changed to **Medical Countermeasure Dispensing and Administration** to account for vaccine and antitoxin administration



Capability Update Overview (Cont.)

Document-Level Changes

- Updated the introduction to the capabilities document
- Removed performance measures (measurement will be done with the Operational Readiness Review [ORR])
- Reordered Resource Elements to align with task sequencing
- Used active voice to transition focus of document from planning to execution and demonstration
 - Renamed “Planning” Resource Elements to “Preparedness” Resource Elements
 - Communicate “Procedures in place...”, rather than “Written Plans should include...”
- Updated considerations for tribal populations, at-risk populations, environmental health, and pandemic influenza throughout each capability

Suggested Resources to Support the Capability Standards

- Added nationally-recognized guidance, trainings, and tools to suggested resources
- Updated and expanded the list of suggested resources and used them to inform capabilities content
- Migrated suggested resources to CDC's Online Technical Resource and Assistance Center (On-TRAC) (<https://ontrac.cdc.gov>) and CDC's State and Local Readiness website (<https://www.cdc.gov/cpr/readiness>)

What has Not Changed

- 15 original capabilities and their original structure were retained
- Tier 1 capabilities maintained their Tier 1 categorization
- Capabilities remained aligned to the original 6 domains:
 1. Community Resilience
 2. Incident Management
 3. Information Management
 4. Countermeasures and Mitigation
 5. Surge Management
 6. Biosurveillance
- Capabilities are informed by current preparedness guidance, science, practice, and subject matter expert input
- Capabilities will support “everyday use” – sustainability

Alignment with Other Standards

The updated capabilities continue to align well with related emergency preparedness and response program standards

FEMA Core Capabilities

- The *Public Health Emergency Preparedness and Response Capabilities* operationalize the public health components of FEMA's 32 core capabilities
- Interdisciplinary coordination between public health, health care, and emergency management is critical to effective emergency preparedness and response

Public Health Accreditation Board (PHAB)

- The capability standards support PHAB accreditation efforts as the two have been developed with input and consideration for each other
- Guidance on how PHAB and capability standards align has been developed to support state, local, and territorial program planning and accreditation efforts

Alignment with Other Standards (Cont.)

The updated capabilities continue to align well with related emergency preparedness and response program standards

NACCHO Project Public Health Ready (PPHR)

- There is a strong connection between the capability standards and PPHR criteria
- Both programs are focused on establishing and promoting national standards for local public health preparedness and all-hazards preparedness

Capability Update Examples



Capabilities by Domain

| Domain | Capability |
|--|--|
| 1. Community Resilience | Capability 1: Community Preparedness Capability 2: Community Recovery |
| 2. Incident Management | Capability 3: Emergency Operations Coordination |
| 3. Information Management | Capability 4: Emergency Public Information and Warning Capability 6: Information Sharing |
| 4. Countermeasures and Mitigation | Capability 8: Medical Countermeasure Dispensing and Administration Capability 9: Medical Materiel Management and Distribution Capability 11: Nonpharmaceutical Interventions Capability 14: Responder Safety and Health |
| 5. Surge Management | Capability 5: Fatality Management Capability 7: Mass Care Capability 10: Medical Surge Capability 15: Volunteer Management |
| 6. Biosurveillance | Capability 12: Public Health Laboratory Testing Capability 13: Public Health Surveillance and Epidemiological Investigation |

Domain 1: Community Resilience (slide 1 of 2)

Summary of Key Changes

Capability 1: Community Preparedness

- Defines at-risk individuals as people with access and functional needs that may be disproportionately impacted by an incident, and provides parameters to identify those populations
- Highlights Americans with Disabilities Act (ADA) requirements in jurisdictional public health preparedness and response plans
- Accentuates the importance of community partnerships, including tribes and native-serving organizations in public health preparedness and response activities
- Promotes integration of community partners to support restoration of community networks and social connectedness to improve community resilience

Domain 1: Community Resilience (slide 2 of 2)

Summary of Key Changes

Capability 2: Community Recovery

- Highlights the need to define the jurisdictional public health agency recovery lead and support role
- Supports the National Disaster Recovery Framework (NDRF)
- Promotes integration of community partners in community recovery and restoration
- Emphasizes engagement of community partners to access hard-to-reach populations to ensure inclusive communications that meet the needs of the whole community

Domain 2: Incident Management

Summary of Key Changes

Capability 3: Emergency Operations Coordination

- Distinguishes the need to identify and clarify the jurisdictional Emergency Support Function #8 (ESF #8) response role based on incident type and characteristics
- Incorporates the National Health Security Strategy and Crisis Standards of Care for public health activation
- Emphasizes the importance of supporting development of mission ready-packages (MRPs) for mutual aid and understanding the Emergency Management Assistance Compact (EMAC)

Domain 3: Information Management (slide 1 of 2)

Summary of Key Changes

Capability 4: Emergency Public Information and Warning

- Promotes the need to leverage social media platforms for issuing emergency public information and warnings
- Clarifies when to establish a virtual Joint Information Center and Joint Information System
- Includes content to identify and reach populations at risk to be disproportionately impacted by incidents and those with limited access to public information messages

Domain 3: Information Management (slide 2 of 2)

Summary of Key Changes

Capability 6: Information Sharing

- Increases alignment to public health surveillance and data strategies
- Emphasizes the need to implement data security and cybersecurity measures
- Emphasizes the need to decrease reporting time and increase collaboration by expanding use of electronic information systems, such as electronic death registration (EDR), electronic laboratory reporting (ELR), and syndromic surveillance systems

Domain 4: Countermeasures and Mitigation (slide 1 of 4)

Summary of Key Changes

Capability 8: Medical Countermeasure Dispensing and Administration

- Revises the Capability 8 title, definition, and content to account for both the dispensing and the administration of medical countermeasures, such as vaccines, antidotes, and antitoxins
- Adds content and resources to account for potential radiological or nuclear exposure
- Broadens the network of dispensing and administration sites to include pharmacies and other locations

Domain 4: Countermeasures and Mitigation (slide 2 of 4)

Summary of Key Changes

Capability 9: Medical Materiel Management and Distribution

- Broadens the cold chain management guidance to include all aspects of storage and handling
- Expands recovery activities to incorporate proper handling and disposal of infectious, hazardous, or contaminated materiel and waste
- Accounts for security and inventory management tasks that occur throughout the entire distribution process

Domain 4: Countermeasures and Mitigation (slide 3 of 4)

Summary of Key Changes

Capability 11: Nonpharmaceutical Interventions

- Focuses on collaboration by expanding suggested partners for implementing nonpharmaceutical interventions
- Supports establishment of community reception center processes to enhance ability to respond to radiological and nuclear threats
- Highlights management of mass gatherings (delay and cancel) based on all-hazards scenarios

Domain 4: Countermeasures and Mitigation (slide 4 of 4)

Summary of Key Changes

Capability 14: Responder Safety and Health

- Incorporates the need to securely manage responder data
- Improves responder on-site management, tracking, in-processing, and out-processing
- Reprioritizes hierarchy of control and promotes the alignment of responder safety and health control measures, for example, personal protective equipment (PPE), with jurisdictional risk assessment findings

Domain 5: Surge Management (slide 1 of 4)

Summary of Key Changes

Capability 5: Fatality Management

- Clarifies importance of identifying the public health agency role in fatality management and describes potential fatality management lead, advisory, and support roles
- Aligns the fatality management definition to the existing federal definition as recommended by the U.S. Department of Health and Human Services (HHS), Disaster Mortuary Operational Response Team (DMORT)
- Updates resources to improve coordination, accuracy, and timeliness of electronic mortality reporting

Domain 5: Surge Management (slide 2 of 4)

Summary of Key Changes

Capability 7: Mass Care

- Incorporates content for accommodating individuals with access and functional needs within general population shelters
- Includes considerations for registration of individuals requiring decontamination or medical tracking in the event of an environmental health incident
- Coordinates content with HHS Assistant Secretary for Preparedness and Response's (ASPR) Health Care Preparedness and Response Capabilities

Domain 5: Surge Management (slide 3 of 4)

Summary of Key Changes

Capability 10: Medical Surge

- Emphasizes the need to define public health agency lead and support roles in medical surge
- Eliminates use of the term “HAvBED” as the term is no longer promoted by the Hospital Preparedness Program (HPP) and focuses instead on “situational awareness” and “health care systems tracking” as an overarching theme
- Emphasizes the need to identify and clarify the jurisdictional ESF #8 response role in medical surge operations based on jurisdictional role and incident characteristics

Domain 5: Surge Management (slide 4 of 4)

Summary of Key Changes

Capability 15: Volunteer Management

- Addresses the need to monitor volunteer safety, risks, and actions during and after incidents
- Strengthens and clarifies volunteer eligibility considerations, such as medical, physical, and emotional health, during the volunteer selection process
- Promotes use of Emergency Responder Health Monitoring and Surveillance™ (ERHMS™)

Domain 6: Biosurveillance (slide 1 of 2)

Summary of Key Changes

Capability 12: Public Health Laboratory Testing

- Updates Laboratory Response Network (LRN) requirements:
- Considers Laboratory Response Network-Radiological (LRN-R) lab testing activities, should funding become available
- Incorporates LRN-Chemical requirements
- Prioritizes cooperation, coordination, and information sharing with LRN laboratories, other public laboratories, and jurisdictional sentinel laboratories

Domain 6: Biosurveillance (slide 2 of 2)

Summary of Key Changes

Capability 13: Public Health Surveillance and Epidemiological Investigation

- Increases alignment to public health surveillance and data strategies
- Strengthens surveillance systems for persons in isolation or quarantine and persons placed under monitoring and movement protocols
- Emphasizes syndromic surveillance and data collection to improve situational awareness and responsiveness to hazardous events and disease outbreaks, for example, participation in the CDC's National Syndromic Surveillance Program BioSense Platform

Next Steps and Q&A



Next Steps and Discussion

Next Steps for CDC's Implementation

- Incorporate capability updates into the overall PHEP program guidance documents and applications
 - 2019-2024 PHEP Notice of Funding Opportunity (NOFO)
 - Capabilities Planning Guide (CPG)
 - 2019 Work Plan and Application Review Modules
- Inform future program assessments
 - Expand the ORR and identify possible performance measures and metrics
- Coordinate technical assistance
 - Promote continued jurisdictional use for training, planning, and exercising

Discussion: How will the capability updates impact your work?

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

